



# Consultation Skills



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# Objectives of the lecture



- Demonstrate how to initiate the consultation and to identify the reasons(s) for the consultation
- Explain the skills that promote (and discourage) rapport building (verbal and non-verbal behavior)
- Demonstrate the skills of Active Listening and setting an agenda for the consultation by negotiation.
- Demonstrate how to gather information and complete medical history ('bio-physical' content).

# Objectives of the lecture



- Demonstrate how to explore and understand the patient's perspective (Illness content i.e. ICEFE).
- Demonstrate how to react to the patient's perspective using a combination of the Accepting, supporting and empathetic response.
- Demonstrate how to do Shared decision-making
- Demonstrate how to close the consultation (Safety netting and contracting)

# Facts!



- There are approximately 200,000 consultations to get through during a professional lifetime.
- Doctors often complain that they frequently find consultations difficult and challenging.
- Over a third of them find a quarter of all their consultations frustrating and a eight percent say that over more than half are dysfunctional or difficult. <sup>1</sup>
- This is often because they feel poorly equipped to deal with the demands placed on them, as well as the behaviour and personalities of certain patients.

1. Ely et al (1995) Perceived causes of family physician's errors Journal of Family Practice. 40 (4): 337-344

# THE CAMBRIDGE CALGARY OBSERVATION GUIDE

After Silvermann, Kurtz and Draper



Structuring  
the  
Consultation

Initiating the Session

Gathering Information

EXAMINATION

Explanation and Planning

Closing the Session

Building  
the  
Relationship

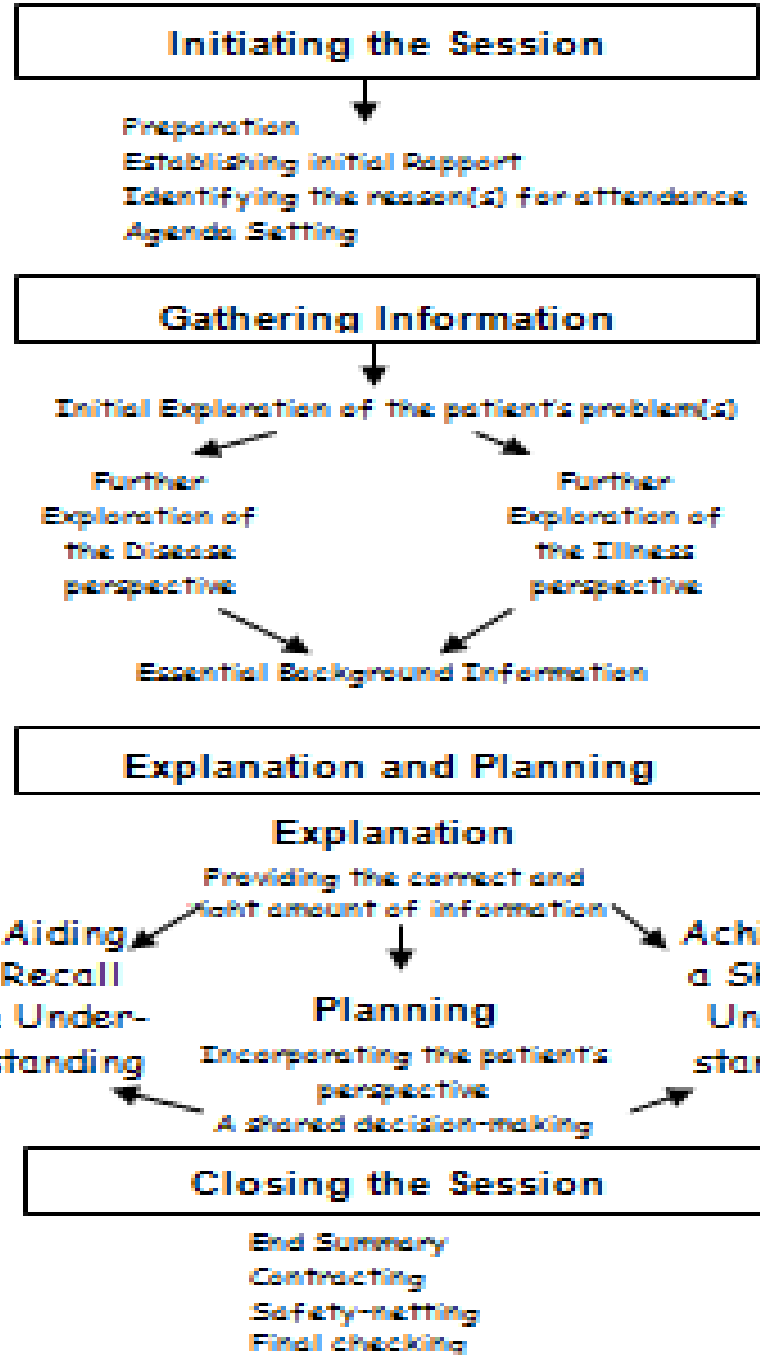


**Building the Relationship**

Non-verbal communication

Developing Rapport

Involving the Patient



**Structuring the Consultation**

Screening

Negotiation

Agenda Setting

Internal Summary

Signposting

Summarizing

Sequencing



# Initiating the Consultation

# Initiating the consultation



- It has unique and separate objectives that must be completed before moving on to the main history taking or information gathering section.
- It is broken up into four areas.
  - Preparation
  - Establishing an initial rapport
  - Identifying the reasons(s) for the consultation
  - Negotiating and Agenda setting



# Initiating the consultation



- The core skills:
  - Preparation
  - Establishing an initial rapport
  - Identifying the reasons(s) for the consultation
  - The Doctors Opening Question
  - ‘Active’ listening
  - Encouraging the patient to complete and expand their opening statement
  - Screening

# Initiating the consultation



- **Preparation**
