Consultation Skills

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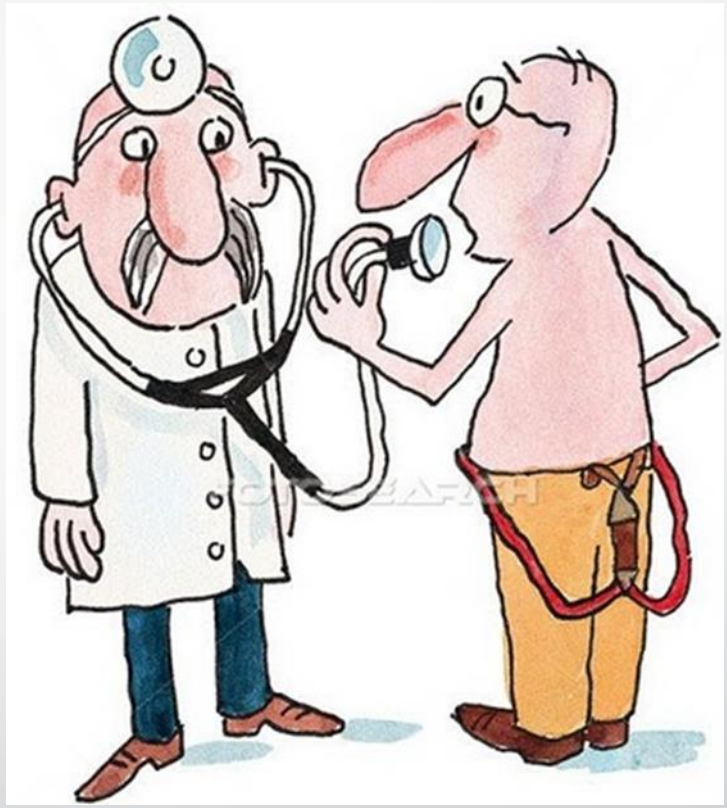
Learning Objectives:

- To understand the importance of effective consultation skills
- A brief overview of consultation models
- Using consultation models to structure a consultation
- An introduction to ICE

The importance of effective consultation skills



" If you can't communicate it doesn't matter what you know"

- Effective communication is a core skill and is as important as your clinical knowledge
- It isn't just about social niceties, our knowledge and intellect are easily wasted without it
- Communication puts theory into practice; how we communicate is as important as what we say

The benefits of effective consultation skills:

- Greater patient satisfaction
- Patients more likely to follow advice
- Improved clinical outcomes e.g. BP control, HBA1c, get better quicker!
- Patients less likely to make a complaint
- Improved Dr satisfaction
- Less Dr ‘burnout’

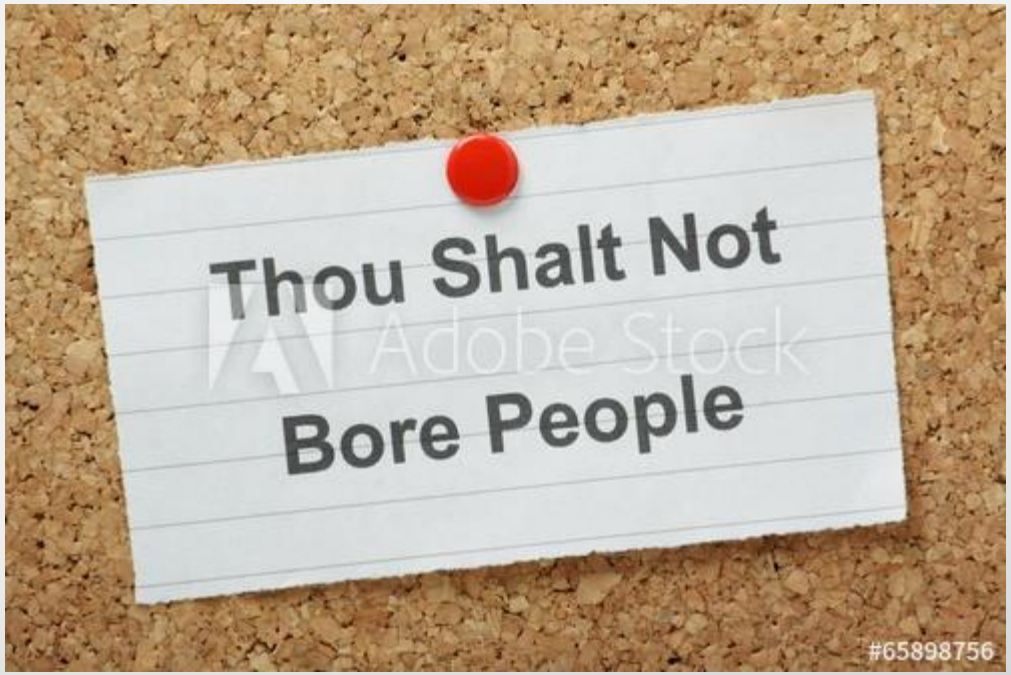
How many consultations will the average full time GP do in a lifetime?

