PRIMARY CARE
MED437

The Consultation skills & Competencies

Objectives:

1. Recognize important models of consultation.
2. Understand the tasks of consultation of Stott and Davis, Pendleton and Calgary.
3. Identify consultation competences and their use.
4. Explain different Consultation styles and its effect on health outcome of the patient.
5. Discuss Pitfalls to avoid in consultation

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References

- Doctor's slides and notes

Important *Notes* *Extra* *Golden*

Editing file link

Content

Definition

- *"It is more important to know what sort of person has a disease than to know what sort of disease a person has"(* Hippocrates (circa 400 BC)). Means to know the patient as person, his psychological, social background, other issues he has; bc circumstances can affect his health and we try to relate everything together.
- *"The greatest mistakes in treating diseases Is that there are physicians for the body and physicians for the soul Although the two cannot be separated"* (Plato 400 BC).

Consultation: the essential unit of medical practice is the occasion when, in the intimacy (relationship between doctor and patient is very imp) of the consulting room, a person who is ill or believes he is ill, seeks the advice of a doctor whom he trusts (Spence, 1960).

CASE SCENARIO

Ibrahim 53 years old come to family medicine clinic at kkuh c/o bad wound in his rt foot. he is known dm and hypertensive patient for the last 15 years. when you review his file you notice most of previous visits were for refill. he is smoker forthe last 30 years. he look obese. bmi is 37. his last hba1c was 11.5.

HOW YOU WILL PROCEED DURING THIS CONSULTATION?

Components of Consultation

1. Interviewing skills to improve doctor-patient relationship, know how to approach pt, add open-ended Q how I can help?what I can do for you?.
2. History taking skills.
3. Physical examination skills.
4. Patient management skills how to select investigations, how to explain to pt the differential diagnosis he has, how to manage every problems and involving pt in that.
5. Problem-solving skills is part of patient management skills.
6. Behaviour/relationship with patients.
7. Anticipatory care = promotion health, how to promote and enhance health, doing screening.

(العناية الوقائية: الاهتمام بالريسك فاكتورز ومعالجتها مثلا يأتي مريض ليجري عملية قلب وهو مدخن لعشرين سنة لذا ننصحه بترك التدخين).

8. Record- keeping. (e.g. ESIHI system) to know what is done, drugs described, give report for pt, and for legal purposes.

Models of Consultation

- The models described will provide a range of approaches.
- No one correct model of the consultation – the approach is dependent on the context.
- Models tell you what you need to achieve but not how you go about achieving it.
- It helps to organize and cover many areas.

These are important and the best models, choose one of them depends on case:

1. The Triaxial Model.
2. Health belief model.
3. Stott & Davis model
4. Pendleton's model.
5. Calgary-Cambridge model.
6. Neighbor model.
7. Problem solving model.
8. Byrne-Long model.
9. Hypothesis setting model.
10. Analysis model.
11. Eric Berne - Transactional.
12. Baling group.

1. The Triaxial Model: physical, psychological and social not just physically

- A doctor should be encouraged to extend his thinking and practice beyond the purely organic approach to patients, consider the patient's emotional, family, social and environmental circumstances that have a profound effect on health.

2. Health belief Model I .C .E: (ICE) focusing more in patient's thoughts

1. Patient's **i**deas – 'Had you any thoughts about what might be going on?' Ask patient about causes of his problems, try to know his background
2. Patient's **c**oncerns – 'And what particular worries or concerns did you have?'
3. Patient's **e**xpectation – ''And what were you hoping that I might do for you?' What drugs/investigations… patient wants

Incorporating that information into your management plan improves patient concordance = patient respect. Discuss in management plan about fears if are relevant or not his ideas if right or not, expectations if I can involve them or not need.

