The Consultation tasks and competences

BY

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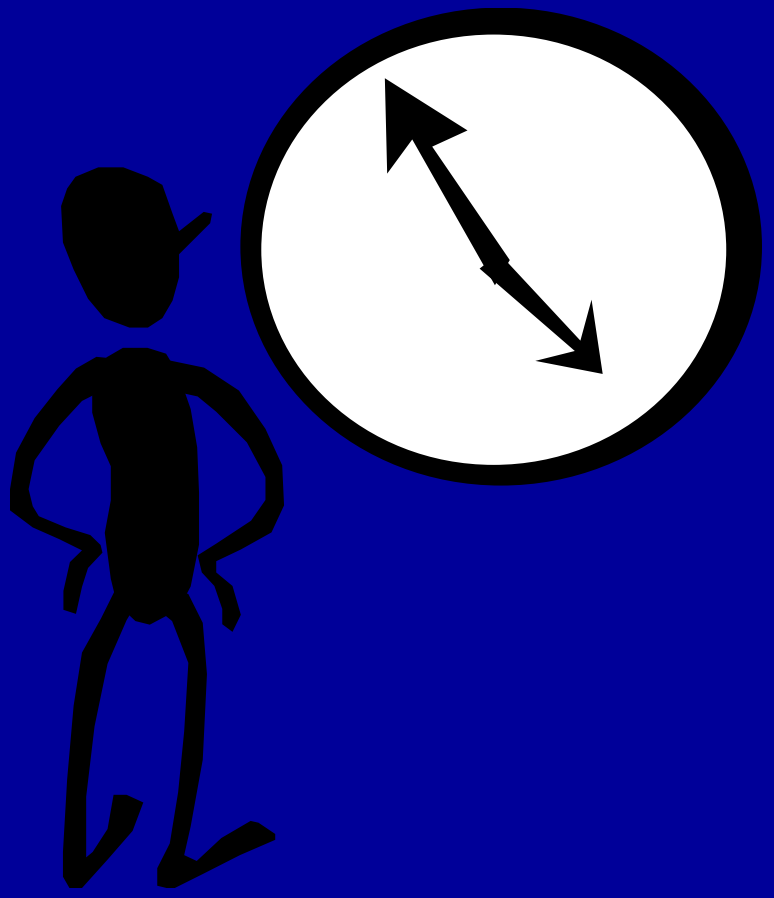
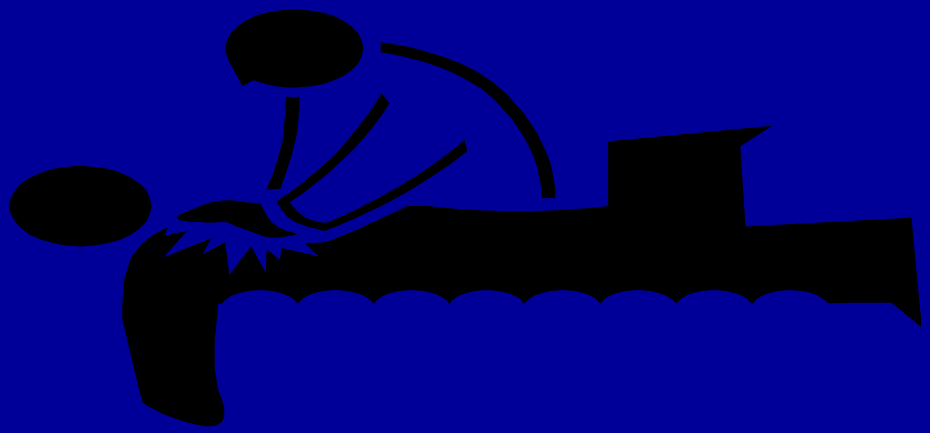


