The consultation

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Tasks of consultation

Stott and Davis outlined four areas which can be explored each time a patient consults:

1. The identification & management of the presenting problem
2. The identification and management of continuing problems
3. Modification of the patient's help-seeking behaviour
4. Opportunistic health promotion

Reference:

- *Stott NCH, Davis RH (1979). The exceptional potential of each primary care consultation. JRCGP,(29), 201-5.*

The identification & management of the presenting problem

The main task of every consultation is to find and treat the reason for the attendance: the nature of the problem, the effect on the patient, the patient's ideas concerns and expectations and an answer to the question, Why now?

The identification & management of the continuing problem

The GP, as the coordinator of the patients' health care, should consider reviewing any coexisting conditions at each consultation. The doctor's continuing interest in the patient's hypertension, diabetes, epilepsy or asthma is likely to produce better adherence to any management plans.

Modification of the patient's help-seeking behaviour

Doctor' means teacher. Teaching the natural history of minor illness and about self-medication is an important part of a long-term strategy for making best use of practice resources.

Patients may need to be reminded how to make appropriate use of the practice's appointment system or out-of-hours cover.

Every doctor-patient encounter plants the seeds of future patterns of illness behaviour which will affect the over-use (and under-use) of medical services.

Opportunistic health promotion

Health promotion can be improved by taking action when the patient attends for other reasons. Vaccination, cervical screening, blood pressure checks and enquiring and advising about smoking or drinking habits can often be done or at least suggested. The doctor should not, however, become overzealous and insensitive to the patient's needs and wants but it is usually possible at least to ask the patient back to see the nurse 'for a checkup' if a gap is spotted.

Fraser (areas of competence)

1. Interviewing and history-taking
2. Physical examination
3. Diagnosis and problem-solving
4. Patient management
5. Relating to patients
6. Anticipatory care
7. Record-keeping

ref: Clinical Method: A general practice approach edited by Robin C Fraser, 2e 1992, Butterworth Heinemann

Interviewing and history-taking

To interview and take a history successfully, a GP needs to:

Introduce self to the patient

Put the patient at ease

Listen attentively

Seek clarification of words used by the patient

Phrase questions simply and clearly

Use silence appropriately

Recognize verbal and non-verbal cues

Identify the patient's reasons for consulting

Elicit relevant and specific information from the patient and/or records to help choose from possible diagnoses

Consider physical, psychological and social factors as appropriate

Show a well-organised approach to information-gathering

Physical examination

- Examine the patient and elicit relevant and discriminating physical signs correctly and sensitively
- Use instruments in a selective, competent and sensitive manner
- Use information obtained to confirm or refute working diagnoses

Diagnosis in General Practice

- The most important task of the consultation is to make the diagnosis, as this is crucial for prognosis and treatment.
- In general practice an understanding of the psychological and social aspects of a problem are as vital for making a successful diagnosis as a grasp of the purely physical features of illness.
- For up to 50% of patients who present in general practice, a firm diagnosis based on pathology may not be possible. Where diagnosis at this level cannot be achieved, working diagnoses are often expressed at a lower level in terms of the patient's symptoms, signs or problems.

Diagnosis in General Practice

- A diagnosis is the current statement of probability about the cause of an illness rather than of absolute certainty. As such it must be regarded as provisional unless more evidence is available or until there is no longer a need for a diagnosis at all.
- Management decisions often have to be taken on an assessment of symptoms, signs or problems without a definite diagnosis being made.

Patient management

- Patient management can be considered under the following broad headings:
- 1. Reassurance & explanation
- 2. Advice and counselling
- 3. Prescribing
- 4. Referral
- 5. Investigation
- 6. Observation & follow-up
- 7. Prevention

Relating to patients

- Any experienced GP would give the following advice about the doctor's relationship with patients and their families:
- be friendly but show professional and ethical behaviour
- be sensitive to the patients' needs
- be aware how attitudes affect co-operation and compliance
- "Bad consultations result from having insufficient clinical knowledge, from failing to relate to patients or from failing to understand the patient's behaviour, his perception of his illness or its context"

Anticipatory care

- Where appropriate, time should be taken during consultations to:
- take any opportunity for health promotion and disease prevention
- provide adequate explanation about aims and methods of prevention
- win co-operation in a sensitive manner to promote change to a healthier lifestyle

Record Keeping

- An accurate, legible and appropriate record of every doctor-patient encounter and referral should be kept.
- The information recorded should include at least:
- the date of the consultation
- relevant history and examination findings
- any measurements carried out (blood pressure, peak flow, weight etc)
- the diagnosis or problem
- an outline of the management plan
- investigations ordered
- follow-up arrangements

Record keeping ….

- If a prescription is issued, a record should be made of the:
- drug name
- dose
- quantity
- special precautions given to to patient

Questions ????

Thank you