North West England

Consultation Toolkit

Anne Hawkridge and David Molyneux

Short Guide for Trainees

This is the North West England Consultation Toolkit. It is designed for GP trainees to use, working with your educational supervisors, to prepare for the SCA simulated consultation assessment.

Preparation for the SCA is a step-wise process:

Step 1	Analysis of a series of GP consultations using the Consultation Overview and RAG Tool
Step 2	Development of weaker competency areas in the consultation using the Toolkit education sections
Step 3	Repeated analysis of a series of consultations to measure improvement

Step 1: Analysis

Take a screenshot or print a copy each of the Consultation Overview and RAG (Red - Amber - Green) Consultation Tool. The Overview consists of competency areas divided into **Tasks** (starting with Data Gathering, moving to Clinical Management) and **Skills** (Global and Relating to others). Mastering these competency areas is an important part of consulting well and excelling in the SCA examination.

Read through the Overview. If you need more information about any of the tasks or skills, open the specific section and read the further detailed **red** and **green** word descriptors, and the short summaries headed 'About this task/skill'.

Once you have a rough idea of what is involved in each area, you can move onto the RAG tool, where each competency is listed in a grid format. This enables you to rate each area when you assess several of your video consultations. Rate each competency as Green, Amber or Red. It is important that you share this process with your supervisor, and compare scores. You can now use these ratings as the starting point for the next part of the process.

Step 2: Development

When you use the RAG tool to analyse consultations, you will see that some competencies are rated better than others. Focus initially on those that you score as 'Red'. Now use the education sections of the Toolkit to improve your ability to perform these competencies.

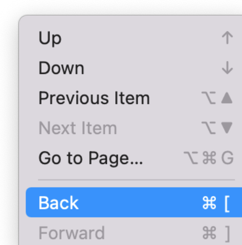
For each competency, you will find a series of educational activities (including some specifically for audio consultations). The idea of these educational activities is to improve your ability to demonstrate each competency. In addition, there are a series of reflective exercises to help you think more deeply about each area. Finally, we have suggested how tasks and skills are inter-related, and how practicing skills can help improve task completion.

Step 3: Repeat the Analysis

Once you have worked through your Red competencies, we suggest that you use the tool again and score some new consultations. As before, you should do this with your educational supervisor. Hopefully, you will see signs of improvement— you should see your Red scores becoming Amber or Green.

Navigation Tips

On the Contents page, you can click on a title or page number to navigate straight to the start of a task. You can also jump to relevant tasks by clicking a link at the end of other tasks. Use your reader's built-in function to jump back to the section you were on before clicking a link. For example, in Preview (on macOS), you can press ⌘ [on your keyboard, or click the toolbar Go > Back (as shown). In Adobe Reader, click the previous view button: ⊖ (If you can't find this feature, please see Adobe's User Guide).



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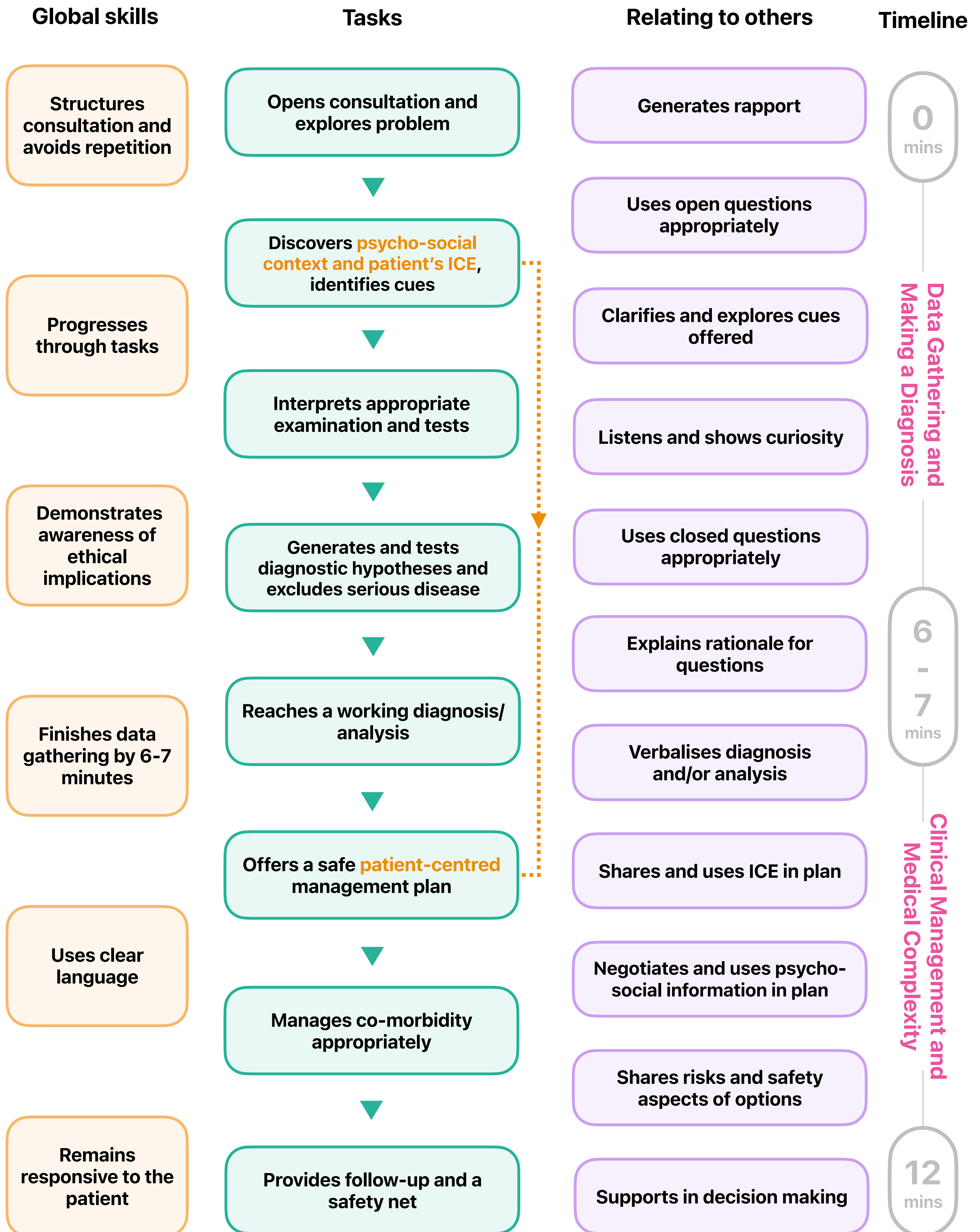
Consultation Overview



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Consultation Tool

Global Skills

- R A G Structures consultation
- R A G Avoids repetition
- R A G Progresses through tasks
- R A G Recognises ethical implications
- R A G Finishes data gathering by 6-7 mins
- R A G Uses clear language
- R A G Remains responsive to the patient

Total for Global Skills

Tasks

- R A G Opens consultation and explores problem
- R A G Discovers patient's psycho-social context
- R A G Identifies cues
- R A G Discovers patient's ICE
- R A G Interprets appropriate examination and tests
- R A G Generates / tests diagnostic hypotheses
- R A G Rules in / out serious disease
- R A G Reaches a working diagnosis / analysis

- R A G Offers a safe patient centred management plan
- R A G Manages co-morbidity appropriately
- R A G Provides follow up/safety net

Total for Tasks

Relating to others

- R A G Generates rapport
- R A G Uses open questions appropriately
- R A G Clarifies and explores cues offered
- R A G Listens and shows curiosity
- R A G Uses closed questions appropriately
- R A G Explains rationale for questions
- R A G Verbalises diagnosis and / or analysis

- R A G Shares and uses ICE in plan
- R A G Negotiates and uses psycho-social information in plan
- R A G Shares risks / safety of options
- R A G Supports in decision making

Total for Relating to others

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Opens Consultation and Explores Problem

Green Greets the patient and introduces him/herself

Red Offers no or cursory greeting and/or introduction

Green Encourages the patient, and clarifies their presenting problem

Red Does not encourage the patient and does not discover why the patient has attended

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About this task

The opening of the consultation is important and sets the scene for the whole consultation. Therefore, if it goes badly, subsequent tasks can be adversely affected.

A good opening contributes to the establishment of rapport and helps the patient to feel relaxed. The following behaviours will all contribute to a successful opening:

- The trainee introduces himself/herself to the patient
- The trainee demonstrates that they are interested in the patient
- The trainee's non-verbal body language encourages the patient and helps them to feel comfortable and relaxed
- The trainee begins with an open question (for example, "How can I help today?")
- The trainee does not interrupt the patient until they have said what they need to say
- The trainee stays focussed on the patient with good eye contact and positive non-verbal body language

Audio consultations

The above is particularly true for audio consultation. In audio consultations, there are ample opportunities to go wrong at the outset - so it is important to speak clearly and slowly, introduce yourself, make sure you are dealing with the right patient, and use modulations in voice to ensure that the patient remains engaged. Another useful strategy is to check that the patient is in a situation where he/she can talk freely - so with the right degree of privacy, and with no competing responsibilities.

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Educational activities

Activity 1: Record several videos and watch just the first minute of each consultation with your trainer. For each consultation check (and discuss):

- Have I introduced myself (if necessary)?
- Have I discovered the name of the patient (if necessary)?
- Am I completely focussed on the patient in front of me? If not, why not? Do I seem interested in the patient?
- Do I let the patient speak or do I interrupt frequently?
- Have I started with an open question?

Activity 2: Compare the first minute of your consultation with the first minute of one of your trainer's consultations. Do you observe/hear things that your trainer does differently that you can learn from?

Activity 3: Watch other consulters in the practice to identify different styles and to help you decide which approach suits your personal style.

Audio Activity 1: Listen to four or five of your audio consultations, focusing on the first minute of each consultation. For each audio consultation ask yourself:

- Do I introduce myself clearly to the patient?
- Do I check that I am speaking to the right patient?
- Do I check that the patient is able to speak freely?
- Do I allow the patient to finish speaking?
- Is my first question to the patient an open question?

Reflective exercises

Exercise 1: Think about and discuss with your trainer different methods of greeting the patient.

Which method do you think works best for you and achieves the aim of helping the patient to feel comfortable and relaxed?

Exercise 2: Think about your own non-verbal demeanour. Remember that patients will make the same rapid evaluation of you in the opening 30 seconds as you do about them and 70% of this evaluation is from your non-verbal communication.

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In the case of audio consultations your non-verbal behaviour relates to the tone of your voice. For example, you might adopt a friendly tone and this can be enhanced by the words you use in the opening greeting.

Exercise 3: Think about your 'resting' face and posture. Do you look overly serious and might benefit from smiling more? Think of your own physical presence. Do you need to consider any potential barriers such as a closed body posture or getting too close to the patient? What about the tone of your voice?

Exercise 4: Consider the option of shaking hands with a patient. This may work for you if you have a very reserved approach, as it is impossible not to smile at someone when you are offering your hand. The important point is to find an approach which works for you to achieve the above aim and which you can adapt - depending on the patient's age, gender and cultural background.

Related Skills

Practicing and developing the following interpersonal skills will allow the task of 'Opens consultation and explores problems' to be achieved more effectively:

Generates rapport

Uses open questions appropriately

Clarifies and explores cues offered

Listens and shows curiosity

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Discovers patient's psycho-social context

Green Takes a comprehensive history of the patient’s psychological and social circumstances

Red Makes a minimal or non-existent assessment of the patient's psychological and social circumstances

Green Assesses any impact of the patient's symptoms on their psycho-social functioning

Red Does not assess, or assesses in a very cursory way, the impact of the patient’s symptoms on their psycho-social functioning

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About this task

Obtaining information about psycho-social context is an essential data gathering task in the GP consultation. It is also very important to enable the sharing of patient-centred management plans.

Some trainees do not ask about psycho-social context at all, and some ask about it in a mechanistic way, not realising how important this information is for the management part of the consultation, and for the overall success of the consultation.

It’s important to be able to do three things:

- Discover the relevant psycho-social information from the patient - this includes aspects of work life and home life
- Discover the impact of the problem on patient’s work and home life
- Discover the way that home and work life impacts on the presenting problem

Audio consultations

Patients may be reluctant to share psycho-social information over the phone - they may feel more time pressured than in a face-to-face consultation and may be reluctant to waste (as they see it) the doctor’s time. So you need to be prepared to ask about their home and work environment and the impact of their symptoms on their life.

Audio only can also be an advantage however, when it comes to discussing potentially sensitive issues such as a relationship or sexual history. Sometimes patients will feel more able to disclose this type of information when they are NOT face to face.

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Audio allows you to write down information as the patient speaks, without being intrusive or disrespectful. This allows the doctor to recall psycho-social information for use later in the consultation.

Educational activities

Activity 1: Review a series of your consultations and write down how often you a) ask about psychosocial context and b) how often you use this information later in the consultation, particularly when talking about the management plan.

Activity 2: Practice the skill of remembering information about psychosocial context and storing it for use later in the consultation

Activity 3: Now devote some consultations where you specifically ensure that:

a) you ask about psychosocial information

b) you use that information to inform the management plan. Discuss any change by reviewing videos with your trainer.

Audio Activity 1: Review a series of your audio consultations and any associated paperwork. In how many of these consultations do you: a) ask about the patient's psycho-social situation? b) use this information later in the consultation? How does this success rate compare with your success rate in face-to-face consultations?

Do you find writing down psycho-social information helps you to use this information more later on in the consultation? Repeat and practice this process and see if you start to ask more questions about psycho- social context? Do you think it helps?

Reflective exercises

Exercise 1: If you often do not ask about psychosocial context - ask yourself why? Possible explanations are:

- You get absorbed in the 'medical' part of the consultation and either forget about psychosocial questions or feel awkward going back and asking. It is essential you do not ask about psychosocial context in a 'tick box' way as this impairs rapport. This is one reason why it is important to ask open questions - using open questions first allows a conversation where this information can be discovered in a more natural way. (Refer to the Toolkit section 'Uses open questions appropriately')
- You don't understand the importance of exploring this area. Please see above, if you think of this as a 'tick box' you will not discover enough information about the patient's life to share management options.

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- Are you anxious about how to ask the question? or that doing so might ‘open a can of worms’ or irritate the patient? Discuss with your trainer.

Exercise 2: If you often don’t use the information about psychosocial context, ask yourself why? Discuss with your trainer. Possible answers are:

- You forget the information that you have discovered about psychosocial context so you can’t use it later in the consultation
- You lack the skill to introduce the information later in the consultation
- You are already overwhelmed with the complexities of sharing diagnosis and management plan

Related Skills

Practicing and developing the following interpersonal skills will allow the task of ‘Discovers patient's psycho- social context’ to be achieved more effectively:

Generates rapport

Uses open questions appropriately

Clarifies and explores cues offered

Listens and shows curiosity

Shares and uses ICE in plan

Negotiates and uses psycho-social information in plan

Supports in decision making

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Identifies cues

Green Identifies and responds appropriately to patient cues in an accurate and perceptive manner

Red Fails to identify cues and/or fails to respond or signpost any cues identified

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About this task

Identifying cues (verbal and/or non-verbal) helps the doctor to understand the patient's ideas and concerns about the presenting problem. Patient cues will invariably offer 'clues' to information that is relevant to the diagnosis and therefore form an important part of data gathering. For example, a patient who talks slowly and with a depressed tone, may be suffering from low mood. A patient's opening statement will often contain verbal cues such as - "I was wondering if my headaches needed to be investigated" or - 'I've been feeling very down since my father died". This almost always provides valuable information about why the patient has attended.

