

# CONSULTATION SKILLS

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# Aims & Objectives

## Aims

- to introduce several types of consultation models and how to integrate them into practice

## Objectives

- Why all this talk about models?
- What's the point of making models of the consultation?
- What types of model are there?



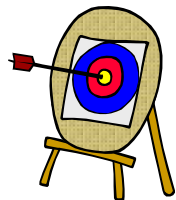
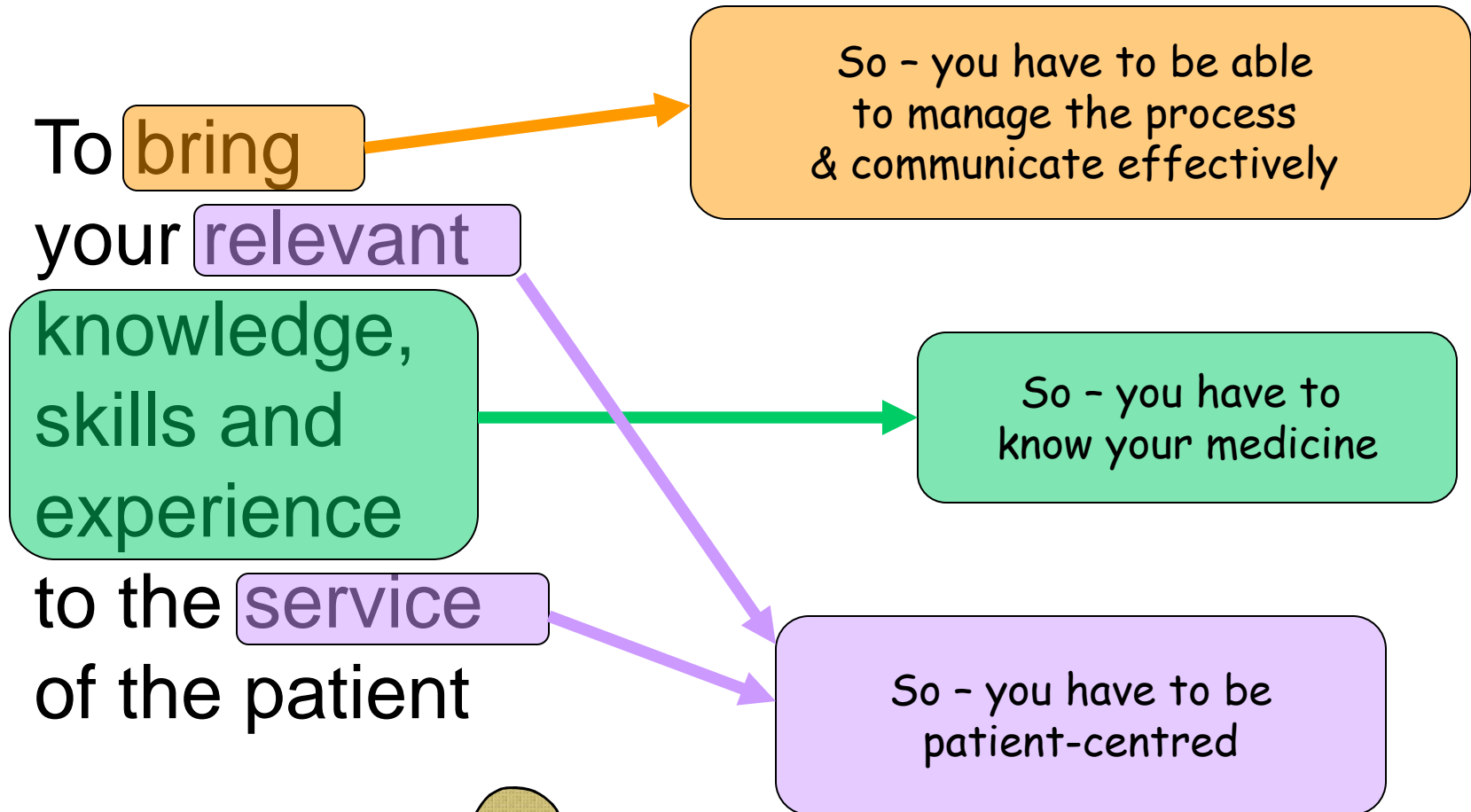
# What is consultation?

