



# Is the Consultation still important?

RHONA MCMILLAN

TPD GLASGOW SOUTH



▶ See

▶ Hear

▶ Feel



▶ Clip from start of Movie Wit

# Rhona's Aims

- ▶ Explore how we teach consultation skills to GPSTs
- ▶ Explore use of video in the “COT Era”
- ▶ Consider Realistic Medicine (CMO 2016)
- ▶ (Recruit Consultation Peer Reviewers from South East Scotland)

# Teaching the consultation to GPSTs

- ▶ Who?
- ▶ When?
- ▶ Where?
- ▶ How?

# Tasks of the Consultation

Pendelton 1984

1. To define the reason for the patient's attendance  
*History/ ICE/ effects of problem*
2. To consider other problems  
*Continuing problems/ risk factors*
3. With the patient, to choose an appropriate action for each problem
4. To achieve a shared understanding of the problem(s) with the patient
5. To involve the patient in the management, encouraging him/ her to accept appropriate responsibility
6. To use time and resources appropriately  
*In the consultation and long term*
7. To establish or maintain a relationship with the patient which helps to achieve the other tasks

# CMO Report 2016

- ▶ *“We have asked the Citizens Panel, a group of 1,300 people who are broadly representative of the Scottish Population, what is most important to them to make a good consultation. 76% stated leaving the consultation feeling they had been listened to, was an indicator of a good consultation, followed by 67% citing clarity of information.”*

# Realistic Medicine

- ▶ Principle 1

- ▶ *Realistic Medicine seeks to improve healthcare by combining the expertise of patients and professionals in a more equal relationship; building a more personalised approach to care, increasing shared decision making....*

- ▶ Principle 2

- ▶ *The skills needed for Realistic Medicine are required throughout a doctor's career. The work required to develop and sustain these skills should include all doctors.....*

- ▶ Principle 3

- ▶ *Doctors in Scotland should be supported to practise Realistic Medicine through the provision of appropriate knowledge; evidence, training, tools and aids.....*



# Realistic Medicine (2)

- ▶ Principle 4

- ▶ *...emphasis of the core skills for Realistic Medicine, relevant across lifelong learning, complement traditional medical education; competency in communication .....*

- ▶ Principle 5

- ▶ *Learning medicine is an apprenticeship. Exposure to role models who display desirable behaviours and approaches is vital, excellent role modelling is very powerful and may influence learning throughout a career.*

- ▶ Principle 6

- ▶ *.....patients must be empowered to fulfill their role in shared decision making.*



What do our GPSTs find difficult  
when consulting in GP?

# What do our GPSTs find difficult when consulting in GP?

- ▶ 10 minutes
- ▶ Running Late
- ▶ Irritable/ angry patient
- ▶ uncertainty
- ▶ Unrealistic demands
- ▶ List
- ▶ ???????????

# Video and the Post CSA GPST3

- ▶ Summarising and clarifying (Neighbour “jist of problem”)
- ▶ Picking up cues (? How did they get there)
- ▶ Further S&C
- ▶ Targeted, focussed examination
- ▶ Slick explanations
- ▶ Checking understanding
- ▶ Appropriate follow up



▶ Popsicle scene clip from Movie Wit