Ideas about Consulting: How Details of Language Affect our Communication

Words are … our most inexhaustible source of magic. Capable of both inflicting injury, and remedying it.

Some Differences in Personality Types and Consulting Behaviours

We can use Myers-Briggs Personality Type to consider how we all have varying personality characteristics. One difference is how we like to take in information about the world, either…

Big Picture (*Intuition*): Focus on possibilities, live in future, like ideas and patterns, like info as 'big picture'
Specifics (*Sensing*): Focus on practicalities, live in present, prefer facts and details, like info 'stepwise'

Platinum Rule: Behave towards others **as you think they would prefer** your behaviour to be.

We can observe other people's behaviour and then we can modify our own style of talking, for example:

Doctors who prefer	**with patients who prefer**	**could try to …**
Big Picture	Specifics	Give detailed info, stepwise, with practical examples
Specifics	Big Picture	Give the big picture first, focus of fewer, key details

Structure of Consulting

We can use the 'Consulting Cycle' to consider the consultation in the context of the patient's life.
Aim to firstly gather all relevant information, then 'cross the bridge' to discuss management.

Gathering Information

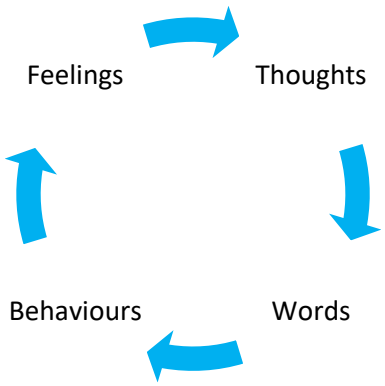
You see what you expect to see.
The doctor brings their own ideas and priorities to each consultation, and we need to be mindful about how we influence the patient's storytelling, options of diagnosis and problem definition. As we are consulting, we also need to observe ourselves, to reduce our interference.

When consulting, it is more effective if we are **flexible** and **respond** to the patient, rather than simply go through a checklist of standard questions. Note the difference between **understanding the patient's problem** and *looking for the diagnosis*. Think of '**receiving'** the history rather than *'taking'* it.

Opening phrase
Commonly used opening phrases include:

- ~~*How can **I** help **you**?*~~
- ~~*What can **I** do for **you**?*~~

Consider possible hidden meanings: hierarchy, there is indeed a fixable problem, the doctor can do something. Note that this question invites the patient to move directly to management and completely bypass gathering of information!
Consider alternatives eg "What would you like to discuss?"
Opening phrases which I would like to start using in my own consultations:



Active Listening involves paying attention to the **meaning** of what the patient is saying, not just the answers to questions. We actively listen to the way the patient talks, what is said and what is not said, the non-verbal behaviours etc. This is not possible if we are writing notes whilst the patient is talking, as the best we can do in this situation is record basic data. By really listening we can understand the issues, and then write a **succinct record afterwards**. It is also quicker to write notes afterwards rather than whilst consulting.

We need to listen and **show** we are listening. We can do this by giving the patient a 'receipt' for information, eg a mini-summary phrase to show that the doctor has heard and understood.

Questioning Techniques for Gathering Information
We can use various consulting **micro-skills** to encourage the patient to tell their story, while we listen to the content and the style, noting the patient's ideas, concerns and expectations.
(A list of microskills can be downloaded from www.damiankenny.co.uk)

"~~Why~~ …" questions usually lead to a defensive justification. **Avoid**.
"**What** reasons …" is a curious question, which usually promotes sharing of useful information.

After '**but'**, the listener often does not remember the positive things that were said before the 'but'.
If we want the other person to hear both parts of our sentence, we can avoid 'but' and instead say '**and'**.
Another method is to say two separate sentences.

Discussing a third person
When a patient talks about a third person, it is easy to promote a long discussion about the other person if we ~~ask questions containing 'she/he'~~.
Instead, we can focus on the **patient's** feelings, concerns etc, by asking **'you'** questions:

- How is this affecting **you**?
- How are **you** feeling about all this?
- What have **you** tried to do to help, so far?

Establishing concerns
One technique is to use the microskill 'my friend Jan' with a sequence of pronouns. 'I… they… you… we…'.
For example, "I see lots of people with X, they are worried about it, you seem worried, we could…"

Examining

- ~~*I will just have a quick look*~~
- ~~*I'll quickly examine you*~~

~~Quick~~ implies cursory, incomplete, poor quality. **Avoid**. Instead say, eg 'Can I examine you now?' or to show positive intent we could say 'I'd like to do a thorough examination' or 'full exam', etc.

'Crossing the Bridge'

When we think we have elicited all relevant information we can **summarise,** to check we have understood the problem. The patient then has an opportunity to confirm the accuracy of the summary, or amend it.

Ask an internal question of our 'second head', "Have I got all the information I need in order to discuss management?" If yes, 'cross the bridge' and proceed; if no, continue with gathering information.