**Essential unit** of medical practice is the occasion when in the **INTIMACY** of the consulting room the **person who is ill or believes himself (herself) to be ill**, seek the advice of a doctor whom **he (she) trusts**

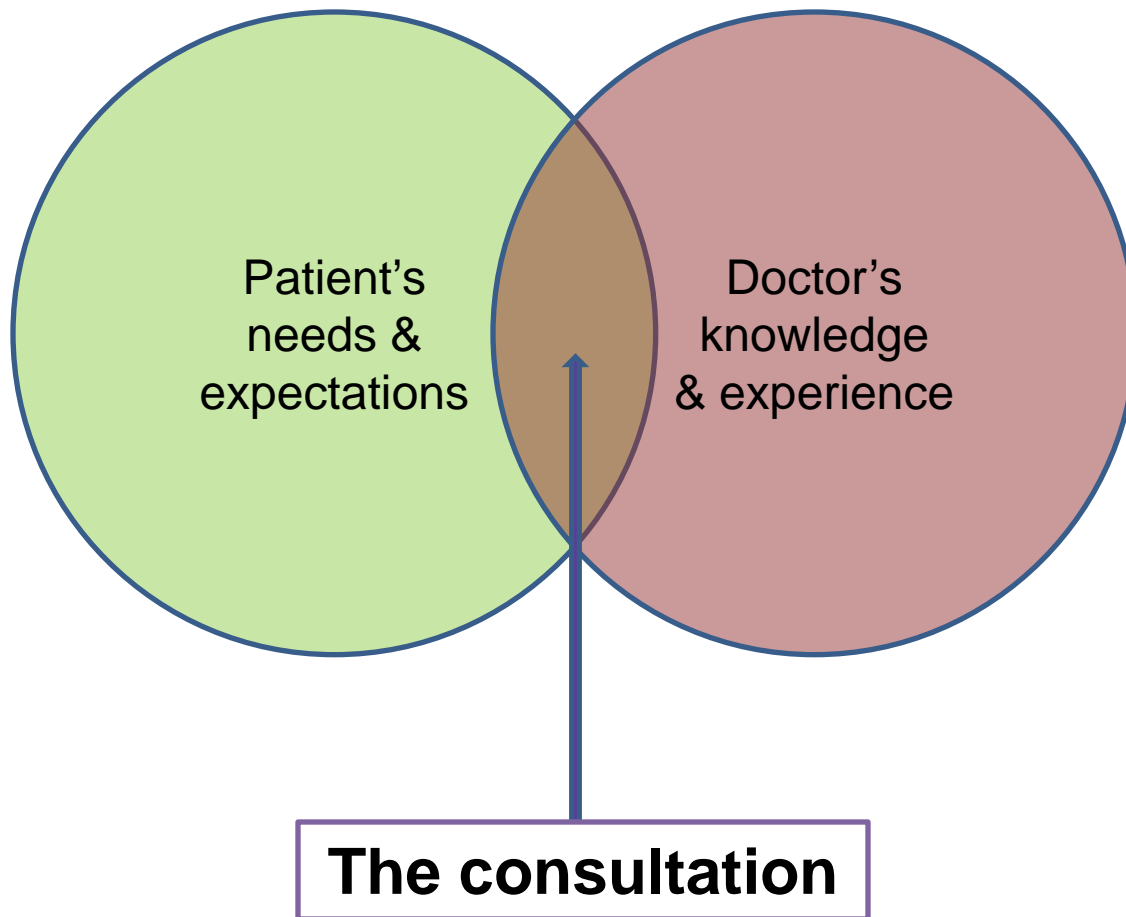
**ALL ELSE IN THE PRACTICE OF  
MEDICINE DERIVES FROM IT**



# What is the purpose of the consultation?



# The consultation process



# What are consultation skills?

- Think
- Behaviours that result in desired outcomes
- There are many behaviours that can result in the same outcome just like.....



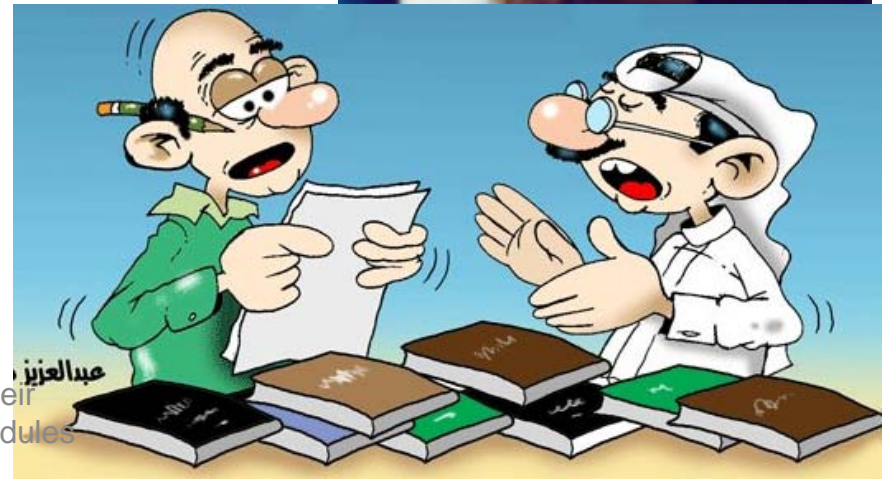
# Think of some of the doctors whose consultations you have witnessed:

- Have some of them seemed more effective than others at managing the consultation?
- What points of difference have you noticed?
- What seems to make for an effective consultation?