3. Stott & Davis (1979):

Professor Nicholas Scott & R.H. Davis suggested that four areas can by systematically explored each time a patient consults: (Doctor centred), it is easy and fast model. (made in the '70s because although doctors are competent at their job we miss a lot of things e.g. the last 3 points)

A- Management of presenting problem. (management of wound in previous scenario).	B- Management of continuing problem. E.g Bp checking, alcohol and smoking history, state of marital relations. (dm, htn, if take his treatment, do certain investigations...)
C- Modification of help seeking behaviour. Educating about natural history of illness, self medication of minor illnesses, better use of practice appointment system. change wrong concepts like about antibiotics. (تغيير سلوك المريض ففي السيناريو السابق المريض يأتي للعيادة فقط لأخذ الأدوية، ولذا يجب أن نوجه المريض لمراجعة الطبيب والمتابعة معه).	D- Opportunistic health promotion. E.g. vaccinations, smears, smoking advice and so on. like do more screening. (انتهاز الفرصة والمقصود بها عندما يأتي المريض بمشكلة يجب أن نبحث هل لديه risk factors لننتهز الفرصة ونتحدث عنها مثل التدخين والسمنة في السيناريو السابق).

CASE SCENARIO

- Fatima 45 years old lady c/o epigastric pain for the last 3wks. She has a history of osteoarthritis of the knees for the last 3 years and was taking NSAID on and off. She smokes shisha and rarely practice any exercise. Her BMI is 35 kg/m2. On her way out she asks you for some antibiotics because she has a sore throat.

Management of presenting problem? - Epigastric pain 3wks.	Management of continuing problem? - Obesity, Osteoarthritis, Smoking.
Modification of help seeking behaviour? - Asking for antibiotics for her sore throat	Opportunistic health promotion? - Healthy lifestyle. Stop smoking Shisha. Screening for BP,BS& lipids. Cervical screening.

- Ahmed 20 years old come to family medicine clinic at kkuh to do mri for his rt knee. patient was seen in private clinic and told to do mri to diagnose his knee problem. he cannot do it in private hospital because it is expensive.
  HOW YOU WILL PROCEED DURING THIS CONSULTATION?

4. Pendleton, schofield, Tate & havelock (1984): (Patient centred) the first 5 are clinical, the last 2 not directly relate to patient.

1. To **define the reason** for patient's attendance, including: some patients present with other things and the good doctor find the real reason.
   - The nature and history of problem. Cover problem from all aspects (social, psychological, and physical).
   - Their aetiology.
   - The patient's idea, concerns, and expectation (ICE). (you should ask about it, sometimes patient concern about cancer or expect you to do particular investigation like in previous scenario where the patient want you to do mri in the governmental hospital because it's cheaper). (someone's cousin had a headache and turned out to be cancer so when this "someone" have a headache even if mild he might come to the clinic. if you brushed him off and told him it's a regular headache and "there's no need to worry" without exploring his concerns, he'll go visit another doctor because you checked what he's "presenting with" rather than the actual reason for his attendance to the clinic)
   - The effects of problems.

2. To consider **other problems:**
    - Continuing problems. (ask about chronic disease).
    - At risk factors. (ask about smoking, obesity, diet, lifestyle, exercise, etc.).
3. With the patient, to choose **an appropriate action** for each problems determine the options and what appropriate for patient by discussing him.
4. To achieve a **shared understanding** of the problems with the patient and consider ICE, and be sure patient understands why we choose this option. (when you tell a hypertensive pt about the duration of Tx and that most pts need it for life he might wonder why so, seeing that for infections he'd take medications for a week only and then he's healed. So we must tell him about his problem and how it differs from a regular infection and help achieving a shared understanding of his problem)
5. To **involve the patient** in the management and encourage him to accept appropriate responsibility. (e.g. diabetic patient measure blood sugar at home, patient with obesity measure his weight at home every week).
6. To use **time and resources** appropriately: نعطي كل مريض حقه من الوقت
   1. In the consultation. 2. In long term.
7. To establish and maintain **a relationship** with the patient which helps to achieve the other tasks.