200,00 - 350,000!

So its worth trying to get it right!

……. Not to mention you have to pass the CSA

Consultation Models:



Boring or useful?

Its part of the GP curriculum:

- ***Contextual Statement 2.01: 'The GP consultation in practice'***

In particular, GPs should:

- Understand the common models of the consultation that have been proposed and how [they] can use these models to reflect on previous consultations in order to shape [their] future consultation behaviour
- Use the skills typically associated with good doctor/patient communication

Its part of the GP Curriculum 2:

For the Competence area of 'A Holistic Approach',

Learning Outcome 6.4 describes some of the attitudes required of a GP. In particular, GPs should:

- Show a holistic approach, and understand that consultations have a clinical, psychological and social component, with the relevance of each component varying from consultation to consultation (the 'triaxial model')

Its part of the GP Curriculum 3:

Essential Features of the a GP:

- Essential Features 2.3 details the attitudinal features required; in particular, the ability to:
  - Recognise, manage and monitor [your] personal emotions arising from the consultation
- Essential Features 3.5 describes the scientific features required of a GP; in particular:
  - Undertaking self-appraisal through things such as … video recordings of consultations, and seeking out opportunities for your educational development based on this

So you could even write a log to evidence these areas!!!!:

Hospital Model of the consultation:

Traditional medical history

- Presenting complaint
- History of presenting complaint
- Past medical history
- Family history
- Social history
- Drug and allergy history
- Systems review

Consulting like a GP:

GPs deal with undifferentiated conditions

GP patients present with symptoms and problems

GPs must discover the pts life and story

GPs must share management plans, involving the patients perspective

GPs must plan follow-up and safety net

Consultation models. **Balint 1950s**

Book: 'The Doctor, his Patient and the Illness'

- A Hungarian psycholanalyst, worked with London GPs to explore the psychological aspects of the consultation,
- The 'Dr as a drug.'
- Emphasses the Dr/pt interaction
- Now famous for 'Balint Groups'

Consultation models. Byrne-Long 1970s

Book 'Drs Talking to Patients'

- The doctor forms rapport with the patient
- The doctor tries to elucidate the reasons for the patient having attended the surgery
- The doctor performs an examination
- The doctor (perhaps with, perhaps without) the patient considers the problem
- The doctor (perhaps with, perhaps without) the patient makes a plan
- The consultation ends, usually by the doctor finishing it

Consultation models. Pendleton 1984

'The Consultation - An Approach to Learning and Teaching'

- 7 Tasks in the consultation:

1. The reason for attending
2. Other problems
3. Doctor and patient must choose an appropriate management plan for each of the problems
4. Work together to achieve a shared understanding of each problem.
5. The doctor should involve the patient in the management plan
6. Use time and resources efficiently
7. Use the consultation to develop and promote a lasting relationship

Consultation models.