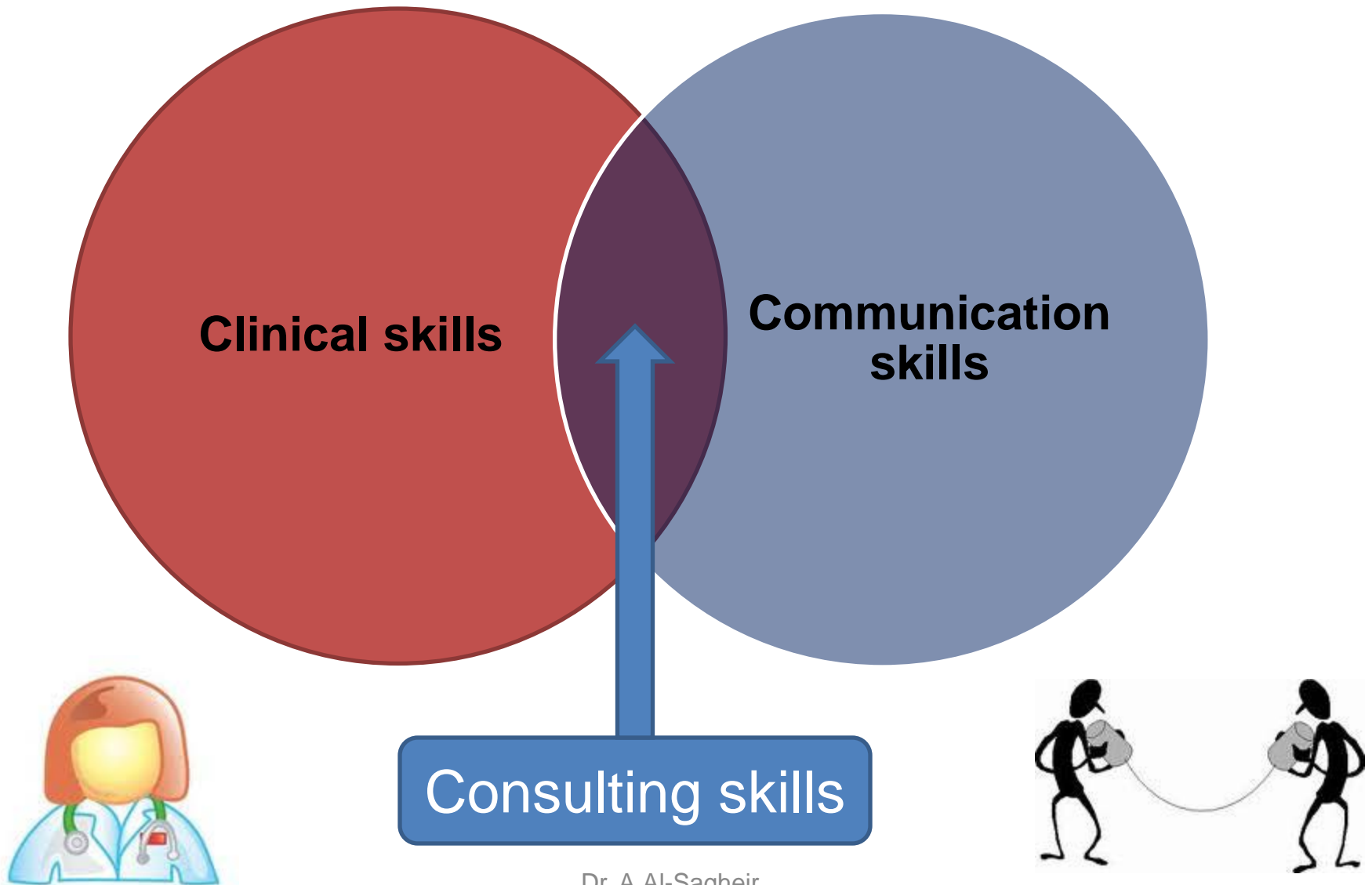
# Could you please

- Write the Answers
- Think: 1 minute
- Discuss & Share:
  - 1 minutes
- Report: 1 minutes





# What are 'consulting skills'?



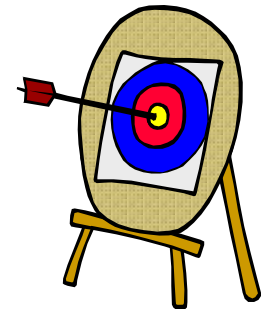
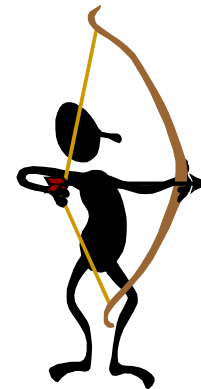
# What is necessary for a successful consultation?

