Understanding consultations

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How many?

200,000!

So, how have we learned to consult?

How do you get to the top of Catbells?



Tasks

Stages

Skills

1) Tasks

In trios try to identify and list what needs to have been achieved by the end of a consultation

Pendleton (1984)

- To define the reason for the patient's attendance
- To consider other problems
- With the patient to choose 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 to encourage him to accept appropriate responsibility
- To use time and resources appropriately
- To establish or maintain a relationship with the patient which helps to achieve the other tasks.

Stott and Davis (1972)

- Management of presenting problems
- Modification of help-seeking behaviours
- Management of continuing problems
- Opportunistic health promotion

2) Stages

- Is there a sequence to a normal consultation?
- What are the stages or phases of a consultation?

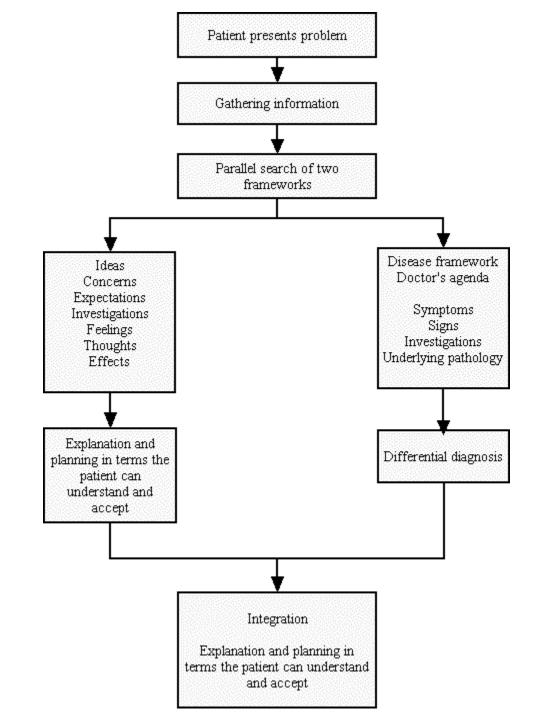
Byrne and Long (1976)

- Phase I The doctor establishes a relationship with the patient
- Phase II The doctor attempts to discover, or actually discovers the reason for the patient's attendance
- Phase III The doctor conducts a verbal or physical examination or both
- Phase IV The doctor, or the doctor and patient, or the patient (in that order of probability)
 consider the condition
- Phase V The doctor, and occasionally the patient, detail further treatment or investigation
- Phase VI The consultation is terminated, usually by the doctor

Neighbour (1987)

- Connect establish rapport
- Summarise- getting to point of why patient has come, and summarising this back to patient
- Handing over- doctor and patient's agenda agreed
- Safety netting- 'What if?'
- Housekeeping getting in shape for next patient

The disease-illness model



3) Skills

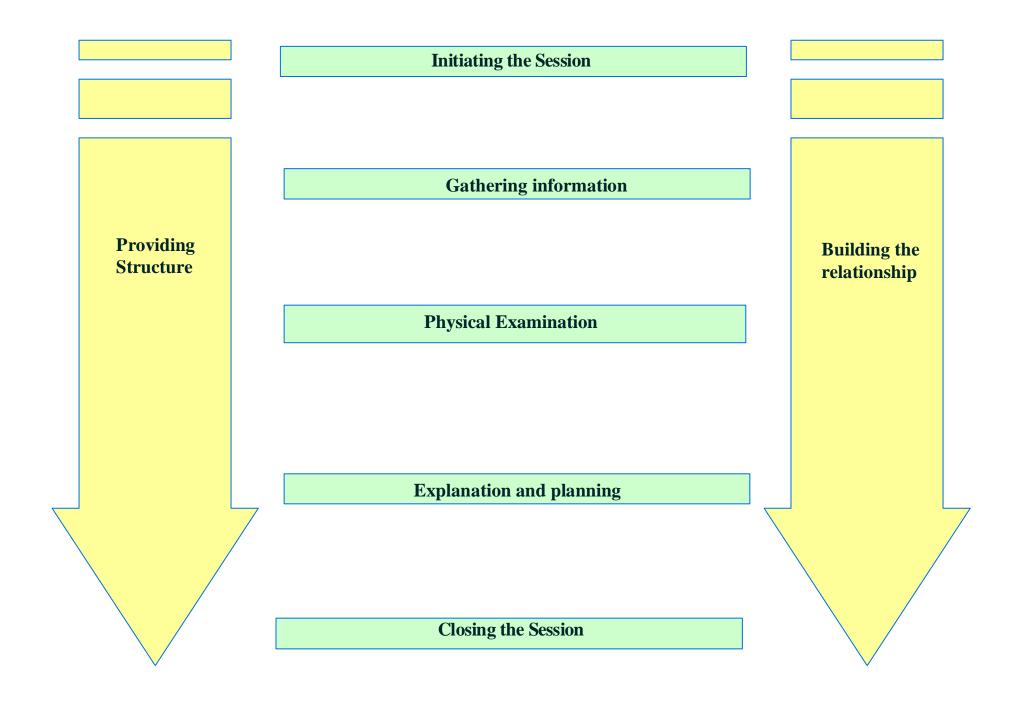
- What are the skills or behaviours which will make a consultation effective?
- Do these skills differ according to the stage of the consultation?

Calgary-Cambridge (1996)

- Initiating the session
- Gathering information
- Building the relationship
- Explanation and planning
- Closing the session

The Calgary-Cambridge approach

- Initiating the Session
 - establishing initial rapport
 - identifying the reason(s) for the consultation
- Gathering Information
 - exploration of problems
 - understanding the patient's perspective
 - providing structure to the consultation
- Building the 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



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:
- \Box biomedical perspective \Box 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

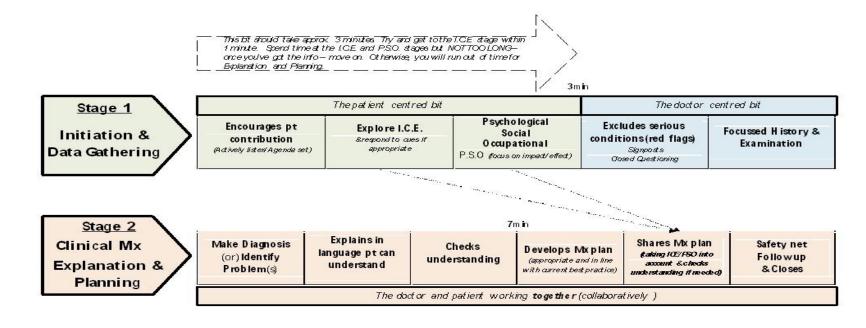
- using appropriate non-verbal behaviour
- developing rapport
- involving the patient

Providing Structure

- making organisation overt
- attending to flow

CSA courses suggest...

What do yo



A consultation navigation tool 2012

Collect all relevant information first, and **only then** 'cross the bridge' to start discussing management

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