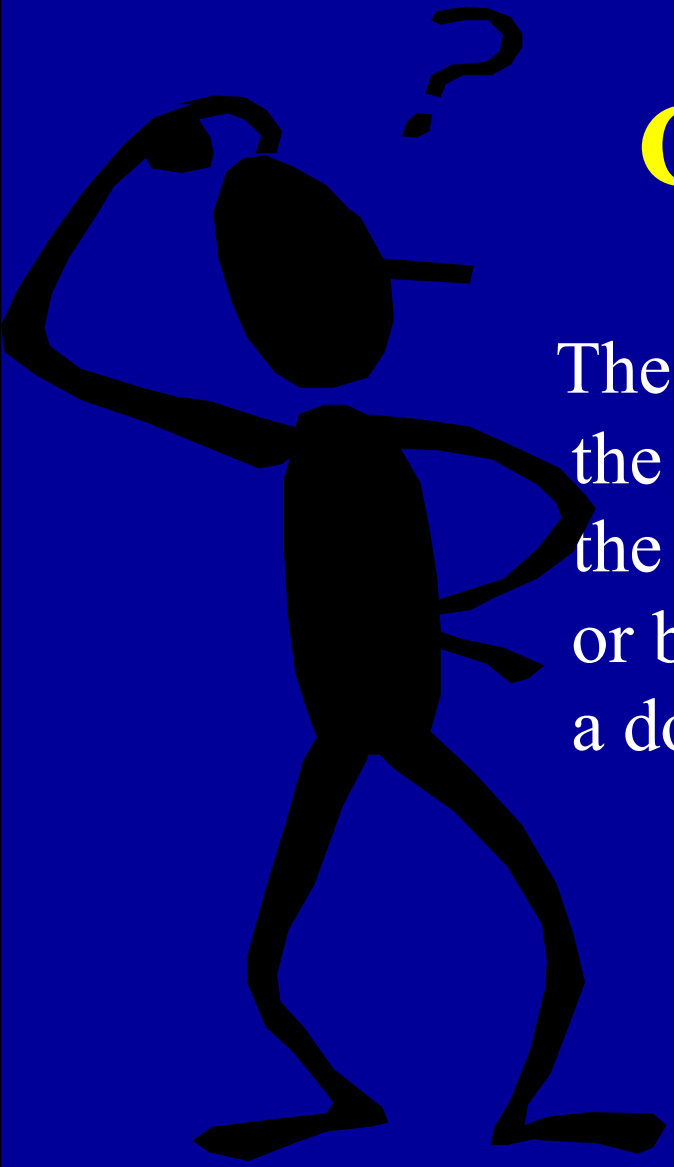
"It is more important to know what sort of person has a disease than to know what sort of disease a person has "

Hippocrates (circa 400 BC).



The greatest mistake 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 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

Components of Consultation

- Interviewing skills
- History taking skills
- Physical examination skills
- Patient management skills
- Problem -solving skills
- Behavior /relationship with patient
- Anticipatory care
- Record keeping

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

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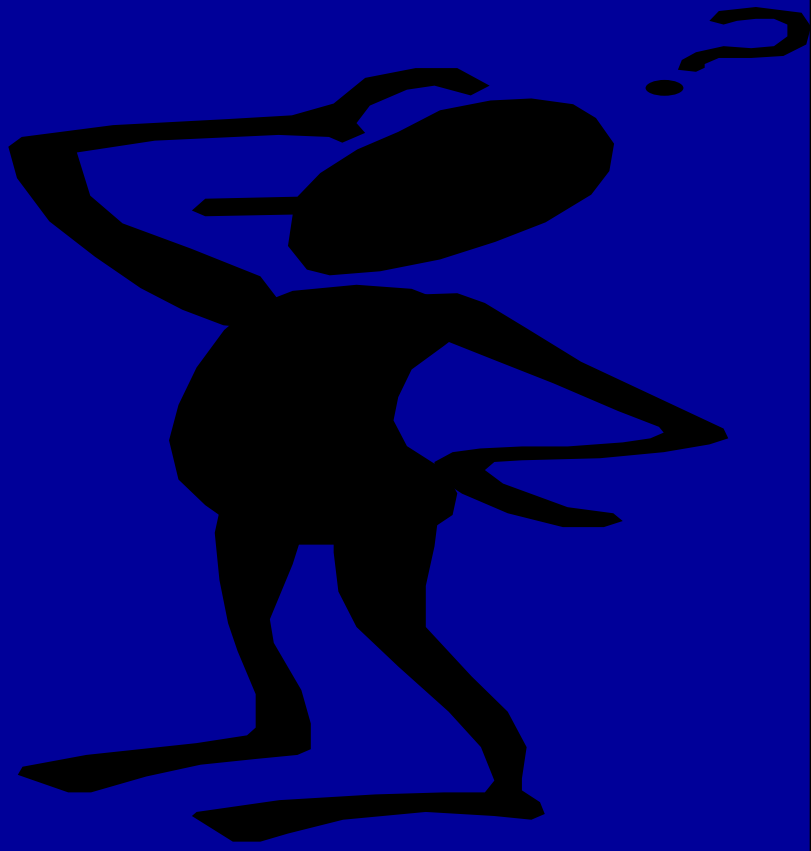
Models of Consultation

