

OBSERVATION OF CONSULTING - INFORMAL

Following the observation of a doctor's consultation by a colleague, both doctor and colleague should complete the proforma below.

Communication skills	Comments (by doctor observing the consultation/video)
Patients were able to express their views	<i>Doctor encouraged patient to talk</i>
The doctor listened to the patient	<i>Good eye contact throughout</i>
Appropriate language was used throughout the consultation	<i>Didn't use jargon</i>
Social and psychological factors were considered where appropriate	<i>Doctor had insight into the patient's social circumstances i.e. a working mother's need for a reliable form of contraception</i>

Clinical skills	Comments (by doctor observing the consultation/video)
Adequate clinical details were elicited	<i>Took a family history of DVT before prescribing the pill</i>
Examinations were competent and appropriate	<i>BP was checked</i>

Decision-making skills	Comments (by doctor observing the consultation/video)
The patient was involved in decisions about his/her care	<i>A two way discussion took place about other family planning methods available</i>
An appropriate management plan was formulated and agreed	<i>The oral contraceptive pill was prescribed with a three month review following discussion</i>
Prescribing was appropriate	<i>Good advice re concurrent use of antibiotics</i>
No action occurred that compromised patient safety	

Name and position of doctor observing consultation
Signature: 

continued...

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Consultation Self-assessment

Summary of the main issues in consultation:


The patient was put at ease. The consultation was not hurried. There was evidence of both interest in the patient's presentation and her circumstances and knowledge shown. It was a reasonably straightforward case of contraceptive care with no other agendas.

Main issues discussed with colleague:

The relaxed consultation style was discussed and the fact that the patient was not rushed although the consultation was relatively short (7 minutes). The patient's contribution was encouraged by using how, what, when questions and details were clarified by asking specific questions to which the patient could answer yes or no. My ability to discuss the pros and cons of different family planning methods was reassuring although I was uncertain about some newer methods. It was useful to be able to give the patient some written information to take away.

Main learning points from consultation:

I was pleased I was able to communicate well with this patient. It reinforced the importance of involving the patient and asking how, what, when type questions. I displayed some uncertainty about newer methods of contraception and it's prompted me to read more about this or perhaps attend a course on family planning. It would be valuable to include this in my personal development plan.

Signed.....  Date..... 12/07/03

Name David Adams