Audio consultations

It is sometimes difficult to detect cues on the telephone - you cannot see the patient so it is very easy to miss out on non-verbal cues, and even verbal cues may be missed if there is a poor signal or interference on the line. So - you need to carefully practice the skills involved in detecting cues (as below) and be prepared to ask additional questions if you suspect a patient is presenting you with a cue.

Educational activities

Activity 1: Watch a series of your videos with your trainer - write down all the possible cues you can see in these consultations and compare your list with your trainer. Remember to do some videos focussing the camera on the patient and note non-verbal cues as well as verbal cues.

Activity 2: If there are cues that you did not notice (but your trainer did) discuss with your trainer what prompted the insight that a particular verbal or non-verbal behaviour was a cue. Make a list of these insights.

Activity 3: Now keep practicing the skill of cue detection using the insights obtained from Activity 1 and 2. After a while, repeat the comparison exercise with your trainer to see if you are improving.

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Activity 4: Remember the huge importance of being curious (Refer to the Toolkit section on 'Listens and shows curiosity')

Activity 5: Now spend some time working on your consultations and videos, trying to identify more cues and discuss this with your trainer.

Audio Activity 1: Listen to a series of your audio consultations with your trainer or an experienced consulter. Each of you write down whenever they think the patient is presenting a cue. Now compare lists. Are you failing to detect cues that your experienced colleague detected? Now write down what it was that alerted your colleague to the cues that you missed. Using this information, practice the skill of 'cue detection' on further audio consultations.

Now compare your success rate in detecting cues between audio consultations and face-to-face consultations. Are you better at detecting cues in face-to-face consultations or audio consultations?

Reflective exercises

Exercise 1: Why do you think there is a difference between cue detection in audio consultations and face-to-face consultations? What could you do to reduce or even eliminate this difference?

Related Skills

Practicing and developing the following interpersonal skills will allow the task of 'Identifies cues' to be achieved more effectively:

Generates rapport

Uses open questions appropriately

Clarifies and explores cues offered

Listens and shows curiosity

Shares and uses ICE in plan

Negotiates and uses psycho-social information in plan

Supports in decision making

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Discovers patient's ICE

Green Makes an appropriate assessment of the patient's ideas and/or concerns about their symptoms, and their hopes or expectations for treatment

Red Makes little or no assessment of the patient's ideas and/or concerns about their symptoms and their hopes for treatment

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About this task

It is important to remember that discovering ICE is not just a 'hoop' that you are expected to jump through. Understanding the patient's reasons for attending is a vital part of developing an effective management plan and consulting well. In the majority of GP consultations, it is essential to understand the patient's ideas, concerns and expectations. Without this information it is very difficult to make a well-informed working diagnosis or involve the patient in the management plan, safety netting and follow up.

Audio consultations

Patients may feel uncomfortable with what they see as wasting the doctor's time, so may be less confident in volunteering ICE. You have less opportunity to make them feel comfortable and encouraged, as the only non-verbal method you can use is the tone of your voice. Some patients however are more relaxed on the phone, and may be more likely to share information about their ideas and concerns.

Educational activities

Activity 1: Review a series of your consultations and see whether you discovered all three of:

- Ideas
- Concerns
- Expectations

Make sure all three components of ICE are present - they are not interchangeable, and each part of ICE provides different information. It may however not be necessary to ask 'directly' as encouraging a patient narrative or 'story' with open questions often results in spontaneous offering up of ICE.

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Activity 2: Watch your trainer consult in a joint surgery and write down how he/she finds out about the patient's ICE. Do you use the same phrases and expressions? Are there any useful phrases or questions from your trainer that you can use yourself? If so, write them down.

Activity 3: What happens when the patient spontaneously volunteers ICE? How does the trainer facilitate this?

Activity 4: Now devote a series of consultations to specifically incorporating these questions into your routine patient questioning - video some examples of this and discuss with your trainer. What works and what doesn't work?

Activity 5: Now practice introducing the questions in as natural a way as possible (discuss with your trainer) paying attention to the right time to introduce the questions (NOTE: there is no absolute rule about the best time to do this) You need to maintain a natural flow and questions should not be unexpected or seem 'random'.

Activity 6: You can practice asking about ICE in normal conversation with friends and family - but warn them first what you are doing, or they may wonder why you have adopted a new way of talking to them!

Activity 7: When you have been practicing these changes for a while, compare a recent video or audio consultation to an older consultation. Hopefully, the new consultation will be less clunky, jarring or awkward. Write down the main differences that are making your approach more fluent and continue to work on these changes.

Audio Activity 1: Review a series of your audio consultations and see how often you ask the patient about ideas, concerns and expectations, and how often you discover relevant information from this process. Now compare your success rate of discovering ICE with your success rate in face-to-face consultations.

Do you write down the information that you gain from asking questions about ICE? Does this help you to use the information later in the consultation?

Reflective exercises

Exercise 1: How often do you obtain information about ICE just from the information offered by the patient? (Without asking directly for this information?). What other consultation skills might help the patient to provide information about their ideas concerns and expectations? Refer to the corresponding IPS section of the toolkit for some additional suggestions.

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Exercise 2: How can you avoid asking about ICE in a clunky or insensitive way? Is it easier to discover both ICE and psychosocial context when the consultation is still 'open' at the start and the patient is 'telling their story'? Do you find out about ICE in a way which avoids either damaging rapport, or being patronising or perhaps 'jarring' at inappropriate points in the consultation?

Exercise 3: How seriously do you take ICE? Many trainees see it as "something that needs to be done" - but don't take it seriously enough and don't give it as much time and care as they give to taking a medical history.

Related Skills

Practicing and developing the following interpersonal skills will allow the task of 'Discovers patient's ICE' to be achieved more effectively:

Generates rapport

Uses open questions appropriately

Clarifies and explores cues offered

Listens and shows curiosity

Shares and uses ICE in plan

Negotiates and uses psycho-social information in plan

Supports in decision making

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Interprets appropriate examination and tests

Green Interpretation of appropriate examination and test findings is used to inform the diagnostic process

Red Ignores or fails to use examination and test findings to progress the diagnostic process

Green Interprets examination findings and/or test results correctly

Red Fails to interpret examination findings and/or test results correctly

About this task

- Examinations (and tests) may be available from prior consultations with another Health Care Professional or the patient themselves undertaking self-testing, such as blood pressure monitoring, blood glucose readings or taking a photograph.
- Start to think of any examinations (and tests) in the same way as you think about taking a history - their role is to assist with ruling in or ruling out particular diagnoses and sometimes to reassure the patient about a particular concern. A small number of examinations can be done either on the telephone or during a remote video consultation, such as tests of cognitive functioning and mental health including suicidal risk assessment. A photograph of a dermatology condition may also be submitted previously, requiring interpretation.

Audio consultations

The main formal examination type in an audio consultation is the mental state examination. However, you can often gain valuable information from listening carefully to the patient over the phone.

For example, you can gain much information about a child based on reports from their guardian of their degree of movement and activity. For an adult, breathlessness or difficulty speaking on the telephone can indicate respiratory distress, hoarseness may indicate a cause for concern and any speech problems. All are valuable examination findings that can be used to inform the diagnostic process.

If you have been sent a photograph beforehand, you also have the option of describing what you see on the photograph and how the findings might rule in or out serious disease (or not).

Educational activities

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Activity 1: Review a series of your consultations. In how many of these consultations is there evidence of your interpretation of examination/tests helping with hypothesis testing?

Activity 2: When you review your video and audio consultations, ask yourself - "How effective is my interpretation of any examination or test findings in clarifying the diagnosis?" Think particularly:

- Is the examination/test from a reliable and recent source? (for example, the 6CIT test for cognitive impairment)
- How did the examination/test findings inform my diagnostic process?
- Were there any gaps in my knowledge whilst interpreting examination/test findings? If so, how did this affect the diagnostic process?

Activity 3: Now practice this approach in your future consultations and review some of these consultations with your trainer. Do you feel the accuracy of your diagnostic process has improved?

Audio Activity 1: Review a series of your audio consultations. Could you obtain more information about the patient by judicious use of questions and asking the patient to perform simple tasks? In each consultation, have you maximised the information you have obtained from the limited examination that you and the patient can do over the telephone? How have you used your interpretation of any examination/test findings to rule in or out diagnoses?

Reflective exercises

Exercise 1: When do you think is the best time to share information about the results of examinations or tests? What are the pros and cons of sharing information about examinations/tests at different points in the consultation?

Related Skills

Practicing and developing the following skills will allow the task of 'Interprets appropriate examination and tests' to be achieved more effectively:

Explains rationale for questions

Verbalises diagnosis and/or analysis

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Generates / tests diagnostic hypotheses

Green Demonstrates a comprehensive history of presenting complaint with focussed supplementary questions that are based on the probability of disease and are sufficient to support a diagnosis or diagnoses

Red Demonstrates an incomplete history of the presenting complaint with questions unrelated to the probability of disease and insufficient to support a diagnosis or diagnoses

Green Demonstrates clear evidence of diagnostic hypothesis generation and testing

Red Shows little or no evidence of hypothesis generation and/or hypothesis testing

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About this task

It is important to demonstrate a safe and thorough approach to making diagnoses.

Here's the approach to take:

- Generate a list of differential diagnoses based on the presenting symptom or problem. A lot of this information will come from open questions, but you will supplement this with closed questions (see Toolkit sections 'Uses open questions appropriately' and 'Uses closed questions appropriately') and with examination and investigation findings.
- Use a series of closed questions to test each hypothesis and weigh up its likelihood. Using this approach you can establish a rough-and-ready ranking of diagnoses, based on their likelihood.
- You will also need to specifically rule-out or rule-in serious disease by the use of closed questions - see the Toolkit section: 'Rules in/out serious disease'.

Audio consultations

In an audio consultation, you have less supporting information than in a face-to-face consultation. Unless you ask the patient to come to the surgery, you do not have the benefit of an examination, or access to any local tests such as urinalysis or pulse oximetry. So, it's even more important to generate an accurate list of possible differential diagnoses and ask discriminating questions in order to discover the most likely diagnosis. This will help you decide what to do next - give advice, see in surgery, or refer to another provider.

Important: When consulting via audio, please resist the temptation to miss out the process of generating diagnostic hypotheses. You might think that once you have

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decided to call the patient in for a face-to-face consultation (or not) you can stop thinking about diagnostic hypotheses. But this stage is vital - it will inform the urgency of your next step and may determine your plan for the next part of the consultation!!

Educational activities

Activity 1: To check your ability to identify a realistic list of differential diagnoses watch/listen to a series of consultations with your trainer where you and your trainer write down a list of plausible differential diagnoses for the presenting problem. At the end of each consultation compare lists with your trainer. If you are regularly missing possible diagnoses, then ask yourself (and discuss with your trainer) whether you are missing particular sorts of differential diagnoses. Looking at the book 'Symptom sorter' is also a good way to make sure you are not missing important diagnoses.

Activity 2: Using the Super-condensed Curriculum, (see link below) and 'Symptom Sorter' (6th edition, 2020), write down a list of presenting symptoms for which you would find it challenging to generate a list of differential diagnoses. Practice producing useful and discriminating questions for these symptoms. Role play is very useful to cover rarer differential diagnoses.

https://www.rcgp.org.uk/training-exams/training/gp-curriculum-overview/rcgp-curriculum-super-condensed-curriculum-guides.aspx

Activity 3: Work with your peer study group. Make a list of some commonly presenting problems or symptoms, for example: Tired all the time, epigastric pain, pain in the leg etc.

Take it in turns to think of a different patient presenting with these problems and how the age and sex might affect the list of differential diagnoses that occur to you initially.

For example, a woman aged 46 years with 'tired all the time', you might think of 1) Anaemia due to heavy periods, 2) Stress/low mood, 3) Thyroid disorders as the top 3 most likely differentials.

This is a particularly important exercise if you have changed medical careers or are less experienced in UK general practice.

Activity 4: Repeat Activity 3 above, generating 'red flag' questions for a list of serious differential diagnoses. An example of a red flag scenario might be cauda equina syndrome when the presenting symptom is back pain.

NOTE: There is more information about red flag questions in the 'Rules in / out serious disease' section of this Toolkit.

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Audio Activity 1: Review a series of audio consultations. In how many of these consultations did you generate a list of possible diagnoses, and in how many of these did you test these possible diagnoses with appropriate closed questions?

Reflective exercises

Exercise 1: Your diagnostic hypothesis testing must be efficient and 'good enough' for safe, independent practice.

- Reflect on any gaps in your knowledge of UK medicine.
- Undertake a curriculum self-assessment, using the headings from the RCGP curriculum.
- In areas where you are less confident around your level of diagnostic knowledge, discuss in your peer study group and with your trainer.
- What methods of improving your knowledge can you use? NICE, Clinical knowledge summaries, GP Library on FourteenFish are all useful resources.
- Also consider using PUNS (Patient Unmet Needs) during consultations to generate and guide your revision by producing DENS (Doctor's Educational Needs)

Related Skills

Practising and developing the following interpersonal skills will allow the task of 'Generates / tests diagnostic hypotheses' to be achieved more effectively:

Uses closed questions appropriately

Explains rationale for questions

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Rules in / out serious disease

Green Demonstrates a comprehensive assessment of red flag symptoms where appropriate and is able to reliably rule out and rule in serious illness

Red Demonstrates an inaccurate or absent assessment of red flag symptoms and is unable to reliably rule out or rule in serious illness

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About this task

When developing differential diagnoses, it is important to ensure that serious disease is ruled in or ruled out. This is achieved by actively seeking the presence or absence of symptoms which are associated with serious disease — the so-called red flags. This is particularly important for serious but less probable diseases that could have catastrophic sequelae if missed.

Red flags

Red flag symptoms provide information about the presence of serious diagnoses for which diagnostic delay is not acceptable. They can be detected by the use of open or closed questions.

Example: When assessing a patient with the presenting symptom of back pain, it is important to specifically ask about red flag symptoms such as: urinary incontinence, faecal incontinence, saddle anaesthesia, weakness or paralysis affecting more than one nerve root.

Audio consultations

In an audio consultation, you have less supporting information than in a face-to-face consultation. Unless you ask the patient to come to the surgery, you do not have the benefit of an examination, or access to any local tests such as urinalysis or pulse oximetry. So, it's even more important to think about the possibility of serious disease and ask about red flag symptoms. This will help you decide what to do next and to assess the urgency of any medical intervention.

Important: When consulting via audio, please resist the temptation to omit the process of ruling in or out serious disease. In particular, you might think that once you have decided to call the patient in for a face-to-face consultation (or not) you can stop thinking about serious disease. But it is important to keep the possibility of serious disease at the forefront of your mind - it will inform the urgency of your next step.

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Educational activities

Activity 1: To check your ability to rule in or rule out serious disease, watch/listen to a series of consultations with your trainer where you and your trainer write down a list of possible serious conditions that are consistent with the presenting symptoms. At the end of each consultation compare lists with your trainer. If you are regularly missing possible serious diagnoses, then ask yourself (and discuss with your trainer) why this is the case. Looking at the book 'Symptom sorter' is also a good way to make sure you are not missing important diagnoses.

