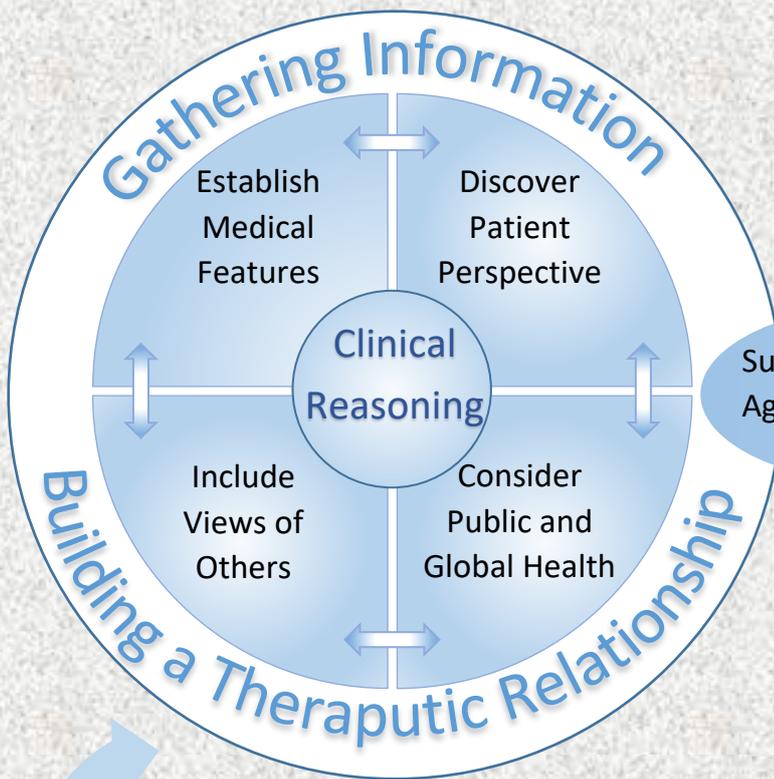


The Consulting Cycle

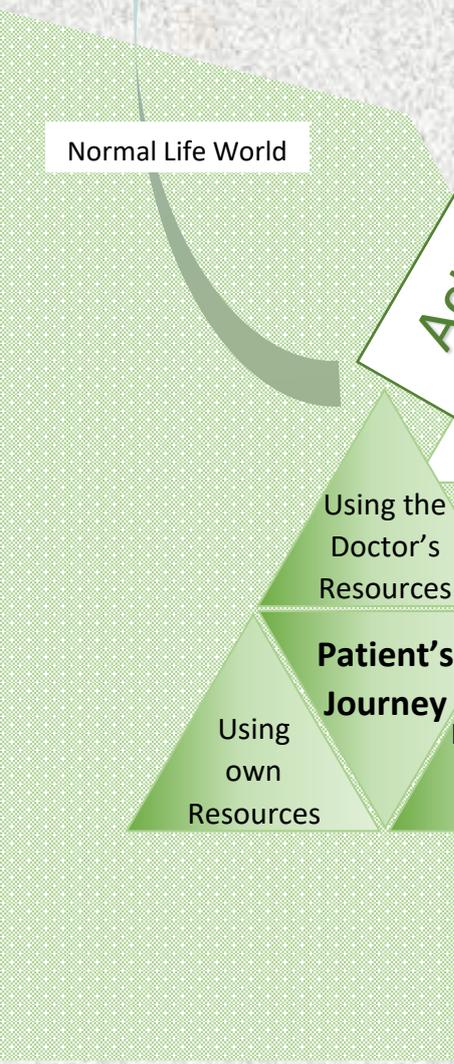
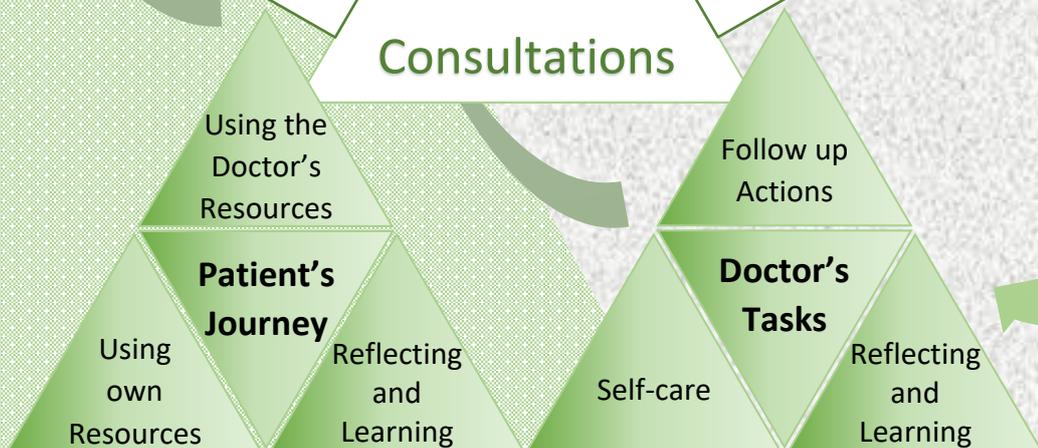
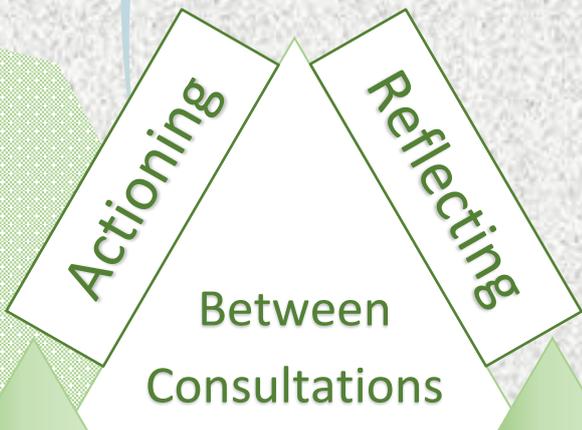


