

## Some Ideas about Teaching Consultation Skills

### Learning and Teaching Facilitating Learning

A model for learning well, from the learner's perspective, and the corresponding behaviours of the facilitator which enhances learning:

Learner needs to...	Facilitator of Learning can help by...
Want to learn	<b>Inspiring</b> , showing the value of the learning to the learner
Feel they can learn	Showing <b>positive</b> regard, making <b>positive comments</b>
Know how to learn	<b>Explaining</b> and <b>Demonstrating</b> the new skill
Do the learning	<b>Encouraging</b> learner to <b>practise</b>
Use new learning for real	<b>Helping</b> the learner to <b>visualise</b> using new learning in the real world Encourage learner to report on recent learning; <b>praise</b> them

The learning model, 'conscious competence' etc has 4 stages which describe the development of a personal skill. By encouraging the learners to acknowledge the 'clunky' stage when they try out a new technique, we can help them feel confident to try something new.

A fifth stage of '**reflective competence**' enables us to **teach** the component parts of the skill. For teaching consultation skills, we can develop this competence by **naming** various parts of the consultation, eg verbal echo, looping, 'crossing the bridge', explaining, safety netting, etc.

### Careful Detailed Observation of Learners

Dumbledore: "You see what you expect to see".

As facilitators, we need to focus on each aspect of the consultation, and help Registrars to develop the various parts, integrating each small part into the whole. By changing our focus when observing the Registrar's consultations, we can discern which aspects we could help to develop. It is not enough just to watch 'overall'.

Registrars can practise a 'skill of the day' to develop fluency. Then choose another skill.

### Model of Learning a Skill

▶ Stages of developing a skill:

- ▶ Unconscious incompetence
- ▶ Conscious incompetence
- ▶ Conscious competence
- ▶ Unconscious competence

'Clunky' phase

'Fluent' phase

**Name the Skill!**

▶ Reflective competence

### Consultation Structure

#### Gathering Information

Encourage the patient to tell their story

Focus, listen, do not interrupt

Seek to '**understand the problem**' rather than '*look for the diagnosis*'

Show the patient you are listening by giving a '**receipt**'

#### Discussing Management

Link options to ICEE already obtained

Ask for patient's own ideas before offering doctor's ideas

Use tentative language when suggesting plans: *How about...* *Would you like to...* *Perhaps we could...*

#### Summarise

The patient will confirm, or may give more useful information

Ask your internal head, "have I obtained sufficient information to move to Management stage?"

If 'yes' → proceed to 'Cross the Bridge'

If 'no' → continue Gathering Information

### Feedback Language

Feedback is about providing information about performance or behaviour with the aim of:

1. affirming what the learner is doing well
2. helping the learner develop in areas they are doing less well

**Pendleton:** learners wait for the 'but', and do not always remember the good things. We can just avoid using the word 'but', and instead use 'and', or two separate sentences.

**Agenda led feedback:** go straight to what is important for the learner. Link feedback comments to the previously expressed goal of the learner, saying how the behaviour we observed is either **effective** or **ineffective** in achieving the desired outcome, eg "You said you were trying to achieve good rapport and I thought your smile, nudging and eye contact were effective at doing this. Later, when you were looking at the computer while the patient was talking, this seemed ineffective at maintaining your rapport."

'Should' implies wrong, promotes defensiveness, dependence on the teacher, and implies a 'right' way.

'Could' offers opportunities, possibilities, variety of options, helps learner search for her own solutions.

### Other aspects of Language

'Why...?' often induces a justification, whereas "What reason...?" usually leads to exploration of reasons.

**Word Order** for Explaining: When we state the diagnosis/opinion and then justify it, if the patient does not agree then they will not be listening to our explanation, but will be having an internal dialogue and waiting to challenge what we have said. In contrast, laying out the evidence/issue and leading to a conclusion keeps the patient listening, even if they have other ideas. Compare:

- 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...~~

- 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.

### Other Ideas about Teaching

- Positive language and reinforcement of good consulting behaviours makes learning more effective. Registrars often do not know they have used a good technique. Tell them!
- Write a personal 'ideal consultation' to discuss with ES, read before and after consultations, reflect how close the real consultation was to ideal, and practise a specific phrase before next consultation.
- Help Registrars with language issues, including local dialects: eg encourage to speak English in their household, chat with receptionists, ask colleagues to use colloquial language and share/correct phrases, listen to TV or radio soaps, etc.
- **Visualisation** of new learning, eg visualise using the microskill 'my friend John' while consulting: the brain uses the same neural circuits as when doing for real, so this starts 'doing' the new learning.

### Effective Traits of Educators working with Learners

- **Focus** on the learner's goals and needs
- **Positive** in attitude and words
- **Think Laterality** to help the learner overcome learning blocks

### Personal Notes

### My plans for developing my teaching of consulting skills

I will use today's learning in these ways...

1

2

Billywig propeller  
ELEVATED FRAME OF MIND  
Think Positively

Wrackspurt Siphons  
REMOVE DISTRACTIONS  
Keep Focussed



Dirigible Plum  
ACCEPT THE EXTRAORDINARY  
Think Laterally