



Dr. A.Al-Sagheir  
Consultation Modules

السلام عليكم ورحمة الله وبركاته



# CONSULTATION SKILLS

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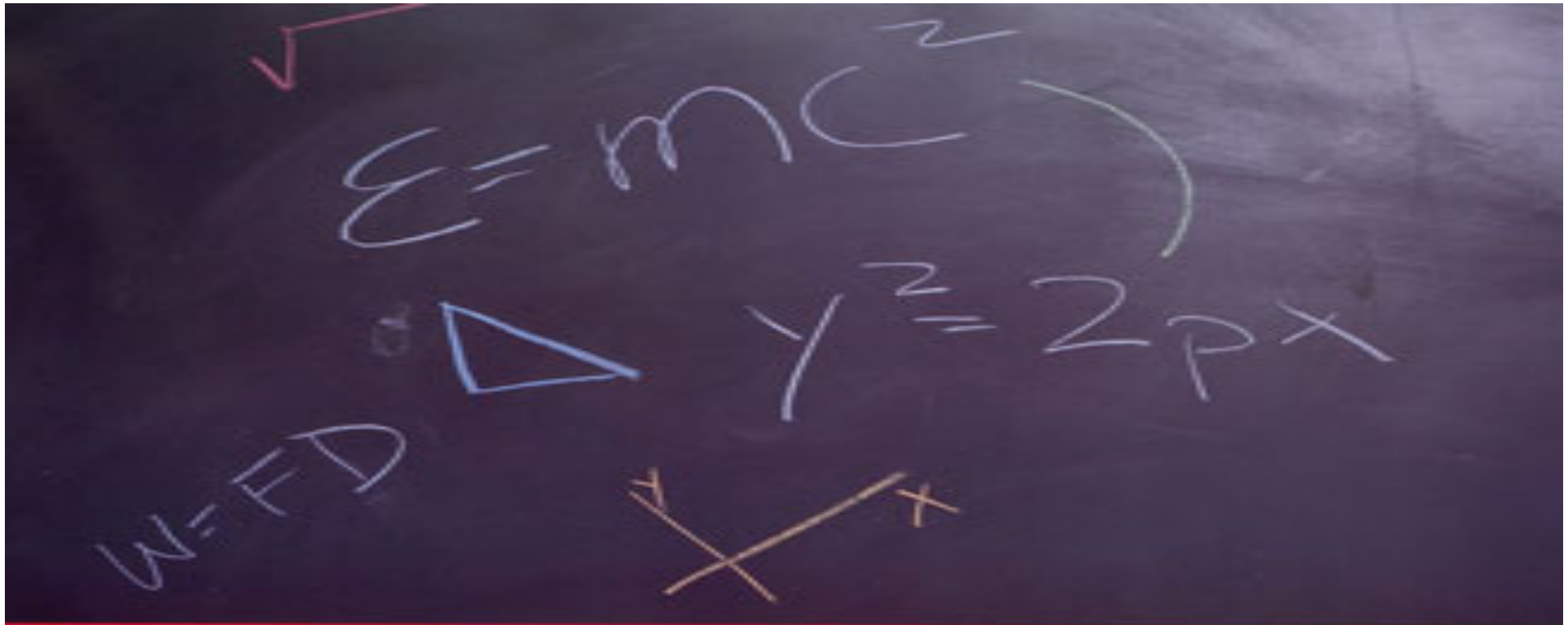




## For Maximum benefit

- Mobiles Silent
- Come *on time* for lectures & workshop





If you  
don't understand,  
**ASK!**



Write your own aim for attending this lecture?



# Aims

- ❑ To introduce several types of consultation models
- ❑ How to integrate them into practice.



# Objectives

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



# What is a Consultant?

Client: What time is it?

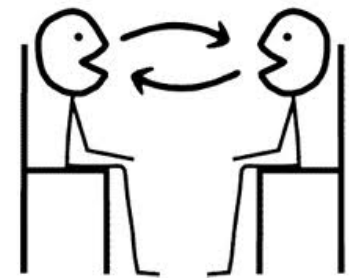
Consultant: Give me your watch and I will tell you.



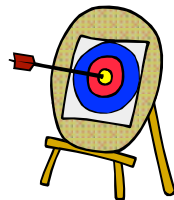
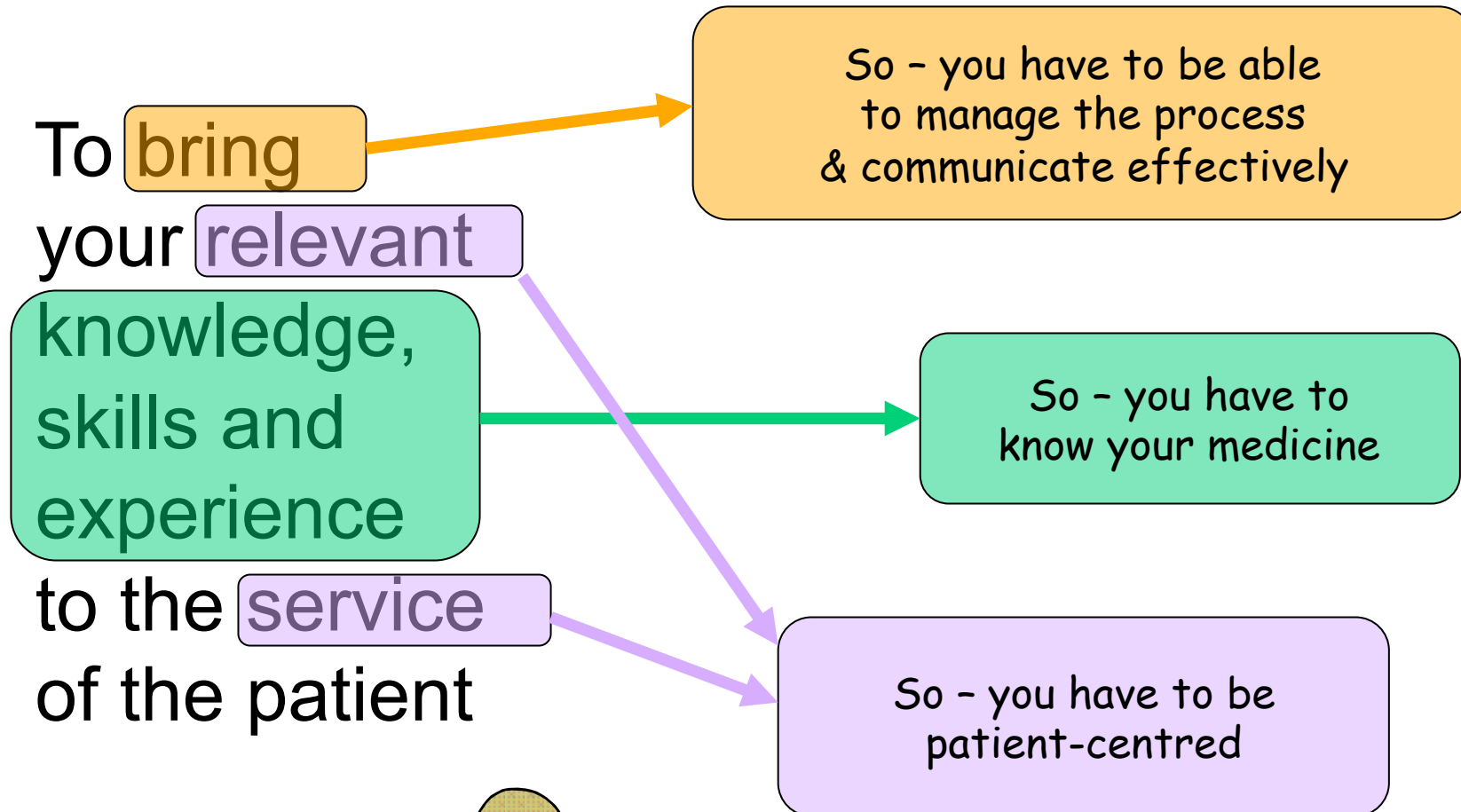
# What is consultation?

