Consulting skills for the nMRCGP

Presentation and notes compiled by*

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"The general practice consultation ...

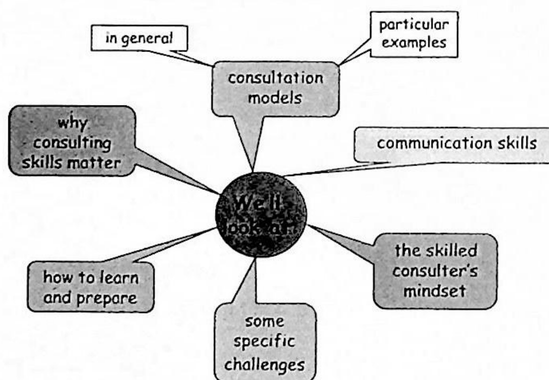
... is at the heart of general practice.
The GP who lacks a clear understanding of what the consultation is, and how the successful consultation is achieved, will fail his or her patients."

The patient-centred doctor should:

- be willing to enter the patient's 'lifeworld' and see issues of health & illness from a patient's perspective
- understand the structure of the consultation
- be able to select from a range of consulting styles and skills
- monitor and reflect upon his/her practice

Taken from RCGP Curriculum Statement 2 (2007), page 6

Outline of this presentation



Why do consulting skills matter?

What is the purpose of the consultation?

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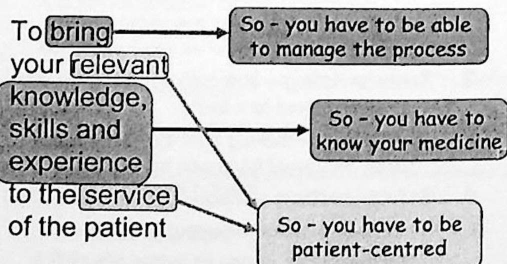
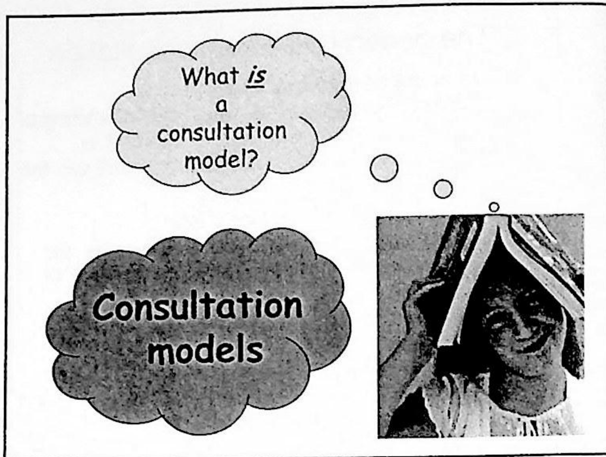


What is necessary for a successful consultation?

- Relevant clinical knowledge & skills
- Understanding, awareness and control of the consultation process
  - Theoretical knowledge (models)
  - Component skills, practised until internalised
  - Communication skills
  - Process awareness
- 'Phronesis' – 'flexibility on the hoof', competent improvisation

"A professional has a wide range of options, and can move cleanly and elegantly amongst them"
John Heron



What *is* a 'consultation model'?

- A skilled consulter's reply to the question, "How do you do that?"
- A way of analysing complex performance
- An educational tool for learners
- Half-way stage between
  - Unconscious ignorance
  - **Conscious ignorance**
  - **Conscious skill**
  - Unconscious skill (expertise, 'phronesis')

MODEL

A consultation model is *NOT*

- a formula!
- a rule-book!
- a game examiners play!
- a cloning process!