  - Putting aside feelings and emotions
  - Attending to self-comfort
  - Reading relevant information and material beforehand
- **Establishing an initial rapport**
  - Greetings and introductions
  - Attending to patient comfort
  - Showing respect and interest in the patient by appropriate non-verbal & verbal behaviour
- **Identifying the reason(s) for attendance**
  - Doctors Opening Question
  - Active Listening (during the Patient's Opening Statement)
  - Summarising and Screening for other symptoms and problems
- **Agenda Setting**
  - Negotiation and prioritising
  - Agenda Setting for the rest of the consultation

# S.O.L.E.R.



- **S**itting **S**quare on to the patient with an **O**pen position, **L**eaning slightly forward with **E**ye contact in a **R**elaxed posture

# Encouraging the patient



- Use non-verbal behaviour such as nodding
- Verbal 'neutral' encouragers such as ...*'go on'*; *'uh-uh'*...*'Ok'*...*'yes'*...or *'I see'* - to help promote continuation of the patients opening statement.
- Where necessary it means permitting and tolerating periods of silence - allowing patients to think and recall information at their own pace.

# Additional skills that help manage other presentations



- The emotional patient
- The patient with a 'loaded gun'
- The patient with a shopping list
- The 'Accepting response'

# The Accepting response



1. Acknowledging the patient's thoughts or feelings by restating, paraphrasing or summarising what's the patient has said
  - *Doctor: "So, you're worried that the wind might be caused by cancer"*
2. Make a 'valuing statement' about their right to hold this view
  - *Doctor: "I can understand why you might be concerned about that....."*
3. then...most important of all...a pause or silence
  - *Patient: "Yes, doctor, you see my mother died of bowel cancer when she was 40 and I remember she had a lot of wind"*

# Identify the reasons(s)

for the consultation



- Active listening
- Open ended questions
- Encouraging the patient to complete and expand their opening statement
- Screening and accepting response



**Suggested exercises**  
**Initiating the consultation**



# Watching videos



- Label the skills was used to build rapport with the patient
- Are you able to identify the emotional state of the patient (even if neutral) and what clues did you use to assess this?
- Time how long it is before doctor asked the patient first direct question – and what information were he trying to obtain?
- Summarise the information you have learnt
- **Looking at the whole consultation**
  - Did doctor actively screen for other problems or did they spontaneously emerge during the consultation?
  - How many problems did the patient present with and when did each one ‘surface’ during the consultation?



