# The consultation

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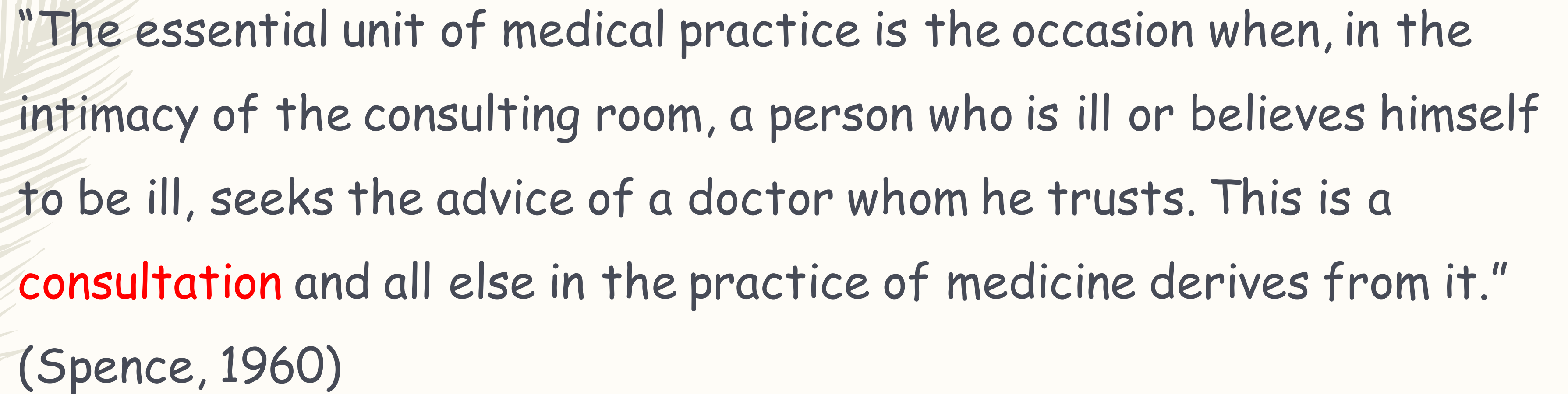
These slides do NOT replace the seminar and they only amend what we discuss during our talk.. Please do not rely entirely on them!

# Objectives

1. Identify different models of consultation concentrating on Stott and Davis' and Pendleton's
2. Know the required consultation skills and competences during different phases of the consultation: Opening, Interviewing (history taking, physical exam), Exposition (management), and Termination.
3. Identify the style of the consultation
4. Know the reasons behind failure of the consultations



"The essential unit of medical practice is the occasion when, in the intimacy of the consulting room, a person who is ill or believes himself to be ill, seeks the advice of a doctor whom he trusts. This is a consultation and all else in the practice of medicine derives from it." (Spence, 1960)

# Consultation

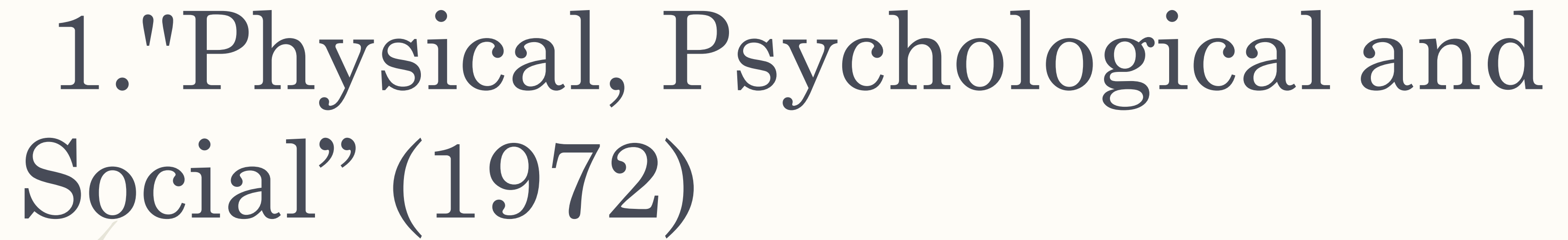
- A diagnostic procedure that is a systematic process of data-gathering designed to identify problems and to arrive at a conclusion, leading ultimately to treatment plan.
- A meeting between two experts!

# The main ultimate *objectives of any consultation* are to:

1. Determine the exact reason for the presentation➔ Why? &Why now?
2. Achieve a good therapeutic outcome for the patient.
3. Develop a strong doctor–patient relationship.

# Consultation models:

1. Physical, Psychological and Social
2. Stott and Davis
3. Byrne and Long
4. Pendleton
5. Neighbour
6. The Disease - Illness Mode
7. The Calgary-Cambridge Approach



# 1."Physical, Psychological and Social" (1972)

– The RCGP model encourages the doctor to extend his thinking practice beyond the purely organic approach to patients, i.e. to include the patient's emotional, family, social and environmental circumstances.