Some well-known models

- Stott & Davis
- Neighbour
- Helman
- Pendleton *et al.*
- Calgary – Cambridge
- 'old' MRCGP video criteria

Stott & Davis*

4 areas to explore each time a patient consults

A. Management of presenting problem(s)	B. Modification of help-seeking behaviour
C. Management of continuing problems	D. Opportunistic health promotion

* Stott NCH & Davis RH (1979). *The exceptional potential in each primary care consultation.* J R Coll. Gen. Pract. **29**: 201-5

Neighbour: The Inner Consultation*

Think of the consultation as a journey with 5 sequential 'checkpoints'

1. **Connecting** – making a working rapport with the patient
2. **Summarising** – checking you have understood why the patient has come
3. **Hand-over** – making sure the patient is happy with what has been agreed
4. **Safety-netting** – anticipating the unexpected
5. **House-keeping** – keeping yourself in good shape

* Neighbour RH. *The Inner Consultation* (1987, 2nd edition 2005) Oxford: Radcliffe Publishing

Helman's 'folk model'*

The patient seeks an answer to 6 questions:

- 1. ***What*** has happened?
- 2. ***Why*** has it happened?
- 3. Why to ***me***?
- 4. Why ***now***?
- 5. What ***would*** happen if nothing is done?
- 6. What ***should*** be done about it?

* Helman CG (1981). *Diseases versus illness in general practice.* J R Coll. Gen. Pract. **13**: 548-52

Pendleton *et al.**

7 tasks to be achieved in the consultation

1. Define reason for patient's attendance, including Ideas, Concerns & Expectations
2. Consider other problems
3. With patient, choose action for each problem
4. Achieve shared understanding
5. Involve patient in management
6. Use time & resources appropriately
7. Establish / maintain relationship

* Pendleton D, Schofield T, Tate P & Havelock P. *The Consultation: an approach to learning and teaching* (1984). Oxford: Oxford University Press

Calgary – Cambridge*

A 5-stage model, including skills appropriate for each stage

- Initiating the session (rapport, patient's agenda)
- Gathering information
- Building the doctor-patient relationship
- Explanation and planning (checking understanding; timing & structuring explanation)
- Closing the consultation

* Silverman J, Kurtz S & Draper J. *Skills for communicating with patients* (2004). Oxford: Radcliffe Medical Press

'Old' MRCGP video performance criteria

Not a 'model' as such, but 14 things the College thinks are important

- Discover reasons for patient's attendance
- Define clinical problem(s)
- Explain the problem(s)
- Address / manage patient's problem(s)
- Make effective use of the consultation

Discover reasons for patient's attendance

A. ELICIT AN ACCOUNT OF THE SYMPTOM(S)

1. The doctor is seen to encourage the patient's contribution at appropriate points in the consultation

2. The doctor is seen to respond to signals (cues) that lead to a deeper understanding of the problem

B. OBTAIN RELEVANT ITEMS OF SOCIAL AND OCCUPATIONAL CIRCUMSTANCES

3. The doctor uses appropriate psychological and social information to place the complaint(s) in context

C. EXPLORE THE PATIENT'S HEALTH UNDERSTANDING

4. The doctor explores the patient's health understanding

Define clinical problem(s)

A. OBTAIN ADDITIONAL INFORMATION ABOUT THE SYMPTOMS, AND OTHER DETAILS OF MEDICAL HISTORY

5. The doctor obtains sufficient information to include or exclude likely relevant significant conditions

B. ASSESS THE PATIENT BY APPROPRIATE PHYSICAL AND MENTAL EXAMINATION

6. The physical / mental examination chosen is likely to confirm or disprove hypotheses that could reasonably have been formed OR is designed to address a patient's concern

C. MAKE A WORKING DIAGNOSIS

7. The doctor appears to make a clinically appropriate working diagnosis

Explain the problem(s)

A. SHARE THE FINDINGS WITH THE PATIENT

8. The doctor explains the problem or diagnosis in appropriate language

9. The doctor's explanation incorporates some or all of the patient's health beliefs

B. ENSURE THAT THE EXPLANATION IS UNDERSTOOD AND ACCEPTED BY THE PATIENT

10: The doctor specifically seeks to confirm the patient's understanding of the diagnosis