- [https://www.youtube.com/watch?v=tWFVT-fUafQ&index=7&list=PLeaqGG4mBfT9\\_uBdsY9PRw69kerCMC5Ya](https://www.youtube.com/watch?v=tWFVT-fUafQ&index=7&list=PLeaqGG4mBfT9_uBdsY9PRw69kerCMC5Ya)





- [https://www.youtube.com/watch?v=klfoD4cVkDY&index=10&list=PLeaqG4mBfT9\\_uBdsY9PRw69kerCMC5Ya](https://www.youtube.com/watch?v=klfoD4cVkDY&index=10&list=PLeaqG4mBfT9_uBdsY9PRw69kerCMC5Ya)



# Role-play



- Role-play as badly as possible the beginning of the consultation - list and compare the negative skills you used with positive rapport building ones.
- Use the skills of 'Active listening' and facilitation using neutral encouragement and summarising only. Stop when you need to start using either an open or closed question to gain more information.



**Gathering Information**

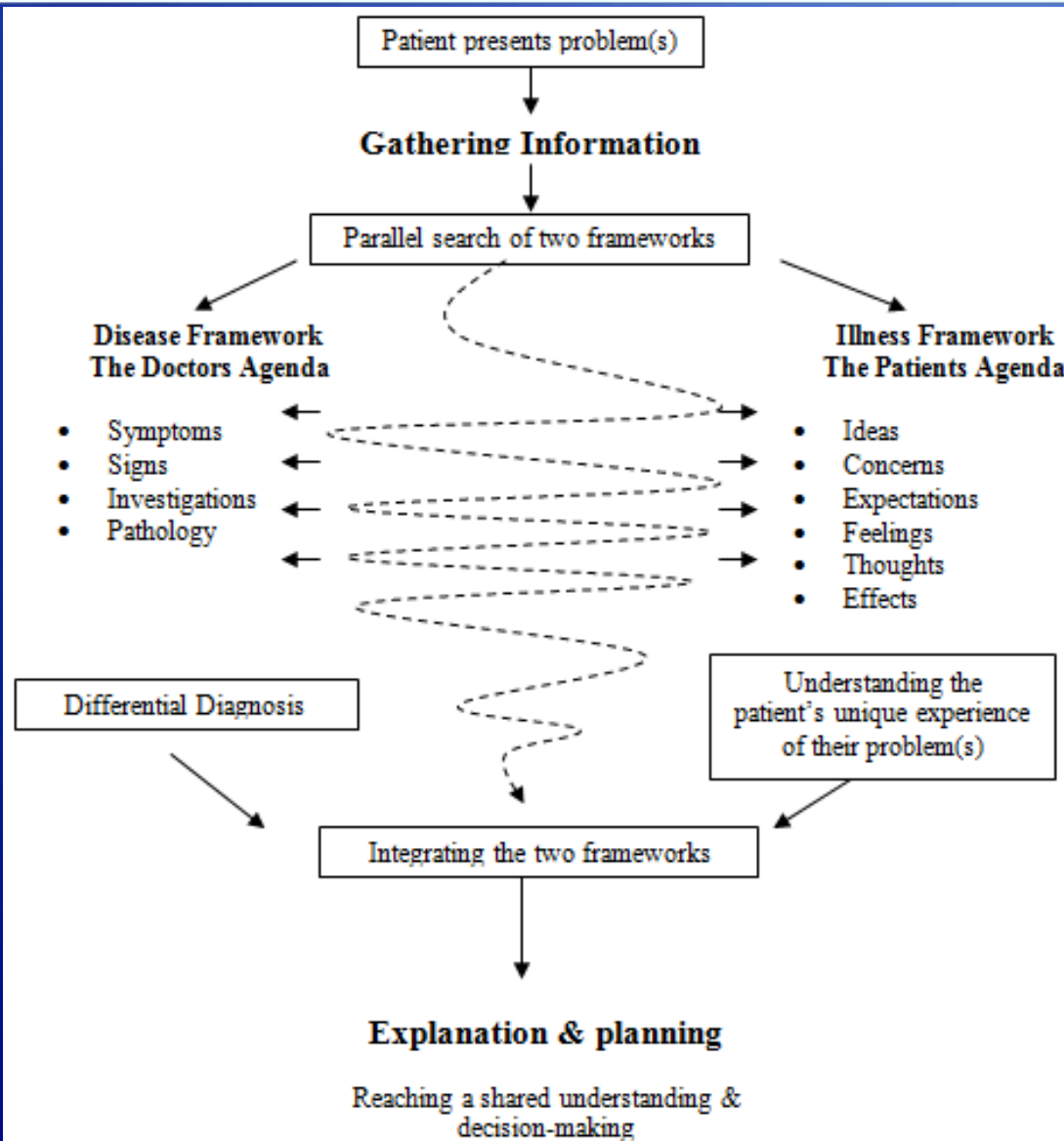