**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?





## 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





3

Minutes Left



2

Minutes Left



1

Minute Left




0

Minutes Left

ترا أروح بعدين

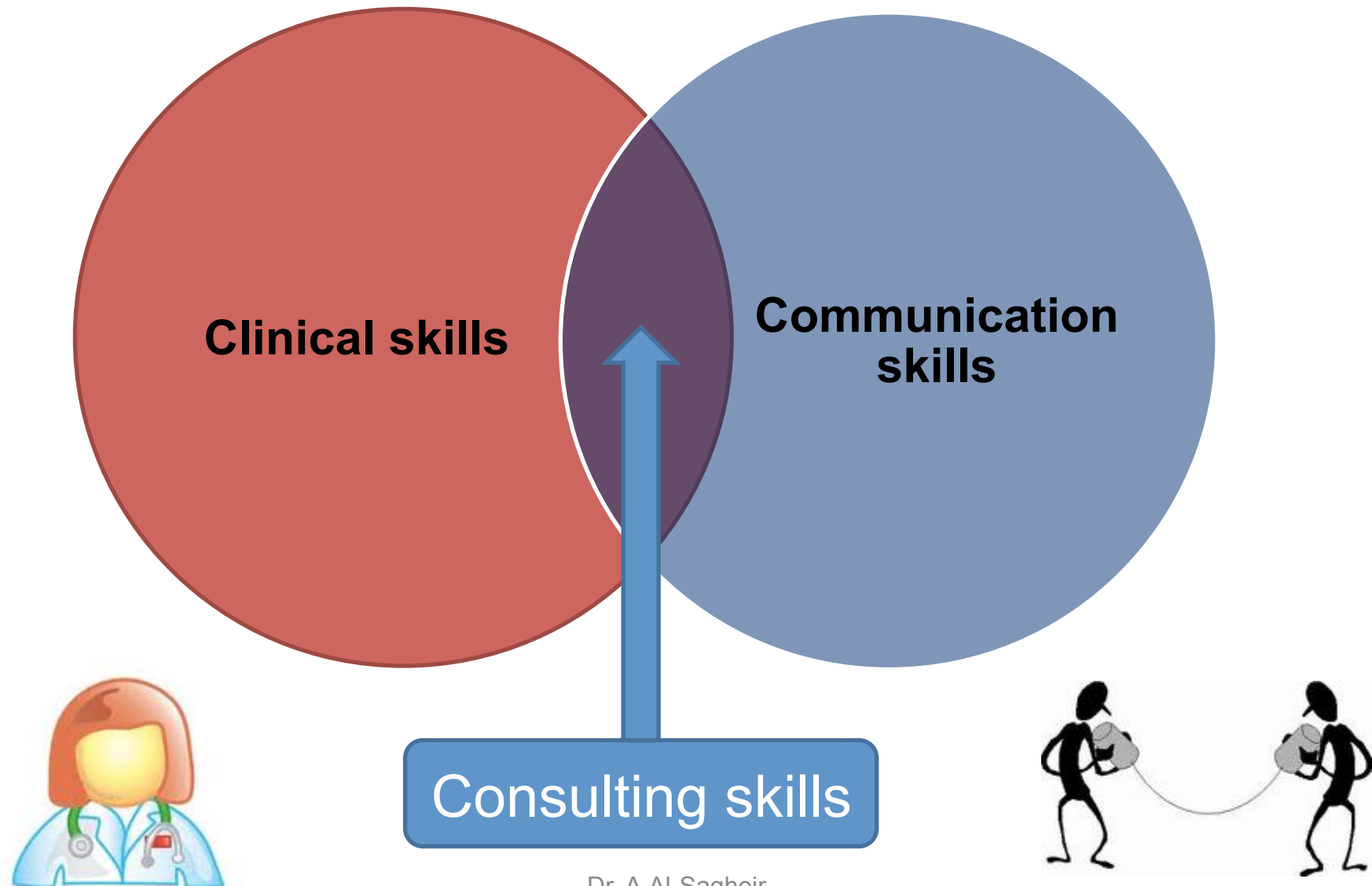




**THE**



# What are 'consulting skills'?



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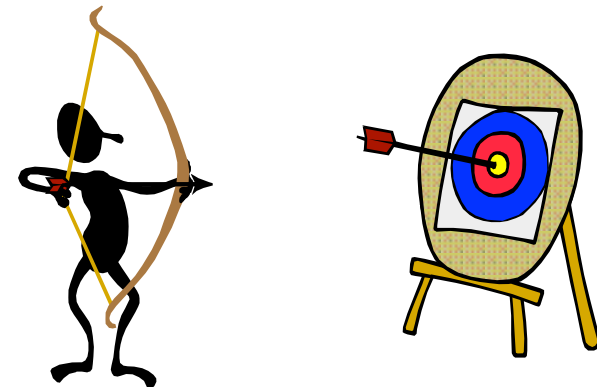
# What is necessary for a successful consultation?

- ✓ 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



Each and every

**S T E P**

you take

**M U S T**

**M O V E**

you toward

y o u r

**G O A L.**

# What is a 'consultation model'?

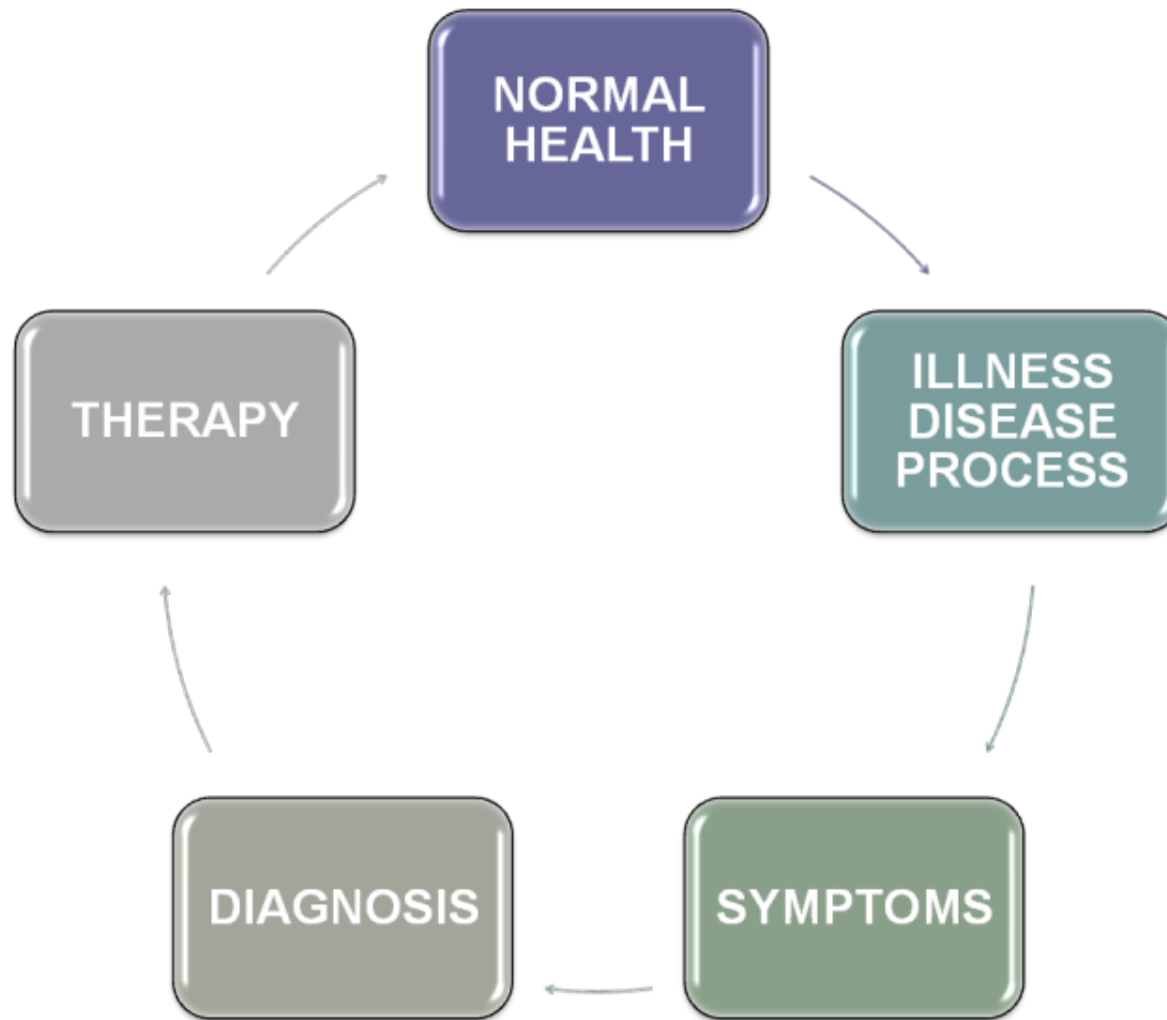
- A skilled consuler's attempt to answer the question, "How do you do that?"
- A way of analysing complex performance
- An educational tool for learners
- Half-way stage between
  - Unconscious ignorance
  - **Conscious ignorance**
  - **Conscious skill**
  - Unconscious skill (expertise)



