

How to improve consultation skills teaching in outpatient clinics

Some Theory and Practice
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Warning!

- You will not be experts in consultation skills teaching after this presentation (unless you were before!)

Schedule for the workshop

- Learners' likes and dislikes (group exercise)
- Educational climate
- Consultation skills: importance, teaching, models
- Patient-centredness
- Watch an example
- Thinking about building the relationship (group exercise)

Why bother with theory?

- Teachers are powerful role models
- Their attitudes and behaviour may have a profound effect on learners
- Subject expertise, while important, is not sufficient
- Understanding the learning process helps teachers to become more effective

Learners' likes and dislikes

- Group exercise:
- Think back to your own experiences as a learner
- In small groups, draw up a list of likes and dislikes about teaching sessions you have experienced

Learners' likes and dislikes 2

- Now feed back your ideas to the group:

Learners' likes

- Encouragement and praise, positive feedback
- Learning on the job
- Discussing cases incl best practice
- Group discussions
- A relaxed atmosphere
- Approachable trainers who are enthusiastic and knowledgeable
- Prizes!

Learners' dislikes

- Just looking at mistakes
- Humiliation and being shouted at, esp in public
- Being frightened
- Trainers not appreciating their knowledge gaps
- Irrelevant teaching on v rare conditions
- Out of date trainers who think they know everything

Problems with clinical teaching

- "See one, do one, teach one"
- Lack of clear objectives
- Lack of preparation and planning
- Focus on factual recall
- Inadequate supervision and feedback
- Limited opportunity for reflection and discussion

Educational Climate



- Physical- facilities, equipment, comfort etc
- Emotional- security and trust, positive methods, reinforcement
- Intellectual - up-to-date knowledge and skills, questioning why a decision was made, bringing in the evidence

What can be taught in a clinic setting?

- Consultation skills
- Clinical problem solving
- Technical skills with instruments
- Ethics
- Professional behaviour
- Risk management

Clinic settings



A wonderful opportunity for teaching and learning!

Why consultation skills?

- Why bother with communication skills?
- Do doctors deliver what patients want?
- Can communication skills can be taught and learned?
- How can this be done?

Background

- Communication skills are a core clinical skill (WHO; GMC)
- Diagnoses made more frequently from interview data than all other sources added together
- Drs conduct up to 200k interviews over 40 year career

Clinical Competence

The ability to integrate:

- Knowledge base
- Communication skills
- Problem-solving ability

Good Medical Communication

- Improves clinical performance : more accurate diagnosis, more time-efficient
- Improves health outcomes for patients.
- Improves patient satisfaction, supports patients, and leads to fewer complaints

The evidence?

- Overwhelming evidence for positive effect of communication training
- Medical students, residents, junior doctors, senior doctors
- Specialists and general practice equally

Aspergren K (1999) Teaching and Learning Communication Skills in Medicine: a review with quality grading of articles. Medical Teacher 21 (6)

Medical school history-taking

- History of present complaint
- Past medical history
- Smoking/alcohol/drugs
- Write lots and lots, even if irrelevant
- Then diagnose and treat = easy!!

Reality

- It is not so easy in practice
- Doctors in family medicine have to deal with complexity and uncertainty
- Patients share only some of their thoughts with only some of the doctors they see

Do we let patients talk?

Research by many eg:

- Marvel *et al* (1999)
 - Subjects: experienced primary care physicians (N = 27)
 - audiotaped interviews with real patients (N = 264)

Answer = No

- Average interruption time – 23.2 sec
- Block – 28% closed question; 14% statement
- Need for the “Golden Minute” of doctor silence