   PATIENT'S AGENDA= 1c + 1d = ideas, concerns, expectations + effects of the problems.

CASE SCENARIO

50 years old Sudanese lady who works as a sales women. Married to a lab technician and has moved recently to Saudi Arabia .She left two sons studying in Sudan. She presented with headaches, weakness and tiredness with no energy. She is experiencing early waking and loss of concentration and tearfulness for the last 8 weeks. She lost interest in socializing and prefers to sit at home. She has a very sick mother in Sudan and she is very worried about her. She is diabetic on metformin 500mg and has osteoarthritis. Her BMI is 38 kg/m2. Her husband smokes 20 cig/day.

HOW YOU WILL PROCEED IN THIS CONSULTATION?

Define the reason for patient's attendance:

- Presenting problems: headache, weakness, tiredness (physical symptoms). Other symptoms like loss of concentration, early morning waking, lost interest in socializing.
- what does she has? Depression.
- what are aetiologies? Homesickness and being separated from her kids and away from her mother.
- ICE? She has a sick mother, ask about details of her mother? Her mother has brain tumor and she concerns that could get brain tumor. And her expectations? do MRI.
- Effects of the problem (depression): affects on work, marital relationship which may cause family problems.

Consider other problems:

- Continuing problems: diabetes (ensure she takes her medications, measure HA1C and blood sugar), OA (lose weight, pain killers), obesity, passive smoking.
- **At risk factors:** obesity.

Appropriate action for each problems:

for main problem (depression): treat depression by describing SSRI drugs and clarify the roles of these drugs and duration or referral to psychiatrist if not response and see psychologist (gives her support and cognitive therapies). And involve her husband in management.
Other problems: after her depression improve we can discuss about her other problems, may involve her husband in that by ask from him to stop smoking at least out of house. Diabetes, OA and obesity by changing lifestyle (decreasing weight, care about herself).

Sharing understanding:

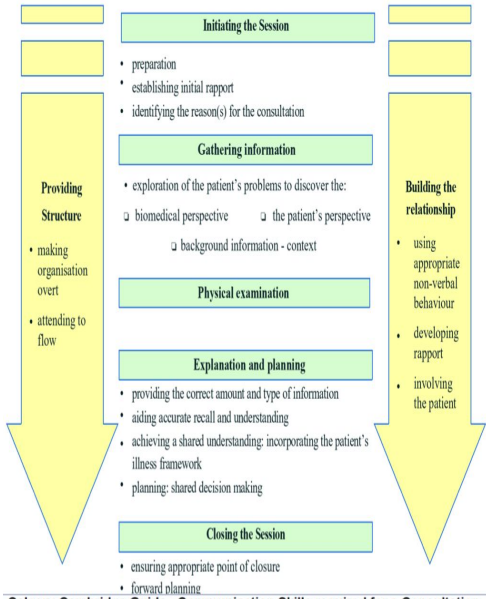
discuss about ICE if her presenting problems improve we don't need to do MRI. And understand her that brain tumor doesn't run in family.

Involve patient in management:

advise her how to stick with her treatment, and discuss later about other problems after improving.

5. Calgary-Cambridge model: يجمع الكل

- **Calgary-Cambridge model**
  - Preparation. قبل مايدخل البيشنت اتأكد من النتائج
  - Establishing initial rapport. Introduce myself, asking pt how I can help...etc.
  - Identifying the reason(s) for the consultation.
- **Gathering information**
  - Exploration of the problems: by history...
    - Biomedical perspective.
    - Understanding patient's perspectives.
    - Providing structure to the consultation.
- **Building relationship**
  - Developing rapport.
  - Involving the patient
- **Explanation and planning**
  - Providing the correct amount and type of information.
  - Aiding accurate recall and understanding.
  - Achieving a shared understanding: incorporating the patient's perspective.
  - Planning: shared decision making.
- **Closing the session**
  - Summary.
  - Contract.
  - Safety netting. If problem doesn't improve need to take a serious action.
  - Final check.