Address / manage the patient's problem(s)

A. CHOOSE AN APPROPRIATE FORM OF MANAGEMENT

11. The management plan (including any prescription) is appropriate for the working diagnosis, reflecting a good understanding of modern accepted medical practice

B. INVOLVE THE PATIENT IN THE MANAGEMENT PLAN

12. The patient is given the opportunity to be involved in significant management decisions

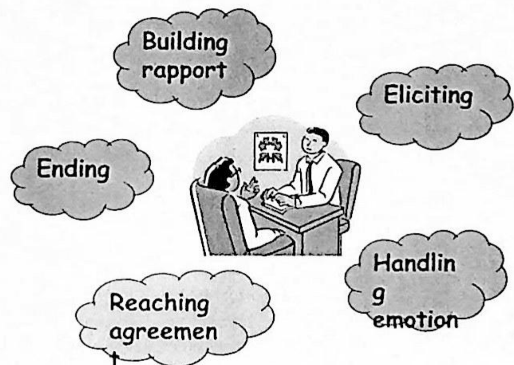
Make effective use of the consultation

A. MAKE EFFECTIVE USE OF RESOURCES

13. In prescribing the doctor takes steps to enhance concordance, by exploring and responding to the patient's understanding of the treatment

14. The doctor specifies the conditions and interval for follow-up or review

Communication skills

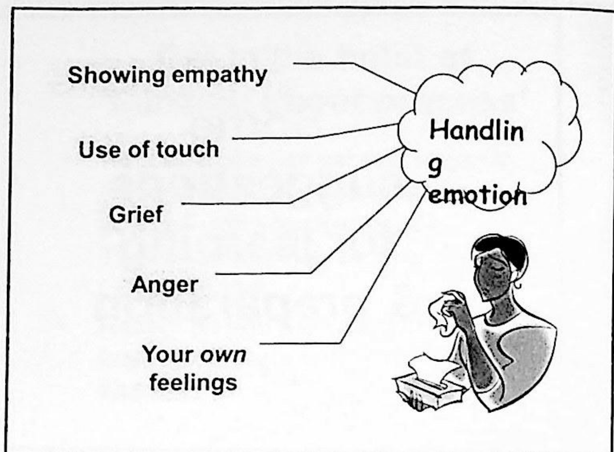


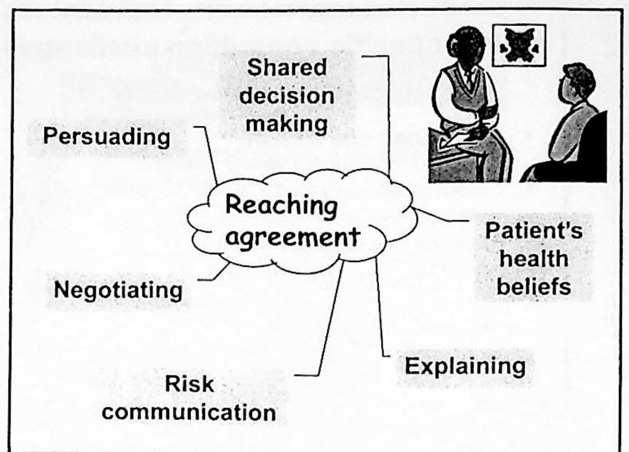
Building rapport

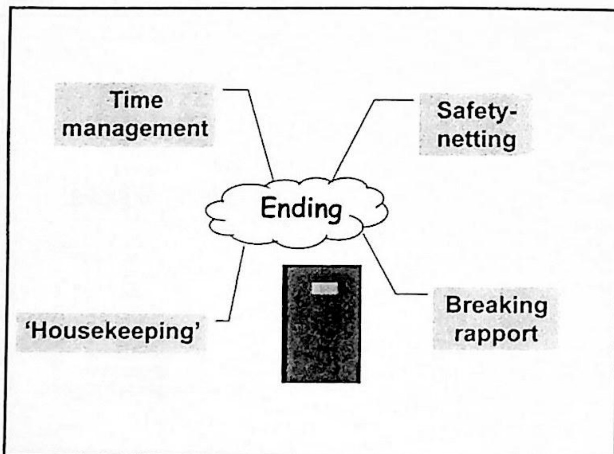
- Greeting
- Introduction
- Eye contact
- Language
- Body language
- 'Matching'