- ✓ Relevant **clinical knowledge & skills**
- ✓ **General strategy** for managing the consultation
- ✓ **Specific skills**, particularly:
  - finding out **what the problem really is**
  - getting the **patient's 'buy-in' to a management plan**
- ✓ **Process awareness:**
  - **Recognising & dealing with, what's going in you and the patient**



# Consultation tasks

- Establish rapport
- Get the patient to tell you what is wrong
- Explore what the patient hasn't told you
- What does the patient think is wrong and what do they want?
- Examine the patient
- Explain the problem
- Share management options
- Safety net



# What is a 'consultation model'?

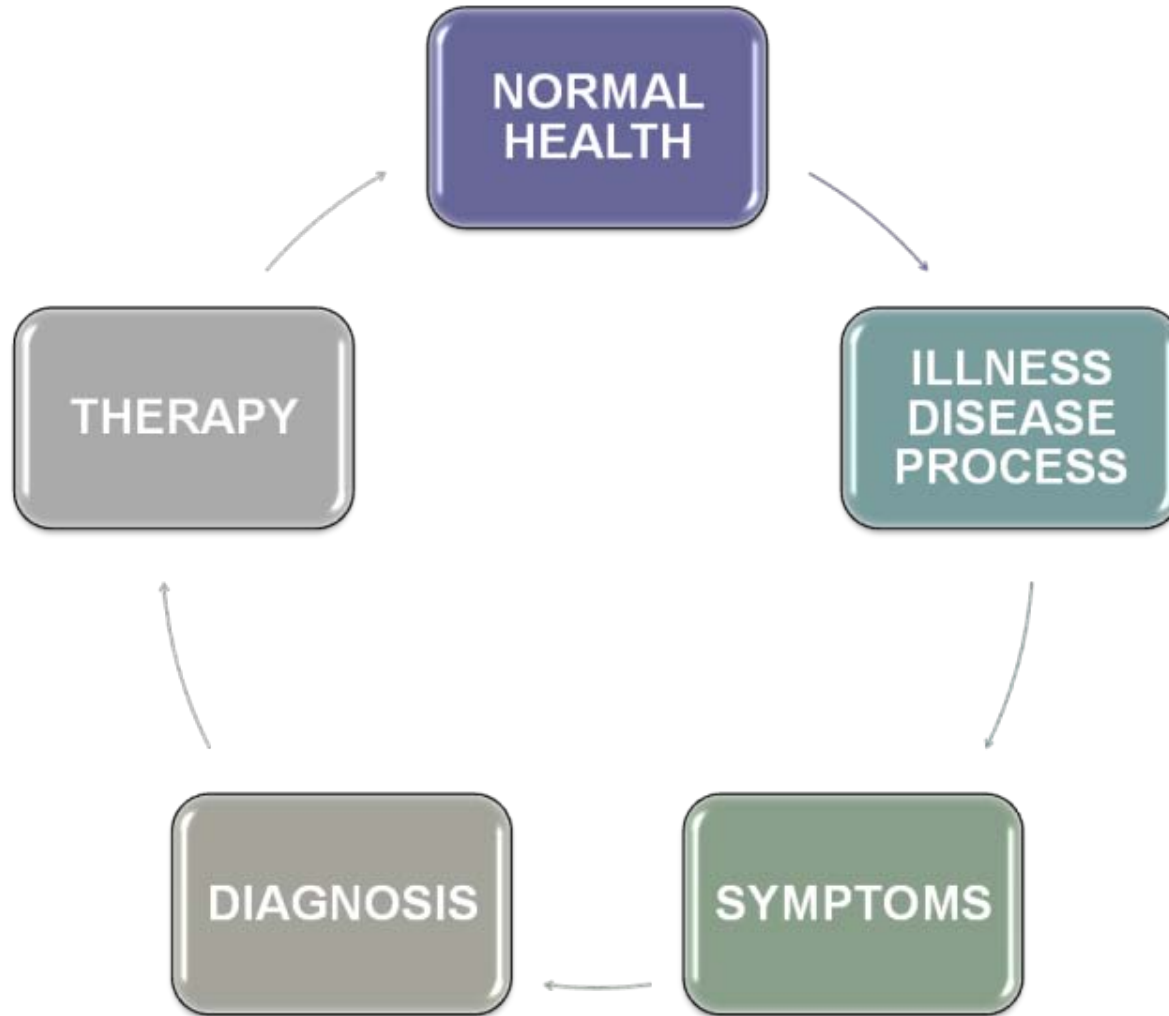
- A skilled consulter's attempt to answer the question, "How do you do that?"
- A way of analysing complex performance
- An educational tool for learners
- Half-way stage between
  - Unconscious ignorance
  - **Conscious ignorance**
  - **Conscious skill**
  - Unconscious skill (expertise)



**MODEL**

- a structured way of developing a skill you know you would like to master, but haven't yet got the hang of.