Calgary-Cambridge Guide - Communication Skills required for a Consultation (Silverman, Kurtz and Draper 2004)

Starting the consultation

1. Greet patient
2. Introduce self and clarify role
3. Demonstrate interest and respect

Gathering information

Explore contents

1. Encourage patient to tell story of problem in own words
2. Listen attentively
3. Use open and closed questions appropriately
4. Use easily understood questions

Understand biomedical perspective

1. Sequence of events
2. Symptom analysis
3. Relevant systems review

Understand the patient's perspective

1. Determine and acknowledge patient's ideas
2. Explore concerns
3. Elicit expectations

Building the relationship

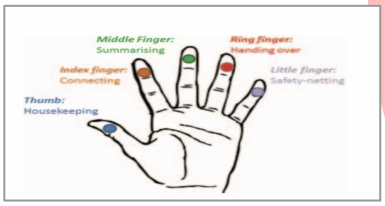
1. Demonstrate appropriate non-verbal behavior
2. Read/write notes in a manner that does not interfere with dialogue
3. Empathise with and support patient
4. Deal sensitively with embarrassing topics and physical problems
5. Share thinking when appropriate

Explaining and planning - Closing the session

1. Tailoring explanation to patient's needs – elicit/provide/elicit
2. Give information in clear, well organised fashion
3. Check patient understanding and acceptance of explanation
4. Encourage patient to discuss any additional points
5. Close interview by summarising briefly

A more detailed version of the guide is available in Skills for Communication with Patients - Silverman Kurtz and Draper, Radcliffe Medical Press 2004

Boy's Slide



6. Roger Neighbour model: الأصابع الخمسة

1. Connecting (with the patient):
   - means establishing good relationship with the patient.
   - Have we got rapport?
2. Summarizing:
   - Could I demonstrate to the patient that I've sufficiently understood why he's come?

(بعد الانتهاء من أخذ شكوى المريض يجب تلخيص ما قاله المريض مثلًا يا عم أنت جيت تشتكي من كذا وجربت كذا ومانفع واستخدمت الدواء الكذا والأعراض خفت لكن ما راحت. فيه شيء ثاني تبغى تقوله).

3. Handing over:
   - Has the patient accepted the management plan we have agreed?

(هنا تجعل المريض يتقبل الخطة العلاجية ويصبح جزء منها كأنك سلمته الخطة وأصبح عليه جزء من المسؤولية).

4. Safety netting:
   - Have I anticipated all likely outcomes?

(كثير من القضايا ضد الأطباء تقع بسبب إغفال هذا المفهوم: مثلا لو جاء مريض عنده امساك والم في البطن وأنت شخصته بأن عنده قولون عصبي وبعد فترة راح لعيادة ثانية وطلع عنده سرطان في القولون. في المثال السابق المفترض أنك تقول للمريض لو لاحظت نقصان في الوزن أو دم في البراز مباشرة تأتي للعيادة وأيضا تقوم بإعطاء موعد للمريض للمراجعة).

5. House Keeping (this point is about the doctor rather than the patient):
   - Am I in good condition for the next patient?
   - Taking care of yourself. (محاولة السيطرة على انفعالاتي كطبيب).

Patient-Centered Consultations:

- A Patient-centred Consultation approach results in significantly improved health outcomes for patients.

(جعل المريض هو محور العملية الصحية كما هو الطالب محور العملية التعليمية).

- Examples? (الاستماع والانصات للمريض والتفاعل معه وعدم مقاطعته).

CASE SCENARIO

Ibrahim 53 years old come to family medicine clinic at kkuh c/o bad wound in his rt foot. he is known dm and hypertensive patient for the last 15 years. when you review his file you notice most of previous visits were for refill. he is smoker forthe last 30 years. he look obese. bmi is 37. his last hba1c was 11.5

HOW YOU WILL PROCEED DURING THIS CONSULTATION?