**MODEL**

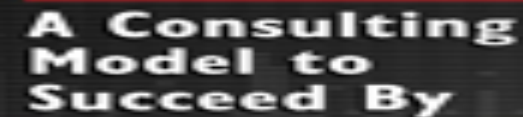
- a structured way of developing a skill you know you would like to master, but haven't yet got the hang of.

# 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

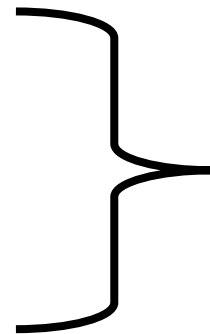


# Purpose of ALL models

**They make sense of sensation**

They help people to

- ✓ Understand
- ✓ Predict
- ✓ Control

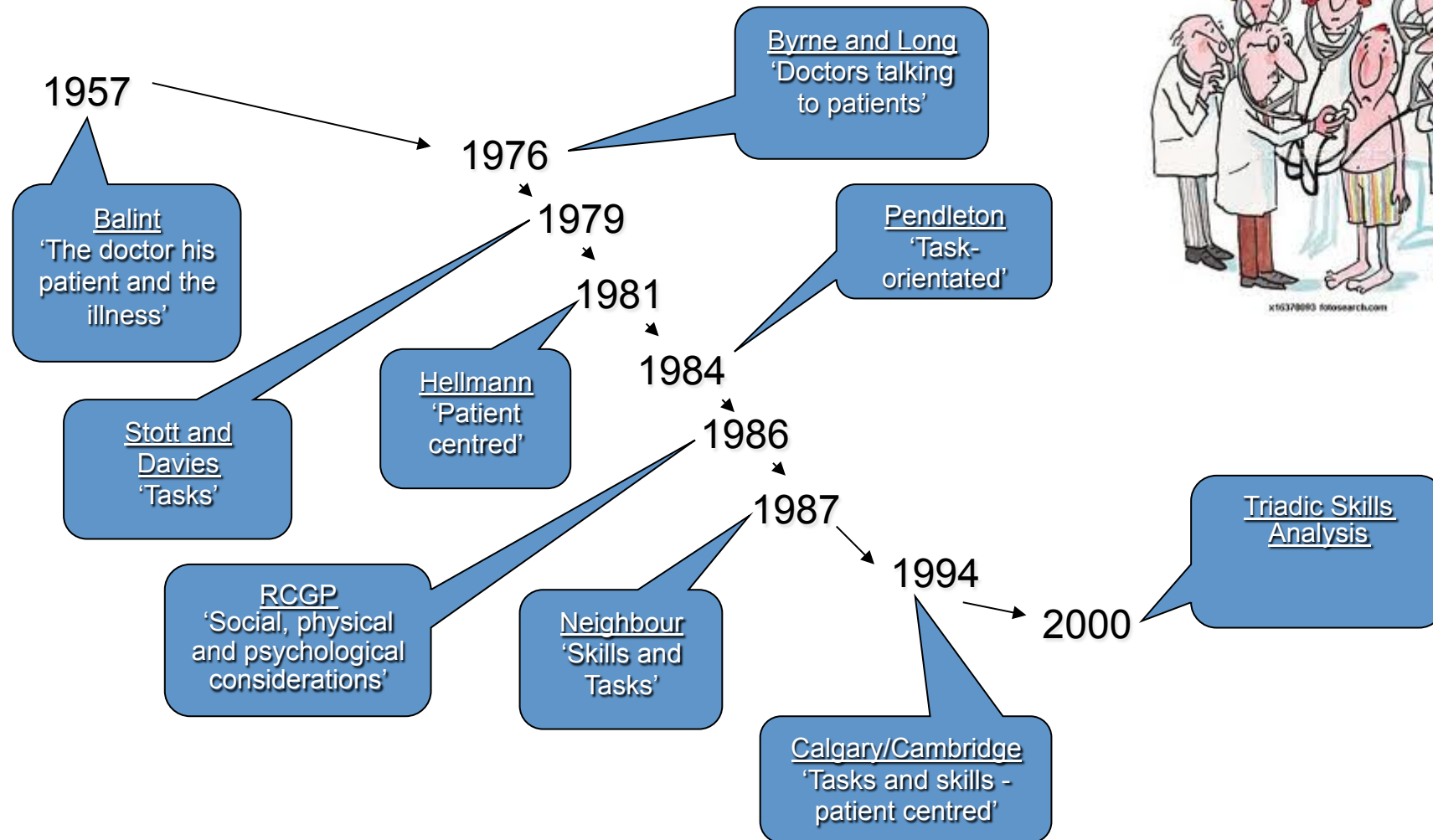


**what happens to them**

✓ **Essential for mastering consultation skills**

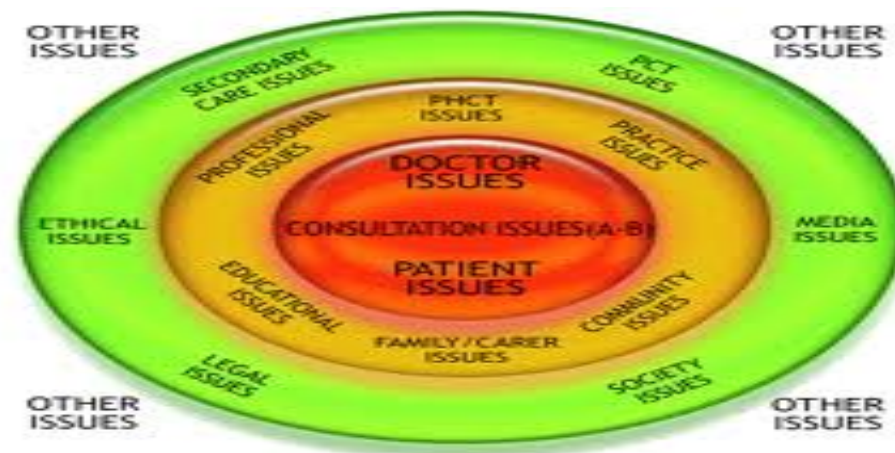


# History of Consultation Skills & Analysis

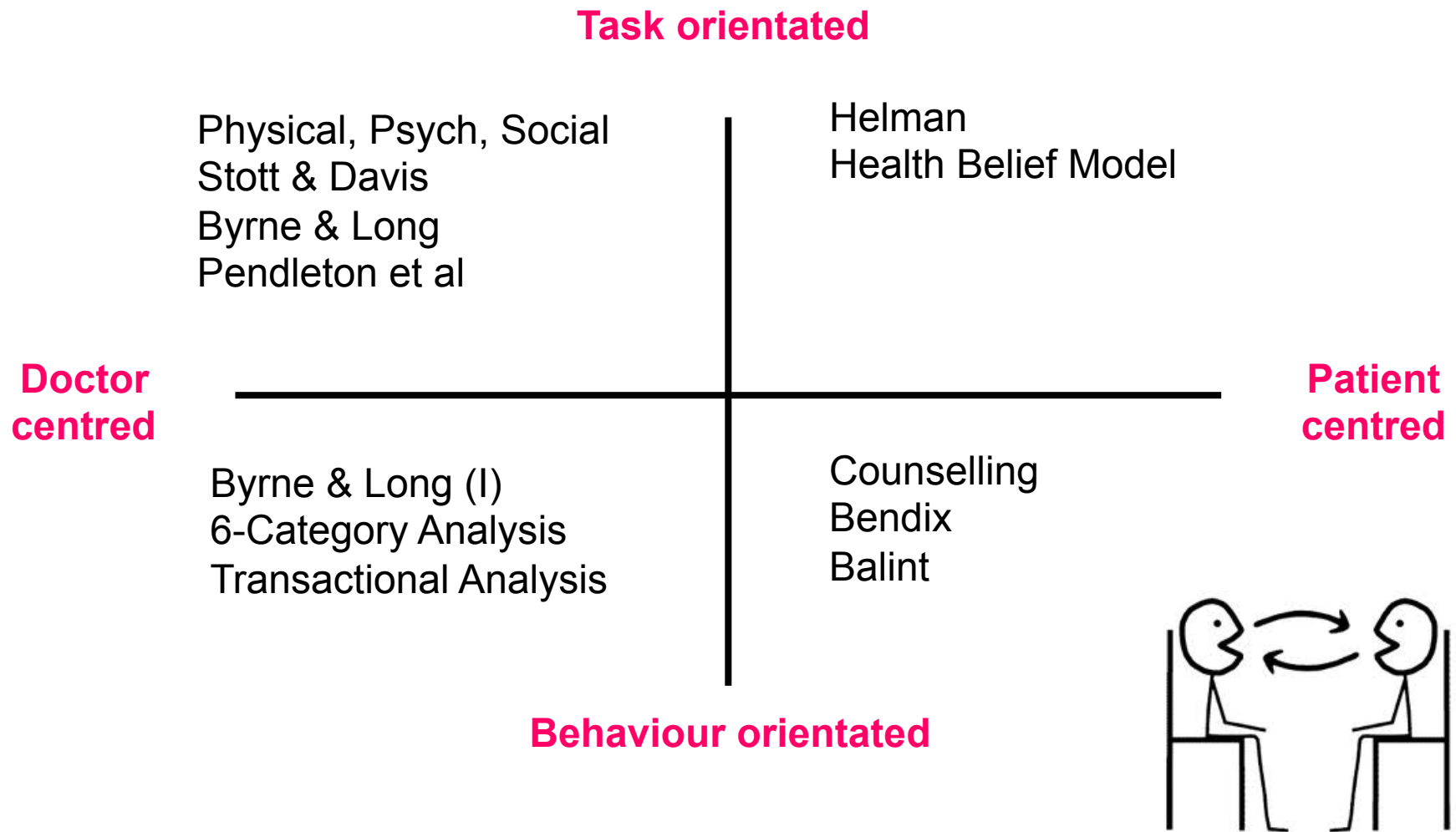


# What has each model to offer?

- 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



# What do you think about this consultation?



# 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:

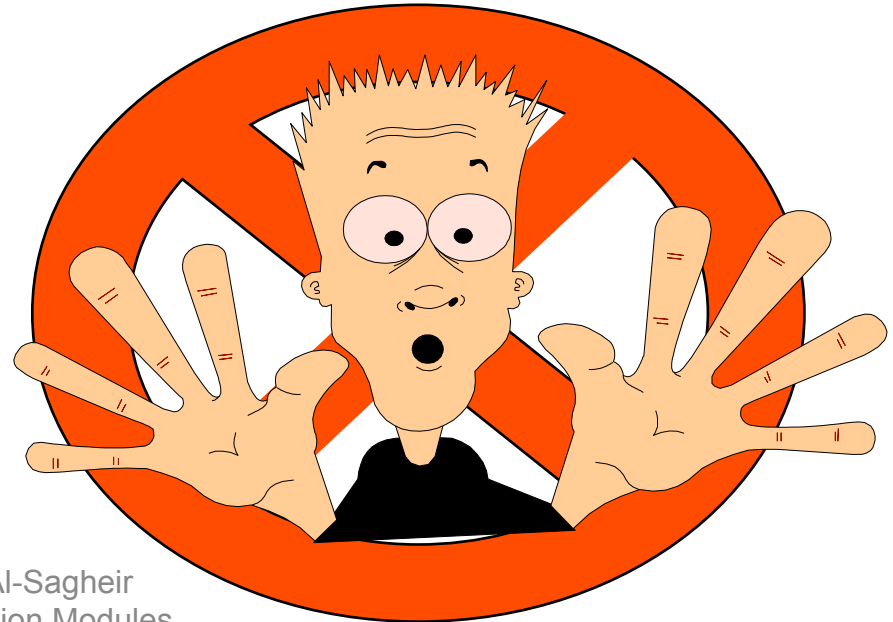