# Gathering Information



- Taking an accurate and complete 'bio-physical' or medical history
- Exploring and understanding the patient or illness perspective
- Structuring the consultation to improve the process of diagnostic reasoning and ensure efficient use of time
- Involve the patient in an interactive process to promote participation, understanding and rapport - responding supportively to their involvement



# Develop an understanding for the Disease – Illness model



- Why we need to explore the patient's perspective?
  - Uncovering the patient's perspective improves our chances of making a correct diagnosis

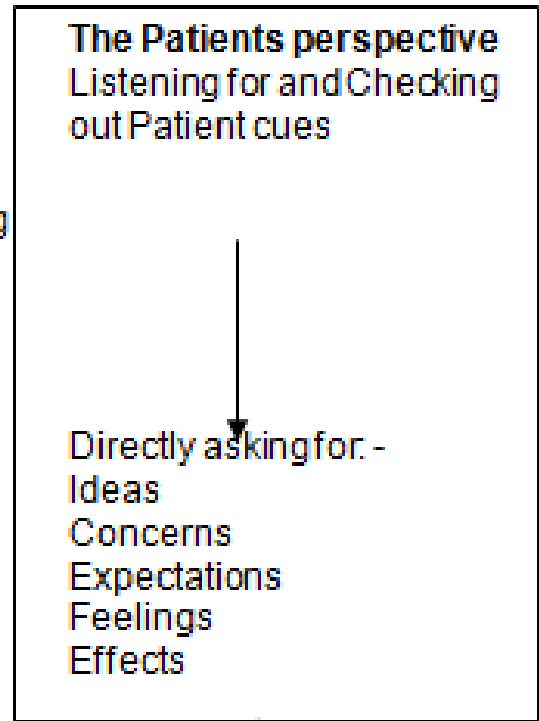
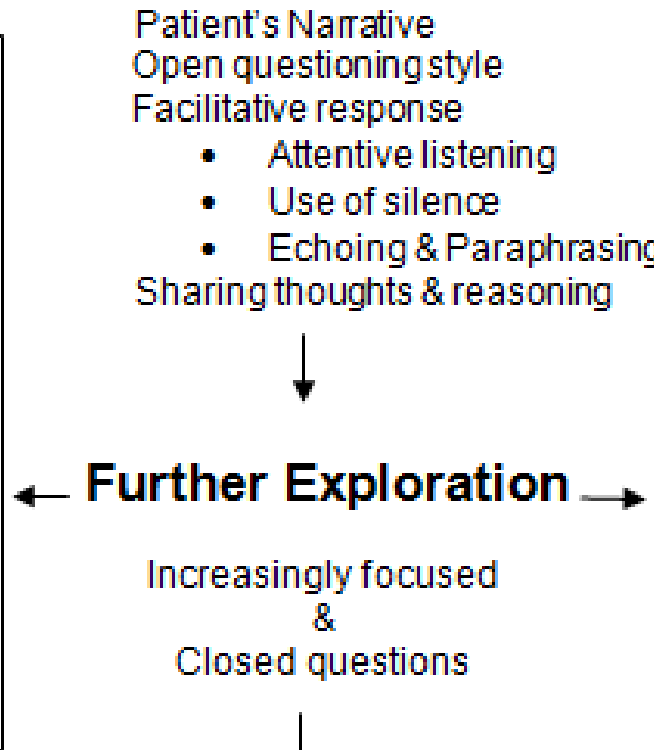
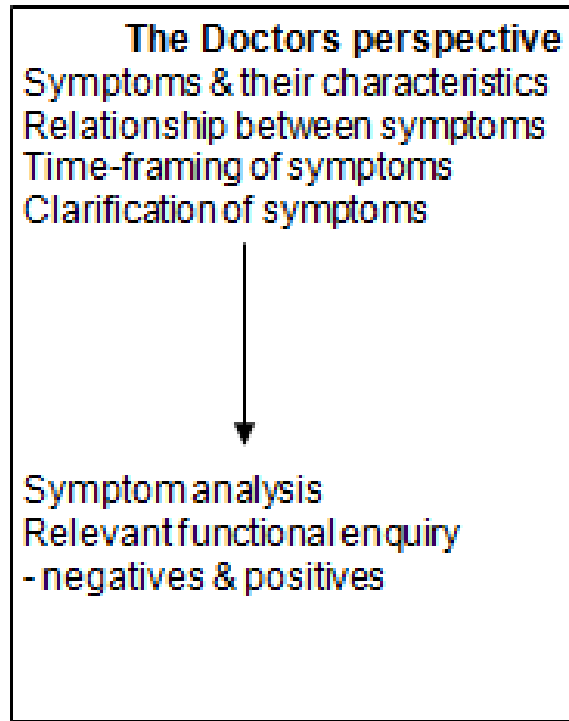
Professor Ian McWhinney and colleagues at the Ontario University, Canada in 1990

