

Session Three

Exercise: The consultation journey (Neighbour's cards)

Below is a checklist of stages that may occur on the consultation journey (this is largely based on Roger Neighbour's book, *The inner consultation: How to Develop an Effective and Intuitive Consulting Style*, 2nd ed. Radcliffe Medical Press, 2004).

- *Opening gambit/ice-breaker*: One of these is the first thing the patient says when he or she walks into the room, eg. "I've had a very long wait, Doctor. What's the point in having appointment times and then not sticking to them?" Another is the first thing the patient says about the reason he or she has come to see you, eg. "I think I must have had a dodgy Chinese on Saturday because I've had constant diarrhoea ever since."
- *The patient goes first*: Let the patients have their say, find out what they are thinking, let them get things off their chest.
- *Listen*: Don't just sit there staring out of the window. Make some eye contact, raise your eyebrows, lean forward, make encouraging noises, and don't interrupt too soon.
- *Empathy*: Try to put yourself in the patient's shoes.
- *Sign-posting*: "I'll listen to your chest and take your blood pressure in a moment, but first tell me a bit more about the pain in your hip." This reassures the patient that you are not ignoring their concerns but need to do things in a certain order.
- *Explain why you asked*: "The reason I asked you about flashing lights and disorientation is that they can both be symptoms of migraine. Or aliens landing in your garden."
- *ICE*: Ideas, concerns and expectations – what the patient thinks, or is concerned about, or expects you to do. They may not always be clearly stated, so you have to try to spot them as they arise. Patients who say "I'm not worried about it, Doctor, it's not bothering me at all, I just thought I ought to mention it" are often going to go home to their partners and say "They never even sent me for a bloody, even though it's obvious that I'm really worried about cancer!" – so you have to be able to read between the lines.
- *Context*: Social, psychological, physical – consider all these factors and their relevance to the patient's problems. For example, a patient suffers from severe headaches when he wakes up every morning. On investigation it turns out he gets blind drunk with the lads every night (social) because he's under terrible stress at work (psychological), and when he gets home his wife always bangs him over the head with a frying pan (physical).

- *Summarise*: Check with the patient that you have understood the story correctly. "So your *wife* turned out to be a *bloke*?!"
- *My friend John*: "I had another patient with a similar problem to yours, and he was really concerned about..." This can be useful if you suspect that your patients have problems they are embarrassed to talk about.
- *Internal search*: If you ask the patient something and they feel a bit uncertain how much they trust you or how much they want to share with you, they may do an "internal search" where they become quiet and look down or from side to side while they are thinking. The key here is not to interrupt. (On the other hand, if the reason for this behaviour is that a button has just popped off the patient's shirt and he's looking around for it, you could offer to help.)
- *Stepwise explanation*: "You know that you've been on tablets for high blood pressure for a long time. Well, high blood pressure increases the risk of furring up or narrowing of the blood vessels, like the blood vessels in your leg for example. If the blood vessels in your leg get narrow, then when you walk uphill and your leg muscles need more blood, the blood may struggle to get through, and that may be why you are getting pains in your calf..."
- *Gift wrapping*: When you are offering the patient management options you may "dress up" the one that seems best for that patient. "Well, we could start you on a statin, or you could try to control your cholesterol through diet. Of course if you did manage to control it through diet then you'd probably feel a lot healthier as a result, and you'd also be costing the NHS less..." (NB - This never works.)
- *Handover*: Sharing management plan and options. Checking understanding and agreement. "Okay, so you're going to take one of these tablets every day for a month, then come back and see me and I'll check your blood pressure again."
- *Safety-netting*: "Okay, so you're going to take one of these tablets every day for a month, but if your skin turns blue or your fingernails fall off then stop taking them and come back straight away."
- *Housekeeping*: Measures to ensure that you stay in good shape for the next consultation. Wash your hands, take a sip of your cold coffee, check the cricket score on the internet, blow your nose and look at the contents of your hanky, then call the next patient.

