



Consultation skills

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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 consultation is the bedrock of all medical practice, and during the course of a professional lifetime, most doctors will conduct between 160,000 – 300,000 interviews.
- Doctor-patient communication is a key ingredient to establishing a patient's diagnosis and successfully managing the patient's problem.

- Being a good doctor also demands good interpersonal and communication skills for working in clinical teams. Even doctors without direct responsibility for patient care need to be able communicate effectively and accurately with clinical colleagues

- Within the consultation, doctors can employ sophisticated communication skills to facilitate the patient's storytelling, interpret the information gathered and assist the patient's understanding and treatment of the problem. Unfortunately, when these skills are not used successfully, the results are patient dissatisfaction leading to complaints and worse; errors in diagnosis and treatment, jeopardizing safety

What is the point of good communication skills?

- 1. Safe, efficient and effective healthcare
- 2. Understanding patients' problems
- 3. Improving communication leads to better patient outcomes

Steps of consultations

- 1. Initiating the consultation
- 2. Gathering information
- 3. Providing structure to the consultation
- 4. Building the relationship
- 5. Explanation and planning
- 6. Closing the consultation.

TASK ONE: INITIATING THE CONSULTATION

- *Establishing Initial Rapport*
- GREETs patient and obtains patient's name
- INTRODUCES self, role and nature of interview; obtains consent if necessary
- DEMONSTRATES RESPECT and interest, attends to patient's physical comfort

- ***Identifying the Reason(s) for the Consultation***
- IDENTIFIES PROBLEMS LIST or issues patient wishes to discuss (e.g., “What would you like to discuss?; “What questions did you hope to get answered today?”)
- LISTENS attentively to the patient’s opening statement without interrupting or directing patient’s response

- CONFIRMS LIST AND SCREENS for further problems (e.g., “so that’s headaches and tiredness; anything else?”)
- NEGOTIATES AGENDA taking both patient’s & doctor’s perspectives into account

TASK TWO: GATHERING INFORMATION

- ENCOURAGES PATIENT TO TELL STORY of problem(s) from when first started to the present in own words (clarifies reason for presenting now)
- USES OPEN-ENDED AND CLOSED QUESTIONS, appropriately moving from open-ended to closed

- LISTENS ATTENTIVELY, allows patient to complete statements without interruption, leaves space for patient to think before answering, go on after pausing
- FACILITATES PATIENTS RESPONSES VERBALLY & NON-VERBALLY (e.g., uses encouragement, silence, repetition, paraphrasing)

- PICKS UP VERBAL AND NON-VERBAL CLUES (i.e., body language, speech, facial expression, affect); CHECKS OUT & ACKNOWLEDGES as appropriate
- CLARIFIES PATIENT'S STATEMENTS that are unclear or need amplification (e.g. "Could you explain what you mean by light headed")
- USES concise, EASILY UNDERSTOOD QUESTIONS AND COMMENTS, avoids or adequately explains jargon
- ESTABLISHES DATES AND SEQUENCE of events

- ***Additional Skills for Understanding the Patient's Perspective***
- actively determines and appropriately explores:
PATIENT'S IDEAS (i.e., beliefs re cause) PATIENT'S CONCERNS (i.e.; worries) regarding each problem PATIENT'S EXPECTATIONS (i.e.; goals, help patient expects re each problem) EFFECTS ON PATIENT: how each problem affects the patient's life
- ENCOURAGES PATIENT TO EXPRESS FEELINGS

TASK THREE: PROVIDING STRUCTURE TO THE CONSULTATION

- ***Making Organization Overt***
- Summarizes at end of a specific line of inquiry (e.g., HPI) to confirm understanding & ensure no important data was missed; invites patient to correct
- Progresses from one section to another using signposting, transitional statements; includes rationale for next section

- ***Attending to Flow***
- STRUCTURES interview in LOGICAL SEQUENCE
- ATTENDS TO TIMING and keeping interview on task

TASK FOUR: BUILDING THE RELATIONSHIP - Facilitating Patient's Involvement

- *Using Appropriate Non-Verbal Behavior*
- DEMONSTRATES APPROPRIATE NON-VERBAL BEHAVIOUR
- eye contact, facial expressions
- posture, position, gestures & other movement
- vocal cues, e.g., rate, volume, tone, pitch

- If READS, WRITES NOTES or uses computer, does IN A MANNER THAT DOES NOT INTERFERE WITH DIALOGUE OR RAPPORT
- DEMONSTRATES appropriate CONFIDENCE

- ***Developing Rapport***
- ACCEPTS LEGITIMACY OF PATIENT'S VIEWS and feelings; is not judgmental
- USES EMPATHY to communicate understanding and appreciation of patient's feelings or situation; overtly ACKNOWLEDGES PATIENT'S VIEWS & feelings

- PROVIDES SUPPORT: expresses concern, understanding, willingness to help; acknowledges coping efforts and appropriate self care; offers partnership
- DEALS SENSITIVELY with embarrassing or disturbing topics and physical pain, including when associated with physical examination

- ***Involving The Patient***
- SHARES THINKING with patient to encourage patient's involvement (e.g., "What I am thinking now is.....")
- EXPLAINS RATIONAL for questions or parts of physical examination that could appear to be non-sequiturs
- When doing PHYSICAL EXAMINATION, explains process, asks permission

TASK FIVE: CLOSING THE CONSULTATION (Preliminary Explanation & Planning)

- GIVES EXPLANATION AT APPROPRIATE TIMES (avoids giving advice, information, opinions prematurely)
- GIVES INFORMATION IN CLEAR, WELL-ORGANIZED FASHION without overloading patient, avoids or explains jargon
- CONTRACTS WITH PATIENT RE: NEXT STEPS for patient and physician

- CHECKS PATIENT'S UNDERSTANDING AND ACCEPTANCE of explanation and plans; ensures that concerns have been addressed
SUMMARIZES SESSION briefly 37. ENCOURAGES PATIENT TO DISCUSS ANY ADDITIONAL POINTS and provides opportunity to do so (e.g. "Are there any questions you'd like to ask or anything at all you'd like to discuss further?")

