

Consultation & Communication Skills Mini-Workshop
(COMM-421)

Consultation Models:

1. Stott and Davis

A . Management of presenting problems

B. Modification of help-seeking behaviors

C. Management of continuing problems

D. Opportunistic health promotion

2. NEIGHBOUR'S 5 CHECKPOINTS

1. CONNECTING.

Achieving rapport & empathy.

2. SUMMARISING.

Demonstrate to patient you understand why he's come, hopes, feeling, concerns & expectations.

3. HANDING OVER.

**Has the patient accepted the management plan we have agreed?
Negotiating, influencing & gift-wrapping.**

4. SAFETY NETTING.

**Predicting what could happen – what if?
Or have I anticipated all likely outcomes?**

5. HOUSEKEEPING.

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

Am I in good condition for the next patient.

3. PENDLETON'S MODEL

Seven tasks :

- 1. The 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. The 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**

Communication & Consultation Skills

Domains	0	1	2
<p>1. Introduction</p> <ul style="list-style-type: none"> • Shake hands. Ask the person to sit down by indicating a chair. • Smile and greet the patient by his names (أبو فلان). • Make eye contact ,introduce himself warmly • Establish a rapport by asking a simple open- ended question , <p>2. Data Gathering:</p> <p>(a) Patient's main problems;</p> <p>(b) Patients idea, concern & expectation.</p> <p>(c) Physical, emotional, and social impact of the patient's problems on the patient and family.</p> <p>(d)Any ongoing problem?</p> <p>(e) Appropriate physical examination.</p> <p>3. Main Communication Skills</p> <ul style="list-style-type: none"> • Use a good mix of open-ended & closed-ended questions. • Listen actively <ul style="list-style-type: none"> - Pay attention to what he or she says, -Do not interrupt. • Maintain appropriate eye contact, • Give verbal and non-verbal feedback to ease the flow of the exchange. • Silences; allow thinking and reflection. • Aim to encourage emotional expression • Clarifying, paraphrasing • Ask for clarification if he/she not sure, to guarantee shared understanding. • Respect their views about the illness and develop a shared understanding upon which to base intervention. <p>4. Summary</p> <ul style="list-style-type: none"> • Summarize the whole plan of action • Give a chance to ask • Shared management plan • Agree on a time for a follow-up. • Opportunistic health promotion • Thank and escort him to the door 			

2= Done well

1= Partially done

0= Not done