- ✓ What has happened?
- ✓ Why has it happened?
- ✓ Why to me?
- ✓ Why now?
- ✓ What would happen if nothing was done about it?
- ✓ What should I do about it or whom should I consult for further help?



A stack of three books in red, teal, and blue colors is positioned behind a brown rectangular box with a thin black border.

***Remember***

**Never, never underestimate  
your capabilities**





# 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.

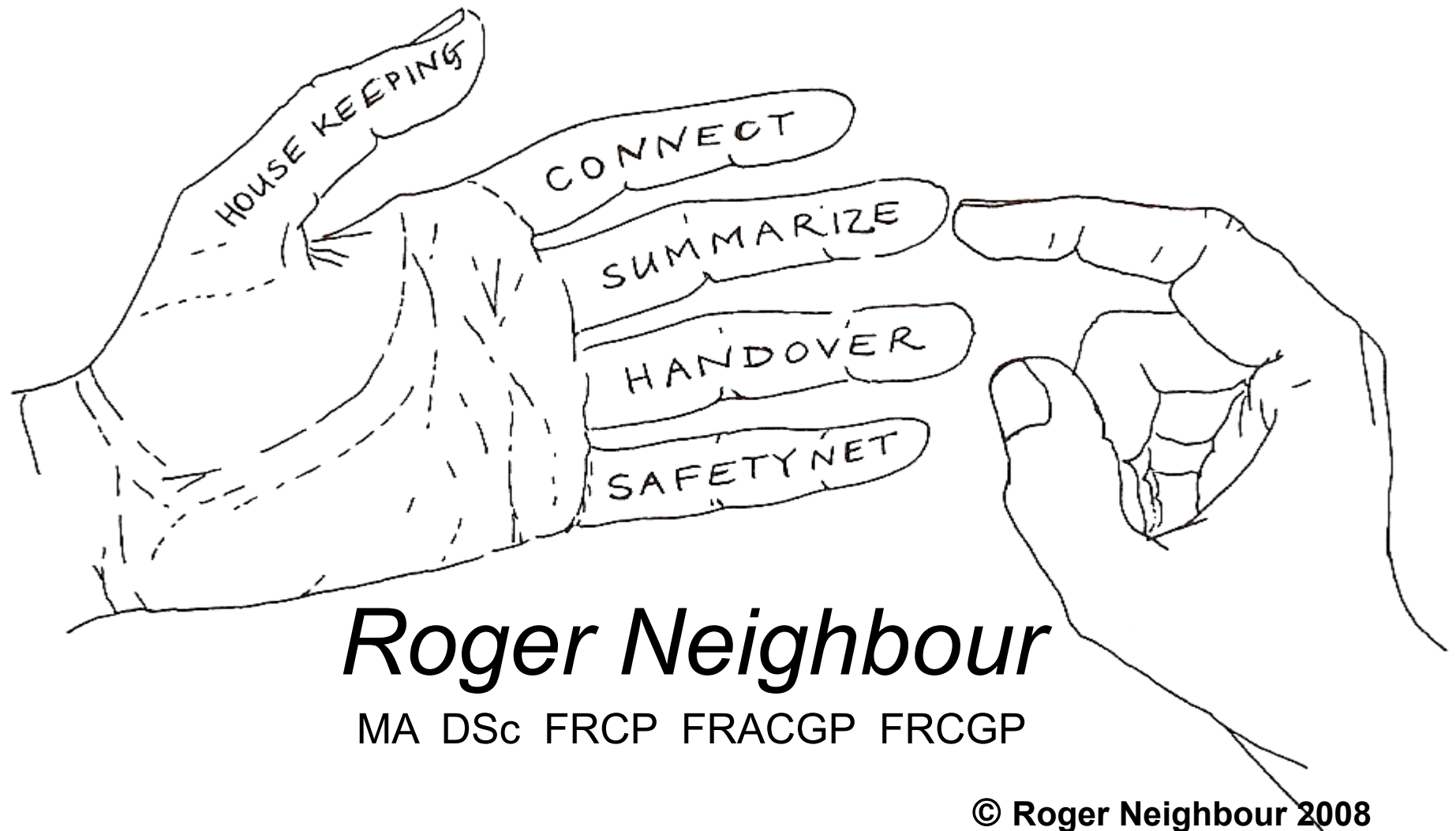
- (3) With the patient, to choose an appropriate action for each problem
- (4) To achieve a shared understanding of the problems with the patient
- (5) To involve the patient in the management and encourage him to accept appropriate responsibility
- (6) To use time and resources appropriately:
  - i) 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.