Activity 2: Using the 'Super-condensed Curriculum', (see link below) and 'Symptom Sorter' (6th edition, 2020), write down a list of presenting symptoms about which you are unsure about how to rule in or rule out serious disease. Practise producing useful and discriminating questions for these symptoms. Role play is very useful to cover rare (but serious) differential diagnoses.

https://www.rcgp.org.uk/training-exams/training/gp-curriculum-overview/rcgp-curriculum-super-condensed-curriculum-guides.aspx

Activity 3: Work with your peer study group. Make a list of some commonly presenting problems or symptoms, for example: Tired all the time, epigastric pain, pain in the leg etc.

For each symptom, write down the serious conditions associated with each problem or symptom. Once you have done this, write down the questions you could use to rule in or rule out each serious condition. Now role-play consultations with colleagues and practice the process of effectively ruling in and ruling out serious disease.

An example might be a patient with back pain when the serious condition you need to rule out is cauda equina syndrome. The questions to think about would be:

- Is there evidence of urinary retention?
- Is there evidence of urinary or faecal incontinence?
- Is there evidence of saddle anaesthesia?
- Is the patient aware of sensation when they wipe their bottom?
- Is there evidence of weakness or paralysis involving more than one nerve root?
- Is there any evidence of change in sexual function?

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Audio Activity 1: Review a series of audio consultations. In how many of these consultations did you think about possible serious disease, and in how many of these did you ask appropriate questions to rule in or rule out serious disease?

Reflective exercises

Exercise 1: Your knowledge of serious disease must be 'good enough' for safe, independent practice.

- Reflect on any gaps in your knowledge of UK medicine.
- Undertake a curriculum self-assessment, using the headings from the RCGP curriculum.
- In areas where you are less confident around your level of diagnostic knowledge, discuss in your peer study group and with your trainer.
- What methods of improving your knowledge can you use? NICE, Clinical knowledge summaries, GP Library on FourteenFish are all useful resources.

Related Skills

Practising and developing the following interpersonal skills will allow the task of 'Rules in/rules out serious disease' to be achieved more effectively:

Uses closed questions appropriately

Explains rationale for questions

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Reaches a working diagnosis and/or analysis

Green Reaches an accurate, reasonably deduced 'working' diagnosis (or diagnoses)

Red Does not make a diagnosis, or makes a diagnosis which is either incorrect, or not justified

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About this task

This part of the consultation is often done badly in GP consultations. In order to do well in this part of the consultation, you need to:

- Reach a 'working' diagnosis/analysis
- Make sure the diagnosis is correct (or as correct as is possible given the information available in the case) - this is what is meant by a 'working' diagnosis.
- Reach an analysis of the problem where a diagnosis has already been made. The consultation may be presented to you by a third party, for example a carer.
- Tell the patient what the 'working' or provisional diagnosis is (Refer to the Toolkit section 'Verbalises diagnosis and/or analysis' for more information about how to do this)

It's vital to get the diagnosis right!

Making a wrong diagnosis makes it very difficult to produce an appropriate management plan for the patient's problem. Many wrong diagnoses arise from insufficient knowledge, in particular:

- Incomplete knowledge of possible diagnoses
- Inadequate knowledge of the key diagnostic differences between diseases. Don't make your diagnosis too early!

Sometimes inaccurate diagnoses originate from illogical decision making - even when the trainee has enough knowledge, and asks the right questions, he/she reaches a diagnostic decision that is not based on the information gained. This is often because the diagnosis has been made too early in the consultation and the trainee is not prepared to revise this diagnosis as new information emerges.

When the diagnosis has already been made prior to the consultation, make sure that you reach an analysis of the current problem. This will enable you to plan your management with the patient.

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This part of the Toolkit relates to making or reaching the (correct) diagnosis or diagnoses. See 'Verbalises diagnosis and/or analysis' for information about communicating the diagnosis to the patient.

Audio consultations

Reaching a diagnosis is often harder in an audio consultation because there is less information available. (for example, no 'live' examination findings, no information from non-verbal cues). There may however, be existing examination findings and tests available and the working diagnosis can be formed from the additional history gained during the consultation.

Some audio consultations may require an analysis of the problem rather than a specific 'working' diagnosis. An example would be where a diagnosis has already been made and the patient is presenting with a worsening of their symptoms or a request for different management. One such scenario might be the patient with Polycystic Ovarian Syndrome and infertility who is wanting to conceive. Another might be hypertension with deteriorating blood pressure control.

Educational activities

Activity 1: Review a series of your consultations. How many times do you a) make a working or 'provisional' diagnosis and b) share this with the patient?

Activity 2: Reflect on how not making a clear working diagnosis might affect the management part of the consultation. Discuss this with your trainer and observe how often your trainer offers a working diagnosis during their consultations. Refer to relevant sections in the Toolkit 'Verbalises diagnosis and/or analysis' and 'Shares and use ICE in plan'

Activity 3: Now practice a series of consultations where you pay particular attention to the importance of making and sharing a diagnosis. Reflect on how this might affect the effectiveness of the management plan.

Activity 4: Carry out a needs assessment of your knowledge gaps. Do this by looking at the GP clinical topic guides in the GP Curriculum section on the RCGP website. (link below). A very useful book to remedy knowledge problems in diagnosis is 'Symptom Sorter' (Sixth Edition) by Keith Hopcroft and Vincent Forte. (2020).

https://www.rcgp.org.uk/mrcgp-exams/gp-curriculum/clinical-topic-guides

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Activity 5: Make sure you are seeing the right sorts of cases, based on the needs assessment above. Speak to your trainer and/or senior receptionist to make sure you get the right clinical exposure for your needs. If all else fails, get your trainer to role play the types of cases you need to see or other doctors in a peer study group, record the role play and discuss with your trainer.

Activity 6: Develop this routine. Whenever you see a patient who has a symptom that you are unsure about, or where you are not sure which questions to ask to clarify the diagnosis - write this down. Then afterwards (as soon as possible) read up or discuss with colleagues and hence improve your knowledge about this particular part of patient care.

Activity 7: Review a series of consultations with your trainer. How often is your diagnosis or diagnoses different to that reached by your trainer. Reflect on why this is happening.

Activity 8: Watch a consultation where you and your trainer reach a different diagnosis (it does not necessarily have to be yours) and go through the decision-making process in detail. Find out where you and your trainer diverge in decision making and reflect on this.

Activity 9: Now address these issues and repeat the process in 5) above. Is the gap between you and your trainer becoming less?

Audio Activity 1: Review a series of your audio consultations. How sure are you of the diagnosis or analysis of the problem you have made?

Do you feel less confident or more confident about diagnoses reached in an audio consultation, compared with a diagnosis reached in a face-to-face consultation?

What extra information could have increased your confidence in these diagnoses?

Reflective exercises

Exercise 1: Think about other ways of increasing your clinical exposure in weak knowledge areas. This may require you to see (for example) patients with nurses in chronic disease clinics or women's health or sexual health for example.

Exercise 2: Do you think your patient believes and/or concords with the diagnosis you have offered to him/her? What are the consequences if the patient does not believe and/or concord with your diagnosis? How could you improve the success rate of patients accepting your diagnosis?

Related Skills

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Practicing and developing the following interpersonal skills will allow the task of ‘Reaches a working diagnosis and/or analysis’ to be achieved more effectively:

Verbalises diagnosis and/or analysis

Shares and uses ICE in plan

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Offers a safe patient centred management plan

Green Produces an evidence-based or in the absence of evidence a 'reasonable' and up to date management plan

Red Produces a poorly evidenced and/or outdated management plan, which may be incorrect or dangerous

Green Presents the management plan to the patient

Red Fails to present the management plan to the patient

Green Produces a management plan that is realistic and feasible in current NHS conditions

Red Produces a management plan which may be unrealistic and/or unachievable in current NHS conditions

Green Produces a management plan that reflects the natural history of condition

Red Produces a management plan that disregards the natural evolution of the condition

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About this task

The commonest cause of failure during GP consultations is an inability to manage conditions according to up to date guidelines and evidence-base. This is likely to be a knowledge problem.

In addition, many trainees are disorganised and do not manage time well, so that the management part of the consultation is rushed and/or not patient centred. A failure to discover patient specific information such as psychosocial impact or ICE may further compound the problem.

The trainee therefore needs to be able to:

- Have sufficient knowledge to offer to the patient effective and safe management strategies
- Involve the patient so that the final management plan is patient centred (see also Toolkit sections 'Shares and uses ICE in plan', 'Negotiates and uses psychosocial information in the plan')
- Consult in such a way that there is sufficient time to allow the necessary discussion between patient and doctor. (see also Toolkit section 'Supports in decision making')

Audio consultations

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One problem relating to management plans within audio consultations is that the patient may not understand the management plan and may therefore embark on an incorrect or even dangerous treatment programme. It is therefore important to offer information in additional forms, such as a text message, or a link to an appropriate website. There is also more need to formally check that the patient has understood the information you have presented to them.

Educational activities

Activity 1: Carry out a needs assessment of your management knowledge gaps. Do this by looking at the GP Super-condensed topic guides in the GP Curriculum section on the RCGP website (https://www.rcgp.org.uk/training-exams/training/gp-curriculum-overview/rcgp-curriculum-super-condensed-curriculum-guides.aspx)

Activity 2: Make sure you address your knowledge gaps in the area of clinical management.

- Use resources such as NICE, Clinical Knowledge summaries, Guidelines and Patient.info.
- Focussed revision is essential here to avoid spending too much time reading and not enough time applying your knowledge to patient management.
- You must internalise the management of common GP conditions to improve recall of the facts needed to form safe plans.

Activity 3: Develop this routine. Whenever you see a patient where you are not sure how to manage the problem - write this down. Then afterwards (as soon as possible) read up on the management of this condition and write down what you have learnt.

If possible, try to discuss what you have learnt with your trainer or other colleagues. This method is sometimes called PUNS (Patient Unmet Needs) leading to DENS (Doctors Educational Needs), to describe how a patient need should focus your revision and learning. Many trainers will encourage this approach to help you consolidate the knowledge more effectively.

Activity 4: Check that you are seeing the right sort of patient cases, based on the needs assessment you have done. Speak to your trainer and/or senior receptionist to make sure you get the right clinical exposure for your needs. If all else fails, get your trainer to role play the types of cases you need to see.

Activity 5: Review a series of your consultations with your trainer - how often is your suggested management plan different from the one suggested by your trainer? Discuss why this is? Possible reasons to consider (apart from insufficient knowledge) include:

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- Wrong diagnosis (so wrong management!)
- Lack of time leading to either no management plan or a rushed management plan
- No consideration of simple management options such as - time, rest - reassurance - regular review etc.

Activity 6: Now address the problem areas identified and review new consultations with your trainer. Is the gap between your management plans and those of your trainer becoming less marked?

Activity 7: Keep on top of gaps in your knowledge. You can do this by:

- Reading and summarising all new relevant guidelines from NICE and SIGN
- Presenting new guidelines to colleagues in the practice
- Making sure you follow up any gaps in your knowledge that emerge from consultations (see (3) above) - 'PUNs and DENs'
- After each surgery discuss your management plan from one of the consultations with a colleague in the practice - let your colleague choose which consultation you will discuss
- Try a "What if...?" analysis. This involves using a case which you think you have managed well but add another layer of difficulty. Examples include:
    - "What if the patient refuses the treatment that you offer...?"
    - "What if the patient has other medication that may interact with the medication you are suggesting...?"
    - "What if the patient wants a solution to their problem very quickly...?"

Audio Activity 1: Review a series of your audio consultations, focussing just on the part of the consultation where you talk to the patient about management. As well as being able to offer an up-to-date, appropriate management plan, you have the extra challenge of making sure the patient has understood and accepted the plan. For each of the consultations you review, how confident are you that the patient will follow the treatment plan you suggest? What verbal cues might help you here?

Reflective exercises

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Exercise 1: Consider why there are gaps in your knowledge? Are there some areas that you consistently avoid (if so, then you must address these first so start reading or using the FourteenFish GP Revision Library)? Are there some areas that you feel you know well, but actually don't? Are there some areas that you just find difficult? Discuss with your trainer.

Related Skills

Practicing and developing the following interpersonal skills will allow the task of 'Offers a safe patient centred management plan' to be achieved more effectively:

Shares and uses ICE in plan

Negotiates and uses psycho-social information in plan

Supports in decision making

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Manages co-morbidity appropriately

Green Adjusts care as necessary when managing the presenting problem, recognising the implications of multi-morbidity and polypharmacy

Red Fails to adjust care as necessary in the management of the presenting problem, in the presence of multi-morbidity and/or polypharmacy

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About this task

Patients in UK general practice, particularly elderly patients, will often present with multiple health problems. One in four adults in the UK have two or more medical conditions and one in three adults admitted to hospital have five or more medical conditions. Similarly, elderly patients often take multiple medications - over 2 million adults in the UK take seven or more prescribed medications.

When multi-morbidities and polypharmacy are not considered, this leads to unsatisfactory health care, adverse drug reactions and poor health outcomes.

In practical terms, it is important to be able to:

- Be aware that treatment for an existing health problem may be causing the current presentation
- Be aware that an existing health problem may limit the range of treatment options for a current health problem. Example - the presence of renal failure may restrict diuretic use in the treatment of heart failure
- Be aware of prescribing decisions and how prescribing for one condition may affect another condition. Example - prescribing a beta blocker for angina may worsen a patient's asthma, prescribing an anti-inflammatory may worsen a patient's heart failure
- Be aware how common side effects of prescribed medication may cause side effects in particular patient populations. Example - prescribing amitriptyline for chronic pain may cause confusion and drowsiness in an elderly population
- Be aware that prescribing can affect social function. For example, changing a patient's diabetes medication can affect restriction on their driving.
- Be aware of allergies and previous drug reactions
- Be aware if the particular problem of prescribing for patients with dementia. Ill-judged prescribing may worsen dementia. A patient with cognitive impairment may also

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misunderstand prescribing information, and this determines how information is presented to the patient.

Audio consultations

Audio consultations allow you to concentrate on the patient's past medical history and focus on the patient's list of existing medication and allergies - this can be difficult if you are interacting with the patient in a face-to-face consultation. But the reduction of visual cues from the patient may make it harder for you to appreciate patient concerns about proposed medication or worry about pre-existing conditions. As for all audio consultations, it is important to summarise and to check that the patient is happy with a new management plan.

Educational activities

Activity 1: Get into the habit of quickly reading and memorising the medication that a patient is taking. Don't just read this information passively - as you read, think 'How might this medication cause problems with any possible management plans that I might suggest?'

Activity 2: Get into the habit of quickly reading and memorising the past medical history of the patient. Don't just read this information passively - as you read, think 'How might these medical conditions cause problems with any possible management plans that I might suggest?' Consider how an existing medical condition might also influence other aspects of management such as imaging and referral.

Activity 3: Get into the habit of quickly checking any allergies that may affect a patient. Don't just read this information passively - as you read, think 'How might these allergies cause problems with any possible management plans t that I might suggest?'

Activity 4: Get into the habit of thinking about the whole patient - not just about the particular problem that the patient is consulting about today.