Roger Neighbour 1987

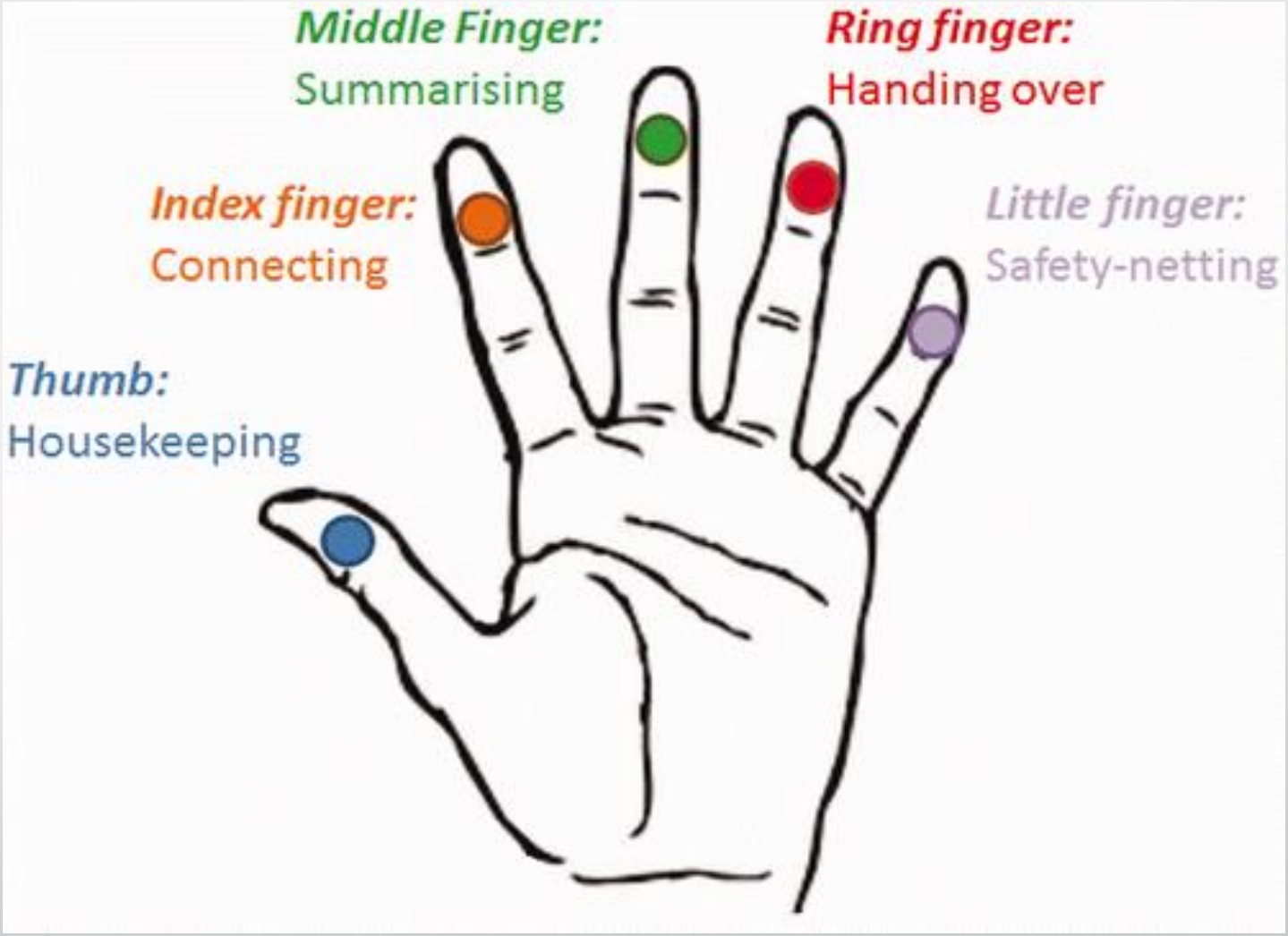
Watford GP, Book ‘The Inner Consultation’

5 stages of the consultation:

1. Connecting
2. Summarising
3. Handover
4. Safety-netting
5. House-keeping

Consultation models.