- Stott & Davis model
- The Triaxial Model
- Health belief model
- Pendleton's model
- Calgary-Cambridge model
- Eric Byrne---Transactional
- Analysis model
- Neighbor model
- Problem solving model
- Byrne-Long model
- Hypothesis setting model
- Balint group



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The Triaxial Model: physical, psychological and social

- *A doctor should be encouraged to extend his thinking and practice beyond the purely organic approach to patients'.*

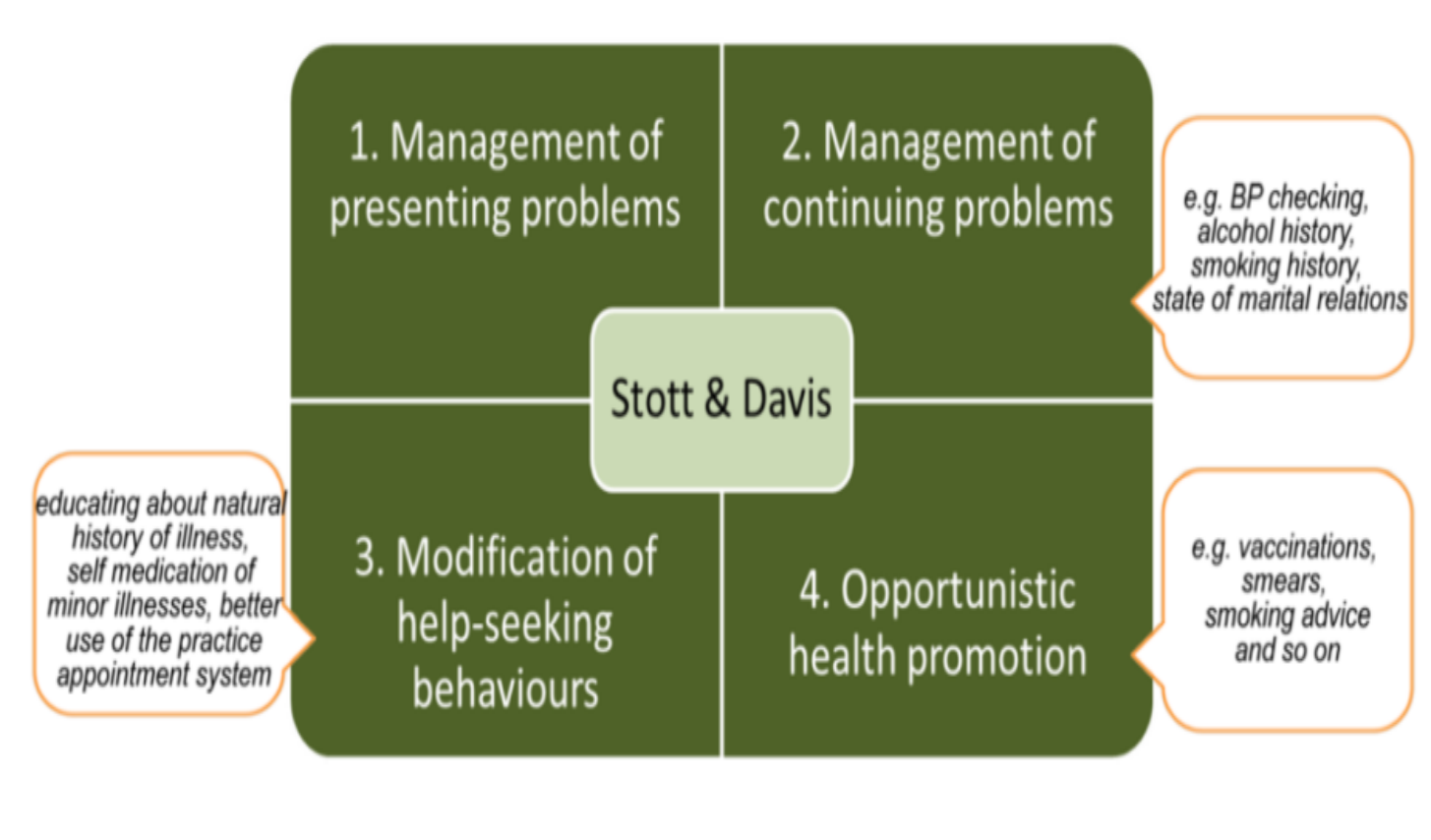
- consider the patient's emotional, family, social and environmental circumstances that have a profound effect on health