Given the patient's lifestyle and expectations, is it is necessary to prescribe a particular medication? Would stopping an existing medication actually improve the patient's overall well-being? Is the patient happy to be prescribed additional medication?

Given the patient's existing medical conditions, do they have any expectations about imaging and/or referral? Or do the conditions limit the feasibility of various management options? Or perhaps the existing medical condition changes the time frame of referral for example, to urgent from non-urgent.

Activity 5: Review a series of five video consultations with elderly patients. For each consultation, ask yourself:

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- Did I actively consider the possibility that existing medication was contributing towards the presenting problem?
- Did I actively think about allergies?
- When I initiated a management plan, did I actively consider the impact on existing medication and existing medical conditions?
- Did I involve the patient in the decision to start/stop medication?
- Did I involve the patient in decisions to refer or other management options?

Audio Activity 1: Repeat the exercises above with audio consultations - is there any difference in how you think about co-morbidity for face to face, video, and audio consultations.

If there is a difference, why do you think this is the case? What can you do about this?

Reflective exercises

Exercise 1: Think about the way that co-morbidities might affect the way that you present information to the patient. Particular issues might include:

- Dementia or other forms of cognitive impairment
- Anxiety
- Low mood or impaired motivation

Related Skills

Practicing and developing the following interpersonal skills will allow the task of ‘Offers a safe patient centred management plan’ to be achieved more effectively:

Uses closed questions appropriately

Uses open questions appropriately

Listens and shows curiosity

Shares risks/safety of options

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Provides follow up/safety net

Green Shares a safe and SMART safety netting plan with the patient, together with timely follow up

Red Does not produce any safety netting or follow up plan, or produces a plan that is inappropriate, dangerous or vague

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About this task

Safety netting and follow up are important for patient safety and concordance. Bad or no safety netting/follow up can be dangerous for the patient or cause inappropriate anxiety. So, you need to be able to:

- Develop a safety net for the patient that is SMART (Specific, Measurable, Achievable, Relevant and Timely)
- Offer appropriate follow up to the patient, which is dependent on the nature of the condition

Audio consultations

It is even more vital to ensure that the patient understands the follow-up and safety net plan. It is therefore important to offer information in additional forms, such as a text message, or a link to an appropriate internet site. There is also a greater need to formally check that the patient has understood the information you have presented to them, as you will not be able to check as easily as a face-to-face consultation.

Educational activities

Activity 1: Review a series of consultations to see how often you actually discuss safety netting and follow up with the patient? In the cases where you do discuss safety netting/follow up, would this allow the patient to come back for review at the appropriate time (not too late, not too early)

Activity 2: Use your patients! Ask them if they feel confident about the follow up and safety netting plans you discuss with them? Get them to repeat to you when they would come back - have they understood your explanation? If not, do this again and again check back with the patient.

Activity 3: Continue practising these skills - continue to ask your patients about their confidence in, and understanding of, your suggestions.

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Activity 4: Follow up in a GP setting must be appropriate to the condition and adapted to the patient's situation and context. Discuss with your trainer different kinds of follow up such as telephone or face to face review. How important is the timing of the follow up? Watch or listen to your trainer and write down how he/she manages follow up.

Audio Activity 1: Listen to four or five of your audio consultations, focussing just on the part of the consultation where you talk to the patient about follow-up and safety-netting. How sure are you that the patient understands and will follow the agreed plan? In how many of the consultations do you check that the patient has understood the plan? What could you do differently?

Reflective exercises

Exercise 1: What do you think is the purpose of a good follow up and safety netting plan? Are there some consultations where it is more important, even crucial to offer follow up and safety netting? Discuss your reflection with your trainer to gain more insight.

Related Skills

Practicing and developing the following interpersonal skills will allow the task of 'Provides follow up/safety net' to be achieved more effectively:

Shares and uses ICE in plan

Negotiates and uses psycho-social information in plan

Supports in decision making

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Generates Rapport

Green Uses open body language/friendly tone and shows warmth and interest

Red Shows little warmth and appears rigid or overly familiar

Green Interacts with the patient and modifies tone and language when the need arises

Red Shows little interaction with the patient and follows a fixed or insensitive agenda

Green Shows curiosity and a real desire to understand the patient's perspective

Red Does not demonstrate curiosity and shows little desire to understand the patient's perspective

Green Introduces questions about psychosocial functioning fluently and appropriately

Red Introduces questions about psychosocial functioning in a jarring or insensitive manner

Green Fluently and sensitively explores ICE and cues at an appropriate time in the consultation

Red Elicits ICE and/or cues using jarring phrases and/or at an inappropriate time in the consultation

Green Verbalises own thinking processes in order to encourage patient

Red Rarely verbalises thinking process and demonstrates a judgmental approach

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About this skill

In simple terms, rapport is getting on well with a person. More technically, it is "a state of harmonious understanding with another individual that enables greater and easier communication". Good rapport is essential in a consultation and will make the whole consultation go well.

Rapport is closely linked with showing empathy - in general a doctor who is good at showing empathy is good at developing rapport. Many of the skills that are needed to develop rapport are also needed to develop empathy.

Empathy is defined as 'the ability to understand and share the feelings of another', some doctors describe it as the ability to put yourselves 'in the other persons shoes'. When consulting with patients in a general practice setting, the ability to do this is valued highly by the patient.

Warning! - However, please take care to avoid false empathy, preconceived 'set' phrases as expressions of concern and/or inappropriate questions about the patient's social situation.

Over enthusiastic or insincere attempts at demonstrating empathy will contribute to a non-fluent consultation or a consultation full of jarring and 'set' phrases or expressions.

Sometimes rapport with a patient is easy - you just naturally and easily seem to be able to relate to a patient. But there are communication skills that will make the process easier, and these can be seen in the word descriptors above. To summarise the RAG word descriptors above, rapport is enhanced by the following behaviours, during face-to-face consultations:

- Being relaxed and open
- Avoiding looking bored or disinterested
- Demonstrating that you understand by nodding, smiling and affirmatory words
- Showing non-verbal behaviours that enhance rapport such as leaning forward slightly, making eye contact, adopting an open stance (for example, avoiding having your arms folded)
- Asking open questions
- Not being judgmental

Audio consultations

Rapport is often more difficult to build and maintain during a telephone consultation, without the benefit of a friendly smile, eye contact and perhaps even a touch on someone's shoulder or hand. However, this skill is arguably even more important during the audio consultation as there is more potential for missing important psychosocial information. For example, failing to pick up a significant risk of self-harm, would make the consultation unsafe. Rapport can be enhanced by the following behaviours during audio consultations:

- Adopting a friendly tone
- Asking open questions to 'actively' explore psychosocial and ICE
- Taking turns to speak, minimising interruptions
- Listening carefully and responding to any verbal cues, for example a flat, depressed tone
- Modifying tone according to a patient's cues and story

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- Not being judgmental or insensitive
- Verbal expressions of empathy, for example “I’m sorry to hear that, things sound tough at home...” or “It sounds as though you have your hands full with home schooling and work...”
- Leaving space for the patient to respond to your expressions of empathy

Educational activities

Activity 1: Review a series of your face to face consultations, ignoring for now any clinical content but just measuring how effective you are at developing rapport. You will need to specifically look at the following behaviours:

- Do you look interested in the patient?
- Do you ask open questions frequently or are most of your questions closed questions? Do you look bored?
- How often do you repeat questions that you have already asked?
- How do you sit?
- What non-verbal behaviours do you show?

Activity 2: Review your consultations with your trainer and identify any jarring or ‘false’ attempts at empathy.

It is often less ‘what’ you say but more in what context and ‘how’ you say it. To help with this, have a look at the examples below.

“I’m so very sorry to hear that” as a response to a spouse dying 20 years ago

“It must really terrible for you not to be able to walk the dog” in response to patient saying that his claudication means he can’t walk as far.

“I’m really sorry that you've been having these terrible headaches” in response to a patient breezing in cheerfully, asking for some stronger pain killers

Activity 3: Similarly, be careful with jarring, apparently random questions about psycho-social functioning.

Analyse your videos and audio consultations and see if this happens. This can seriously damage rapport. Again, to help, there are some examples of these below.

Suddenly asking: “Oh I forgot to ask you before, how is your marriage?”

Asking an unemployed patient - “What do you do for a living?”

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Activity 4: Observe the consultation style of a doctor who is good at showing empathy - write down what he or she does that enables him/her to be empathic. Are these strategies that you could try?

Repeat the process with other colleagues in the practice (joint surgeries including audio consultations are a good way to do this). Are there any differences? Are there any new approaches that you can adopt to improve your rapport with patients?

Activity 5: Once you have identified any of your 'empathy-reducing' behaviours in Activities 1, 2 and 3 above, try and avoid them - get your trainer to watch/listen to you consult over a period of time to see if you have succeeded. Start at the beginning of the consultation, modifying your behaviours and making a conscious effort to avoid the types of jarring expressions given as examples above.

Audio Activity 1: Review the following behaviours during several of your telephone consultations, noting that developing and maintaining rapport on the telephone can be more challenging.

- How does your tone come across, especially at the beginning?
- Do you pick up verbal cues and explore or do you ignore them?
- How often do you interrupt the patient?
- How many open questions do you ask?
- How did you do when attempting to respond to the patient's tone? e.g. Flat, sounding depressed
- Were there any opportunities to express verbal empathy? Did you use these opportunities?

Share your self-analysis with your trainer and consider whether any of the further activities above might help you improve your skills at rapport building.

Reflective exercises

Exercise 1: Think about why you are trying to show empathy, or why it is so important to discover psycho- social information and ICE. How you do this may heavily influence the success of your approach. So, in other words if you irritate the patient with jarring clumsy enquiries you may fail to discover the patient's agenda or important information about the impact of their illness on their life. This will strongly affect the successful outcome of the consultation.

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Exercise 2: Empathy - consider how it would feel to have to deal with the medical or social problems faced by the patient. You might like to think back to a time when you felt ill or had to seek help from health care professionals.

How did it feel when you were shown empathy, or alternatively not? How valuable a skill is the ability to show a patient empathy, in your opinion?

This may be a particularly important reflection is you have moved from a hospital specialty into general practice. Many hospital specialties will place considerably less emphasis on the value of showing empathy and therefore the skill may need to be developed.

Related tasks

Practicing and developing the skill of 'Generates rapport' will allow you to achieve the following tasks more effectively:

Opens consultation and explores problem

Discovers patient's psycho-social context

Identifies cues

Discovers patient's ICE

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Uses open questions appropriately

Green Asks the majority of open questions at the beginning of the consultation, allowing a logical progression to closed questions

Red Uses open questions at random stages resulting in disorganised data gathering

Green Uses a series of open questions to allow a descriptive narrative of the patient's problem, perspective and agenda

Red Fails to ask sufficient open questions to allow discovery of the patient's story or agenda

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About this skill

Open questions are extremely valuable in a GP consultation, as an effective way to build trust and empathy, demonstrate interest, and to discover a lot of information in a short time. Open questions encourage the patient to tell their story and offer a natural way to discover specific information about a patient's psycho- social context and ideas, concerns and expectations

It is important to understand that open questions should be used first to 'open' out the consultation. This approach may need practice using the activities suggested below, as it requires the doctor to resist the temptation to 'direct' the consultation at the beginning. If the skill can be mastered however, it allows the patient's agenda to surface early on in the consultation and therefore ultimately helps with time management and fluency.

Audio consultations

During a telephone consultation, there is clearly no visual interaction between the patient and the doctor. When the doctor starts the consultation, this may have the advantage of reducing potential unconscious bias towards the other person. For example, diluting any perception that the doctor is less likely to empathise with the patient because he/she is a different gender or age. On the other hand, a disadvantage may be that it can be harder to generate rapport without eye contact and encouraging or welcoming gestures.

Open questions can be used to advantage therefore, to open the consultation. Several open questions will allow the patient time and space to tell their story whilst also building rapport. It may be that without the inhibiting effects of bias, a patient is also more forthcoming in their responses.

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Educational activities

Activity 1: Develop a list of open questions that you use over and over again, and are comfortable with.

Remember that an open question is a question that cannot be answered by 'YES' or 'NO'.

Ask colleagues which open questions they use regularly and consider whether that would work for you? The words what and how work well at the beginning of an open question.

Here is a collection of suggested questions:

- What's been happening?
- How has this been affecting you? in your life? At home? At work?
- How does this make you feel?
- What were your fears? Talk me through what your family/wife/friends were worried about…
- What were you/have you been thinking about your symptoms?
- You can soften the use of 'why' by starting with" I'm interested in why you feel/think that..."

Activity 2: Try an exercise where you use what the patient says to you, to generate more open questions. For example, "You mentioned that your wife was worried about the pain in your leg, what was she thinking/worried about?"

Activity 3: Look at a series of your video consultations to make sure you are not rushing too early into closed questions - for each video ask yourself "Were there any more open questions that needed to be asked?"

Activity 4: Be careful with premature use of closed questions, restrict closed questions to

questions about clarification - and always after open questions. Look at your own videos to check you are doing this consistently, or do you lapse into using closed questions prematurely?

Audio Activity 1: Review a series of your audio consultations, writing down how many open questions you use and when you use them. Refer to the text below first if you are not sure of the definition of an open question. What effect did the audio mode have on your questioning?

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What effect did the open questions that you did use have on the patient’s response? How useful was the information you received when you asked open questions? Discuss with your trainer.

See if you can improve your use of open questions adapting some of the additional activities above to your audio consultations

Reflective exercises

Exercise 1: If you are reluctant to ask open questions ask yourself why? One worry expressed by many trainees is that open questions might produce long rambling answers which waste time, or take the doctor into unknown (and worrying) territory. The authors of this guide do not believe that this happens - but why not test this for yourself by experimenting with different balances of open and closed questions in your consultations.

Related tasks

Practicing and developing the skill of ‘Uses open questions appropriately’ will allow you to achieve the following tasks more effectively:

Opens consultation and explores problem

Discovers patient's psycho-social context

Identifies cues

Discovers patient's ICE

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Clarifies and explores cues offered

Green Encourages the patient and clarifies their presenting problem

Red Does not clarify in an attempt to fully understand the patient's problem(s)

Green Fluently and sensitively explores cues at an appropriate time in the consultation

Red Ignores cues offered and/or returns to a cue at an inappropriate time that impairs further exploration

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About this skill

Clarifying is the process whereby doctors become clear about the patient's presenting problem, concerns and expectations. The process involves the identification of patient statements that are confused, vague, incomplete or ambiguous and then attempting to resolve the ambiguity or vagueness This can be done by using:

- Repetition of the previous question with a different emphasis
- Further open questions
- A closed question to clarify an ambiguous or confusing point
- A mini- summary to try and structure a complex history (sometimes termed 'chunking and checking')
- A check that the patient's story has been understood completely

Note that the above consultation skills are not compulsory - some patients are very clear about their symptoms and concerns - but with some consultations these sorts of skills can rescue a muddled consultation.

Exploring cues offered is connected to clarifying, as these cues offer an insight into the patient's ICE and also may form part of the diagnostic process.

Examples of phrases that facilitate the exploration of cues are:

> You sound low, what's been happening? How is your mood?
> You mentioned…you were worried, you thought it was cancer…
> That sounds really tough, can you talk to me more about this?
> I'm really sorry to hear that, how do you feel about this?
> You mentioned that you had used some medication, how did that go?