Summarize, Clarify
Agree the Problem



Medical World

Normal Life World



The Consulting Cycle

Gathering Information <i>Building a Therapeutic Relationship</i>	
Introductions	Introduces self and others (eg observer, student); ensures correct patient
Continuous processes: doctor and patient working collaboratively	
Develops relationship	Uses interpersonal skills to develop rapport with the patient
Clinical reasoning	Actively listens, frames questions to elicit relevant information Discovers the reason the patient has come today
Areas to explore in any order that seems appropriate:	
Establishes medical features	History of present complaint, details of symptoms, past medical history, medication history, etc Uses consulting microskills to 'receive' the history eg silence, soft commands, statement as question, etc (see list for examples) Uses mini-summaries to demonstrate understanding Uses focussed questions, direct and closed questions if needed to refine details of symptoms
Discovers patient's perspective	Ideas, concerns, health beliefs, effect on life and work, expectations, etc
Considers views of others	Letters from medical colleagues, test results, views of relatives, others
Considers public health issues	Smoking, alcohol, immunisations, local medical issues, epidemics, etc
Summarises	Summarises, clarifies, ensures all relevant information included Frames the problem succinctly and checks if patient agrees Only then moves to the next phase of discussing management
Discussing Management <i>Deciding Together</i>	
Continuous processes: doctor and patient working collaboratively	
Sharing and discussing	Shares information about medical aspects of the problem Uses the patient's resources, ideas and preferences Introduces choices and options Shares decision-making
Plans the next steps, jointly	Agrees a plan, and who will do what by when Ensures the patient fully understands what has been agreed
Safety net	Ensures patient knows what to do if things get worse Provides closure, ensures ongoing doctor-patient relationship
Between Consultations <i>Actioning and Reflecting</i>	
Doctor's tasks:	Recognises that the consultation does not end abruptly when the doctor and patient leave each other
Does follow-up actions	Writes clear, accurate, succinct notes, to aid continuity of care with other health professionals; writes referral letter, requests investigations, etc
Considers own self-care	Considers if fit to see the next patient, physical comfort, need for drink, etc Considers need for debrief with colleague eg after emotional consultation
Reflects and learns	Considers modifying the consultation style when meeting this patient again or seeing other patients with similar problem
Patient's journey:	The patient lives in their own environment, will process the consultation, and make sense of it in their own context
Uses the doctor's resources or not	The patient may or may not do the agreed treatment or plan, or may go to see another medical person
Uses own resources	The patient may discover or rediscover their own resources, alter diet, exercise, etc; discuss with friends; become more resilient
Reflects and learns	The patient reflects on the consultation, and will be a different person when consulting again either with the same, or a different doctor