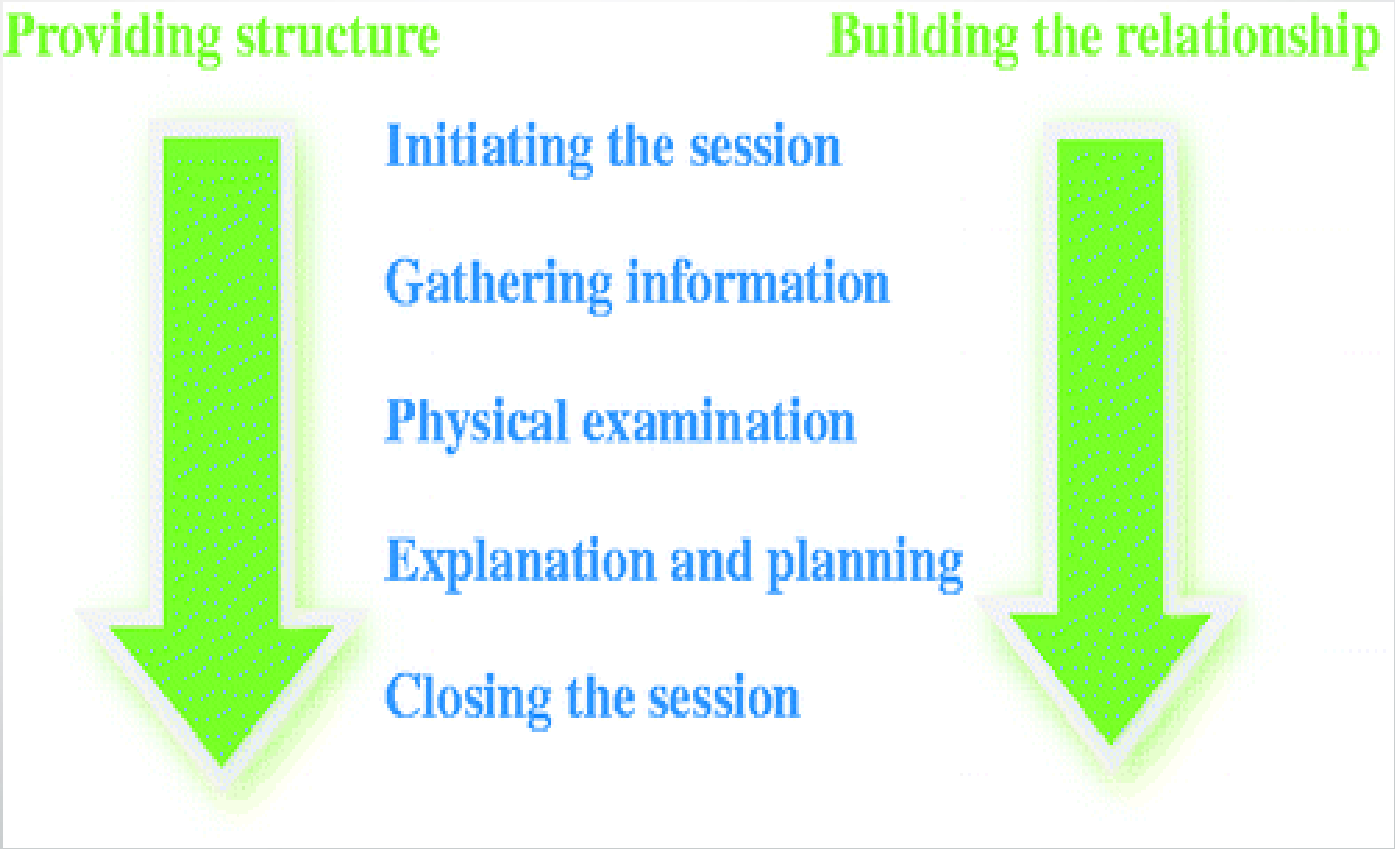
Roger Neighbour 1987



Consultation models. Calgary-Cambridge 1998

A patient-centered model:

- 5 stages
- 2 threads



Consultation models.