Audio consultations

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Clarifying patient statements during audio consultations will follow the same pattern as face-to-face as long as the doctor listens carefully and there are no problems with sound quality.

Without visual cues however, picking up on cues and then exploring them is more challenging on the telephone. In addition, a doctor does not have the immediate feedback of visual cues in response to their questioning. A patient could be looking annoyed and averting eye contact on the end of the telephone and the doctor will be unaware. Doctors need to be very careful therefore, to pick up on all verbal cues offered and specifically explore, checking that they uncover the patient's agenda and do not simply follow their own fixed agenda.

Educational activities

Clarifying

Activity 1: Watch a video/listen to one of your consultations, concentrating on what the patient says, and see whether there is any:

- Confusion
- Vagueness
- Incompleteness
- Ambiguity

Activity 2: For each example of the above, ask yourself how you responded to this lack of clarity. Did you let it go by, or did you make an attempt to clarify?

Activity 3: Now look at the situations where you did attempt to achieve clarification - in each situation, did your attempt at clarification work - in other words are you clearer about what the patient meant after the clarification compared to before your clarification?

Activity 4: If you feel you are not effective at identification or dealing with a lack of clarity, watch your trainer consult. What strategies does he/she use to achieve clarity? Write then down and begin to use them in your next surgery.

Activity 5: Repeat the analysis of your video/audio after you have been practicing this approach. Do you think you are becoming more successful at identifying and dealing with lack of clarity?

Exploring Cues

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Activity 1: Watch a series of your videos/listen to some audio consultations with your trainer - write down all the possible cues that occur and compare your list with your trainer. Remember to do some videos focusing the camera on the patient and note non-verbal cues in addition to verbal cues. Cues on audio consultations may be expressed in words or through tone or silences/the way a patient responds to the doctor.

Activity 2: For each of these cues that has been identified, discuss with your trainer the possible ways to respond to the patient about the cue and whether it is appropriate to explore it at the time or signpost to return later. Depending on the circumstances you may wish to:

- Explore the cue ("What did you mean by…?")
- Link the cue to other information the patient has given you ("You said something similar when we were talking about your worries")

Activity 3: Repeat the analysis of your video/audio consultations after you have been practicing this approach. Do you think you are becoming more successful at exploring cues, including at the appropriate and most effective time in the consultation?

Audio Activity 1: All of the above activities can be also applied to audio consultations.

It may also be useful to reflect with your trainer- Do you think that there more ambiguity in audio consultations as compared to face-to-face consultations? If yes, why do you feel this is so? Is it related to the lack of visual interaction?

Reflective exercises

Exercise 1: What are your favourite phrases that you use to a) Clarify and b) Explore cues? Are they effective? Are there any other phrases that might work for you?

Exercise 2: What do you think are the risks involved in a) clarifying and b) exploring cues presented by the patient? Can you think of any situations when it would not be appropriate to clarify or explore cues?

Related tasks

Practicing and developing the skill of 'Clarifies and explores cues offered' will allow you to achieve the following tasks more effectively:

Opens consultation and explores problem

Discovers patient's psycho-social context

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Identifies cues

Discovers patient's ICE

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Listens and shows curiosity

Green Shows curiosity and a non-judgmental approach about the presenting problem, using active listening and a real desire to understand the patient's perspective

Red Does not demonstrate curiosity about the presenting problem and shows little desire to understand the patient's perspective

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About this skill

Curiosity is defined as 'the strong desire to know or learn something'. Being curious and interested in the patient is key to discovering the reason for their presentation and their 'illness-behaviour' or in other words, what motivates and is behind a patient's response to illness or problem.

A curious approach to a patient's illness and life in the GP consultation, is particularly important for the following reasons:

- It helps with rapport & understanding of the patients' behaviours
- It improves the identification of ICE and cues and psychosocial information
- It helps the diagnostic process
- It helps you to tailor a management plan to the specific needs of the patient

'Active listening' describes the ability of the doctor to show interest in the patient's contribution and is closely related to the skill of 'Generates rapport' and the task of 'Identifies cues'. By listening and facilitating a patient's contribution, the doctor can show curiosity. Good listening skills also allow you to understand the patient's perspective and treat the patient with sensitivity. Listening is not a passive process and requires concentration and careful attention to what the patient is saying.

Audio consultations

Active listening is much more difficult without visual cues of encouragement from the doctor such as head nodding and smiling, eye contact and open body posture.

The doctor must therefore rely far more on using open questions, or phrases to encourage the patient. In order to remain curious, the doctor must work harder to explore any cues offered and verbalise why a line of questioning is used. It is also harder for the doctor to use silence to encourage the patient as this may be interpreted as a lack of interest, rather than a pause to allow the patient space to talk.

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Educational activities

Listening

Activity 1: Watch a series of videos or listen to some audio consultations, to see how often you repeat the same question, or suggest management plans that the patient has already expressed concern about.

Activity 2: Poor listening skills often result in missing cues - so do the "cues" exercise (in the section on 'Identifying cues') with your trainer.

Activity 3: Now conduct a series of consultations where you try to avoid these problems - check later with your trainers that you are listening better.

Curiosity

Activity 1: Watch several of your consultations with your trainer and ask your trainer to tell you which additional bits of information about the patient they would want to know (these will be areas that the trainer was curious about, but you as the trainee were not).

Reflect on the value that this extra information might give you in managing the patient's problems.

Activity 2: Try expanding your curiosity about the patient's life and illness in a series of consultations.

Now ask yourself if it produces useful extra information for you? If it does not - why not? (You may be asking about areas that do not impinge on the consultation at all!)

Audio Activity 1: Listen to a series of your audio consultations and try and identify if there were any missed opportunities to be curious about the patient's contributions. How did you use silence, if at all? Discuss with your trainer the value of curiosity and how he/she remains curious during telephone conversations. Try using phrases such as "I'm curious as to why you think that..." "Or I'm really interested to hear that, talk me through your thoughts".

Reflective exercises

Exercise 1: How do you demonstrate to the patient that you are interested in and curious about, what they have to say? Think about the words you use and the body language you demonstrate.

Exercise 2: What do you think are the risks in being curious about aspects of the patient's life? How can you avoid these risks?

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Related tasks

Practicing and developing the skill of ‘Listens and shows curiosity’ will allow you to achieve the following tasks more effectively:

Opens consultation and explores problem

Discovers patient's psycho-social context

Identifies cues

Discovers patient's ICE

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Uses closed questions appropriately

Green Uses closed questioning following on from open questioning and discovery of the patient's agenda

Red Premature use of closed questioning prevents discovery of the patient's agenda or narrative

Green Choice of closed questions allows effective testing of diagnostic hypotheses, both ruling in or out possible working diagnoses

Red Choice of closed questions appears unsystematic and/or fails to be guided by the probability of diagnostic hypotheses

Green Asks where appropriate, 'red flagged' questions to enable the ruling in or out of serious illness or risk

Red Fails to use relevant 'red flagged' questions, risking a missed diagnosis of serious illness or missed high risk outcomes such as self-harm

Green Uses signposting and permission seeking for closed questioning appropriately

Red Fails to use signposting and uses permission seeking over-zealously

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About this skill

Closed or 'closed-ended' questions are defined as questions where the answer is confined to one-word answers such as 'no' or 'yes'. The questions often start with words such as Is/Are... Do/Did... Which... Would... or Have...? A closed question is used to discover a specific fact or facts during a GP consultation.

Using closed questions appropriately in a consultation, concerns both the timing of the questioning and the choice of questions. The timing of the questioning in the consultation is crucial and the closed questions should come after any open questions have enabled the doctor to discover a patient's narrative and agenda. Premature use risks closing the data gathering section down too soon and often forces repetition and inefficient time management. Moreover, it can damage rapport as the patient may feel their agenda has been ignored and this often results in a failure to discover important diagnostic information.

Another aspect of timing relates to the term signposting. This term refers to the process of introducing a series of questions covering a potentially sensitive area, such as sexual health or intention to self-harm. If these questions are introduced suddenly or prematurely without

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warning, this may also risk the patient not answering them fully due to embarrassment or reluctance to disclose personal feelings and behaviours.

The choice of questions relates to the ability of the questions to test a set of diagnostic hypotheses and to rule in or out serious illness or serious risk factors. The questions must be focussed, relevant to the set of differentials the doctor has in mind and led by the patient's response. As part of closed questioning, red flagged questions must be asked, if appropriate to the presenting problem.

Audio consultations

The timing of closed questioning should not be affected by the mode of the consultation and if this is poor overall, needs to be addressed by the activities described below. Similarly, the choice of questions should be guided by the diagnostic hypotheses. The main effect of the doctor 'talking only' to the patient is likely to be a tendency to revert to less sensitive questioning, omitting 'signposting' and coming across as unkind or insensitive. This problem is related to difficulties in the global skill section 'Remains responsive to patient'.

Educational activities

Timing of closed questioning

Activity 1: Watch/listen to a few of your consultations. When do you introduce closed questioning?

Can you identify which of your questions are closed? What do you notice if you are asking closed questions very early on in the consultation? Discuss this with your trainer. Watch/listen to a couple of your trainer's consultations. What do you notice about their timing of their closed questioning?

Activity 2: If you identified premature use of closed questioning in Activity 1, experiment using role play with peers or your trainer. What happens to rapport and your progression through data gathering tasks, if you restrict your closed questioning until after a series of open questions at the start of the consultation? Now try and implement this approach in real patient consultations. If you are having difficulty with use of open questions, refer to the skill 'Uses open questions appropriately'.

Activity 3: Be careful that you do not repeat questions or ask the same question in a slightly different way - this does not provide any new information and wastes valuable time.

Also take care to avoid **'over-zealous permission seeking'**.

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This is where you use the phrase 'Do you mind if I ask you some more questions' throughout data gathering. This phrase is unnecessary, may damage rapport and always wastes time! Review your consultations to make sure.

Do you repeat questions?

Have you ignored or forgotten the answer given earlier on by the patient?

Do you do any over-zealous permission seeking?

Discuss this with your trainer and try and think of alternative methods of questioning and how you can stop yourself from indulging in over-zealous permission seeking.

Choice of closed questions

Activity 1: Watch/listen to a few of your consultations. For each closed question you ask, check the following questions:

1. Do you have a list of possible diagnoses in mind?
2. Do you ask sufficiently focussed questions to clarify (where possible) which diagnosis is the most likely?
3. Are there better questions that you could ask that would be more discriminating?

If you are struggling with 1, refer to the task Generates and tests diagnostic hypotheses for more ideas how to address this problem.

Activity 2: Be careful with the number of closed questions that you use - restrict your questions to questions about clarification and finding out specific relevant facts. Avoid unnecessary and/or irrelevant questions that don't give you either useful positive or negative information. Now look at/listen to your consultations to check you are doing this.

Activity 3: Now practice your improved closed questioning in your consultations and review some of these consultations with your trainer. Do you feel the accuracy of your diagnostic process has improved? Do you feel your questioning is more efficient? Have you reduced/ eliminated the number of irrelevant questions? Do you always make sure you ask relevant red flagged questions?

Audio Activity 1: You can apply all of the above activities to audio consultations. Try these additional activities:

Review a series of your audio consultations and measure the time from the start of the consultation to the time when you ask your first closed question.

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Do you think this time period is too short or too long? Why?

Could you have gained as much or even more information by asking more open questions?

Many trainees use closed questions too early in the consultation.

Do you think this tendency is greater for audio consultations, as opposed to face-to-face consultations?

Reflective exercises

Exercise 1: You may need to 'signpost' a particular group of questions such as those around sexual activity. Think about and discuss with your trainer some phrases that might help with this process. Some examples might include:

"To help me work out what is going on, it would be really helpful if I could ask you some questions about sexual health. Is that alright with you?"

"I'm concerned about how low you have been feeling, would it be OK to ask you some questions about any dark thoughts you may have been having?"

Exercise 2: Think about whether you want to ask diagnostic closed questions in a "positive" way or a "negative" way. A positive diagnostic question would be "Do you get breathless?" A negative diagnostic question would be: "You don't get breathless, do you?" What are the pros and cons of each approach?

Related tasks

Practicing and developing the skill of 'Uses closed questions appropriately' will allow you to achieve the following tasks more effectively:

Generates / tests diagnostic hypotheses

Rules in / out serious disease

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Explains rationale for questions

Green Explains own thinking processes in order to encourage patient and build rapport

Red Rarely explains thinking process and demonstrates a judgmental approach

Green Explains the rationale for chosen lines of questioning during diagnostic process and/or analysis

Red Offers little or no explanation for reasons behind questioning and how the questions assist the diagnostic or analytical process

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About this skill

Trainees are often reluctant to share with patients the thinking that lies behind the questions they ask patients and the clinical examination and tests they wish to undertake. This process is known as ‘verbalising’ or ‘putting thinking into words’ and has two important functions. Firstly, it helps the patient understand what is going on in the consultation, and secondly, it helps the doctor to get their thoughts in order. As a result, the data gathering process is likely to be more efficient and the patient more engaged with the diagnostic or analytical process.

Verbalising can be used effectively throughout the consultation, as can be seen under ‘Verbalises diagnosis and/or analysis’ and ‘Supports in decision making’.

During data gathering, ‘thinking aloud’ is particularly useful during the following tasks:

- Generating and testing diagnostic hypotheses- offering the reasoning behind open and closed questioning
- Ruling in or out serious illness- explaining and linking questioning to red flags and patient’s ICE
- Explaining rationale behind asking apparently unrelated or irrelevant questions

Some useful phrases to consider using when thinking aloud:

“From what you’ve told me already, I have some ideas about what could be going on, if I could explore this by asking some specific questions, please...”

“You mentioned what you thought could be going on, I am thinking along similar lines...”
“These symptoms could be caused by a number of things such as...”

“My questions might seem a little odd, but they will help us to check out your fears about something more serious going on here...”

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Audio consultations

The doctor who is skilled at verbalisation will be more effective during an audio consultation, as there is no opportunity to pick up visual clues that the patient is not following the thought process of the doctor.

Educational activities

Activity 1: Have a discussion with your trainer about the skill of 'thinking aloud' during the data gathering part of the consultation. Watch/listen to a few of your consultations and write down occasions when you use this approach. If you rarely or never think aloud, can you think of some phrases or responses to patient cues that might assist you to adopt this skill more consistently?

Activity 2: Do a joint surgery with a doctor (this person may well be your trainer), in your practice who uses this skill a lot and write down the ways it helps the effectiveness of the consultation. Which of their phrases or techniques might you adopt to help you improve your own 'verbalisation'?

Activity 3: Practise using this skill more yourself and reflect whether it helps the fluency of your consultations. Discuss this change of style of consultations with your trainer.

Activity 4: Do a further joint surgery during your tutorial with your trainer and reflect afterwards on your improved use of this skill.

Audio Activity 1: All the activities above can also be used to improve this skill during audio consultations. In addition, try the following activity:

Review a series of your audio consultations and record each time that you verbalise (put into words) thinking about any part of the diagnostic or therapeutic process. How often do you do this? Do you do this more in audio consultations or face-to-face consultations? Is there any impact on the effectiveness of the consultation?

Reflective exercises

Exercise 1: If you are having difficulty adopting this approach during data gathering reflect on the following questions (alone or during a tutorial with your trainer).

