Consulting and Facilitating Learning of Consulting Skills

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

Structure of Consulting

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 consult, we also need to observe ourselves, to reduce our interference and unconscious bias.

Aim to firstly **gather all relevant information**, then 'cross the bridge' to **discuss management**.

Gathering Information

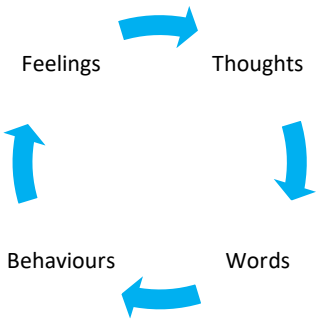
When consulting, it is more effective if we are **flexible** and **respond** to the patient, rather than simply go through a checklist of standard questions. Note the difference between **understanding the patient's problem** and *looking for the diagnosis*. Think of **receiving** the history rather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

We can gather information about the **medical perspective** (presenting complaint, previous diseases etc) and the **patient perspective** (ideas, concerns, expectations, effect on life, etc) in any order that seems appropriate. For example, for a rash it may be better to examine first, then ask some relevant questions.

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 enable the patient to tell their story, while we listen to the content and the style, noting the patient's ideas, concerns, expectations, emotions and effect on their life. (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 micro-skill '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.

Useful Universal Question
In various parts of the consultation, it is useful to use: '**How**…**you**…?' eg '**How** do **you** feel about that?'

'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

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
> You have symptoms X and examination shows Y so I think you have problem Z.
> 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~~
~~I think you have problem Z **because** you have symptoms X and examination shows Y.~~
~~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** …

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

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. 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.'

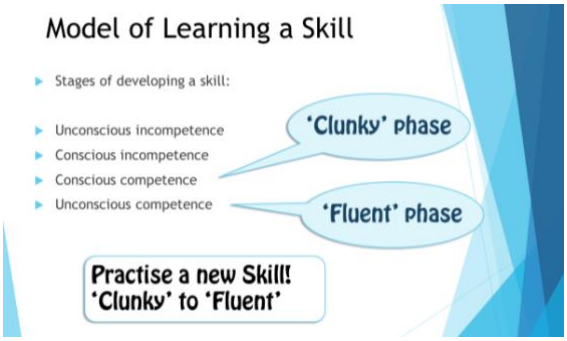
The second version leads to fewer people returning, because the **last thing** that is said has greater weight, and in this example is a **positive** expectation that they will recover.

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

Ideas about Learning and Facilitating Learning of Consulting Skills

- Name the various components of consulting, identifying each skill, eg 'verbal echo', 'summarising', 'explaining', 'safety netting' etc.
- Choose a 'skill of the day/week' and practise it to improve from 'clunky' to 'fluent'; then choose another skill to focus on and practise.
- Reflect on one phrase immediately after a consultation, then briefly practise an alternative by speaking out loud some options, then see next patient.



- 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!
- Giving options is usually more effective than telling how to do something. Compare:
  "Should" implies wrong, promotes defensiveness, dependence on teacher, implies a 'right' way.
  "**Could**" offers opportunities, possibilities, options, learner searching for her own solutions.

- Writing 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.
- Develop a list of sample phrases for various parts of the consultation. For example: http://www.damiankenny.co.uk/Phrases%20for%20consulting.pdf

- Help Registrars with language issues, including local dialects: eg speak English in 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 using 'my friend John' during consulting: uses the same brain circuits as when doing for real, so this starts doing the new learning.

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 each time we observe the Registrar consulting, we can discern a variety of aspects we could help them to develop.
It is not enough just to watch 'overall'.

Effective Traits of Educators working with Learners

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

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

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

Definition and Purpose of Feedback

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

See the 'Handout Giving Feedback' for more ideas of the principles of giving feedback.

On the job effective feedback ('The 1-minute Preceptor)

A time-effective method of helping less experienced colleagues by teaching on the job in 1 minute:

- Get a Commitment (If the learner commits to a diagnosis it promotes involvement and learning)
- Probe for supporting evidence/ideas ("What makes you think that?")
- Teach general rules (Widen the teaching away from this instance to make a more general point)
- Reinforce thing done well (Learners often to not know they are doing good skills, so tell them!)
- Correct mistakes (in a supportive helpful way)

Case Based Discussion and e-portfolio

Pronouns when having a case-based discussion (CBD)
During a case discussion, the ES and Registrar will usually be talking mainly about the patient, using the pronoun 'she' or 'he'.

During a **Case-Based Discussion**, rather than focussing on the patient narrative, the Educational Supervisor (ES) explores the Registrar's critical reasoning processes, and feelings, something effectively done by using **'you'** questions:

- What were **your** options at this point?
- Who else did **you** contact?
- How did **you** feel about that?
- How did **you** deal with **your** uncertainty?

E-portfolio Registrar entries
Registrars sometimes spend a lot of time writing narratives about what the patient did, saying 'he/she…' The Educational Supervisor can encourage the Registrar to write more about how the case affected them, by writing 'I'.
It is often effective for the Registrar to write in the e-portfolio log entry boxes in reverse order. This encourages them to write about feelings, thoughts, concerns, learning points, future learning, etc, and afterwards fill in the first box with a brief narrative.

E-portfolio Supervisor entries
If the supervisor comments about the patient, using 'she' or 'he' this is commenting on the case.
Instead, the supervisor can comment about the Registrar, saying things like:

- **You** have reflected on the importance of…
- **You** noted how you felt uncomfortable, and dealt with this by…

Case based discussion	'she/he' focuses on the patient	'you' explores the Registrar's thinking
E-portfolio log entries	'she/he' describes narrative	'I' encourages reflections
E-portfolio comments	'she/he' refers to the case	'you' comments on the Registrar's reflections

My reflections

Ideas which I find useful:

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