Evidence-based Consultations:

- Family physicians should base their consulting behaviour on research evidence of best practice, even when this conflicts with their usual professional habits.

Consultation Style:

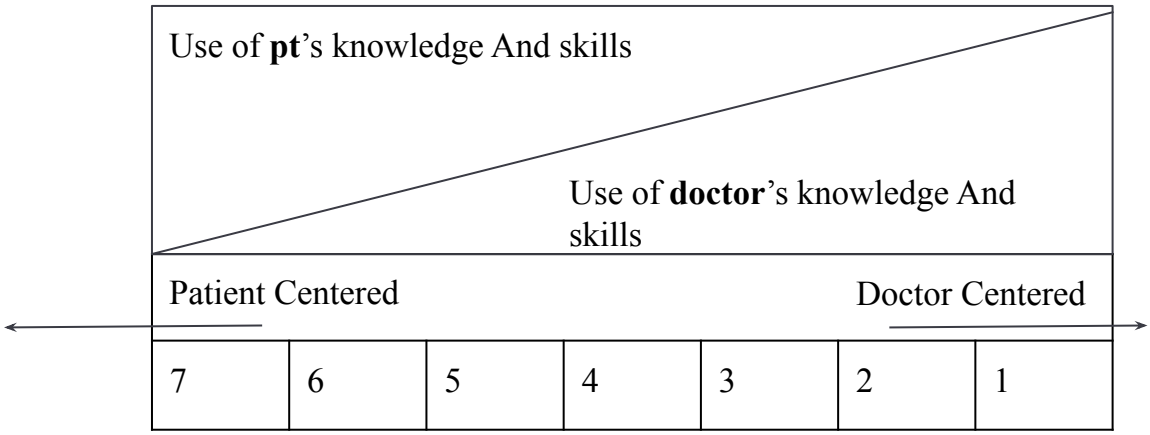
- ❖ Doctor Centered:

Authoritarian = Doctor does most of talking just ask Qs, decides for patient what right for him; sometimes doctor needs to make decisions like in emergency, Paternalism = like parents, doctor knows what is better for you, do that....

- ❖ Patient centered: patient talks more, doctor should be mostly listener

Meeting between the experts (Tuckett et al 1985). Patient is expert about his illness and doctor is expert about medical knowledges.

7. Byrne and Long model:



Other Approaches to Consultation:

- Balint (pronounced Bay-lint) (1957):

Balint groups, Michael and Enid developed a number of ideas and philosophies that aided our understanding of the GP consultation. Dr patient relationship.

- Attentive listening. *"Listening can tell you a lots about patient while asking is just answer questions".*
- Entry ticket and Hidden Agenda. Patient comes with mild illness and with that she evaluates if this doctor is good and comfort to discuss with her my real agenda, my main problem.
- Collusion of anonymity. referral pt from doctor to doctor; like pt with somatization; so GP should take responsibility of patients for preventing go to many doctors.
- Doctors have feelings.
- The doctor as a drug. By advising, reassuring, by educating pt...

Pitfalls to avoid:

Common barriers to satisfactory consultation:

- Poor eye contact.
- Over reliance on notes.
- Lack of clarification.
- Misinterpretation.
- Insensitivities to language /cultural differences.
- Omitting to ask what the patient think of his illness.

Boy's Slide

Islamic concept in consultation:

- Utilization of islamic and cultural aspect in consultation.
- Published in journal of family and community medicine 1999; 6(1): 9-14.