- How structured is my diagnostic thinking?
- How efficient am I at rapid generation of a list diagnostic differentials?
- If I am slow at this, is it a language issue (English as my second language) or a knowledge issue?

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- Have a look at the related tasks of ‘Generates/tests diagnostic hypotheses’ & ‘Rules in/out serious disease’ Can you improve your execution of these tasks to improve this skill?

Exercise 2: Ask yourself how comfortable you feel about sharing your thoughts with the patient. If this feels strange or uncomfortable to you, it may because you are used to hospital consultations where the problems are far more differentiated and much of the data gathering has already been done. Discuss this with your trainer and aim to really practice so that you master this very useful skill.

Related tasks

Practising and developing the skill of explaining the reasons for questioning will allow you to achieve the following tasks more effectively:

Generates / tests diagnostic hypotheses

Rules in / out serious disease

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Verbalises diagnosis and/or analysis

Green Explains the diagnosis(es) or analysis to the patient in clear language

Red Fails to state the diagnosis(es) or analysis explicitly

Green Explains the reasons for this diagnosis and establishes any pre-existing knowledge about the diagnosis

Red Fails to justify the reasons for this diagnosis or diagnoses

Green Explains the reasons for this analysis and seeks concordance from the patient

Red Fails to justify the reasons for this analysis or seek concordance from the patient

About this skill

Some trainees move directly from history taking and examination to a management plan. It is not enough to reach a provisional or 'working' diagnosis - it is just as important to share this with the patient and tell them what you think is wrong.

Why? Firstly, because they expect to receive a diagnosis (or at least a range of possible diagnoses) and they will be disappointed if this does not happen. Secondly, offering a diagnosis allows you to make links with what the patient has expressed earlier as a possible explanation of their symptoms. Thirdly, a diagnosis is the springboard for the management plan and make sense of the management plan.

Knowing the diagnosis allows the patient to read about their condition and this too helps with management planning.

There is also a need to explain to the patient why and how you have arrived at this particular diagnosis. Giving a justification for the diagnosis, reassures the patient that you have carefully considered their symptoms and will enhance concordance with any management plan you subsequently suggest.

You also need to get a feel that the patient has understood what the diagnosis is, and that they accept it. A useful question at this point is: "Have you heard of this diagnosis?"

In the SCA, there may be not be a working diagnosis or diagnoses but an analysis of the problem, for example where the diagnosis has already been made by someone else. Verbalising to the patient how you have arrived at your analysis of the problem, is just as important for the same reasons as verbalising the diagnosis or diagnoses, outlined above.

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Audio consultations

Because of the uncertainty within audio consultations, it is less likely that you will be able to offer a definitive diagnosis - it is much more likely that you have a range of diagnoses in mind. But it is still important to share this range of possibilities with the patient, and important to be clear about your thinking so far and the further steps that may be needed to clarify any remaining uncertainty.

In the SCA, it may be possible to arrive at an **analysis** of the patient's problem, without needing to make a diagnosis, enabling you to move to sharing a management plan. It is important to share with the patient how you arrived at the analysis for the reasons above.

Educational activities

Activity 1: Watch your trainer consult with particular attention to how he/she shares the diagnosis with the patient.

Activity 2: Now watch a series of your acute consultations - five or so is enough. For each consultation write down:

- Did you make a diagnosis (or diagnoses)?
- Did you tell the patient what the diagnosis was?
- Did you explain how you reached that diagnosis?
- Did you tell the patient any more about the diagnosis?

Activity 3: In the next set of acute consultations you record, try to improve on these numbers. As a start, make sure you at least the share the name of the condition that the patient is presenting with. Then try and develop your diagnosis sharing skills to include information about the condition, the reasons you have for reaching this diagnosis, and an assessment whether the patient has understood this information.

You can repeat these activities if there is an analysis that needs to be communicated to the patient instead of a working diagnosis.

It is especially important that you master this skill to enhance engagement from the patient with the management plan.

Audio Activity 1: Review a series of your audio consultations. In how many of them have you made some attempt at providing a diagnosis(es) or analysis of the problem? Have you explained your thinking (however preliminary) to the patient?

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Reflective exercise

Exercise 1: If you sometimes do not share the diagnosis with the patient, think why. Is it because you are not confident about the diagnosis? Is it because you do not want the diagnosis to be challenged? Is it a knowledge issue preventing you from reaching a reasoned working diagnosis? (see Toolkit section 'Reaches a working diagnosis')

Related tasks

Practicing and developing the skill of 'Verbalises diagnosis and/or analysis' will allow you to achieve the following tasks more effectively:

Reaches a working diagnosis and/or analysis

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Shares and uses ICE in plan

Green Involves the patient in the management decision(s) by incorporating the patients' ideas and preferences

Red Does not involve the patient in a management plan which may seem unrelated to patient preferences or concerns

Green Involves the patient in follow up and safety netting plans using information already volunteered by the patient

Red Does not involve the patient in follow up or develops safety-netting plans that may be unrelated to patient preferences or may cause anxiety or damage rapport

About this skill

Being able to share ideas about the options for management ensures that the patient is involved in, and endorses, the management plan. Unless the doctor is able to effectively share options for management, the patient can be left confused about what the doctor is proposing, and unable to move on to making a decision about their treatment.

Sharing ideas with the patient is closely linked with the three Related Skills of 'Verbalises diagnosis', 'Negotiates and uses psychosocial information in plan' and 'Supports in decision making'. Being able to verbalise what he/she is thinking allows the doctor to share management options. Being able to share options allows the doctor to negotiate with the patient. Sharing and supporting are linked skills that enable the patient to come to the best possible management decision.

Effective sharing is characterised by the following features:

If possible, is based on information that the patient has already provided - for example, from exploring the patient's ICE or their psychosocial background. Any particular expectations for management that the patient has already expressed are particularly important.
It goes at the patient's pace and uses language that is understandable to the patient

It is interactive - it feels like a conversation rather than a lecture. The term "chunks and checks" captures the conversational aspect of the process - the doctor presents small chunks of information about a particular option, then expects the patient to respond to that information
It incorporates concerns expressed by the patient (both verbally and non-verbally) about the management options

Audio consultations

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There is a natural tendency to be more prescriptive and didactic in audio consultations in comparison to face to face consultations. Audio consultations sometime have a less interactive 'feel', and it is harder to create a real partnership when consulting over the telephone. But it is just as important to share the decision-making process with patients when involved in an audio consultation and make the most of any information gained earlier in the consultation about patient preferences and concerns. This emphasises the importance of collecting information about ICE earlier in the audio consultation.

Educational activities

Activity 1: Watch a series of your video consultations and write down the number of times you shared your thoughts about management with the patient? Do the same with your trainer's consultations and list the difference between your consultations and your trainer's consultations.

Activity 2: Ask yourself why sharing opportunities were missed. Consider the following possibilities:

- Lack of a range of options to share with the patient (this is a knowledge problem)
- Poor identification of cues or ICE or psychosocial context earlier in the consultation
- Poor use of information gained earlier in the consultation, particularly in the area of expectations Offering a range of management options without relating them to the patient's life
- Not explaining the pros and cons or evidence-base of the various options
- Using technical language that does not allow the patient to be part of the conversation

Activity 3: Now conduct a series of consultations where you specifically share more of your thoughts about management, using the information gained from Activity 2.

Activity 4: Practice checking patient understanding of management options, using a phrase that is comfortable for you. But do this in a selective way - focussing on situations when the consultation is complex, or the patient's has some disability that might impair understanding.

Activity 5: Don't forget discussion of safety netting and follow up - these need to be shared too. So review your consultations to see how you end consultations and plan follow up - is the patient involved in this process as much as in the process of agreeing a management plan?

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Audio Activity 1: Review a series of your audio consultations and see whether you have discovered the patient's ICE and whether you have used this information to reach a shared management plan? Is there a difference between how often you ask about ICE in an audio consultation as compared to a face-to-face consultation? Why do you think this is the case?

Reflective exercises

Exercise 1: Reflect on the difference that effective sharing of management options makes to the effectiveness of your consultations. Using either video or shared consultations, specifically discuss the benefit and harm of sharing thoughts about management with your trainer.

Exercise 2: How do you know that you have shared management plans effectively? Asking the patient is one way, but there are problems with this approach (see above). What other methods could be used?

Related tasks

Practicing and developing the skill of 'Shares and uses ICE in plan' will allow you to achieve the following tasks more effectively:

Reaches a working diagnosis and/or analysis

Offers a safe patient centred management plan

Provides follow up/safety net

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Negotiates and uses psycho-social information in plan

Green Negotiates with the patient towards a safe outcome and those options that fit best with their life

Red Avoids discussion of areas of potential conflict with patient and thereby fails to address potential risk or inappropriate treatment

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About this skill

Many GP consultations involve a degree of negotiation, and such cases can cause major problems for trainees. Negotiation is most commonly required to persuade patients to adopt a particular management plan, as in the examples below.

- Patients who request unsafe or unhelpful or overly expensive treatments (for example, strong opiates for mechanical back pain) when the doctor needs to negotiate towards an alternative treatment plan.
- Patients who would be helped by a change in their lifestyle (for example, stopping smoking, or losing weight) but are initially reluctant to make these changes
- Patients who would be helped by a particular type of medication (for example lipid-lowering medication) but are initially unwilling to consider such treatment.
- Patients who need to be admitted, but have other plans which they are reluctant to abandon in order to access hospital care
- Patients who have disengaged from their management plan and need to be persuaded that this treatment is still important

Less commonly, but importantly, negotiation skills may be needed to:

- Persuade a patient to accept a particular line of questioning
- Persuade a patient about the accuracy of a particular diagnosis
- Persuade the patient about the importance of follow up or safety netting

Some useful generic strategies for negotiation include:

- Use the information you have already collected earlier in the consultation. This includes information about the patient's psychosocial background and their expectations. For example, imagine you are trying to persuade a mobile hairdresser to stop driving following a seizure. You may be able to use information about the patient's work to suggest a change

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from mobile to salon work, or to enlist the help of the patient's currently unemployed teenage daughter as a part-time chauffeur.

- Never begin negotiation until you have collected sufficient information to allow you to negotiate successfully. Some of the information may already be available from earlier in the consultation. Other information may have to be sought as part of the negotiation process Always ask yourself the question - "Why?" So if a patient refuses a particular treatment option, or demands what you think might be a risky treatment option, then try to explore the patient's reasons for taking this approach.

- Try and find out what is really important for the patient and begin the negotiation from this point, rather than from what you think is important. For example, if a patient is over-using Diazepam, explore if the patient has any concerns about the amount of medication he is taking. Let's say that the patient is fed up with being drowsy all the time - then use this problem as the starting point for your negotiation. If you start by accusing the patient of being addicted to Diazepam the negotiation will soon break down. If by contrast, you start by asking - "Would you be interested in improving your drowsiness by gradually reducing your dose of Diazepam but managing your anxiety in other ways....?" - then this approach is likely to meet with more interest.

- Don't feel you have to achieve everything in one consultation. For example, stopping smoking is a big ask for a patient and all you may be able to achieve is for the patient to think about stopping or perhaps be willing to speak to the practice nurse about stopping.

- Always be clear about your **own limits**. For example, if a patient wants a month's supply of sleeping tablets, then giving this amount of medication may be something you would never ever do - your limit. But you may be prepared to give a five-day course, along with sleep advice, and be able to negotiate towards this - and this may be enough to satisfy the patient. Never promise something you cannot give - this will quickly lead to a breakdown of trust

Audio consultations

One common topic for negotiation in an audio consultation is whether or not to agree to a patient request for a face-to-face consultation or even a home visit. This emphasises the importance of careful history taking. In order to negotiate effectively, you need to have accurate information about the presenting problem and a good idea of patient concerns and expectations. Another useful tip is not to rush to judgements too early - if you approach the patient's request with an open mind and collect relevant information, then your final decision is more likely to be respected.

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Educational activities

Activity 1: Review a series of consultations where you are trying to persuade the patient to adopt a change in their lives that they initially reject. (for example - stopping smoking - starting or stopping medication - dietary change etc). Write down which strategies you used in each case. Repeat this process with some of your trainer's consultations. Which strategies does he/she use? Are they more or less effective?

Activity 2: Role play some scenarios with your trainer where negotiation with the patient is needed. (some possible examples are given above). Swap so you can see how your trainer negotiates. Remember to use the information gathered about the patients' life to adapt your approach.

Activity 3: Practice useful phrases that you feel comfortable using in a negotiation situation. Possible phrases include: "Tell me why you are so doubtful that this will work?" - "Can you think of any problems with what you suggest" - "As your doctor, I understand... but I am also concerned" - "If I could suggest some ways to help your symptoms without you having to take the same dose of medication...would you be interested?"

Activity 4: Think of a scenario where you have had to negotiate with a family member or friend about their behaviour. What worked? Can you adapt this to negotiating with patients? e.g. A teenage child who wants to stay up past their bedtime. It rarely works if you simply forbid the activity without some negotiation or empowering the teenager to form their own judgements! Practise your skills with your family/friends.

Audio Activity 1: Review a series of audio consultations where the patient was asking for something that caused you some disquiet. (for example, a home visit, a prescription for antibiotics). How did you deal with these requests? Ask yourself - did you collect enough information earlier in the consultation to deal with these requests? - did you persuade the patient to consider a different option? - was the patient involved in the final plan?

Reflective exercises

Exercise 1: Negotiation skills are very important in business and management. A lot of the negotiation skills that are used in the business environment are transferable to healthcare. Listen to this (very entertaining) radio programme about business negotiation which appeared in the Radio 4 series "The Bottom Line" (direct link below). Write down any ideas from this programme that you think might be worth using in your negotiation with patients.

https://open.live.bbc.co.uk/mediaselector/6/redir/version/2.0/mediaset/audio-nondrm-download/proto/https/vpid/p03yjvpg.mp3

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Related tasks

Practicing and developing the skill of ‘Negotiates and uses psycho-social information in plan’ will allow you to achieve the following tasks more effectively:

Discovers patient's psycho-social context

Identifies cues

Discovers patient's ICE

Offers a safe patient centred management plan

Provides follow up/safety net

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Shares Risks / Safety of Options

Green Shares with the patient any relevant risks/safety of the management options in an understandable and balanced way

Red Frightens or inappropriately reassures the patient by means of a confusing and/or alarmist assessment of the risks/safety of options

Green Incorporates patient expectations and concerns into the discussion of the risks and safety of management options.

Red Adopts a rigid approach and ignores patient preferences and/or expectations of management options

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About this skill

The skill of sharing is closely related to supporting a patient during decision making. It is also aided by using clear explanations and verbalising or thinking aloud. If one particular management option involves a higher risk or is a safer option, it is important that the doctor is able to explain this, but also relate the level of risk to the patient's personal situation and expectations.

During the task, 'Offers a safe patient centred management plan', the doctor uses their medical knowledge to form a framework of the relative risks of various options. The ability to share this framework with the patient is a similar skill to 'Shares and uses ICE in the plan'.