Berne's transactional analysis 1964:

Book 'Games People Play: the Psychology of Human Relationships'

In any consultation Dr and patient are in one 3 states of mind:

- Adult
- Parent
- Child

The key to transactional analysis is ascertaining which ego state you are in, which ego state the other person is in, and whether this is appropriate for the context of your meeting together.

Can be especially useful to help understand dysfunctional consultations

Consultation models. **Helman Folk Model**

- What has happened?
- Why has it happened?
- Why has it happened to me?
- Why has it happened now?
- What should I do about it?
- What will happen if I do nothing about it?

Key Points:

- It is important to understand the more common consultation models in use, and also understand that they all have advantages and disadvantages
- Neighbour and the Calgary–Cambridge are the more structured and task-orientated models which may be of most help to trainees
- Understanding, and being able to use, these models in particular may help trainees with the CSA and WPBA, and real life!
- Other consultation models, such as transactional analysis, can be helpful in understanding and improving dysfunctional consultations

Introduction to ICE

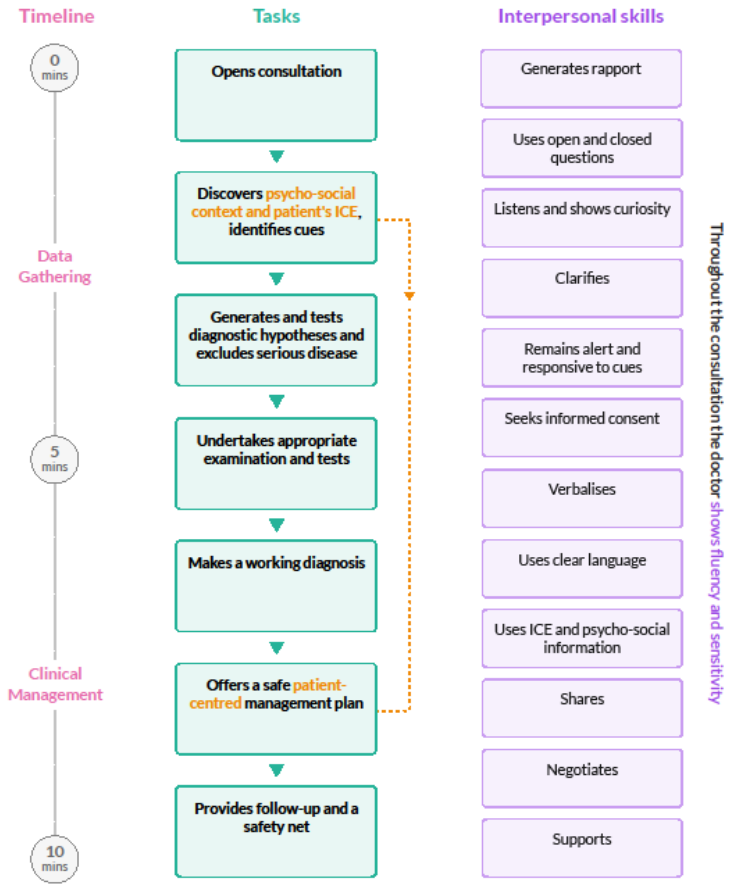
IDEAS

CONCERNS

EXPECTATIONS

Clinical Skills Assessment Overview

North West England / CSA Toolkit



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