Eliciting: finding out the patient's reason(s) for attending

- Active listening
- Encouraging disclosure
- Asking questions (closed, open, indirect)
- Ideas, concerns & expectations
- Picking up cues to hidden agenda







Phew!

That's all a bit over-whelming

Look for the underlying common factors in the various models, rather than the differences between them

A good *medical* encounter is really no different from *any* successful social relationship, e.g. girlfriend-boyfriend or parent-child.

You know how to do these already!

A good *medical* encounter is really no different from *any* successful social relationship, e.g. girlfriend-boyfriend or parent-child.

Really??

Yes!

- Get on the other person's wavelength
- Find out what's on their mind
- Discuss what you're both going to do next
- Make sure you're both OK about it

A skilled consulter's mind-set

1. Curiosity

Be interested in your patient as a person

3 things to try and cultivate

2. Process awareness

Monitor the consultation process while you conduct it

3. Flexibility

Results are more important than techniques

Some specific consulting challenges

(which might make good exam scenarios ...)

- **More than one patient**
  e.g. child + parent, old person + carer
- **'Reluctant patients'**
  e.g. teenagers, alcoholics
- **Breaking bad news**
- **"I've read on the internet ..."**
- **The patient who doesn't want to talk**
- **The angry patient**
- **The patient with a list**
- **Patients who irritate you**
- **Telephone consultations**

So they might be worth thinking about well in advance

Some suggestions for learning & preparation

Start early

- Get interested in consulting styles and techniques early in your training.
- Read some of the standard consultation literature.
- Think of consulting as a skill to acquire and be proud of, not an exam topic.

But ...

- Consulting skills are an *adjunct* to good clinical skills, not a substitute for them.

Sit in frequently

- (especially with doctors you think are good communicators, or who have a good consulting style.)
- See if you can spot how they achieve their consulting outcomes.
- Ask them to explain their thought processes to you.

Do lots of videos

- Overcome your natural camera-shyness early on.
- Watch your videos on your own as well as with your trainer, perhaps appraising them against one of the common consultation models.
- Form a 'video discussion group' with some of your peers.

Get in the habit of 'thinking about process'

- Regularly discuss various ways of thinking about the consultation process with your trainer, e.g. Transactional Analysis (Parent / Adult / Child); Balint.
- Reflect on and discuss your ***own*** feelings as part of case discussion or tutorials.

Use 'prompt cards'

- Make some cards with reminders about the skills or models you are trying to practise, e.g. summarising; safety-netting; 'Ideas, concerns, expectations'; responding to cues etc.
- Keep them discreetly on your desk, and try to recognise or implement one of them in every consultation.

Examples of 'prompt cards' to keep on your desk

- ASK 1 CLOSED, 1 OPEN & 1 INDIRECT QUESTION
- MODIFY HELP-SEEKING BEHAVIOUR
- SUMMARISE EARLY
- WHAT'S NOT BEING SAID?
- DON'T INTERRUPT!
- MATCH PATIENT'S POSTURE
- 'MY FRIEND JOHN'
- SAFETY-NETTING
- CHECK THE PATIENT'S UNDERSTANDING
- HELMAN'S 6 QUESTIONS
- WHAT'S ONE UNIQUE THING ABOUT THIS PATIENT?

Some common consulting faults

- Believing 'you're either a natural consulter or you're not', and so not trying to improve
- Applying a consultation model 'by rote', like a clone or a robot
- Talking 'consulting jargon' to patients, e.g. *"What are your concerns? What do you expect me to do?"*
- Being more interested in the computer than in the patient