With both skills, effective sharing is characterised by the following features:

- If possible, is based on information that the patient has already provided - for example, any particular expectations for management that the patient has already expressed are particularly important.
- It goes at the patient's pace and uses language that is understandable to the patient
- It is interactive - it feels like a conversation rather than a lecture. The term "chunks and checks" captures the conversational aspect of the process - the doctor presents small chunks of information about a particular option, then expects and encourages the patient to respond to that information.
- It incorporates concerns expressed by the patient (both verbally and non-verbally) about the management options

The skill of sharing the risks/safety of options also applies to appropriate safety netting and follow up. The doctor needs to explain, if appropriate, how the risk of an option informs the

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proposed follow up interval and/or the safety net. Involving the patient in this process improves patient concordance.

Audio consultations

There is a natural tendency to be more prescriptive and didactic in audio consultations in comparison to face to face consultations. Audio consultations sometime have a less interactive 'feel', and it is harder to create a real partnership when consulting over the telephone. But it is just as important to share the decision-making process with patients when involved in an audio consultation and make the most of any information gained earlier in the consultation about patient preferences and concerns. This emphasises the importance of collecting information about ICE earlier in the audio consultation. This will provide a good basis for discussion of risks and benefits in a patient-centred way.

Educational activities

Activity 1: Watch a series of your video consultations and write down the number of times you shared your thoughts about management with the patient? Do the same with your trainer's consultations and list the difference between your consultations and your trainer's consultations.

Activity 2: Now repeat the process in Activity 1 but specifically focus on sharing thoughts about risks and benefits.Again, make a comparison with your trainer in how frequently you share information about risks and benefits.

Activity 3: Ask yourself why sharing opportunities were missed. Consider the following possibilities:

- Lack of a range of options to share with the patient (this is a knowledge problem)
- Poor identification of cues or ICE or psychosocial context earlier in the consultation
- Poor use of information gained earlier in the consultation, particularly in the area of expectations Offering a range of management options without relating them to the patient's life
- Not explaining the pros and cons or evidence-base of the various options - in particular, the risks and benefits of treatment
- Using technical language that does not allow the patient to be part of the conversation

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Activity 4: Now conduct a series of consultations where you specifically share more of your thoughts about management, risks and benefits, using the information gained from Activities 2 and 3.

Activity 5: Practice checking patient understanding of management options, using a phrase that is comfortable for you. But do this in a selective way - focussing on situations when the consultation is complex, or the patient's has some disability that might impair understanding.

Activity 6: Don't forget discussion of safety netting and follow up - these need to be shared too. So review your consultations to see how you end consultations and plan follow up - is the patient involved in this process as much as in the process of agreeing a management plan?

Audio Activity 1: Review a series of your audio consultations and see whether you have discovered the patient's ICE and whether you have used this information to reach a shared management plan?Again, focus on the discussion of risks and benefits.Is there a difference between how often you ask about ICE in an audio consultation as compared to a face-to-face consultation? Why do you think this is the case?

Reflective exercises

Exercise 1: Reflect on the difference that effective sharing of management options makes to the effectiveness of your consultations. Using either video or shared consultations, specifically discuss with your trainer the benefit and harm of sharing thoughts about management with the patient.

Exercise 2: How do you know that you have shared management plans effectively? Asking the patient is one way, but there are problems with this approach (see above). What other methods could be used?

Related tasks

Practicing and developing the skill of 'Shares and uses ICE in plan' will allow you to achieve the following tasks more effectively:

Offers a safe patient centred management plan

Provides follow up/safety net

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Supports in decision making

Green Demonstrates support of patient through decision making, with clear explanation of likely impact on the patient's welfare of the various options

Red Does not support patient, who may be asked to choose from a number of confusing or irrelevant options

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About this skill

Sharing management options and supporting the patient in making a decision are closely related and overlapping skills. Whereas sharing is mainly concerned with information giving and discussion, supporting is the process where the doctor helps the patient settle on a particular management plan. Many trainees fail to offer real support to the patient in their decision making - they offer a number of options to patient and say something like: "Which one do you want to choose?" This is unhelpful for the patient - they are left having to make a difficult choice on their own when what they need is support from the doctor.

Support in decision making builds on the sharing process described in 'Shares and uses ICE in plan' and involves the following steps:

- Being alert to verbal and non-verbal cues expressed by patients about particular management options
- Exploring how particular management options might affect the patient's day to day life
- If appropriate, checking that the patient understands what is involved in the various management options
- Answering and clarifying any patient questions
- Being aware when the patient has reached a decision about management, and summarising this decision
- Offering further support should the patient's need this

Checking understanding

Checking the patient's understanding of both the management options and the final management decision can be an important part of both sharing and supporting and can make the consultation more effective. But it can be very clunky, can antagonise the patient, and can waste valuable time.

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So be selective in how you use this in a GP consultation. It is particularly useful in the following situations:

- When the consultation options are complex
- When there is evidence that the patient is struggling to understand the management options
- When the patient has a learning disability

Audio consultations

Decisions within an audio consultation are different to decisions within a face-to-face consultation. Often the decision relates to whether or not the patient should be seen in the surgery or at home, or whether advice over the phone will suffice. In addition, there is often less information from verbal and non-verbal cues to support the decision. So, there is a greater need to support the patient in the decision, and a greater need to check the patient's understanding.

Educational activities

Activity 1: Watch a series of videos concentrating just on the part of the consultation where decisions are made. For each 'decision' ask yourself:

Does the patient have sufficient information to make a decision?

Do you give the patient opportunity to ask questions and clarify what each option involves?

Is there evidence that the patient's previously expressed views and values are brought into the decision-making process?

Does the patient seem involved in the decision-making process?

Do you feel that the patient was supported in the decision-making process?

Activity 2: Watch your trainer helping their patients make decisions. Are there are differences between the approach they use and the approach you use. Reflect on these differences.

Activity 3: You can practice this process with friends or family. Simply choose a condition for which there are several treatment options. Explain to the 'patient' what treatment options are available and try to help them make a decision about which treatment to choose. Ask them if they felt involved and supported during the process?

Audio Activity 1: Review a series of your audio consultations. What sorts of decisions are you making with the patient? For each decision you hear on the audio:

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Is the patient involved in the decision?

What information from earlier in the consultation have you used to support the patient in decision making?

Are there any clues from the patient response to tell you whether the patient is happy with the decision made?

Reflective exercises

Exercise 1: Think and reflect about what sort of phrases might indicate to the patient that the doctor is supporting them. Examples might include: "As your doctor, I am wondering if some time off work might help....?" Or..."I can understand that the option of surgery is not feasible at the moment". Develop a range of other phrases that suit your conversational style, and then practice them with patients.

Related tasks

Practicing and developing the skill of 'Supports in decision making' will allow you to achieve the following tasks more effectively:

Discovers patient's psycho-social context

Identifies cues

Discovers patient's ICE

Offers a safe patient centred management plan

Provides follow up/safety net

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Structures Consultation

Green There is a discernible overall structure and plan within the consultation

Red There is little or no overall structure or plan within the consultation

Green There is a logical progression through the various tasks of the consultation

Red There is little or no progression through the tasks, with omission, repetition and/or an unusual order of tasks

Green There is a clear agenda for the consultation either explicit or implicit

Red There is no clear agenda for the consultation

Green Transitions within the consultation are understandable or are clearly signposted

Red Transitions within the consultation appear unexpectedly and may not be understandable

Green Summaries are offered if needed, at appropriate points in the consultation

Red Summaries are absent, or unrelated to the degree of complexity of the consultation

About this global skill

A structured consultation is helpful for both doctor and patient. For the doctor, it provides confidence that the consultation has been complete, comprehensive and thorough. For the patient, it is reassuring that the consultation does not throw up surprises or unexpected changes in direction.

To achieve a structured consultation, the doctor needs to have an overall plan in his or her head. However, this should not be followed in a rigid way - always make time in your consultation to take the consultation in a direction dictated by the patient. (Refer to the Toolkit section 'Remains responsive to the patient')

There are several techniques to produce structure in the consultation. These include laying out the plan of the consultation. Summaries can be a useful strategy, particularly when the history or plan has been complex. Signposting (explaining what is coming next in the consultation or explaining the reason for a particular line of questioning) is helpful if there is going to be a sudden change of direction, or a move into emotionally sensitive or unexpected areas.

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Audio consultations

Structure within the consultation is equally important during audio consultations. Because you are not sitting alongside the patient, but instead relying purely on verbal exchange of information, there is a greater possibility for confusion and lack of structure within the consultation. It is therefore important to signpost regularly within an audio consultation and offer short summaries when there is any possibility of lack of clarity.

Educational activities

Activity 1: Review a series of your consultations with your trainer and write down the areas that you feel may be contributing to poor structure. In particular, consider:

- Is there a logical progression of tasks through the consultation? (see Toolkit section 'Progresses through tasks' for more information)
- Are any helpful summaries offered at appropriate times in the consultation? (typically, after a period during which there has been an exchange of complex information)
- Is there evidence of 'signposting' when there is a sudden change of direction, or where there are questions that are personal or emotionally sensitive

Discuss this assessment with your trainer or with an experienced colleague. Pay particular attention to situations where your assessment differs from that of your colleague.

Activity 2: Now try to eliminate these causes of lack of structure - using the information and in other areas of this Toolkit. You might want to do this one problem at a time and get one part of the consultation well- structured before you apply this to the whole consultation. When you feel you are making progress, the consultation to your trainer or colleague. Ask the questions - "Is this consultation more structured than before?" and "What areas do I need to work on?"

Audio Activity 1: Do you think your audio consultations are as structured as your face-to-face consultations? If not, why is there a difference?

Review a series of audio consultations and try to identify why the consultation becomes unstructured. As for the face-to-face consultations, ask is this due to - lack of logical progression - absent or inappropriate summaries - absence of signposting?

Reflective exercises

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Exercise 1: Do you agree that a structured consultation is important? What is the effect on patient care of an unstructured consultation? Can you think of any other methods to improve the structure in a consultation?

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Avoids Repetition

Green	Listens carefully to the patient, retains information about the patient, and does not repeat questions
Red	Fails to listen carefully, does not retain information about the patient, frequently repeats questions

Green	Progresses through the consultation without repeating consultation tasks that have already been performed
Red	Progresses through the consultation in an erratic way, may repeat previous tasks

About this global skill

Repetition of questions can really damage the consultation.

- It signals to the patient that you are not listening to the patient - which in turn signifies a lack of interest, concentration or respect.
- It also wastes time, irritates the patient (which makes them less likely to answer future questions helpfully)
- It prevents you from building up an accurate picture of the patient's problem.

What are the reasons for repeating questions? Here are some possibilities:

- You are thinking of the next question to ask, and therefore do not fully register the patient's response.
- Your concentration is impaired, and this causes disorganised questioning
- Your initial question is badly phrased, and the patient does not fully understand what you are asking
- You are puzzled by the patient's reply but fail to explore this at the time
- You are tempted to go over previous material when you do not know what to do next

Sometimes trainees repeat whole sections of the consultation, if they are not completely confident that they have adequately tackled previous parts of the consultation. For example, after discussing the diagnosis some trainees say:- "I'd just like to ask you a few more questions".

Audio consultations

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It is particularly easy to repeat questions in audio consultations, where the level of concentration needed is higher, and where you are less aware of non-verbal cues which alert you to the fact that the patient may be frustrated by this repetition. Sometimes, however, you may need to repeat a question. For example, if you cannot hear a patient response due to a poor line, or when something is so important that you have to repeat the question in order to clarify a piece of information. In such situations, make it clear to the patient why it is necessary to repeat the question.

Educational activities

Activity 1: Video several of your consultations and review them. On a piece of paper, write down every question you ask in each consultation. You will end up with a list of questions. Now review your list - how many times have you repeated a question? Ask yourself why you have repeated questions? Did you not hear the answer the first time? Did you not understand the answer the first time? Were you thinking ahead of the next thing to ask? Were you just filling in a hiatus in the consultation?

Activity 2: Now repeat the process and try to completely eliminate all repetition of questions. You will need to listen carefully to the patient and explore any replies that you do not fully understand. Repeat the process in (1) of making a list of all questions and checking for repetition.

Audio Activity 1: Review several of your audio consultations. Do you repeat questions? If so, is there something about consulting via audio that causes you to repeat yourself. Do you think that the problem of repetition is more likely in face-to-face consultations, or in audio consultations? Why? Are there any techniques available to avoid repetition in audio consultations?

Do you always explain to the patient why there is repetition?

Reflective exercises

Exercise 1: Can you think of any situation where repetition may improve the consultation?

Exercise 2: What about the patient? What does it mean when patients repeat information? What should you do if a patient seems to repeat certain pieces of information, or repeatedly asks the same question?

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Progresses through tasks

Green Progression through tasks is fluent and tasks are completed in a logical sequence and in a timely manner

Red Progression through tasks is erratic, with some tasks omitted and/or undertaken in a sequence that does not appear ordered or logical

---

About this global skill

Progressing through the tasks in a consultation in a logical order is very important, in particular to enable a thorough assessment of the problem and to have time for a discussion of a patient-centred management plan.

Problems with this global skill, commonly occur when other interpersonal skills are poorly executed at the beginning of the consultation. Poor active listening skills, failing to achieve a good balance of open questions and premature use of closed questions, will all result in the incomplete discovery of patient-specific information. Without this information, the doctor will struggle later in the consultation to involve the patient in any proposed management plan or approach. Moreover, failing to discover patient psychosocial information may well also impair the diagnostic process.

The failure to progress through these data gathering tasks will therefore have a direct impact on making a working diagnosis and sharing the management and the doctor may attempt to 'double-back' to try and elicit the information. This approach is rarely successful as the questions will seem mistimed and 'clunky', confusing the patient and damaging rapport and patient concordance.

Even if the information is forthcoming at this late and inappropriate point in the consultation, the re-visiting of earlier tasks will have an adverse impact on time management.

Audio consultations

This global skill is equally important during an audio consultation. Problems with specific tasks such as 'Discovers psycho-social context' are likely to be more prevalent in audio consultations as outlined under these sections in the Toolkit.

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Educational activities

Activity 1: First identify how good you are at progressing through the tasks in the consultation, by analysing a few different consultations. Perhaps write the tasks out on a timeline and 'map' each one by placing a cross when you feel that the task appears in the consultation.

You may find that tasks such as 'Discovers patient ICE' are appearing more than once, for example. Have another listen to the consultation with your trainer and try to identify which of the individual interpersonal skills needs improving to make sure you deal with the task adequately the first time.

Activity 2: Use the RAG Rating Grid to rate a few consultations. Now look at those tasks you have rated RED. Take them in turn and discuss with your trainer why you felt the rating was RED. If it is due to omitting that task, consider that a complimentary interpersonal skill may have been poorly executed. A common example might be that you fail to discover patient's psychosocial context and when you look at the related interpersonal skill 'Uses open questions appropriately' find you asked only one open question.

Activity 3: Ask your trainer if you can watch/listen to a couple of their consultations. Note how they progress through the tasks (use the Grid if you like). Watch where they complete 3 tasks in particular- 'Discovers psycho-social context', 'Identifies cues' and 'Discovers patient's ICE'.

How flexible is their approach? Are these tasks all located in the data gathering(first)part of the consultation? What happens if they are omitted or skipped initially, but appear later on?

Try a role play and discuss what happens when you come to sharing the management plan without patient information like ICE?

Audio Activity 1: The activities above can be used equally effectively to analyse where problems are occurring and individual sections subsequently consulted to help modify behaviours and improve skills.