# Medical Model



# So Why are Models so Important?

- Patients don't function simply as machines  
✓ **They have feelings too**
- Doctors don't function simply as machines  
✓ **They have feelings too**
- Every presenting complaint can be placed in a psycho-social context

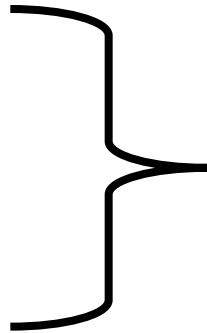
**A Consulting  
Model to  
Succeed By**

# Purpose of ALL models

## They make sense of sensation

They help people to

- ✓ Understand
- ✓ Predict
- ✓ Control

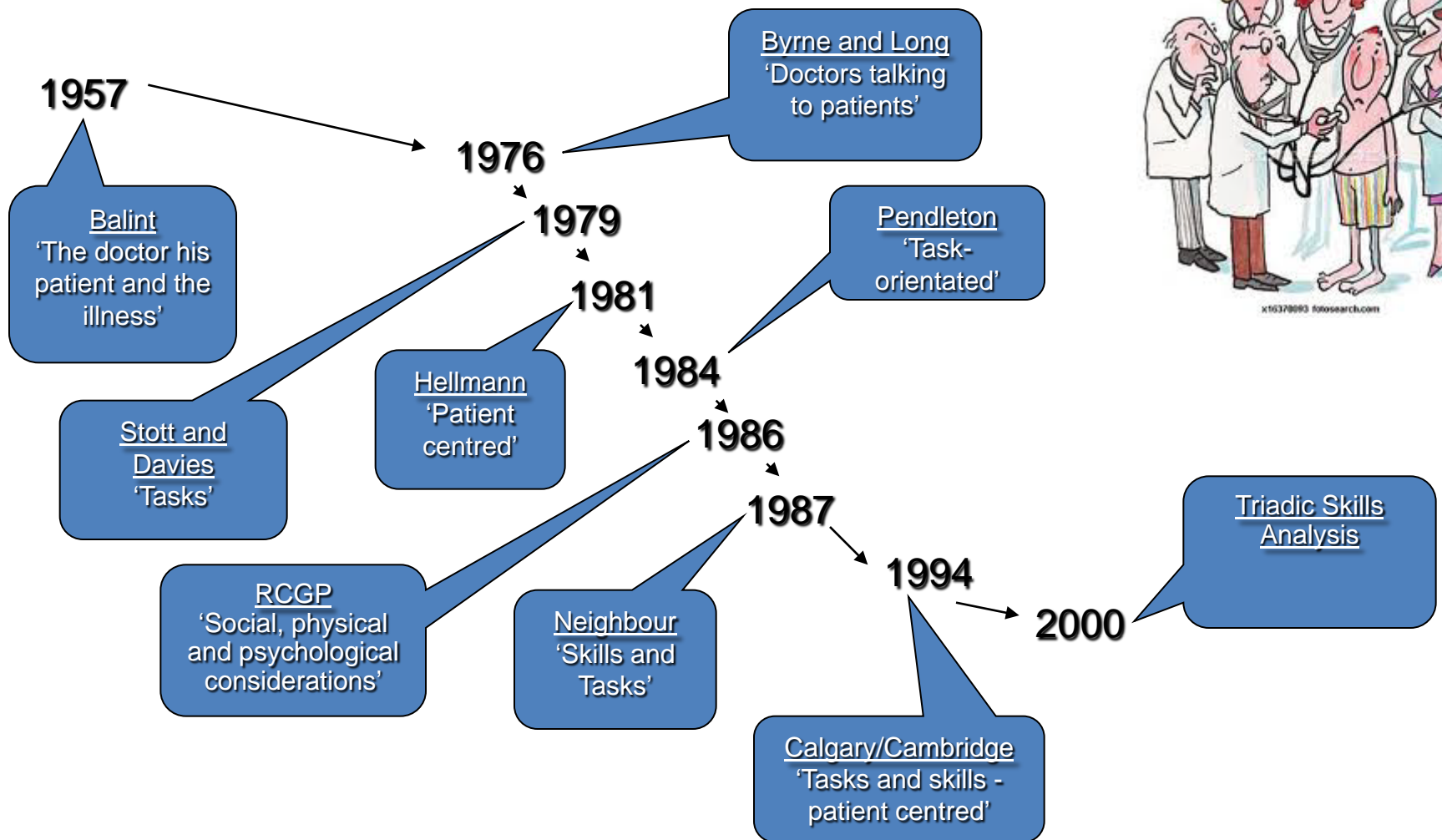


**what happens to them**

- ✓ **Essential for mastering consultation skills**



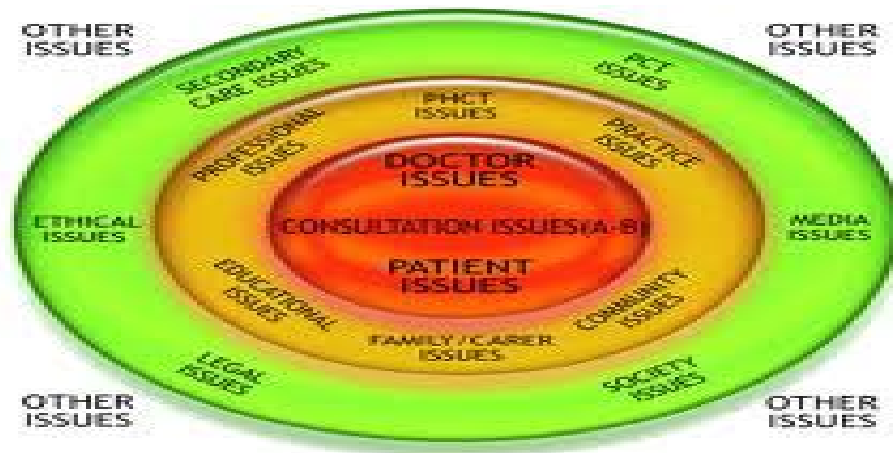
# History of Consultation Skills & Analysis





# What has each model to offer?

- Each model has useful concepts which can be applied in different situations. All models have some aspect missing.
- Experience guides which approach is most productive in a given situation.
- More modern models incorporate tasks & skills.



# Classification of Models

**Task orientated**

Physical, Psych, Social  
Stott & Davis  
Byrne & Long  
Pendleton et al

Helman  
Health Belief Model

**Doctor  
centred**

**Patient  
centred**

Byrne & Long (I)  
6-Category Analysis  
Transactional Analysis

Counselling  
Bendix  
Balint

**Behaviour orientated**



# Michael Balint (1957)

## “The Doctor, the patient and their illness”

- Physical, Psychological, Social Aspects
- Doctor’s apostolic function
- Entry ticket
- Hidden agenda
- Doctors have feelings
- Collusion of anonymity