Health belief Model
I .C .E

- Patient's **ideas** – *'Had you any thoughts about what might be going on?'*
- Patient's **concerns** – *'And what particular worries or concerns did you have?'*
- Patient's **expectation** – *''And what were you hoping that I might do for you?'*
- Incorporating that information into your management plan improves patient concordance.

Stott and Davis (1979)

- Professor Nicholas Stott & R.H. Davis suggested that four areas can be systematically explored each time a patient consults:



Stott & Davis (1979)

A. Management of presenting problem	B. Management of continuing problems
C. Modification of help seeking behavior	D. Opportunistic health promotion

Case scenario

- Fatima 45 years old lady c/o epi-gastric pain for the last 3wks.
- She has a history of osteoarthritis of the knees for the last 3 years and was taking NSAD 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.

Stott & Davis

Epigastric pain 3wks	**Obesity** **Osteoarthritis** **Smoking**
Asking for antibiotics for her sore throat	**Healthy life style** **Stop smoking Shisha** **Screening for BP,BS& lipids** **Cervical screening**

Pendleton, Schofield, Tate & Havelock (1984)

1) To **define the reason** for the patient's attendance, including:
    a) the nature and history of the problems
    b) their aetiology
    c) the patient's ideas, concerns and expectations
    d) the effects of the problems
2) To consider **other problems**: i) continuing problems ii) at-risk factors
3) With the patient, to choose 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: i) in the consultation ii) in the long term
7) To establish or 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.

Continue…..

- She is diabetic on metformin 500mg and has osteoarthritis.
- Her BMI is 38kg/m2,
- Her husband smokes 20 cig/day

- How would you proceed in this consultation?

Pendleton's Model

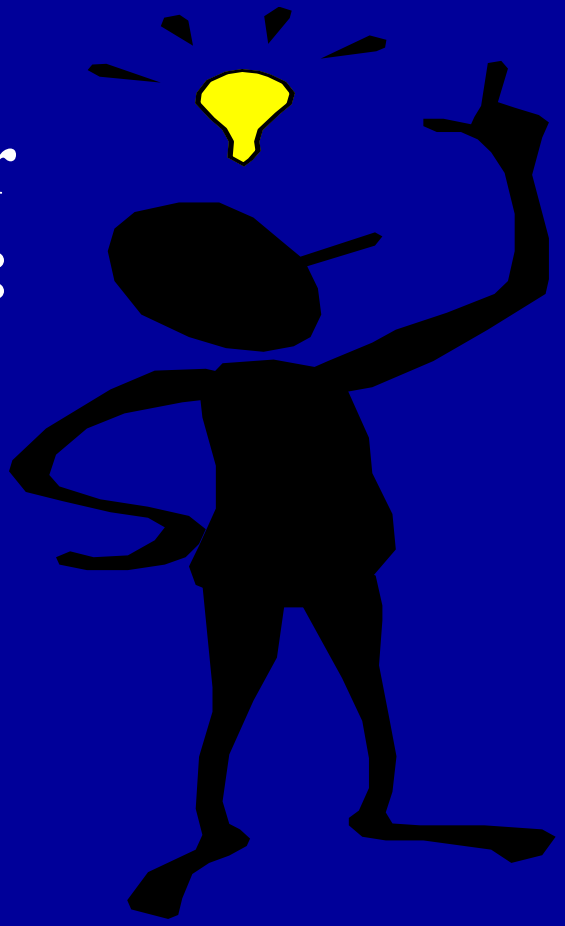
To define the reasons for the patient's attendance:

i. Nature and history of the problem

ii. Their etiology

iii. Patient's ideas concerns and expectations

iv. The effect of the problem



Continue……..

- **To consider other problems**:

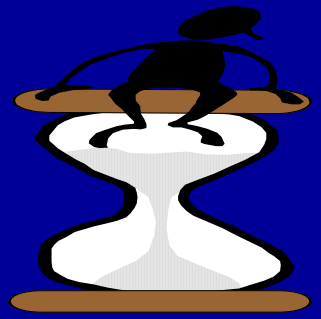
i. Continuing problems

ii. At risk factors

Continue……..

- To choose with the patient an appropriate action for each problem.
- To achieve a shared understanding of the problems with the patient.
- To involve the patient in the management and encourage him to accept appropriate responsibility.

Continue…….



- To use time and resources appropriately.
- To establish or maintain a relationship with the patient which helps to achieve the other tasks.

Calgary-Cambridge model

- **Calgary-Cambridge model**
  - Preparation
  - Establishing initial rapport
  - Identifying the reason(s) for the consultation
- **Gathering information**

  Exploration of the problems
  - 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
  - Final check

Providing Structure

- making organisation overt
- attending to flow

Initiating the Session

- preparation
- establishing initial rapport
- identifying the reason(s) for the consultation

Gathering information

- exploration of the patient's problems to discover the:
  - ❑ biomedical perspective
  - ❑ the patient's perspective
  - ❑ background information - context

Physical examination

Explanation and planning

- providing the correct amount and type of information
- aiding accurate recall and understanding
- achieving a shared understanding: incorporating the patient's illness framework
- planning: shared decision making

Closing the Session

- ensuring appropriate point of closure
- forward planning

Building the relationship

- using appropriate non-verbal behaviour
- developing rapport
- involving the patient

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

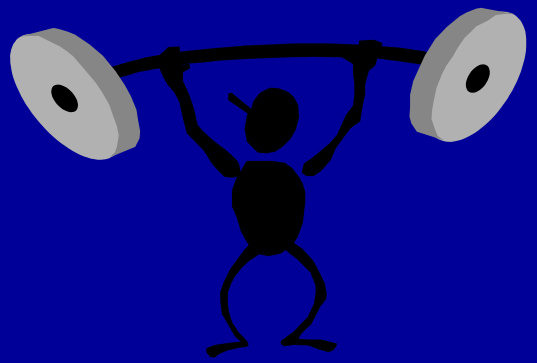
1. Demonstrate appropriate non-verbal behavior
2. Read/write notes in a manner that does not interfere with dialogue
3. Empathise with and support patient
4. Deal sensitively with embarrassing topics and physical problems
5. Share thinking when appropriate