In addition, try the following activities:

Are there any blocks in your audio consultations? As discussed elsewhere in this Toolkit, 'map' the consultation and see if you can see any patterns in your consultations? Things to look out for are:

- Tasks that are missing altogether

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- Tasks that seem to be ineffective or confusing to the patient
- Tasks that you seem to repeat

Why do you think this is happening? You may need to discuss this with your trainer or experienced colleague.

Reflective exercises

Exercise 1: Discuss with your trainer each of the tasks on the RAG grid.

What are your thoughts about the importance of each to the overall outcome at the end of the consultation?

What are your thoughts about the effect of omitting some or one of the tasks-are they all essential?

Discuss the tasks 'Discovers psycho-social context', 'Identifies cues' and 'Discovers patient's ICE'.

What are your thoughts about these 3 tasks? How important is their position in the timeline on the RAG Grid?

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Demonstrates awareness of ethical implications

Green Aware of the presence of an ethical component in the consultation

Red Is unaware of the presence of an ethical component in the consultation

Green Deals with ethical conflict in a justifiable way

Red Fails to deal with ethical conflict at all, or deals with it in an unjustifiable way

Green Respects the patient's autonomy

Red Fails to respect patient autonomy

Green Respects the patient's best interests

Red Fails to respect patient best interests

Green Shows awareness and consideration of the medico-legal implications of decisions, including informed consent, capacity, discrimination

Red Shows limited awareness and consideration of the medico-legal implications of actions

Green Acts non-judgementally with equity and fairness

Red Acts judgementally and fails to treat the patient with equity and fairness

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About this global skill

Ethics is a part of almost every general practice consultation. Learning to practice ethically is demanding and difficult. There are two components to practicing ethically:

a) Understanding what matters ethically

b) Making ethical decisions

Understanding what matters ethically

It is useful to have a framework for thinking about all the ethical issues of importance in a consultation.Here is one such framework, known colloquially as the 'Four Principles'.

The Four Principles are: Respect for Autonomy, Beneficence, Non-Maleficence and Justice.

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The basic idea is that you should practice medicine in such a way as to be consistent with all four principles. Of course, sometimes these principles conflict with each other, and when this happens it is important to be able to justify the choice of one principle over another.

Respect for Autonomy

- Shared decision making
- Avoiding paternalism
- Respecting confidentiality and privacy
- Being aware of situations where autonomy might not apply e.g. when the patient lacks capacity

Non-maleficence

- Avoiding iatrogenic harm
- Avoiding false reassurance
- Avoiding causing unnecessary alarm and fear

Beneficence

- Effectively treating medical problems
- Effectively offering preventative medicine
- Comforting the patient
- Empathising with the patient

Justice

- Avoiding discrimination based on age, race, sex, gender etc.
- Using limited resources in a careful way
- If there has to be rationing, providing this in a transparent and fair way

Making ethical decisions

There are several components involved in making justifiable ethical decisions. You need to develop and internalise a framework for making justifiable ethical decisions. Here is a nine-stage framework which you may find helpful.

Nine-stage ethical framework

1. Recognise that an ethical issue is present
2. Collect any extra relevant information that you might need and mentally summarise the situation
3. Sometimes there is only one reasonable ethical option, and it is very easy to decide what to do. But if there is conflict between ethical principles:
4. Brainstorm all the possible options (even if they are initially unpromising)
5. For each of your options list the ethical advantages and disadvantages
6. Now consider:

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a) Is there anything I can do to resolve the ethical conflict? (for example, if a patient does not want to tell a partner about a STD, try and persuade the patient to do so, give reasons why this is important, offer a joint consultation, etc.)

b) Is there any professional guidance about the ethical decision? (good sources are the GMC, the BMA, the protection societies)

c) Can you ask for a second opinion?

7. After considering all the above factors - make a decision. Remember that there may be no 'perfect' decision, and you may have to settle for the 'least bad' decision

8. Communicate you decision to all those individuals are affected

9. Keep accurate records

Audio consultations

Ethical considerations are equally important during audio consultations as they are in face-to-face consultations. Sometimes practicing ethically within an audio consultation can be quite difficult. One reason for this is the loss of information about what the patient is thinking - this makes it harder to respect autonomy. So it's important to spend time on the phone checking that the patient is happy with a particular management plan, and carefully exploring cues and partially expressed concerns and expectations.

Educational activities

Activity 1: Review a series of your consultations with your trainer. As you watch the video(s), identify any ethical issues that appear, and write them down. After this exercise, compare your list of ethical issues with the list produced by your trainer. Are there some ethical issues that you are regularly missing? (This educational activity focusses on Step 1 of the ethical framework above)

Activity 2: As you encounter ethical issues or dilemmas in your work, make a note of them and consider the following questions:

- What extra information did I need to collect?
- What were my options in this situation?
- What are the pros and cons of each option?
- What guidance do I know about for this situation?
- What was the best thing to do in this situation?

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Activity 3: Now share your analysis of these ethical dilemmas with your trainer. What would they have done in these situations? If there is a difference in what you would have done and what your trainer would have done, think why this is the case?

Audio Activity 1: Now repeat the above exercises with a series of audio consultations. Is there a difference between your decision making in face-to-face consultations and your decision making in audio consultations. If there is why do you think this is the case? Do you think you are systematically missing out ethical considerations in your audio consultations?

Reflective exercises

Exercise 1: Construct your own 'Ethical framework'. What do you think are the key steps in making an ethical decision? How do you balance competing ethical principles if they pull in different directions?

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Finishes data gathering by 6-7 minutes

Green Data gathering, including undertaking appropriate examination and tests takes longer than 6-7 minutes

Red Data gathering is completed by 6-7 minutes allowing time for clinical management and decision making

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About this global skill

During a 12 minute consultation, it is important to allow enough time for a safe patient centred management plan to be shared and outlined. Appropriate safety-netting and follow up need to be completed too. Doctors who struggle to reach this point, commonly spend more than 6-7 minutes on data gathering tasks.

Audio consultations

It can be easier to fit in quite a lot of clinical management options into only 4 minutes of an audio consultation, but only if the structure of the preceding data gathering section has been well organised and comprehensive. This guidance 'by 6-7 minutes' can therefore be more loosely applied and this is often because a clinical examination is a smaller part of the consultation, but conversely the history taking may need to be longer as there are no visual cues.

The global skills of 'Structures consultation' and 'Progresses through tasks' may be more likely to be diagnostic of problems in an audio consultation as a result.

Educational activities

Activity 1: If you are scoring RED or AMBER for this skill over a series of consultations, try and breakdown what you are doing during data gathering. Are you progressing through the tasks? Have a look at the 'Progresses through tasks' global skill descriptors if you are not sure.

If you are not progressing through tasks, try and analyse why not. Commonly this is due to poorly executed interpersonal skills in the data gathering section see Activity 2.

Activity 2: Consider, is the problem due to...

- Too early use of closed questions?
- Failing to detect cues and/or failing to explore cues?

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- Poor listening?
- Repetition of questions and comments?
- Too much or 'overzealous permission seeking'? (see 'Uses closed questions appropriately')
- A tendency to ask a lot of questions "just in case you might miss something"?
- Offering indiscriminate clinical examination and/or tests?

Now produce a written list of these problem areas and tackle them one by one - video/record any changes you make and let your trainer see them. Look at individual sections of the interpersonal skills to help you change your behaviours, in particular the interpersonal skills below:

'Identifies cues'

'Uses open questions appropriately'

'Clarifies and explores cues offered'

'Uses closed questions appropriately'

Activities 1 and 2 are useful activities to work through, if a doctor repeatedly fails to finish by 6 minutes. In addition, try the following activity:

Audio Activity 1: How long do spend on data collection in audio consultations? Review a series of audio consultations and measure the time it takes to completely finish data collection. Is this period shorter or longer than in your face-to-face consultations? If the time period is shorter, think why this might be the case?

Now consider how you could use the extra time to make the consultation more effective and satisfactory. Consider some options:

- More time spent on open questions
- More time spent on exploring cues
- More time spent on asking about ICE and psychosocial context
- More time spent later using ICE/patient info in sharing the management plan

Reflective exercises

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Exercise 1: What might be the effect of taking longer than 6-7 minutes to complete data gathering? How might that impact the rest of your consultation - a) In the SCA examination and b) In real life?

Exercise 2: Some trainees cope with a long data collection period by coming back to data collection later in the consultation - in effect they split data collection into two parts. Is this a good idea? What do you think are the implications of doing this - a) In the SCA and b) In real life?

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Uses clear language

Green Uses clear language that is easily understandable to the patient

Red Fails to use clear language, often using technical language and/or medical jargon

Green Language is adjusted according to a patient's language skills, educational level and cultural background

Red Does not adjust language to take into account patients' educational and/or cultural background

About this global skill

Using confusing or over-technical language may prevent the patient being involved in the consultation and damage rapport. Language also needs to be adapted to allow for the patients' educational level and cultural context and this is impossible to achieve unless you have discovered the patient's psychosocial information and ICE.

If a patient does not understand a diagnosis and subsequent management, they may also feel unsupported and the outcome of the consultation will be unsatisfactory. Similarly, if a patient does not understand the reasons for follow up and when to reconsult, this could produce patient safety issues.

Verbalisation or 'thinking aloud' is an important complementary interpersonal skill and will be more effective if you use clear language during your verbalisation.

Mastering this global consultation skill should therefore be a priority and it can be easily practised and improved with the exercises below.

Audio consultations

Using clear language is even more important during an audio consultation as you have no visual cues to help assess if a patient has understood you. Moreover, the quality of sound needs to be good and there may be barriers with strong accents that are amplified on the telephone.

Educational activities

Activity 1: Use your patients!!

- Ask patients if the explanation you have just given is clear. If they say no, or seem unsure, ask them why not?

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- If you notice them looking down, or losing eye contact during an explanation, check if you have confused them.
- During audio consultations, be aware that a silence or a hesitant response may mean that the patient has not understood.

Take care not to be too interrogatory though, as a patient may be embarrassed that they have not understood their doctor and may need coaxing to admit it.

Try and rerun the explanation, if time allows, so you can improve your skills and help the patient to understand. Or make a note of the explanation you struggled with and practice a rerun with peers as Activity 5 below.

Activity 2: Try to use a patient's language in the consultation, for example if the patient says “I think this is down to stress, I’ve been feeling under a lot of pressure recently”, use “You mentioned you put this problem down to stress, due to the pressure you have been under recently…” Practise in role played scenarios with your trainer. This works effectively for audio consultations too.

If you struggle to do this, look at the section on ‘Identifies cues’ and ‘Clarifies and explores cues’, and improve your use of patient cues.

Activity 3: Show your video/audio recording (with the patient's permission) to non-medical and medical colleagues - do they think your explanation is clear and not ambiguous? What phrases would they use?

Activity 4: Practise with friends and family, explaining conditions and management plans - ask them if they understood. You can download patient information leaflets from NHS patient.info. These leaflets use clear, simple language to describe conditions and their management.

Activity 5: Practise in your peer study groups. Come up with a list of common conditions and practise explaining the diagnosis of these conditions and the management. This may be particularly important if your first language is not English and also if you have changed career from a hospital specialty. Hospital doctors tend to use more medical jargon and technical language so you may have slipped into this habit. If English is not your first language, you may need to ask peers for phrases and words in English.

Use the activities above to focus on improving your use of clear language during all tasks but in particular during clinical management.

In addition, try the following activity:

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Audio Activity 1: Use your patients to help with this part of the consultation. At the end of audio consultations ask patients two questions: a) was there anything that they did not hear and b) was there anything they did not understand?

The patient's ability to hear may be outside your control, but most problems can be at least alleviated if you concentrate on speaking more clearly and more slowly.

If an audio consultation patient tells you that they have heard you, but not understood you, then it is important to make sure you use simple and non-technical words and phrases. There are tips on how to do this in the material and activities above.

Reflective exercises

Exercise 1: What do you understand by the term 'Clear Language'? What do you think are the components of clear language?

Exercise 2: Reflect on how would you 'use clear language' when explaining a particular medical condition to:

a) A patient with a learning disability

b) A patient with a hearing impairment

c) A patient for whom English is not their first language

d) A patient whom you feel has not understood what you have said so far?

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Remains responsive to the patient

Green	Interacts with the patient and modifies tone and language in response to the situation
Red	Fails to interact with the patient and demonstrates a fixed or insensitive agenda
Green	Allows the patient to speak and express their concerns or preferences
Red	Ignores or responds in a dismissive way to patient ICE and any cues offered
Green	Listens carefully to the patient ICE and verbal cues sensitively
Red	Interrupts or speaks over a patient
Green	Acknowledges and responds to patient preferences for examination, investigation and management
Red	Ignores or denigrates patient preferences for examination, investigation and management

About this global skill

Being responsive to the patient is an important component of consulting effectively.

Without responsiveness, the patient consultation will appear insensitive to the patient, jarring and possibly even rude or hostile.

More importantly, the patient will feel that he/she is not being listened to - and will therefore be less likely to engage with the consultation or share important information. Or even worse - may become disengaged from the consultation, confused, upset or angry.

Responsiveness to the patient is a composite skill, and includes careful listening, an interest in the presenting problem, and a willingness to follow where the patient leads. It is an important counterbalance to the global skill 'Structures consultation', as a consultation without any structure will feel chaotic and out of control whereas a consultation without responsiveness will feel regimented and insensitive to the patient.

Audio consultations

Being responsive to the patient is harder in audio consultations than face-to-face consultations. Problems with the audio link may make interrupting the patient more frequent, and it is harder to detect confusion or disengagement or frustration within the consultation. It is also harder to

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demonstrate empathy over an audio link. It is therefore important to speak clearly and slowly, and check that the patient is happy with the consultation and with the advice being offered.

Educational activities

Activity 1: Review several of your video consultations initially on your own and then with your trainer or experienced colleague. Do you think you have listened enough to your patients? In particular, consider:

- Do you interrupt patients?
- Do you allow patients to finish explaining their concern or preferences?
- Do you sensitively explore cues?
- Do you let the patient know that they have been heard and understood?

Do you use ICE and information obtained from cues to guide discussion with the patient? Are there signs that the patient is becoming disengaged, confused or even upset or angry?

Activity 2: Now apply the results of 'Activity 1' to future consultations. As with other activities, try to improve one skill at a time. For example, if you discover that you frequently interrupt the patient, then focus entirely on completing consultations without interrupting. How does this alter the effectiveness of the consultation?

Activity 3: Once you are sure that you have made significant changes in responding to the patient, watch a couple of consultation videos with your trainer. Ask the trainer whether the changes have improved your responsiveness, and whether this has altered the effectiveness of the consultation?

Audio Activity 1: Review several of your audio consultations and ask the same questions that you ask in Activity 1 above. How does you compare in terms of responsiveness in audio v face-to-face consultations? What could you do differently in the audio setting to improve this?

Reflective exercises

Exercise 1: If you are adopting a lot of behaviours that indicate that you realise are not responsive to the patient, ask why this is happening? Possibilities include:

- lack of time
- lack of interest in the problem that the patient is bringing§
- lack of confidence/knowledge in managing a particular problem

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- lack of knowledge
- stress

Exercise 2: Ask yourself why you are short of time/lacking in confidence etc. What can you do to make your consultations less pressured?

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