Objectives:

- Define the Consultation & Communication
- Discuss the benefits of good communication skills
- Identify why & when pts Decide to consult
- Discuss the Model of consultation
  - Stott & Davis
  - Roger Neighbour
  - Pendleton
- Patient-Centernes Model
- Identify how we can improve consultation skills
- Summary

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References : Slides , doctor's notes , 432 team

[Color index : Important | Notes | Extra]

❖ Definition of Consultation :

- 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

- 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 SKILLS:

- Interviewing skills
- History taking skills
- Physical examination skills
- Problem-solving skills

❖ What people do about their symptoms?

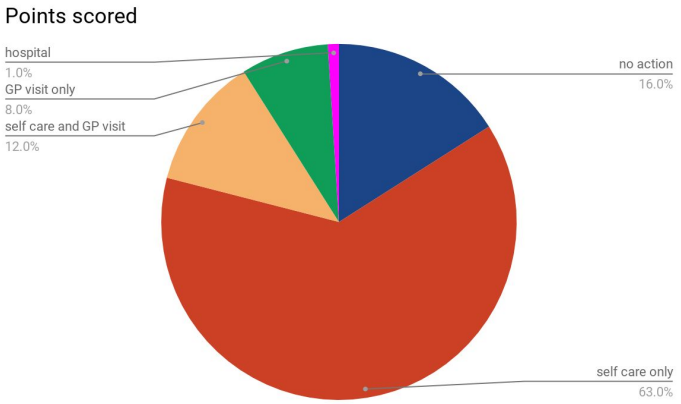
16% ⇨ no action

63% ⇨ self care only

12% ⇨ self care and GP visit

8% ⇨ GP visit only

1% ⇨ hospital



❖ Why patients consult their doctors ?

First : Symptoms of illness perceived by patient

Then, he get anxiety because of nature of the symptoms and personality of patient.

So, he Attempts to resolve the anxiety by education, family and community support.

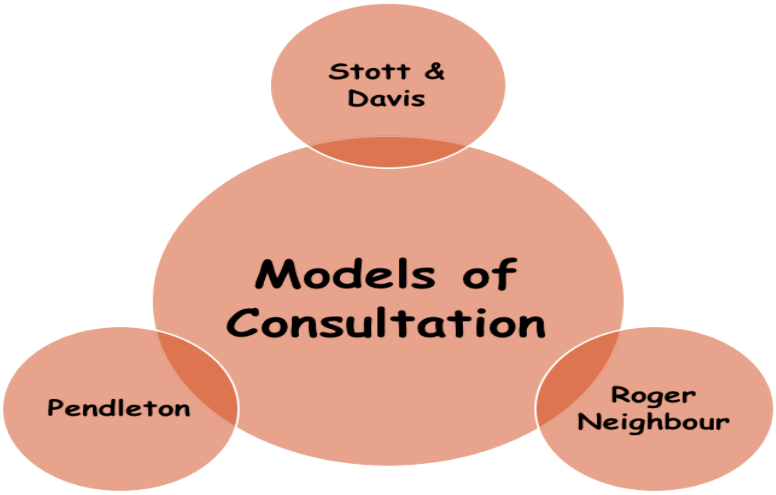
Then, he Decision to consult: Health beliefs, expectation of doctor, Accessibility (appointment system, receptionists, etc)

Finally: consultation

❖ Models of consultation :

- The models described will provide the range of approaches.
- there is no one correct model of the consultation – the approach is dependent on the context.

- Most of these models tell you what you need to achieve but not how you go about achieving.



1- Stott & Davis:

- this suggests that **four** areas can be systematically explored each time a patient consults as shown below.

1- Management of presenting problems	This is the main activity, where the doctor seeks to define the reason for patient's attendance and the patient's ideas, concerns and expectations.
2-Modification of help-seeking behaviour	Education about illness
3- Management of continuing problems.	BP Checking, alcohol ,smoking Hx, state of marital status.
4-Opportunistic health promotion	Offering advice about diet, exercise, habits or relationships . . . to help patients make appropriate lifestyle.

Scenario :

53 years old male smoker and obese, known to have DM,HTN complaining of chest pain for 2 months , the pain is located at retrosternal area, crushing in nature, aggravated when he walks and nothing relieves it . He has Paroxysmal nocturnal dyspnea and swelling foot.

1- Management of presenting problems:
Chest pain

2-Modification of help-seeking behaviour:
Educate the patient about heart failure

3- Management of continuing problems:
HTN, DM , obesity

4-Opportunistic health promotion:
Advise him to quit smoking and elevate his head by pillows during sleep.

❖ Patient-Centeredness:

Roger Neighbour: Roger Neighbour"The Inner Consultation" Has five points:

❖ PENDLETON'S MODEL:

Pendleton's, schofeild, Tate & Havelock model:

its more hard, used on more complicated situations due to it needing to dig in more into pt's agenda (it involves more of psychological complain than physical)

This model has seven points:

1-**To define the reasons for the patient's attendance**: (Nature and history of the problem, Their etiology, Patient ideas ,concerns and expectations, The effect of the problem)
2-**To consider other problems**: (Continuing problems, 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- Drs' Blocking behavior:

A. Interrupting.

B. Giving advice and reassurance before the main problems have been identified.

C. Attending to physical aspects only.

D. Switching the topic.

2- Patients not disclosing problems:

A. Concern that it is not legitimate to mention.

B. Belief that nothing can be done.

C. Reluctance to burden the doctor.

D. Worry that their fears of what is wrong with them will be confirmed.

- **Patient-Centered Care:**
- Patients as partners.
- Involve them in decision making.
- Enlist their sense of responsibility for their care.
- Respect their individual values and concerns.

❖ Four Models of DR-PT Relationship:

1- Informative or Consumer Model (physician: expert / patient : select).

2- Interpretative Model (advisor / Help to select).

3- Deliberative Model (teacher/ make more).

4- Paternalistic Model (guardian / follower).

❖ IMPROVING CONSULTATION SKILLS:

1- Clinical reasoning & Problem Solving.

2- Constant Learning and Practice.

3- FeedBack:

A- Self monitoring/Peer review. B- Role play.

4- Audio-visual technique.

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The conclusion:

1.Consultation skills are *learnt* behavior.

2.For beginner a *model* to be kept in mind

3.The consultation should be a discussion and *sharing* of ideas between two experts.

4.Each consultation should be *tailored* to fit the different need of each patient.

5.*Patient-centered* consultation Vs Doctor-centered consultation.