- The “drug doctor”



Focusses on the doctor / patient relationship

# Byrne and Long (1976)

## Doctors Talking to Patients

### □ Sequence of events in a consultation:

1. Establishing a relationship
2. Why has the patient come
3. Verbal and/or physical examination
4. Considering the condition
5. Further investigation or treatment
6. Termination



"I THINK I HAVE A DRINK PROBLEM, DOCTOR, BUT DO YOU MIND IF WE DISCUSS IT IN THE PUB?"

# Stott & Davies (1979)

## The potential of each primary care consultation

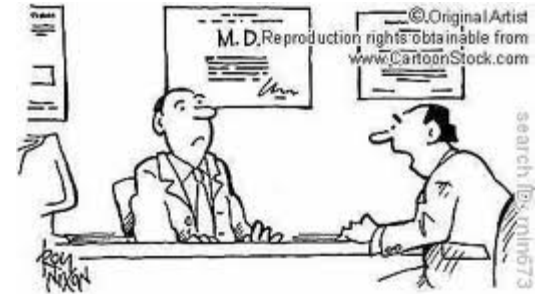
1. The management of the presenting problem
2. Modification of help seeking behaviour
3. Management of continuing problems
4. Opportunistic health promotion



# Helman's 'Folk Model' (1981)

- Patients with a problem comes to a Doctor seeing answers to six questions:

- ✓ What has happened?
- ✓ Why has it happened?
- ✓ Why to me?
- ✓ Why now?
- ✓ What would happen if nothing was done about it?
- ✓ What should I do about it or whom should I consult for further help?



"I THINK I HAVE A DRINK PROBLEM, DOCTOR, BUT DO YOU MIND IF WE DISCUSS IT IN THE PUB?"

# The Disease - Illness Model (1984)

- McWhinney and his colleagues have proposed a “transformed clinical method”.
- Their approach has also been called “patient-centred clinical interviewing” to differentiate it from the more traditional “doctor-centred” method that attempts to interpret the patient’s illness only from the doctor’s perspective of disease and pathology.