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

Consultation Style



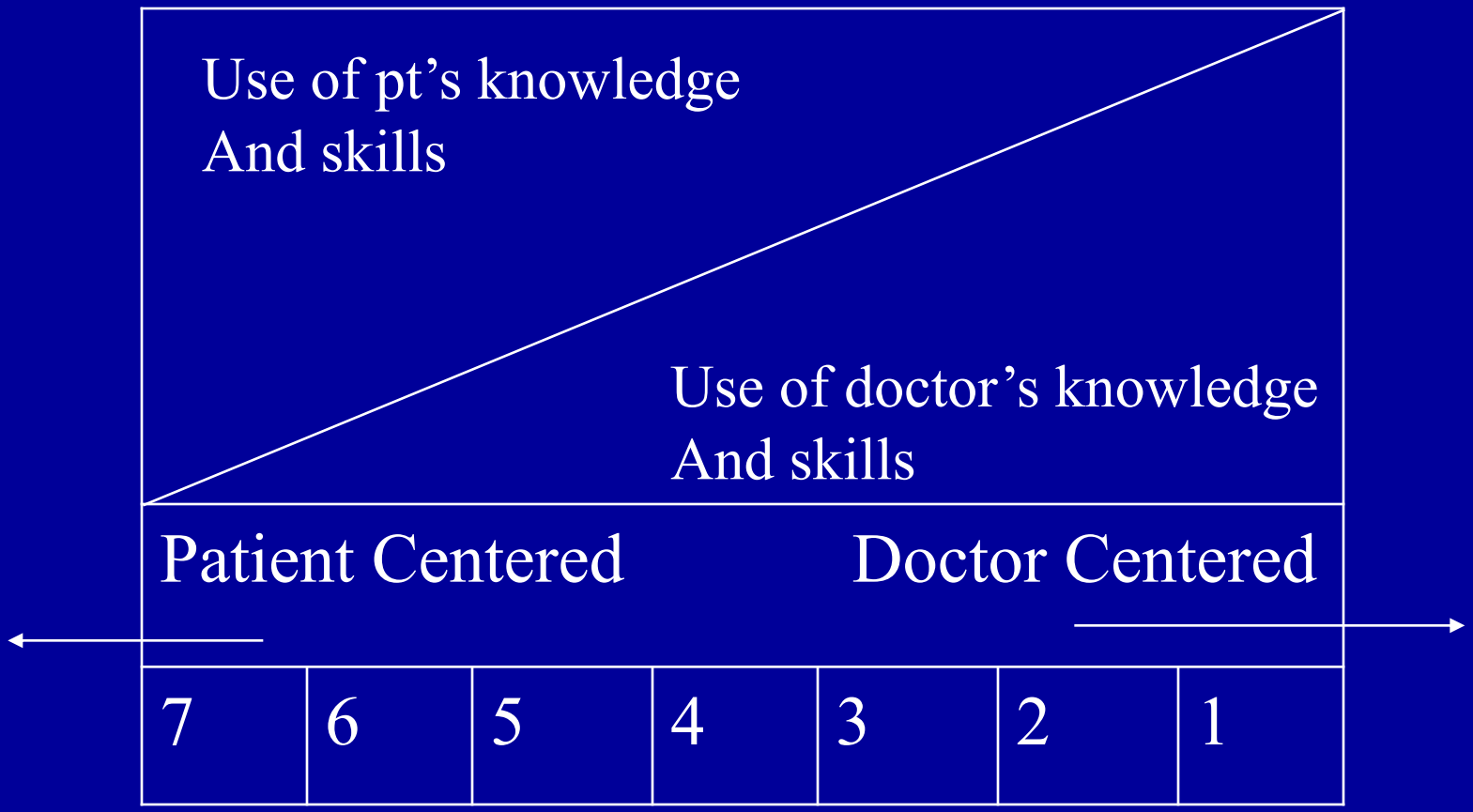
- Doctor Centered

  Authoritarian , Paternalism

- Patient centered

  Meeting between the experts (Tuckett et al 1985)

Byrne and Long



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**
- **Entry ticket and Hidden Agenda**
- **Collusion of anonymity**
- **Doctors have feelings**
- **The doctor as a drug**

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

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.

Continue

- A patient centered consultation style results in significantly improved health out come.

- The exceptional potential of every consultation in general practice needs to be recognized and appropriately acted upon.

References

- Clinical method by Robin Fraser

- The consultation- An approach to learning and teaching. by David Pendelton

Consultation

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

Explaining and planning

https://www.youtube.com/watch?v=SSJFJpk0osU

Patient centered consultation

https://youtu.be/S4wWClQhZaA