# Initial Exploration

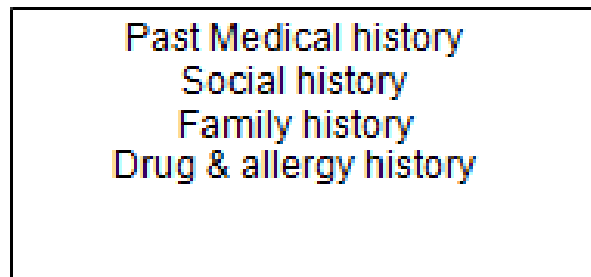
BIOPHYSICAL CONTENT

PROCESS

ILLNESS CONTENT



## Essential Background information





# Gathering Information



- **A) The skills of initial exploration for the ‘biophysical’ or medical perspective**
  - The Narrative thread
  - Using open-ended questions first - within the open-to-closed cone of questioning
  - Clarification
  - Time-framing
  - Phrasing opening questions during initial exploration of the problem
- **B) The skills of further exploration for the ‘biophysical’ or medical perspective**
  - Using closed questions to fill in the gaps and determine important physiological function

# Gathering Information



## C) The skills of initial exploration for the illness or patient perspective :

- The importance of developing and maintaining rapport
- The importance of using open ended questions (...again)
- Picking up ‘cues’ that underline the patient’s perspective
  - **Nonverbal behaviour:** Patient looks anxious or worried from expression, tone of voice, posture and body tone, Persistent poor eye contact
  - **Verbal behaviour** The use of emotionally laden terms by the patient: “Worried, upset, frightened, serious, dangerous, important...”

## D) The skills of further exploration for the illness or patient perspective

- Asking directly for the Patient’s perspective

# Asking directly for the patient's perspective



- Ideas

- *What do you think is causing it? Why do you think that might be happening? Have you had any ideas about this yourself? Have you got any clues or theories? You've obviously given this some thought; it would help me to know what you might be thinking it might be?*

- Concerns

- *What are you concerned that it might be? Is there anything particular or specific that you were uneasy about...? What was your worse fear or thoughts about this? In your darkest moments... what had been going through your mind?*

# Asking directly for the patient's perspective



- Expectations

- *How were you hoping I might help you with this? What were you hoping we might be able to do for this? What do you think might be the best plan of action? You've obviously given this some thought, what were you thinking might be the best way of tackling this?*