# You are an Effective physician

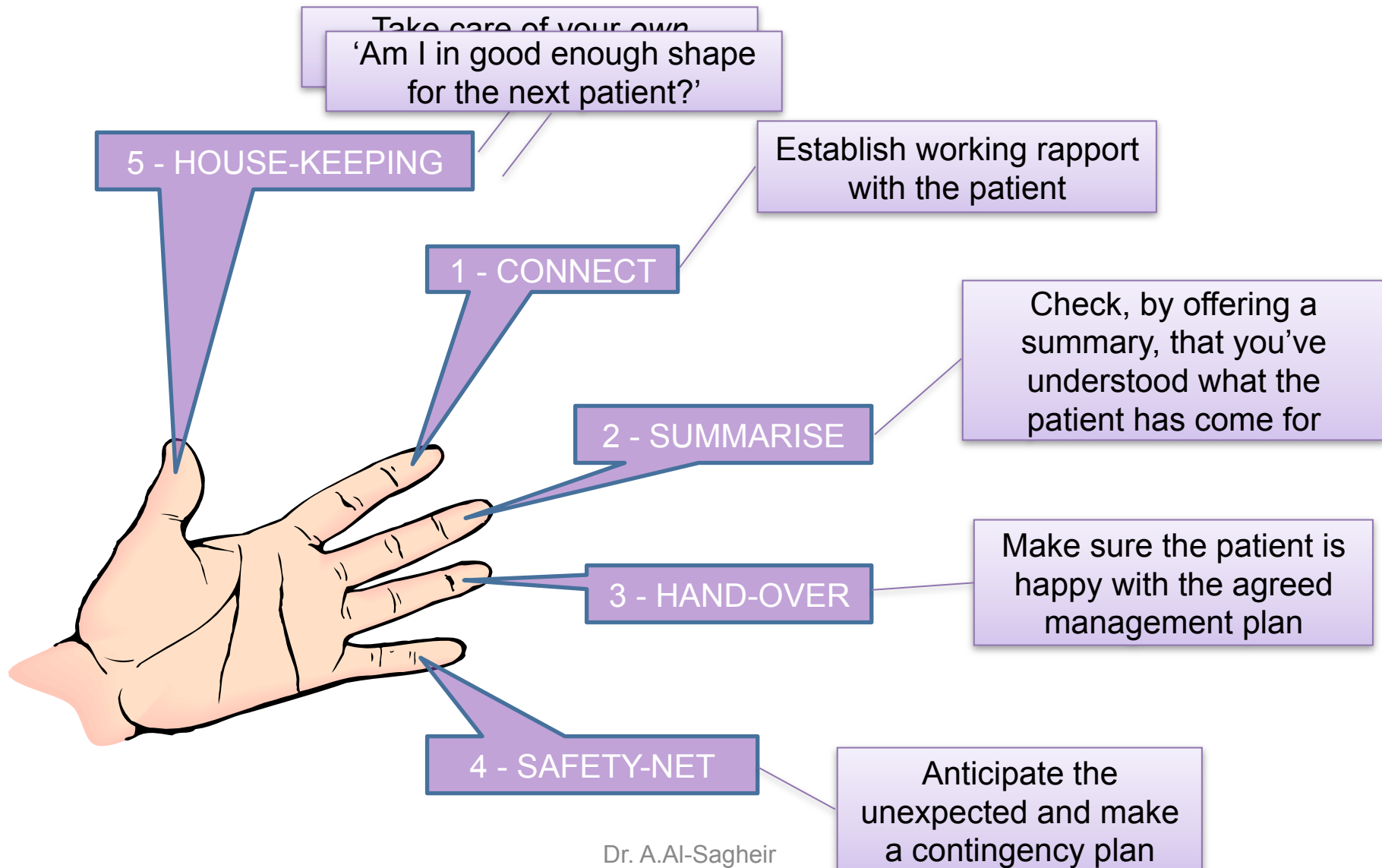


# THE INNER CONSULTATION:

## 5 checkpoints for effective consulting (1987)



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





# OPTIMISM



**There are always flowers  
for those who want to see them.**

HENRI MATISSE

© 2000 THE MUSEUM OF MODERN ART



# Dealing With Difficult Consultations





# Aims

- Recognition of different types of Difficult Patients
- Whose problem is it?
- Why are they so important?
- How to Deal With Them

**How Common Are They?**

**8**

# Definition

- ?
- The prevalence is estimate to be 15 percent of patients
- The presence of depressive or anxiety disorder, somatic symptoms and greater symptom severity

## Definition of a dysfunctional consultation

“An exhausting consultation between a doctor and a patient which often triggers off some powerful emotions either in the doctor dealing with them, in the patient or both!

Most show a continuing, insatiable dependency on a physician.”

# Difficult patient

## Definition

Is the one with whom the physician has trouble forming an effective working relationship

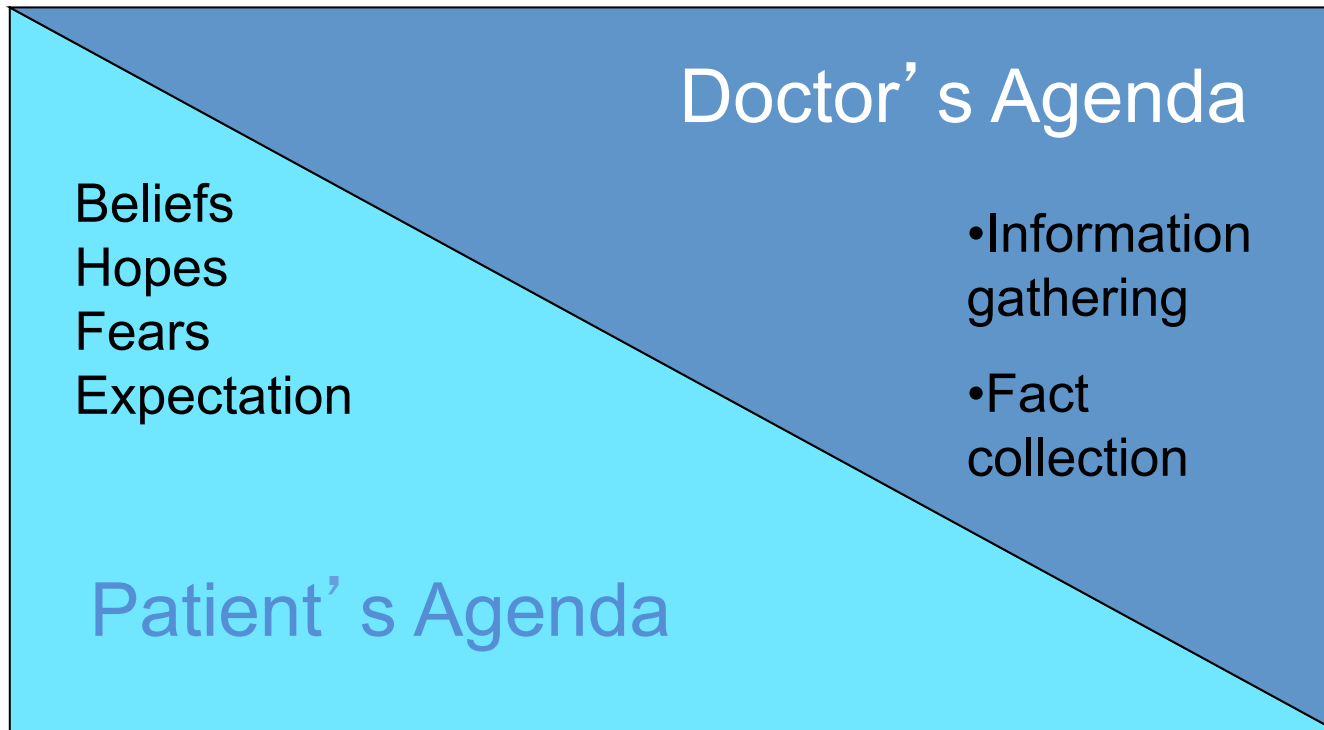
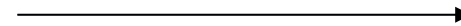
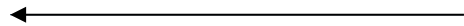