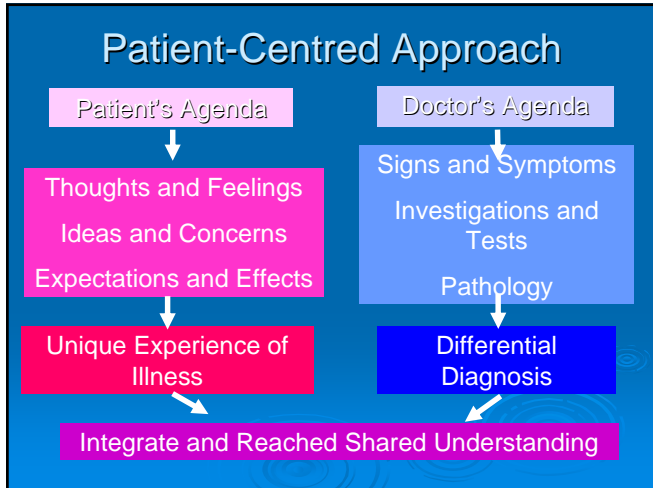
Some Desired Outcomes

- Patient satisfaction
- Reduced risk of complaints
- Adherence to treatment programme
- Improved health outcomes

Non-Compliance: Some facts

- About 1/2 medicines not taken as prescribed
- Compliance significantly increases with increasing patient-centredness

What does
patient-centredness
mean?



Can consultation skills be learned?

- Communication is a series of learnt skills
- Experience is a poor teacher
- Skills need to be refreshed

Can consultation skills be taught?

- This is a different skill to learning consultation skills
- It as useful to have a framework here as well

Teaching communication skills – What the evidence says is important

- Definition of the skills
- Observation of learners
- Video or audio recording and review
- Constructive feedback
- Rehearsal of skills
- Active small group or 1:1 learning

Consultation models

- Break down the consultation into tasks
- Enables focus on specific aspects
- The Cambridge-Calgary is an example
- Roger Neighbour's model is another

Cambridge - Calgary

<div style="background-color: #e0f0ff; padding: 10px; border: 1px solid #0070c0;"> Providing Structure </div>	<ul style="list-style-type: none"> ➢ Initiating the Session ➢ Gathering Information ➢ Explanation and Planning ➢ Closing the Session 	<div style="background-color: #e0f0ff; padding: 10px; border: 1px solid #0070c0;"> Building The Relationship </div>
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Neighbour

- **Connecting** -establishing rapport
- **Summarising** - discover patient's ideas, concerns, expectations and summarise back
- **Handing over** -doctors' and patients' agendas are agreed.
- **Safety netting** -“What if?": consider what the doctor might do in each case.
- **Housekeeping** -‘Am I in good enough shape for the next patient?’

A variety of possible methods

- Random Case Analysis
- Hot Cases
- Joint consultations
- Video
- Roleplayers
- Reflective logs
- Case- based discussion
- Simulated surgery OSCEs
- Assessment of consultation skills

Small group session



Some of our trainees and roleplayer "patients", 2007

Summary

- Provide the right learning environment
- Make learning interesting and relevant
- Give registrars responsibility for learning
- Reinforce the positive, not the negative
- Incorporate active learning experiences
- Give regular constructive feedback on progress

Consultation Skills

- Both teacher and learner have to be prepared for the unexpected



Group work

- We are now going to think about one aspect of the consultation
 - Building the relationship

Building The Relationship

- Developing rapport
- Using appropriate non-verbal behaviour
- Involving the patient

Demo

- We will watch a clip of part of a consultation
- This was made for teaching purposes
- Do not worry about understanding the actual words

Instructions

- Think about attitudes and non-verbal communication
- Then decide how you would give feedback to the learner
- What else would you need to see or hear to make a judgement?

Questions?

- Don't be shy!
- Please ask if you would like anything explained



Further reading

- Chambers R and Wall D. Teaching made easy. Oxon, Radcliffe, 2000.
- Knowles MS. Andragogy in action: applying modern principles of adult learning. San Francisco: Jossey-Bass, 1984
- Neighbour R. The Inner Consultation: MTO Press; Lancaster, 1987
- Silverman J, Draper J, Kurtz SM. Teaching and Learning Communication Skills, Radcliffe Medical Press, 1998.