## 1. The consultation

**Objectives**

By the end of the attachment you should be able to:

* Conduct some consultations from beginning to end with minimal prompting
* Demonstrate an ability to **integrate** good communication with sound clinical method and intelligent decision-making
* Attend appropriately to both the patient’s and the doctor’s agendas i.e.
  + - establish a rapport
    - enable the patient to describe her/his problem(s)
    - explore patient’s expectations and health beliefs
* use appropriate questioning of clarify the problem
* focus the physical examination as indicated by the history
* define the problem and if appropriate offer a differential diagnosis
* explain this to the patient
* list management options including further investigation, treatment & referral
* discuss options with the patient
* arrange appropriate follow-up and use time well
* Take into account the ethical and moral dimensions of each consultation and discuss these, if relevant with your GP teacher
* Show insight into your own strengths, weaknesses and limits

# Seek and accept feedback

* Identify gaps in your knowledge and skills and begin to address these

You will know from your Medical Sociology, Patient Contact and Year 5 GP attachment that patients consult in Primary Care for a wide variety of reasons and to access a number of different services. Some of these are obvious and some more complex. In general, the obvious ones have simple medical content, e.g. sore throat. In these cases, the clinical interest often lies in why the patient has consulted at that particular time. What has occurred to make the person become a ‘patient’? There may be social reasons (‘exams next week’ ‘holiday in a few days’) and/or psychological reason (‘mother has just been diagnosed with throat cancer’) for the consultation. Try to uncover the *patient’s ideas* about their illness, their major *concerns* and their *expectations* of how the doctor can help. Sharing this information will allow the doctor and patient to work more closely together.

Sometimes apparently trivial presenting symptoms may not be the real reason for the patient’s attendance and may mask a ‘hidden agenda’. Why do some patients behave in this way? How did the doctor go about detecting the most important problems? What skills do you need to develop to help you manage these consultations? You might like to focus on some diagnoses, which did not relate to the presenting symptoms in the consultations you observe.

Some patients attend for administrative reasons e.g. sickness certificates, housing letters, insurance reports. These often require the GP to act as a ‘judge’ and may introduce an element of conflict into the consultation. How many other roles do you notice your GP is adopting with his/her patients e.g. keeper of the public purse, friend, advocate, referee, witness, etc? Reflect on situations where these roles may affect the doctor–patient relationship, particularly in your own consultations.

##### An integrated approach

Experience to date, including exam results and a study of recently qualified doctors, shows that students can have difficulty integrating their clinical knowledge (*the disease framework*) with the patient’s perspective (*the illness framework*), the tendency being to stick doggedly to the former. In addition you may have had little experience of making sensible and acceptable management plans. This attachment provides the ideal opportunity to develop these skills.

Figure 1 displays the various elements of the consultation, highlighting the importance of going beyond*‘getting the history’.*

**Patient presents problems**

**Gathering information**

Parallel processes

Illness framework:

**patient’s agenda**

1. ideas
2. concerns
3. expectations
4. feelings
5. thoughts
6. effects

Understanding the patient’s unique experience of illness

Disease framework:

**Doctor’s agenda**

symptoms

signs

investigations

underlying pathology

###### Problem definition

Differential diagnosis

**Integration of the two frameworks**

Explanation and planning: shared understanding and decision-making

Figure 1: Integrating the medical and patient-specific aspects of the consultation   
(based on *The Patient-Centred Clinical Method*: Stewart & Roter, 1988)

Consulting with patients is the core activity of medicine as a whole and general practice in particular. Note the variety of techniques your teacher uses to establish rapport, gather information, make a diagnosis, explain and share management options with the patient in each consultation. Look particularly for the use of silence, the use of time, non-verbal cues (eye contact, posture, touch, etc.) the physical set-up of the room (where do the patients sit in relation to the doctor), how consultations are initiated and finished. Are there ever times when a doctor-centred approach is appropriate? Try to develop your expertise when you consult alone.

During the induction period in the department you will have an opportunity to reflect on your Year 5 consultations. You will identify and record some specific learning objectives for your forthcoming consultation work.

Clinical cases task

You are required to:

* discuss your specific learning objectives for your consultation work with your teacher at the start of the attachment
  + - do three surgeries of your own during the attachment

Your teacher will be aware of this requirement and may sit in with you / video some or all of the consultations. They will of course be available in case you get stuck! You will receive invaluable feedback on your performance.

* + - maintain a clinical portfolio to record the range and scope of your clinical work. You will be required to record a minimum of 6 *brief* case reports over your three-week attachment, and to discuss one each week in detail with your GP Teacher (Case-Based Discussion – CBD), see the portfolio section for more detail.
* be assessed on a sample of directly observed and/or videoed consultations. Your GP teacher will complete at least one Clinical Observation Tool (COT) (ideally one COT for each observed session).

**Further reading**

Tate P. *The Doctor’s Communication Handbook,* London:Radcliffe Medical Press, 2009.

Pendleton D, et al, *The New Consultation: Developing doctor–patient communication*, Oxford: Oxford University Press, 2003.

Neighbour R,*The Inner Consultation:**How to develop an effective and intuitive consulting style,* London:Radcliffe Medical Press, 2006.