How to play "Neighbour's Cards"

- Print off a set or two of cards with the titles of the different consultation-stages on them (see below for card-layout). Distribute the cards amongst the group-members
- Now get everyone try to think of a particularly difficult consultation they've had in the past week/month/year.
- The facilitator should pick two volunteers for the game: the first volunteer is someone who has thought of a particularly difficult consultation, and the second volunteer is someone else.
- Re-enact the particularly difficult consultation. The first volunteer should role-play the part of the patient, and the second volunteer should be the GP.
- The rest of the group hold up Neighbour's Cards as the consultation unfolds and they recognise stages.
- At the end of the game, the group looks at any cards which have not been held up, and considers if any of them might have been helpful in the reconstructed consultation – ie. if any important stages have been missed.
- Pick another difficult consultation, and re-enact that one in the same way. Repeat as necessary.

The idea of the game is to develop insight into the structure of consultations, and how different consulting methods may help in difficult situations.

Neighbour suggests that you could also keep a set of cards on your desk when you're working, and pick one at random, then try to use that skill/stage in the next consultation.

NEIGHBOUR'S CARDS (FOR PRINTING OUT)

| | |
|--|------------------------|
| Opening Gambit/Ice Breaker | The patient goes first |
| Listen | Empathy |
| Sign-posting | Explain why you asked |
| ICE – ideas, concerns and expectations | Context |

NEIGHBOUR'S CARDS (SHEET 2)

| | |
|-----------------|----------------------|
| Summarise | My friend John |
| Internal search | Stepwise explanation |
| Gift wrapping | Handover |
| Safety-netting | Housekeeping |

Here's some homework based on Neighbour's cards, if the group want to use them some more:

Record all instances of one particular stage – for example, record all the ice-breakers/opening gambits you get on a particular day. Try to work out what they mean. If a patient comes into a consultation and says “Don't ask me how I'm feeling!” as an opening gambit, what does this mean and how does it set the tone for the rest of the consultation?

Alternatively, you could score your consultations on a grid (see next page) to develop insight into your own consulting-patterns. This is quite difficult to do while the consultation is in progress, so you can either try to remember the detail of the consultation just after it finishes, or make some videos and “mark” them afterwards (which is a particularly good exercise for Registrars).

Neighbour's cards (scoresheet)

| | Opening gambit | Patient goes first | Listen | Empathy | Sign-posting | Explain why you asked | ICE | Context | Summarise | My friend John | Internal Search | Stepwise explanation | Gift Wrapping | Handover | Safety-netting | Housekeeping |
|------------|----------------|--------------------|--------|---------|--------------|-----------------------|-----|---------|-----------|----------------|-----------------|----------------------|---------------|----------|----------------|--------------|
| Patient 1 | | | | | | | | | | | | | | | | |
| Patient 2 | | | | | | | | | | | | | | | | |
| Patient 3 | | | | | | | | | | | | | | | | |
| Patient 4 | | | | | | | | | | | | | | | | |
| Patient 5 | | | | | | | | | | | | | | | | |
| Patient 6 | | | | | | | | | | | | | | | | |
| Patient 7 | | | | | | | | | | | | | | | | |
| Patient 8 | | | | | | | | | | | | | | | | |
| Patient 9 | | | | | | | | | | | | | | | | |
| Patient 10 | | | | | | | | | | | | | | | | |
| Patient 11 | | | | | | | | | | | | | | | | |
| Patient 12 | | | | | | | | | | | | | | | | |

Exercise: "Everything worth doing is either illegal, immoral or fattening"

In the video, Mr Fapso says he doesn't want to get old and die. Dr Gladstone says the real question is whether he's going to enjoy his life while he's still got it.

Here is a list of activities:

| |
|--|
| Drinking alcohol |
| Smoking tobacco |
| Dancing |
| Running |
| Making love |
| Eating |
| Cooking |
| Playing games |
| Attending Professional Development courses |
| Reading medical textbooks |
| Going to work |
| Raising children |
| Hosting a dinner party |
| Attending someone else's dinner party |
| Arguing |
| Making someone feel guilty |
| Feeling guilty yourself |
| Having a poo |
| Shopping |
| Redecorating the house |
| Driving your car |
| Paying your taxes |

Read out this list (you can add to it if you want) and ask group-members to fit each list-item into the following grid:

| | |
|--------------------------|-------------------------|
| Fun, and good for you | Fun, but bad for you |
| No fun, but good for you | No fun, and bad for you |

Items from the list may fit into more than one category. Why do people ever do things which are no fun and bad for them? Do you have to have elements from all these categories to get a good work/life balance?