# 2. Stott and Davis

"The exceptional potential in each primary care consultation"

It involves FOUR tasks:

(1) Management of presenting problems (C/O)

(2) Management of continuing problems (PMHx)

(3) Opportunistic health promotion

(4) Modification of help-seeking behaviors

| A | B |
| --- | --- |
| Management of presenting problems | Modification of health-seeking behaviour |
| **C** | **D** |
| Management of continuing problems | Opportunistic health promotion |

*Source:* Stott & Davis[2]

# 3. Byrne and Long (1976)

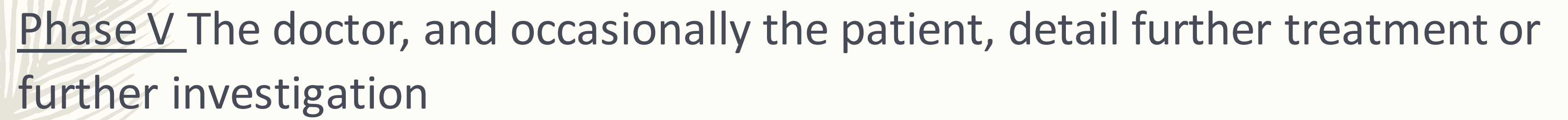
– "Doctors talking to patients". Six phases which form a logical structure to the consultation:

Phase I The doctor establishes a relationship with the patient

Phase II The doctor either 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 the patient , or the patient (in that order of probability) consider the condition



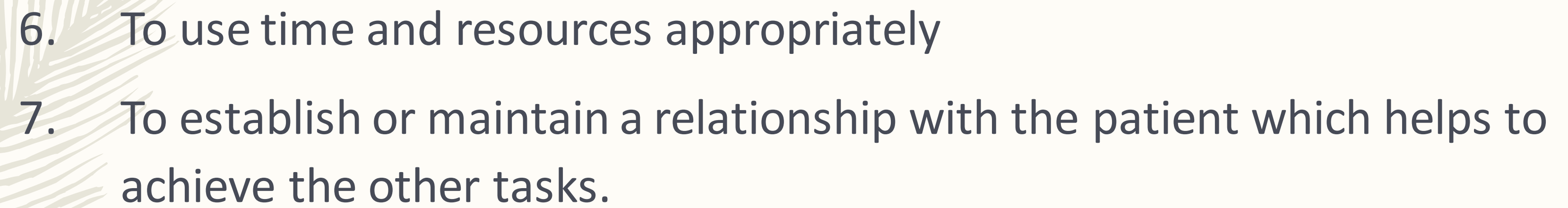
Phase V The doctor, and occasionally the patient, detail further treatment or further investigation

Phase VI The consultation is terminated usually by the doctor.

# 4. Pendleton (1984)

‘The Consultation - An Approach to Learning and Teaching’ describe seven tasks which taken together form comprehensive and coherent aims for any consultation.

1. To define the reason for the patient’s attendance
2. To consider other problems
3. With the patient, to choose an appropriate action for each problem
4. To achieve a shared understanding of the problems with the patient
5. To involve the patient in the management and encourage him to accept appropriate responsibility



6. To use time and resources appropriately
7. To establish or maintain a relationship with the patient which helps to achieve the other tasks.

# 5. Neighbour (1987)

Five check points: ‘where shall we make for next and how shall we get there?’

1. Connecting- establishing rapport with the patient
2. Summarizing
3. Handing over doctors’ and patients’ agendas
4. Safety net
5. Housekeeping

# 6. The Disease - Illness Model (1984)

Also called “patient-centered clinical interviewing”

1. Patient presents problem
2. Gathering information
3. Parallel search of two frameworks: Disease framework (Doctor’s agenda ), and illness framework (Patient’s agenda)
4. Explanation and planning.
5. shared understanding and decision making

# 7. The Calgary-Cambridge Approach (1996)

– This Guides defines the content of a communication skills curriculum by delineating and structuring the skills that have been shown by research and theory to aid doctor-patient communication.

(1) Initiating the Session

(2) Gathering Information

(3) Building the Relationship

(4) Providing structure to the interview

(5) Explanation and Planning

(6) Closing the Session

…can be considered in **three phases**:

**2- Diagnostic phase**

- The History
- The Physical and Mental examination
- Investigations

- Explanation and education
- Prescribing medication
- Procedural—therapeutic or extended
- Diagnostic
- Referral
- Follow-up

**4- Closure/ Termination phase**

# Consultation style and health outcomes

- Previously: doctor-centered ,doctors tended to be authoritarian, paternalistic and domineering. Limited to patient's [illegible] and signs only.
- Now: patient- [illegible] between experts", not only the [illegible] but also their thoughts and feelings about their [illegible]ness and their expectations of the consultation.

Significantly improved health outcomes for patients.

- The consultation between doctor and patient is the fundamental event in clinical practice, whether in general practice or hospital.
- To become clinically competent a doctor needs to acquire a broad range of interpersonal, reasoning, and practical skills.
- The primary task of the consultation is to establish the reason for the patient's attendance
- A patient-centered consultation style results in significantly improved health outcomes for patients

# Key Points

- The exceptional potential of every consultation needs to be recognized and appropriately acted upon.
- All of the seven models of the consultation emphasize its essential components including establishing the main reason behind the consultation, and ensuring doctor’s and patient’s agendas are integrated well with variable consultation skills.

# References


- “Clinical Method. A general practice approach” by Fraser
- “John Murtagh's General Practice”. Published: April 26, 2007

# Thank you!