- Feelings

- *How has all of this made you feel? How has this left you feeling? How have things seemed to you?*

- Effects

- *How has this affected your life? When should doctors attempt to discover the patient's perspective?*

# Gathering Information



- Knowledge of the cultural and sociological factors that determine the patient's perspective

# Open vs. Close



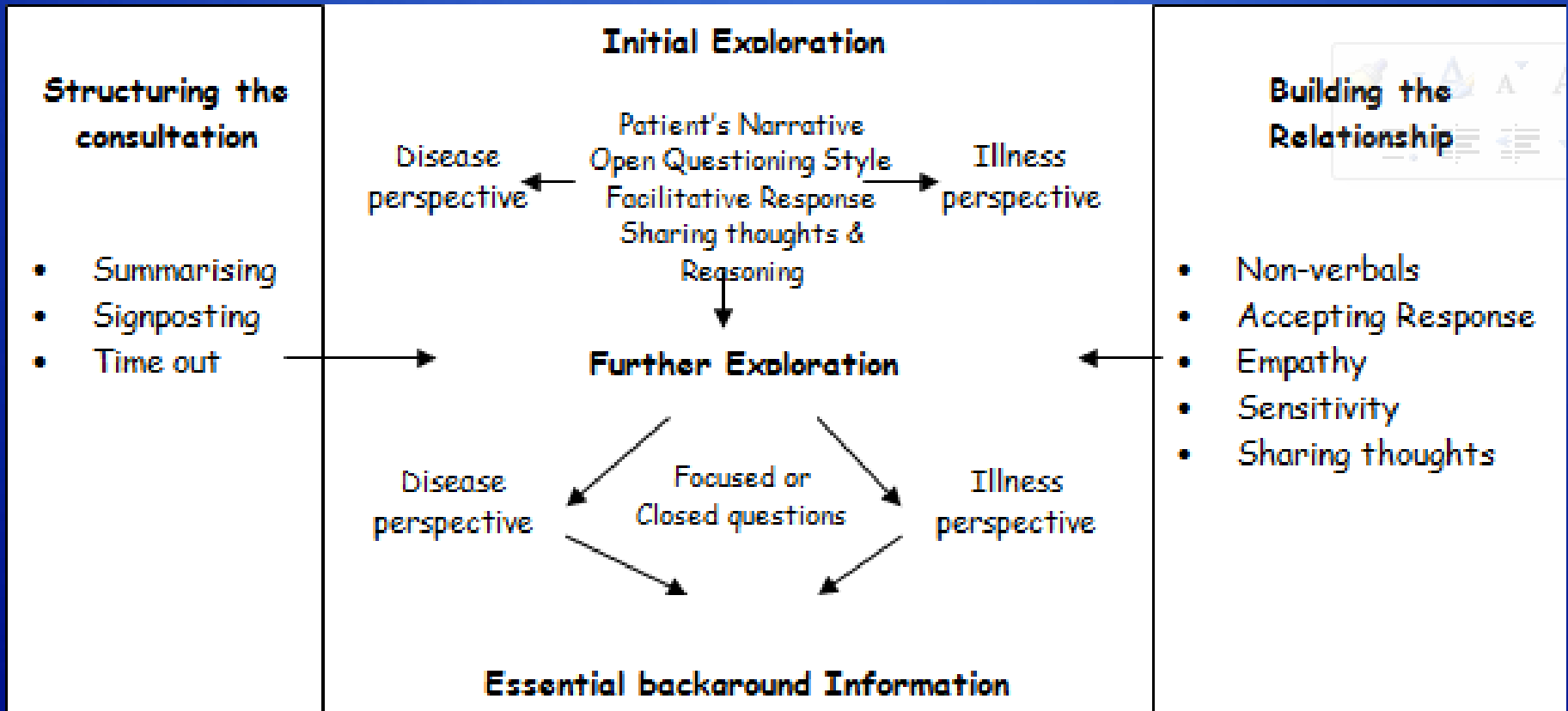
- Using open-ended phraseology when initially exploring patient's problems instead of relying on a series of closed doctor-centred questions.
- The importance of using focused and closed questioning style in eliciting the functional enquiry and background information.