# Four Principles of Family Medicine

1. Doctor-Patient Relationship
2. Skillful Clinician
3. Community-Based Practice
4. Resource Person to a Defined Population

Patient-centered

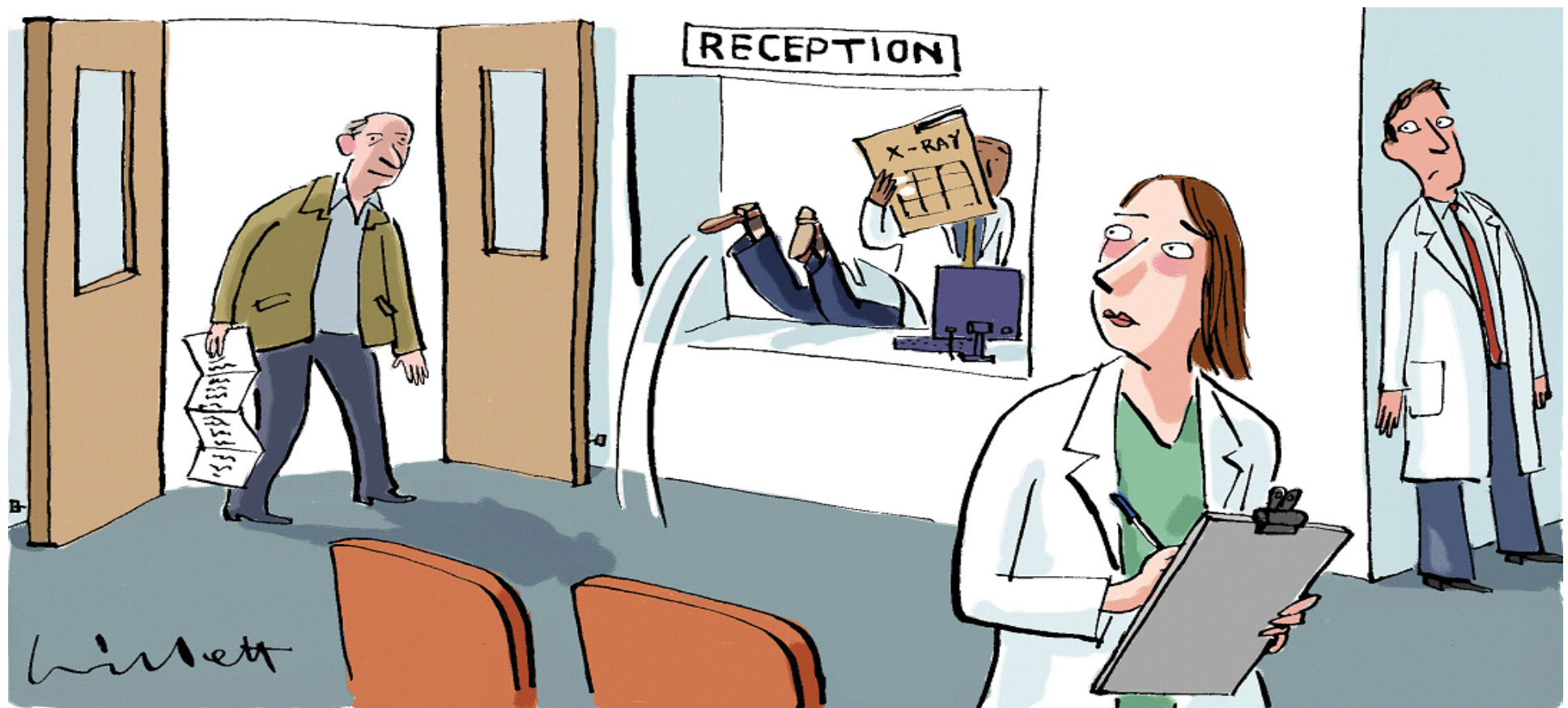
Doctor-centered

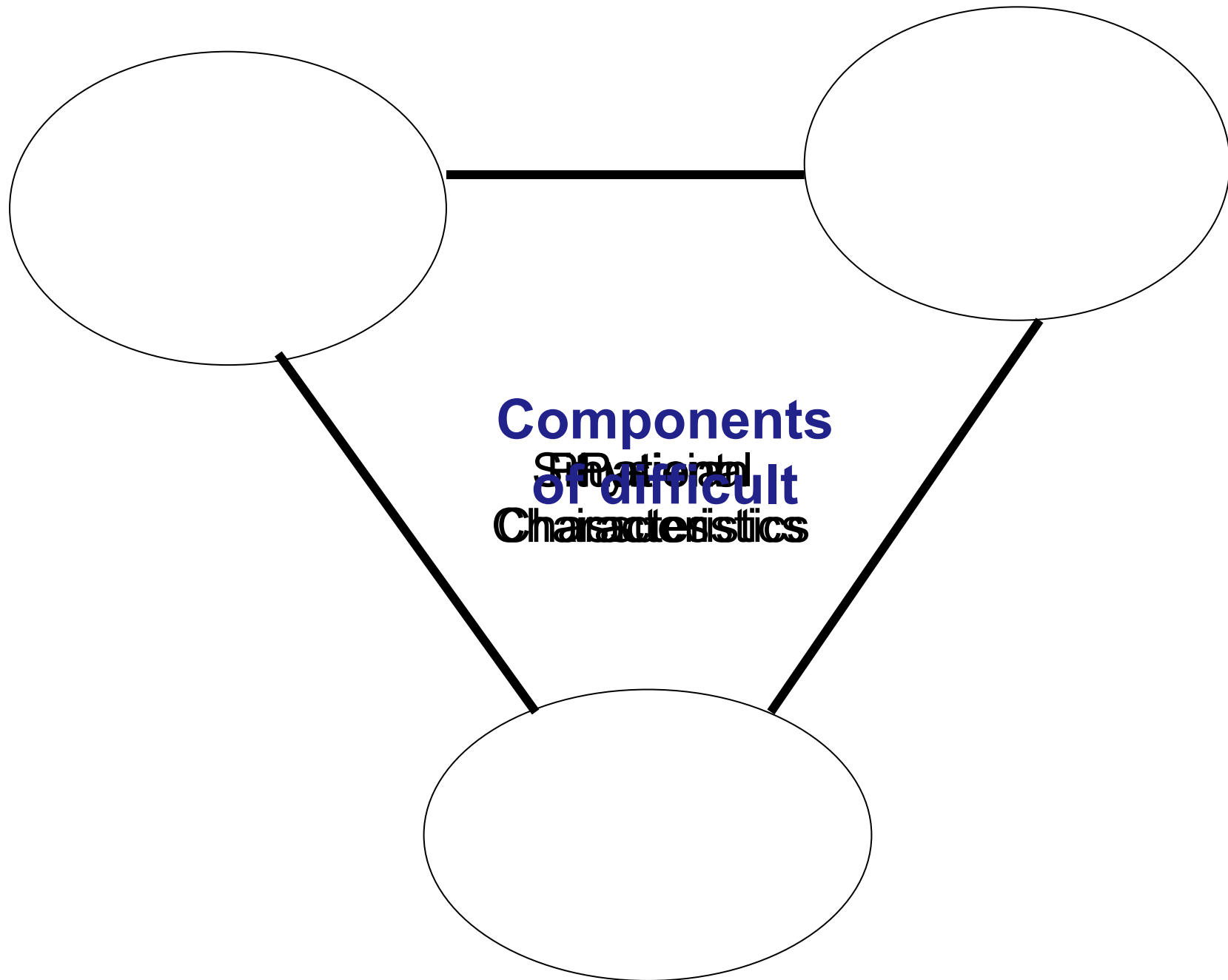




**‘Nobody goes to a doctor with just a symptom  
They go with **ideas** about the symptom,  
with **concerns** about the symptom &  
with **expectations** relate to the symptom ‘**

# Not all difficult encounters can be blamed on the patient side of the interaction





# What are the Reasons?

- Doctor Reasons

*Stress, fear, anger, low morale, helplessness*

- Patient Reasons

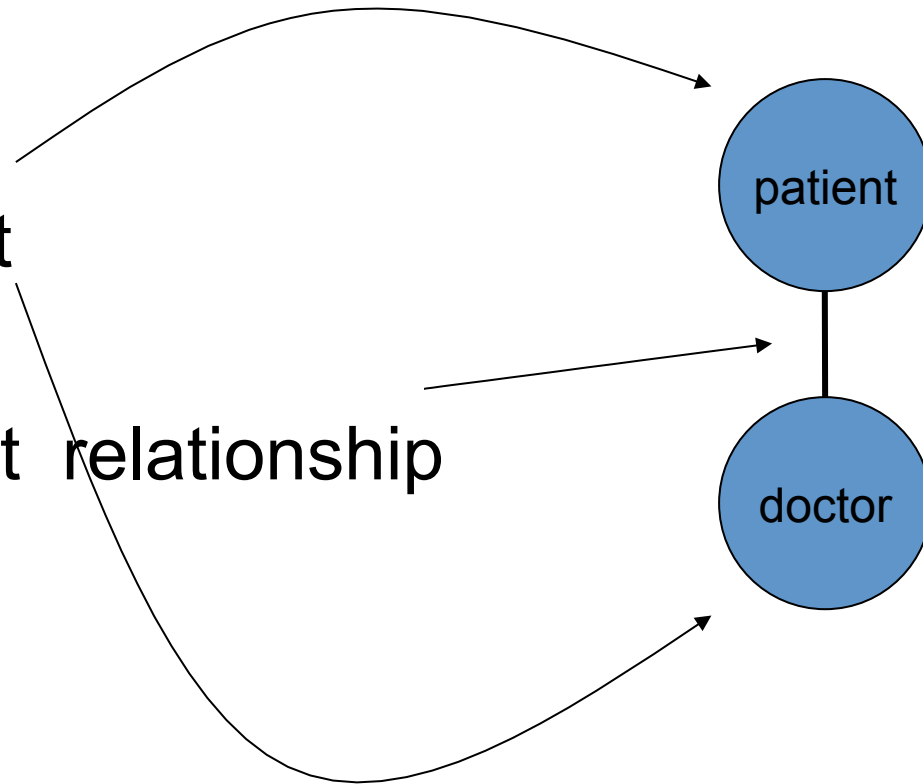
*unnecessary Ix & Rx*

- Society Reasons

*Expensive!*

# Whose Problem is it Anyway?

- The patient
- The doctor
- The Dr – Pt relationship



# Is it the Patient – list of features

- Female > male
- Age > 40
- Single, divorced or widowed (isolation)
- personal (marital, family) problems
- Co-existing depression

