

Consultation Skills

Objectives:

- Demonstrate the skills necessary for patient-centered questioning
- Identify different models of consultation
- Explain how an effective consultation model can improve patient's satisfaction within their psychosocial environment
- Apply consultation skills in dealing with common health problems
- Practice integration of communication skills with consultation skills

Definition:

The occasion when a person who is ill, or believes himself to be ill, seeks the advice of a doctor whom he trust.

Wright & Macadam

OR:

It is a goal-seeking activity in which the goals of one party may or may not be clear to other party.

*Byrne & Long

* Consultation in PHC is more broad than consultation in Hospitals.

Consultation Skills:

Interview skills:

e.g. Look at patient eyes, listening to the patient

History Taking skills

Physical examination skills

Problem-solving skills: why the patient has this problem

Models of consultation:**1.SCOTT and DAVIS:**

History: 49 years old male smoker, known to have DM,HTN complaining of epigastric pain for 1 month, the pain is on/off radiate to retrosternal area, burning in nature, aggravated when he lies down after eating and nothing relieves it.

A. Management of presenting problems:

Epigastric Pain

B. Modification of help-seeking behaviors:

Lying down after eating.

C. Management of continuing problems:

DM and HTN.

D. Opportunistic health promotion:

Advise him to quit smoking.

2. NEIGHBOUR'S 5 CHECKPOINT:

1. CONNECTING:

show the patient that you are interested and do care about him.

2. SUMMARISING: students tend to forget this part in OSCE.

Demonstrate to the patient you understood why he's come, hopes, feeling, concerns and expectations

3. HANDING OVER:

Has the patient accepted the management plan we have agreed on?

4. SAFETY NETTING:

Predicting what could happen- what if?

5. HOUSEKEEPING:

Clearance of any emotional responses to patient we have seen or those we are about to see.

If previous patient mad you angry, don't be angry at the next patient.

3. PENDELETON'S MODEL:

Seven tasks :

1. To define the reasons for the patient's attendance, including:

- (i) The nature and history of the problems;
- (ii) Their aetiology;
- (iii) The patient's ideas, concerns and expectations;
- (iv) The effects of the problems.

2. To consider other problems:

- (i) Continuing problems;
- (ii) At risk factors.

3. To choose with the patient 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.
7. To establish or maintain a relationship with the patient which helps to achieve the other tasks.

Pitfalls in communication:

1) Doctor's Pitfalls:

BLOCKING BEHAVIOR:

- Interrupting
- Offering advice and reassurances before the main problems have been identified
- Lack of concern
- Attending to physical aspect only
- Switching the topic

2) Patient's Pitfalls:

- Belief that nothing can be done
- Reluctance to burden the doctor
- Desire not to seem pathetic or ungrateful
- Concern that it is not legitimate to mention them
- Doctor's blocking
- Worry that their fears of what is wrong with them will be confirmed

Patient-Centered Care

Means the patient's viewpoint is considered and integrated into the diagnosis and decision-making process. It improves the patient satisfaction and may improve health outcomes.

- Patients as partners
- Involve them in decision making
- Enlist their sense of responsibility for their care
- Respect their individual values and concerns

Doctor-Patient relationship:

- Informative or Consumer Model (Expert/ Select): doctor should provide the patient with all relevant information for the patient to select the medical intervention that she or he wants
- Interpretative Model (Advisor/help to select) First doctor should know what the patient want based on patient's values then help the patient select the available medical interventions that realize with patient's values
- Deliberative Model (Teacher/make more): explain more and more for the patient
- Paternalistic Model (Guardian/ follower): What you say, the patient does.
- Instrumental Model: You force the patient into stuff he doesn't like (patient diagnosed with epilepsy and he works as a school bus driver, you have to report that even if he doesn't want to)

THANK YOU

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