# Gathering Information



- Discovering the meaning of illness from the patient's perspective.
- Importance of reacting to the patient's perspective using a combination of the Accepting, supporting and empathetic response.

# Structuring the consultation





# Structuring the consultation



- Summarising
- Signposting
- Returning to the Narrative
- Dealing with really over-talkative patients



- Using Summarising and Signposting as twin skills to structure and facilitate patient's involvement in the interview.

# Summarising



- This skill is a statement or summary that feeds back to the patient what the doctor has heard and understood so far.
- It is a facilitating skill that encourages the patient to go further into their problem.
- The process of summarising allows doctors to check both the accuracy of what they've just heard and to organise and make information more memorable by the process of repetition.
- It also allows a breathing space for the doctor to think and review what's been covered as well as clarify what aspects of the story need further exploration as well as being helpful when we are uncertain where to go next.
- Summarising can be used repeatedly throughout the first phase of gathering information to maintain control and structure and again right at the end.

# Signposting



- This is a directive statement to the patient that explains where you are going in the consultation and why.
- The end result is to structure what is going on to the patient so they can concentrate and contribute more effectively.
- It is particularly useful to use signposting when intending to move between the different sections and between parts within each section of the consultation.
- Signposting satisfies another of the five underlying principle of communication – reducing patient uncertainty.
  - From the introduction into the gathering information stage
  - From open to closed questions
  - Into specific questions about the patient’s ideas, concerns or expectations
  - Into the functional enquiry about symptoms and organ systems
  - Into the examination
  - Into explanation and planning

# Maintaining Rapport



- Empathy
- Supporting the patient



# Gathering Information

Exercise

# Consider how you might respond to the following patient concerns



- *“I been getting a stiff neck at work this week and now I’m frightened I might be getting meningitis!”*
- *“I think I’ve got dementia – my memory’s so poor these days and now I’ve started leaking urine – I’m sure this means I’m not going to live much longer now”*
- *“I wonder if you could prescribe some antibiotics for my son – he has such a bad cough!”*
- *“I wonder if you could give me a full check-up Dr. – being 40 and all that”*

# Role-play



- Practice using the Narrative thread. Role-play a scenario with your trainer presenting as a patient with a simple URTI. Make a determined attempt to phrase questions using an open-ended line of enquiry first.
- Role-play a scenario with your trainer presenting as a patient with rectal bleeding and a family history of bowel cancer. Try out the various phrases to directly discover their ideas, concerns, expectations and feelings.
- Role-play a scenario with your trainer presenting as a very anxious person with headaches. Try out questions that attempt to explore possible links between their symptoms and their emotions and feelings. Discuss the non-verbal cues your trainer was using.



# Explanation and Planning



- Providing the appropriate amount and type of information
  - Finding the patient's starting point
  - Breaking Bad news
- Delivering information in a form that facilitates recall and understanding
  - 'Chunking and Checking'
  - Categorising and signposting
    - **d – c – e – p – t** (Diagnosis – Cause– Expected course – Prognosis & Seriousness –Treatment [later on])
  - Clarity and Jargon
  - Repetition and Restatement