TASK SIX: EXPLANATION AND PLANNING

- ***Providing the Correct Amount and Type of Information***
- INITIATES: summarizes to date, determines expectations, sets agenda
- ASSESSES PATIENT'S STARTING POINT: ask for patient's prior knowledge early, discovers extent of patient's wish for information
- CHUNKS AND CHECKS: gives information in chunks, checks for understanding, uses patient's response as a guide on how to proceed

- ASKS patient WHAT OTHER INFORMATION WOULD BE HELPFUL: e.g. aetiology, prognosis
- GIVES EXPLANATION AT APPROPRIATE TIMES: avoids giving advice, information or reassurance prematurely

- ***Aiding Accurate Recall and Understanding***
- ORGANIZES EXPLANATION: divides into discrete sections, develops logical sequence
- USES EXPLICIT CATEGORIZATION OR SIGNPOSTIN: (e.g. “There are three important things that I would like to discuss. 1st...Now we shall move on to...”)
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- USES REPTITION AND SUMMARIZING: to reinforce information
- LANGUAGE: uses concise, easily understood statements, avoids or explains jargon

- USES VISUAL METHODS OF CONVEYING INFORMATION: diagrams, models, written information and instructions
- CHECKS PATIENT'S UNDERSTANDING OF INFORMATION GIVEN (or plans made): e.g. by asking patient to restate in own words; clarifies as necessary

- Incorporating the Patient's Perspective - Achieving Shared Understanding
- RELATES EXPLANATIONS TO PATIENT'S ILLNESS FRAMEWORK: to previously elicited beliefs, concerns, and expectations
- PROVIDES OPPORTUNITIES/ENCOURAGES PATIENT TO CONTRIBUTE: to ask questions, seek clarification or express doubts, responds appropriately

- PICKS UP VERBAL AND NONVERBVAL CUES: e.g. patient's need to contribute information or ask questions, information overload, distress
- ELICITS PATIENT'S BELIEFS, REACTIONS AND FEELING: re information given, decisions, terms used, acknowledges and addresses where necessary

- ***Planning: Shared Decision Making***
- SHARES OWN THOUGHTS: ideas, thought processes and dilemmas
- INVOLVES PATIENT by making suggestions rather than directives
- ENCOURAGES PATIENT TO CONTRIBUTE their IDEAS, suggestions, preferences, beliefs

- NEGOTIATES a MUTUALLY ACCEPTABLE PLAN
- OFFERS CHOICES: encourages patient to make choices/decisions to level they wish
- CHECKS WITH PATIENT: if accepts plans, if concerns have been addressed

- ***IF Discussion Opinion And Significance of Problem***
- OFFERS OPINION of what is going on and names if possible
- REVEALS RATIONALE for opinion
- EXPLAINS causation, seriousness, expected outcome, short & long term consequences

- CHECKS PATIENT'S UNDERSTANDING of what has been said
- ELICITS PATIENT'S BELIEFS, REACTIONS AND CONCERNS e.g. if opinion matches patient's thoughts, acceptability, feelings

- ***IF Negotiating Mutual Plan Of Action***
- DISCUSSES OPTIONS e.g. no action, investigation medication or surgery, non-drug treatments (physiotherapy, walking aids, fluids, counselling), preventative measures
- PROVIDES INFORMATION on action or treatment, offered
 - a) name
 - b) steps involved, how it works
 - c) benefits and advantages
 - d) possible side effects

- ELICITS PATIENT'S UNDERSTANDING REACTIONS AND CONCERNS about plans and treatments, including acceptability
- OBTAINS PATIENT'S VIEW of NEED for action, BENEFITS, BARRIERS,
- MOTIVATION; accepts and advocates alternative viewpoint as needed
- TAKES PATIENT'S LIFESTYLE, BELIEFS, cultural BACKGROUND and ABILITIES INTO CONSIDERATION

- ENCOURAGES PATIENT to be involved in implementing plans, TO TAKE RESPONSIBILITY and be self reliant
- ASKS ABOUT PATIENT SUPPORT SYSTEMS, discusses other

- ***IF Discussing Investigations and Procedures***
- PROVIDES CLEAR INFORMATION ON PROCEDURES including what patient might experience and how patient will be informed of results
- RELATES PROCEDURE TO TREATMENT PLAN: value and purpose
- ENCOURAGES QUESTIONS AND EXPRESSION OF THOUGHTS re potential anxieties or negative outcome

TASK FIVE (continued): CLOSING THE CONSULTATION

- *Forward Planning*
- CONTRACTS WITH PATIENT re steps for patient and physician
- SAFETY NETS, explaining possible unexpected outcomes, what to do if plan is not working, when and how to seek help

- ***Ensuring Appropriate Point of Closure***
- SUMMARIZES SESSION briefly and clarifies plan of care
- FINAL CHECK that patient agrees and is comfortable with plan and asks if any correction, questions or other items to discuss

Thank you