# Is It the Doctor?

- Different people have different personalities and characteristics

***Mathers et al (1996) Sheffield Survey of GP's***

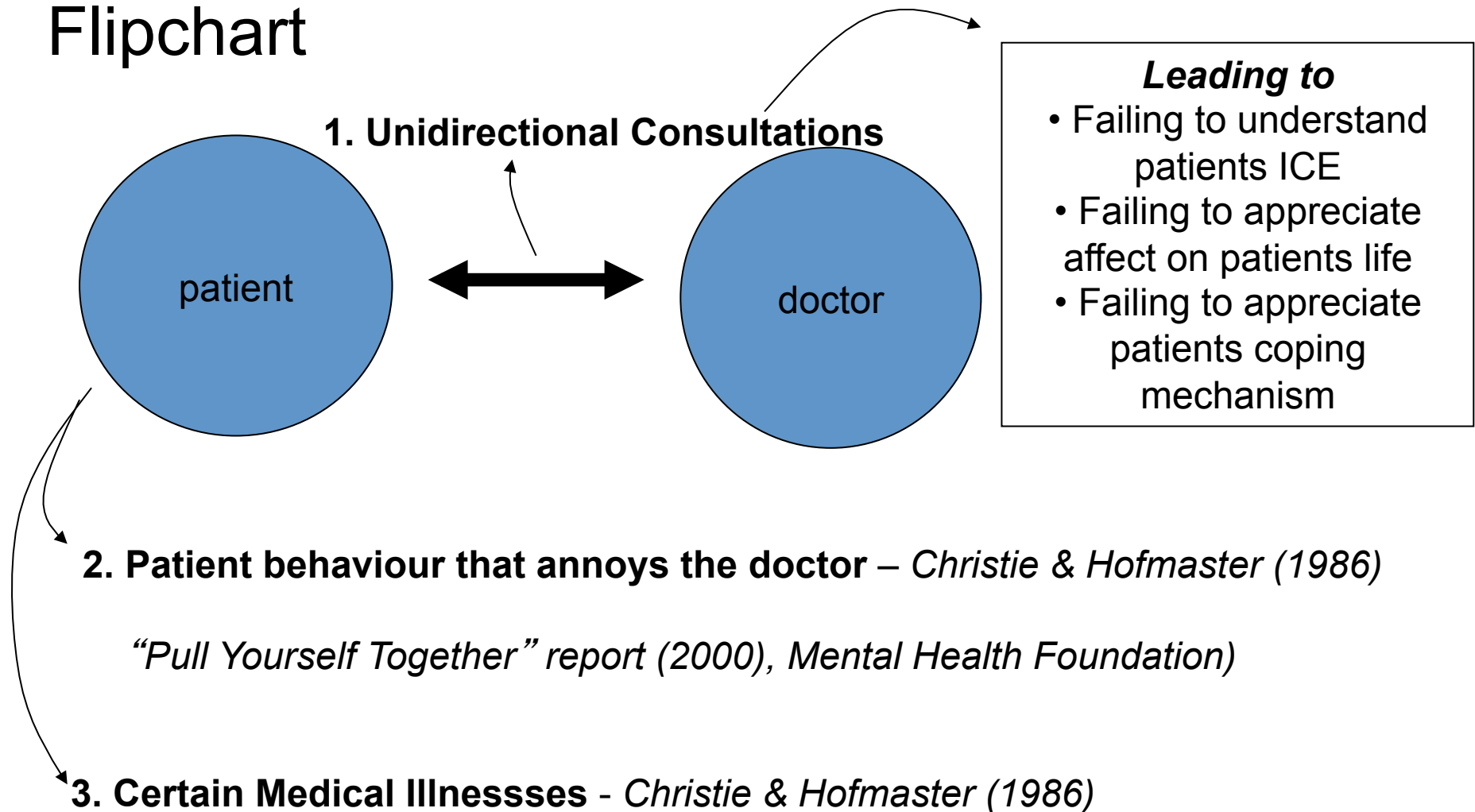
*65% variance amongst GP's in their selection of heart sink patients*

You can please SOME people ALL of the time BUT

You can never please ALL of the people ALL of the  
time

# Is it the Dr-Pt Relationship?

## Flipchart





# How Can You Spot Them?

Brainstorm – how do you recognise them in practice? Think in these broad areas:

- Patient characteristics
- Patient Beliefs
- The consultations

# Why GP's Don't Like Them

- Hopelessness
- Diagnostic Difficulties
- Time
- Cost

LET' S THINK ABOUT THEM

*Who are they and How do I recognise  
them?*

# Brainstorming Session

Make a list of difficult types of patients you have encountered

# Angry, defensive, frightened or resistant patient



# Types of Difficult Patients



- **Somatic fixation**

Patients who express personal distress in the form of somatic symptoms.