# Explanation and Planning



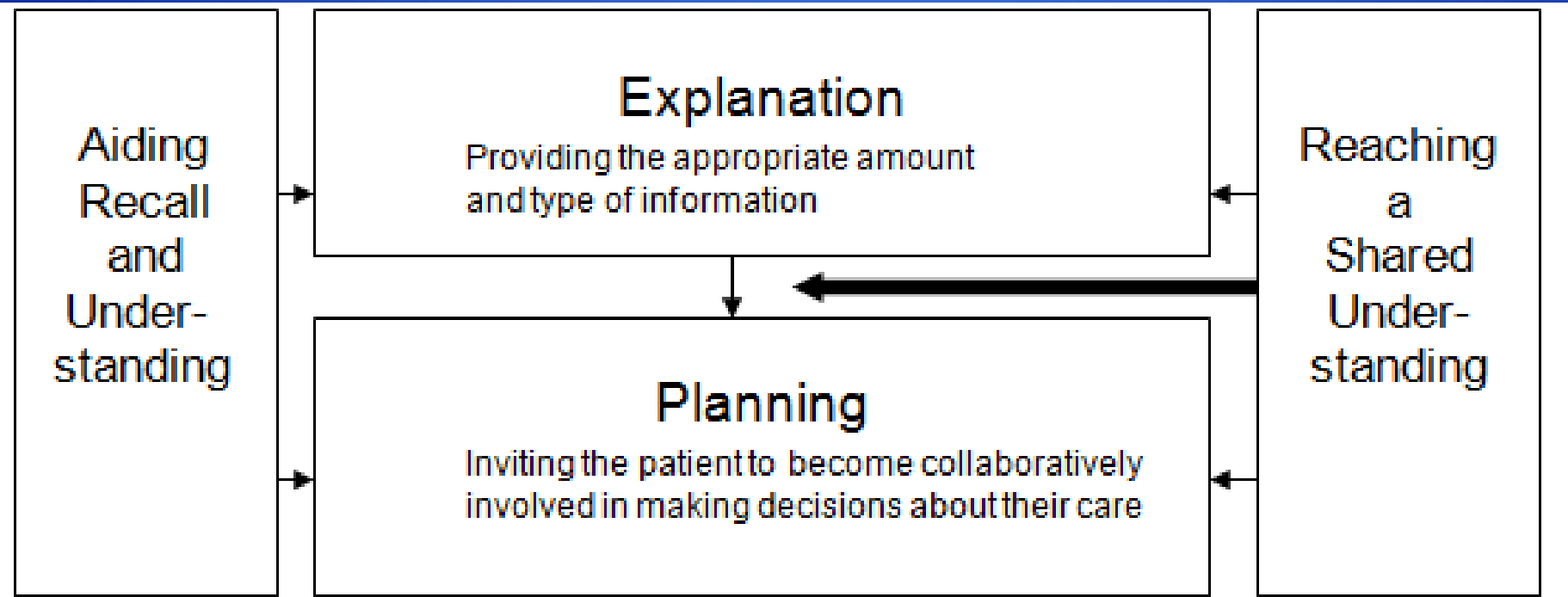
- **Developing a shared understanding and finding mutual common ground**
  - Giving a diagnosis the patient may not readily agree with
  - The diagnostic label
  - Achieving a shared understanding as a goal throughout explanation & planning
    - When things get tough
    - When things are more straightforward
- **Inviting the patient to become collaboratively involved in making decisions about their care**

# Looking at the skills of Planning – shared decision making



- Encourage the patient to contribute their own ideas and thoughts
- Share your own thoughts about management
- Involve the patient by offering choices and making suggestions
- Actively seek and encourage their reactions, views and acceptability about what is proposed

# A conceptual framework for Explanation & Planning



# Closing the session



- Contracting
  - This involves agreeing the next steps and responsibilities for both doctor and patient.
- Safety-netting
  - Re-iterate what to expect if things go as expected
  - How to recognise when things are not going to plan – either through persistence or recurrence of symptoms or their duration or timing
  - Who or how they should seek further help
- Final checking
  - *Patient: “That’s fine doctor – I’m happy about what you’ve said and understand what to do”*

# Take home messages



- Initiating the consultation has unique and separate objectives that must be completed before moving on to the main history taking or information gathering section. It is broken up into four areas. Preparation, Establishing an initial rapport, Identifying the reasons(s) for the consultation and Negotiating and Agenda setting.
- Identify the reasons(s) for the consultation to be done by active listening, open ended questions, Encouraging the patient to complete and expand their opening statement, screening and accepting response.
- Develop an understanding for the Disease – Illness model is important in addition to knowledge of the cultural and sociological factors that determine the patient's perspective.

# Further readings



- Skills for Communicating with Patients. Silvermann, Kurtz & Draper. Radcliffe Medical Press. ISBN 1 85775 189 2
- Clinical methods: A General Practice Approach – Robin Fraser.
- A textbook Family Medicine by Ian R McWhiney.



Thank You!