*Patient presents problem*  
*Gathering information*  
*Parallel search of two frameworks*

Disease framework

Illness framework

The biomedical perspective

The patient's perspective

Symptoms

Ideas

Signs

Concerns

Investigations

Expectations

Underlying pathology

Feelings and thoughts

Effects on life

Differential diagnosis

Understanding the patient's

Unique experience of the  
illness

Integration of the two frameworks

Explanation and planning

Shared understanding and decision-making



# Pendleton, Schofield, Tate and Havelock (1984 , 2003)

- ‘The Consultation - An Approach to Learning and Teaching’ describe seven tasks which taken together form comprehensive and coherent aims for any consultation.

## **(1) To define the reason for the patient’s attendance, including:**

- i) Nature & history of the problems
- ii) Aetiology
- iii) patient’s Ideas, Concerns & Expectations
- iv) Effects of the problems

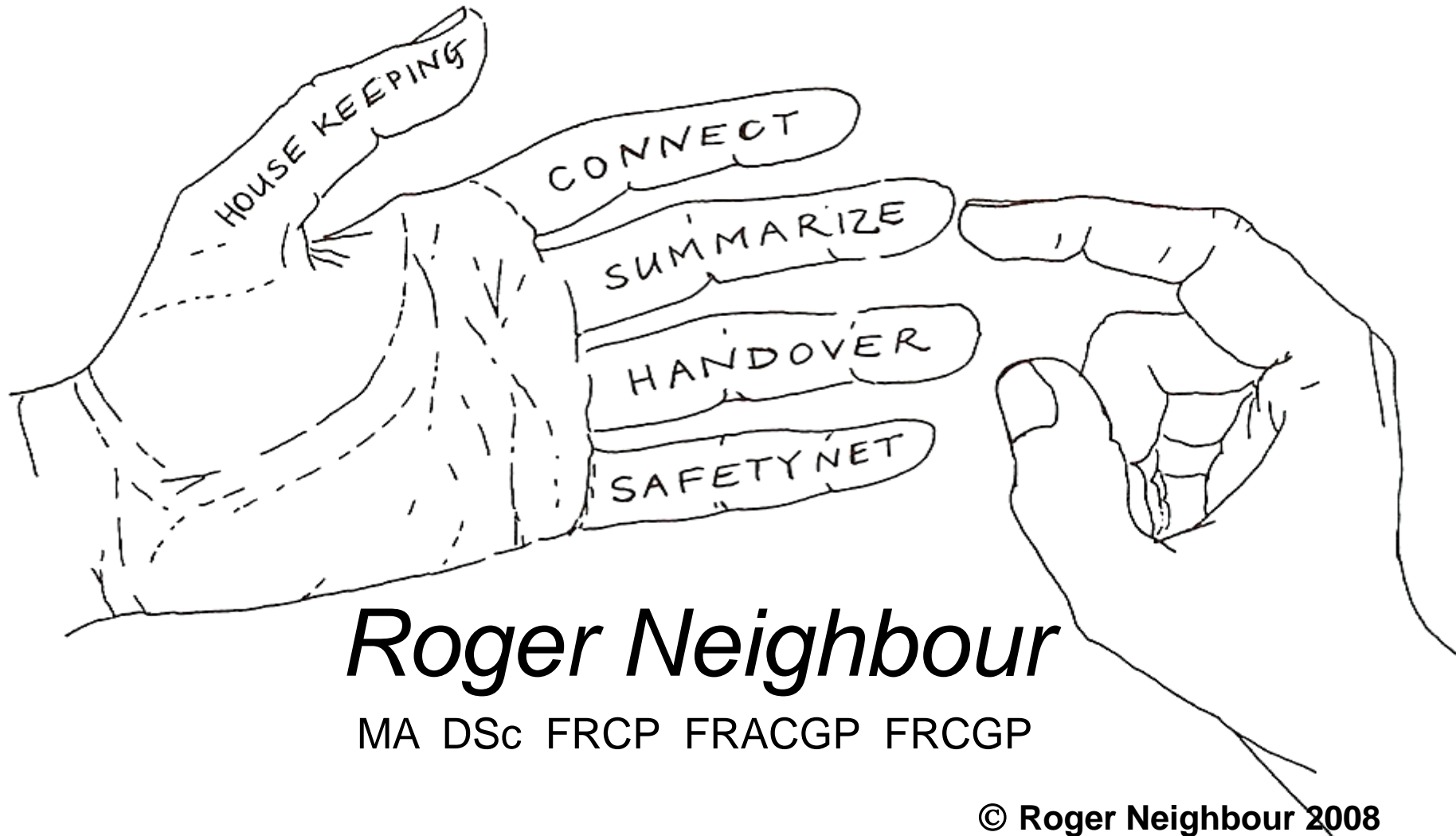
## **(2) To consider other problems:**

- i) Continuing problems
- ii) Risk factors

# Pendleton, Schofield, Tate and Havelock (1984) cont.

- (3) With the patient, to choose an appropriate action for each problem
- (4) To achieve a shared understanding of the problems with the patient
- (5) To involve the patient in the management and encourage him to accept appropriate responsibility
- (6) To use time and resources appropriately:
  - i) in the consultation
  - ii) in the long term
- (7) To establish or maintain a relationship with the patient which helps to achieve the other tasks.