- **Dependent Patient**

Dependent on prescription drugs.

- **Demanding Patient**

Frequent visit for minor things; requesting medications, tests, & referrals .

# Types of Difficult Patients

Cont.....

- **Manipulative help rejecter**

Do not follow doctor instructions

- **Self destructive patients**

Diabetic patients who induce frequent attacks of keto-acidosis

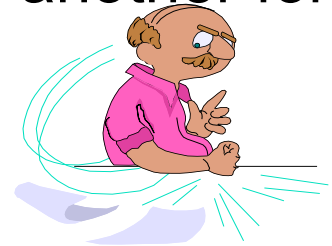


# Types of Difficult Patients

## Cont.....

- **Seductive patients**
- **Angry patients**
- **Doctor-shopping Patients**

Patients who are shopping from one doctor to another for the same problem





# Difficult Consultation

- ❖ **Patient with Hidden Agenda**

(Patient Reluctant to Talk Freely)

- ❖ **Talkative Patient**

- ❖ **Angry Patient**

- ❖ **Demanding Patient**



*How do I deal with them?*

# Why Is it Important to Have a Management Strategy For them?

- Prevent chronic sick role
- Reduce dr dependency
- Avoid dr shopping
- Maintain the dr-pt relationship some how
- To make the dr feel comfortable in dealing with them (exterminate negative emotions)
- To avoid missing a true illness

# Talkative Patients

## Communication Skills



### Verbal Communication

- Summarization
- Prioritization
- Interruption
- Close ended question

### Non - verbal Comm.

- Use of touch
- Sympathy & empathy.
- Behaviors which brake the relationship

# Nobody likes a confrontation with an anger person

Do we have the right to  
return the anger?

Do the choice dealing  
with anger patient



# Sign of anger

- Clenched fists
- Furrowed brows
- Wringing from hands
- Restricted breathing patterns
- Warning from office staff

# Even Angry Customers Are Always Right

Marsha L. Miley and Thomas J. Weida, MD

## **7 steps for satisfying angry patients:**

- 1. Handle problems privately**
- 2. Listen to patients' complaints**
- 3. Disarm anger with kindness**
- 4. Delegate up when necessary**
- 5. Follow through on promises**
- 6. Involve the patient in prevention**
- 7. Be grateful**

# Reflection

- The act of listening
- Show you have heard and have interpreted what the patient said





# Fearful about a diagnosis or Treatment

- Assess the patient's fear
- Talk about context

If you sense a potential for harm to you or your staff → Ask for assistance

# Manipulative patients

- Play on the guilt of others
  - Threatening rage
    - Legal action
      - Suicide

# Management

- Aware of your own emotions
- Attempt to understand the patient's expectations
  - Realistic and reasonable
    - Say no

# Somatizing patients

- The patients present with a chronic course of multiple vague or exaggerated symptoms
- Suffer from comorbid anxiety, depression and personality disorder
- Doctor shopped

- The patient is as frightened as you are.
- The patient think it is more serious than you do.
- Illness is frightening, but understanding what is going on help. This applies both to the patient and to you.
- Taking a history is a method of controlling what the patient says

# Management

- Describing diagnosis with compassion and emphasizing
- Regularly scheduled visits
- Reframe idea that “ it’ s all in you hand”
- Avoid the vicious cycle

Diagnosis testing and refer

# Dealing with Demanding Patient



# Dealing with Demanding Patients

## Communication Skills

- Negotiate agenda & goals :
  - Set limit
  - Reinforcement
  - Compromise & Be flexible
- Avoid argumentation,
- Explain your rationale,
- Pay attention to the way you say no, and,
- If all else fails, breathe deeply and start over.
- Exceptionally, for some patient

**firm boundaries are the rule**



# Conclusions...



# Cues for the physician

**Difficult patients evokes a feeling of anxiety, pressure, boredom, or frustration**



# PEARLS

- **Acknowledge** his/her feeling
- **Frequent short visits**
- **Background**
  - what is going on, life history, expectation ?
- **Affect**
  - how do you feel about that problem
- **Trouble**
  - what about the situation trouble most ?
- **Handling**
  - how are you handling the problem ?
- **Empathy**

# PEARLS

- Recognise own feelings
- Build rapport
- Encourage more patient responsibility
- Firm structured consistent approach
- Keep in control
- Frequent attenders – *boundaries/limits, hierarchical problem list, share the workload, delayed response*
- “Whose problem is it?”
- House keep yourself

# PEARLS

*Be careful- getting the right balance*

- True illness being missed vs too many Ix or referrals
- Reaction to External Factors
- Stresses not being dealt with
- Stigma .....of being labelled as “mad” or “neurotic”

*Experiential Practice makes Perfect*

Now it's time for...



Discussion



Comments



Questions



# Let us solve the post-test



# 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?**



# 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?**

# Could you please

- Write the Answers
- Think: 2 minute
- Discuss & Share:
  - 6 minutes
- Report: 2 minutes





# 10

Minutes Left



9

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8

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6

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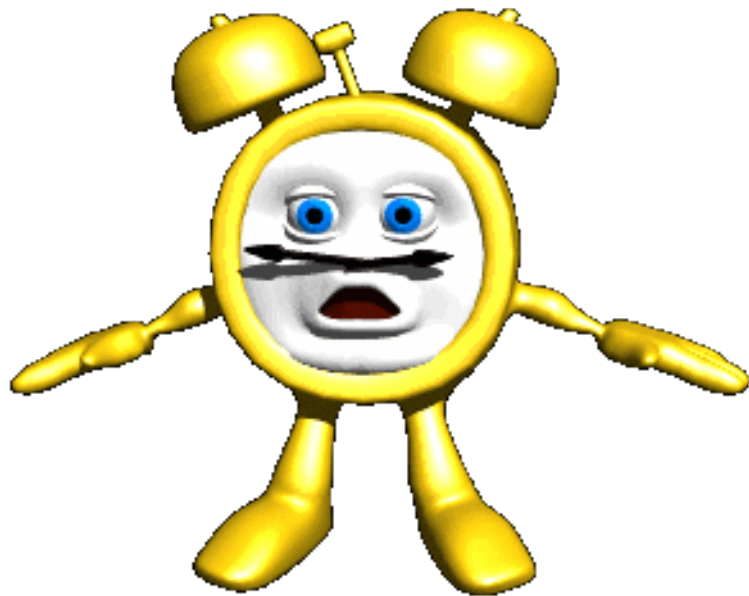
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**THE**

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# What model can we use in the 1<sup>st</sup> case?



# What model can we use in the 2nd case?

## (PENDLETON) CRAP RIOP

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



طبيب و ب عديين

*Then what.....?*

# Stott and Davis



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# Pendleton

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"I've tried all the different antidepressants.  
The only one that seems to work is money."

# INNER CONSULTATION

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"His last words were: Tell Martha to pay the doctors first."

# WHAT MAKES A GOOD CONSULTATION?

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

# 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 MESSAGE

## WHAT MAKES A GOOD CONSULTATION?



# Summary

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



Any Question





Did you achieve your own aim  
for attending this lecture?



# Thank you for listening

ayshah2000@gmail.com