Discussing Management

- explain in appropriate way, using **few words**, be mindful of what the patient wants to know
- involve the patient in making decisions
- link options with the patient's own ideas, concerns and expectations already noted earlier
- ask for the patient's own ideas and preferences before sharing the doctor's suggestions
- ensure the patient understands; this is a two-way process

"~~Should~~" implies wrong, promotes defensiveness, dependence, and implies a 'right' way. **Avoid**.
"**Could**" offers opportunities, possibilities, a variety of options, promotes choosing individual solutions.

Explaining
If we lay out our reasoning, leading to a conclusion, the patient will listen carefully, and will often anticipate the diagnosis, or add relevant information during the process, before the doctor gets to the diagnosis:

> Summary of evidence → Diagnosis
> Eg "*You have some flashing lights and then pains on the left of your head, and my examination does not show any serious signs which might indicate a tumour … so it **seems** that this is a migraine."*

When we state our diagnosis first and then justify the reasons, if the patient does not agree then she will not be listening to our explanation:

> ~~Diagnosis → Justification~~
> ~~Eg *"I think you have migraine **because** you have pains only on the left of your head, you have some visual disturbance, my examination is normal …"*~~

Shared decision-making
Doctors sometimes use phrases such as:

- ~~*I think we should…*~~
- ~~*I'm going to arrange an x-ray…*~~
- ~~*What I think we should do is…*~~

We can encourage discussion and patient involvement by using phrases containing 'you', for example:

- Which of these options would **you** prefer?
- How would **you** like to take things forward?

When making suggestions, tentative language allows the patient to accept or decline without creating tension or conflict:

- How about …
- Would you like to …
- Perhaps we **could** …

Positive language
Using **positive language** is more effective when offering suggestions, as negative suggestions make it difficult to know what to do. For example, "~~do not eat sugary foods~~" is a negative comment, and the patient still does not know what to do. It is more effective to say, *"Eat foods such as fruit …"*

Word order
The **order** of words or phrases makes a difference. For example, the last thing that is said is often received by the listener as being more important, and given greater weight. Compare:

~~*"These tablets should sort it out, but if you do not get better, then come back next week."*~~
"Do come back if you do not recover, but I think these tablets should sort the problem."

The second version leads to fewer people returning, because the **last thing** that is said is a **positive** expectation that they will recover.

Gender neutral words and pronouns

We now avoid terms such as fireman, headmaster, chairman, and instead use terms such as firefighter, headteacher, chairperson. We can take care to use appropriate pronouns which promote gender equality and avoid using 'he' when we do not wish to imply maleness. For example, when gender is unknown, we can use **'they'** as singular.

Transgender people

Ask the person which pronouns they prefer. Some people prefer '**they'** as a singular pronoun.
Be especially sensitive around times of transition. Remember the Platinum Rule.

Some examples of pronouns when consulting

Opening Phrase	'I' focuses on the doctor	'you' focuses on the patient
Gathering information	'she/he' focuses on a third person	'you' focuses on the patient
Discussing management	'I' gives doctor's view	'you' encourages patient's view

Dealing with potential conflict

Some areas of potential conflict include:

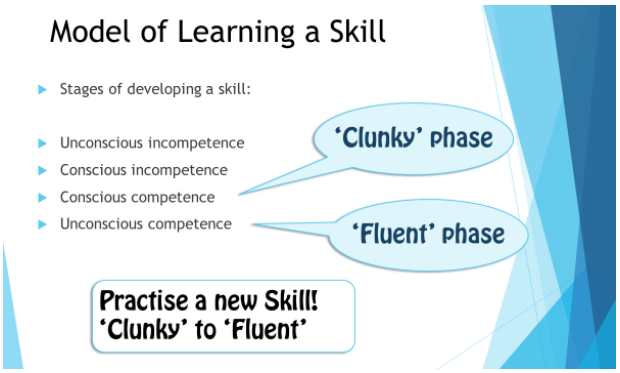
- Patient requesting antibiotics for a viral infection
- Patient wanting investigation that the doctor doesn't think is necessary
- Doctor wants the patient to have medication, investigations, or admission to hospital that the patient doesn't think is necessary

Some ideas for managing potential conflict situations:

- Don't say 'yes', don't say 'no', **ask a question**
- Really listen and understand the issue, then summarise to check understanding
- Recognise and acknowledge that there is a problem to be dealt with
- Lay out the evidence and explain the practical or ethical issue
- Seek to jointly solve the problem with a creative solution
- Use inclusive language such as 'we'
- Establish clear professional and ethico-legal boundaries with the patient. There are some things that are outside your control as you are bound by clear professional, ethical and legal codes.

Ideas about Learning Consulting Skills

- name the various components of consulting, identifying each skill, eg 'verbal echo', 'explaining', 'safety netting' etc
- practise to improve from 'clunky' to 'fluent' for each skill
- 'teddy' technique for brief practising



My reflections

Ideas which I find useful:

How do I plan to develop and practise my consulting skills?