# THE INNER CONSULTATION: 5 checkpoints for effective consulting (1987)



*Roger Neighbour*

MA DSc FRCP FRACGP FRCGP

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# Neighbour's '*Inner Consultation*' model: 'the consultation as a journey with 5 checkpoints'

Take care of your own  
'Am I in good enough shape  
for the next patient?'

5 - HOUSE-KEEPING

Establish working rapport  
with the patient

1 - CONNECT

2 - SUMMARISE

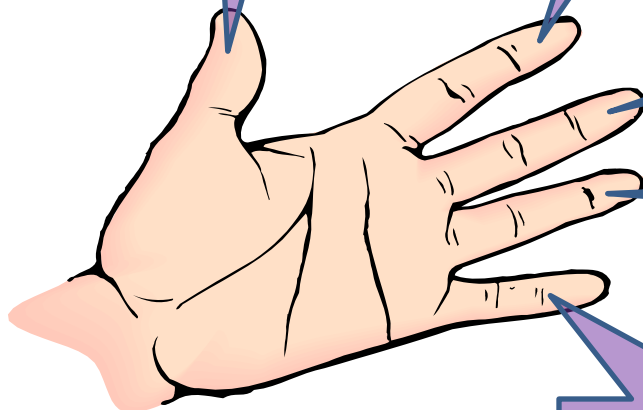
Check, by offering a  
summary, that you've  
understood what the  
patient has come for

3 - HAND-OVER

Make sure the patient is  
happy with the agreed  
management plan

4 - SAFETY-NET

Anticipate the  
unexpected and make  
a contingency plan



# Calgary Cambridge - Silverman et al (1988)

## ➤ 6 Check Points:

### **1. Initiating the Session:**

- a) preparation
- b) establishing initial rapport
- c) identifying reason(s) for consultation

### **2. Building The Relationship**

exploration of of patient's problems to discover:

- a) Using appropriate non-verbal behaviour
- b) Developing rapport
- c) Involving the patient

# Calgary Cambridge - Silverman et al (1988)

## **3. Gathering Information:**

- a) Biomedical perspective
- b) Patient's perspective
- c) Background information – context

## **4. Providing Structure:**

- a) Making organisation overt
- b) Attending to flow

# Calgary Cambridge - Silverman et al (1988)

## **5. Explanation and Planning:**

- a) Providing the correct amount and type of information
- b) Aiding accurate recall and understanding
- c) Achieving a shared understanding
- d) Planning: shared decision making

## **6. Closing the Session:**

- a) Ensuring appropriate point of closure
- b) Forward planning

# CASE SCENARIO

- Norah 53 years old come to the clinic c/o bad wound in his Rt. foot.
- She is known DM and Hypertensive patient for the last 15 years.
- when you review her file you notice most of her visits were for refill.
- She look obese. BMI is 37 & her last A1c was 11.5

**HOW YOU WILL PROCEED DURING THIS CONSULTATION?**



# What would we use in our model?



# CASE SCENARIO

- Salha 20 years old come to the clinic to do MRI for his Rt shoulder.
- Patient was seen in private clinic and told to do MRI to diagnose her shoulder problem.
- She cannot do it in private hospital because it is expensive.

**HOW YOU WILL PROCEED DURING THIS CONSULTATION?**

# What would we use in our model?

## (PENDLETON) CRAP RIOP

- C : Clarify
- R: Reassure
- A: Advice
- P: Prescribe
- R: Refer
- I: Investigate
- O: Out come
- P: Prevention

# Summary

- Consultation models help us to decide what to do and how to do it
- There are so many models – confusing or adding richness?
- Try and read a couple of consultation books
- The aim is to develop your own style
- Keep your model simple
- And.....make sure you can do something with it
- You may wish to use different models for different situations





# TAKE HOME MASAGE

## WHAT MAKES A GOOD CONSULTATION?

1. POWER OF SILENCE
2. ALLOWING PATIENT SPACE TO VOICE AGENDA
3. NON-VERBAL COMMUNICATION SKILLS
4. OPEN QUESTIONS, AVOID “LEADING QUESTIONS”
6. SUMMARISE CONCERN + HISTORY
7. TIMING OF I.C.E.
8. MORE RAPPORT FIRST

# Summary

- Consultation is a communication with a human being with feelings & thoughts .....
- It is not just clinical skill