نموذج إسلامي للاستشارة الطبية:

- **السلام وطلاقة الوجه:** قال الرسول ﷺ: (لا تحقرن من المعروف شيئًا ولو أن تلقى أخاك بوجه طلق) رواه مسلم.
- **لا تداو أحدًا حتى تعرف داءه:** قال رسول الله ﷺ: (إن الله لم ينزل داء إلا أنزل له شفاء علمه من علمه وجهله من جهله) أخرجه أحمد.
- **فكان خيرًا له:** قال رسول الله ﷺ: (عجبًا لأمر المؤمن إن أمره كله خير وليس ذلك لأحد إلا للمؤمن إن أصابته سراء شكر فكان خيرًا له وإن أصابته ضراء صبر فكان خيرًا له) رواه مسلم.
- **أنصح لكم:** قال رسول الله ﷺ: (لا يؤمن أحدكم حتى يحب لأخيه ما يحب لنفسه) متفق عليه.
- **رفع الحرج:** قال تعالى: (ليس على الأعمى حرج ولا على الأعرج حرج ولا على المريض حرج) سورة النور، الآية ٦١.
- **المشاورة:** قال تعالى: (وشاورهم في الأمر) سورة آل عمران، الآية ١٥٩. (مثال تشاور المريض في موعد المراجعة "الأحد يناسبك؟ تبغى الموعد الصباح؟ أو المساء؟ **مهمة في الأوسكي**).
- **يملك نفسه:** قال رسول الله ﷺ: (ليس الشديد بالصرعة إنما الشديد الذي يملك نفسه عند الغضب) متفق عليه. (هنا تقابل House keeping في نموذج الأصابع الخمسة).

Key points:

- Consultation-fundamental event in clinical practice.
- A competent doctor needs to acquire a broad range of interpersonal, reasoning and practical skills.
- The primary task of the consultation is to establish the reason for the patient's attendance.
- A patient centered consultation style results in significantly improved health outcome.
- The exceptional potential of every consultation in general practice needs to be recognized and appropriately acted upon.

Conclusion

- Consultation skill is an essential aspect in patient doctor relationship.
- Learning consultation models will improve your communication with patient.

Practical Session

- Role play.
- Feed back
- Difficult cases !! (group discussion)

example of osce case: 30 years old male complaining of headache for the last 2 weeks, temperature = afebrile (normal), blood pressure = normal. **take history and plan management within 7 min.**

Videos:

Headache: https://www.youtube.com/watch?v=7VGZk4zDKZk&feature=youtu.be
Facial pain: https://youtu.be/eRCf6mN9d3U
Undifferentiated chest pain: https://youtu.be/Fd8_wuJPWq0

Dr's notes

- Don't forget to Ask about ICE (patient's idea, concern, expectation) because the patient may forget to tell what she/he actually need.
- Don't forget to Ask about risk factors (smoking, alcohol and drug abuse).
- Don't forget to ask about smoking in OSCE. every checklist has it
- Ask the patient Who give you the medication at home (e.g. insulin injection).
- In OSCE you should mention that you will do physical examination to the patient and you will ask for investigation (such as CBC, lipid profile, fasting blood sugar, thyroid function test).
- Management: first you start with (1) non-pharmacological therapy: lifestyle advice (regular exercise, healthy diet, etc.). (2) pharmacological therapy (drugs).
- You should give the patient follow-up appointment at the end of consultation & make patient involved in choosing an appropriate date and time.
- In OSCE: At the end of consultation it's preferred to mention that you will give the patient brochure about his disease and the patient should read it at home and in the next consultation discuss with him if there is any question.
- If the case need referral you should mention that you will Refer the patient to specialist or dietician regard to the scenario.
- Ask the patient what he understand from you. To make sure both of you are on the same page.

Clinical cases

1. **A 20 year old complains of sore throat past two days**
   a. Take history
   b. Mention what to examine
   c. Manage the patient
2. **a 45 year old man has come to recheck his BP Today**
   Pulse 78/ min
   BP: 160/95
   Height :160 cm
   Weight: 88 kg
   a. Take history
   b. Mention what to examine
   c. Manage the patient
3. **a 25 year old man came with the complaint of indigestion**
   a. Take history
   b. Mention what to examine
   c. Manage the patient
4. **a 55 year old businessman came for the follow up for his diabetes mellitus**
   a. Take history
   b. Mention what to examine
   c. Manage the patient