

Consultation Skills

2010-11



Jeroen Sparla – The Conversation

Tutor Guide

Consultation Methods – Haematology System Block

Initiating the Consultation

Rob Jarvis January 2010

Consultation methods - Year 1: Haematology System Block

Initiating the Consultation

Format

One tutor with ten students
1 hour 30 minutes (2.30-4.00pm)
Clinical Skills Centre

Materials/resources

One Simulated Patient who will play several roles in a series of mini scenarios.
You will have a computer linked to a video screen.
Clips will be on the hard-drive.

Scenarios

The scenarios are based around one patient with two consultations at two points in time. The point is to introduce the students to different situations where the consultation may be a little different in each case, but which have common elements relating to initiation. **The key thing is to realise that the initiation phase is the doctors chance to work out what this consultation is all about.**

The patient has lymphoma (prob best not to tell students this before scene 1).

Scene 1 - initial consultation with GP

Scene 2 – outpatient review six months later

Learning objectives

Develop understanding of the 'Initiation' of a consultation
Be able to create a list of skills relating to initiating the consultation
Develop skills of critical analysis and peer feedback

2.30 Introductions

2.35 Setting the scene for the session

What is this session about? – Initiating the consultation
Why is initiating the consultation important?
Ask students for experience/thoughts.
Briefly explain format of session.

Illustration (if you wish to use it to break the ice..)

Clip from 'House'

Most of the students will know *House*.

If there are any who don't then get those who do to explain.

Possible issues to discuss very briefly – try not to give your opinions here -

“Too brilliant for introductions”?

(..or other aspect as you see fit)

I would suggest picking up on only one issue (if any) as this needs to be brief.

2.45 Introduce first clinical scenario

“You are a student in General Practice. You are due to see the next patient before they go through to see the GP.”

Split the students into four groups. Ask each group to briefly discuss what they want to know before they see the patient, and think about how they are going to start the consultation.

The only information they can have is the following -

Name James/Jessie McDonald

DOB 01/02/1950,

CHI 010250 0101

Address 1 Brown Lane, Dundee

Last GP appt: two years ago for a sore throat

PMH nil of note

DH nil recorded

Allergy nil known

Points to bring out –

- 1 Is it necessary to ask for ‘date of birth’? Most GPs don’t. Why do we ask for this anyway?**
- 2 Identify the reasons for the consultation at the start (there is often more than one. Some are identified by the patient, and some by the doctor).**
- 3 How do they deal with the ‘immunisation’ request?**

3.00 Create skill list

Encourage students to create list of skills pertinent good initiation in their small groups and then flipchart the list:

- **Preparation** – notes, patient, context, self etc
- **Greet** patient – obtain name, how likes to be addressed. Ensure ‘correct patient’.
- **Introduce** self, role, nature of interview
- Obtain **consent**

- Attend to **physical comfort**
- **Opening question** to identify problems or issues
- **Listen** attentively to opening statement
- **Screen** for further problems/issues
- **Confirm problem/issue** list

3.15 Introduce second clinical scenario – nine months later

“Nine months later. You are a student in Haematology out-patients. You are due to see the next patient before they go through to see the consultant. The patient is James/Jessie McDonald and you know they have lymphoma.”

Again, ask each group to briefly discuss what they want to know before they see the patient, and think about how they are going to start the consultation. Does it differ at all from the last scenario?

The information they have from the notes is -

Name James/Jessie McDonald
 DOB 01/02/1950,
 CHI 010250 0101
 Address 1 Brown Lane, Dundee

Diagnosis Lymphoma (follicular – low grade, on presentation nine months ago confined to one area in the neck, no disease in the bone marrow)
 Status In full remission as of three months ago
 Treatment One course of chemotherapy (R-CHOP) - which involved six cycles of treatment, each lasting for three weeks.
 Other PMH nil of note
 DH now nil
 Allergy nil known

Points to bring out –

- 1. Did the students identify the point of the consultation? The main reason why the patient is here is for the doctor to check that everything is OK, not really to respond to a problem – but that they have checked there is no other issue.**
- 2. The patient may ask about a blood test from yesterday. The student doesn't have the result, do they deal with this at the start of the interview?**

3.45 Revisit skill list

Ask students what they have learnt - ask them to write down two things each.
 Can they recall the skills for this session?

Haematology year 1 - Consultation Methods

Patient script – lymphoma

Name James/Jessie McDonald
DOB 01/02/1950,
Address 1 Brown Lane, Dundee

You will be playing the part of this patient twice in each session. The first time is when you go to see the GP because you are feeling tired and washed out. The second time is in haematology out-patients nine months later after you have been diagnosed and treated for lymphoma.

First scenario

You live alone and have no family. You used to work in a shop – please feel free to choose which one and what role you had there. You are now retired and live fairly simply but comfortably. You have some good friends through your local church. You have never been troubled by your health before, the last time you saw the GP was for a troublesome sore throat two years ago.

You have two main issues –

First: over the last two months you have been feeling very washed out and tired and have come to see the GP today to discuss this. You just can't get going like normal.

Second: you are planning on going to the 'Holy Land' next year with a group from Church – how can you find out about what immunisations you need?

If the student asks if there is anything else you wish to discuss you should say that you have noticed a lump under your chin which doesn't hurt, so you had assumed it was nothing.

You have no other symptoms; no shortness of breath, pain, weight changes, fevers, sweats, bleeding, problems with bowels etc. You eat a normal diet.

You take no medications and have no allergies.

Second scenario

It is nine months later. You have come to haematology outpatients for a check up.

Nine months ago the tired feeling that you had and the lump under the chin turned out to be connected – after several tests and scans at the hospital you were diagnosed with lymphoma.

You understand that lymphoma is a cancer of the blood. Your lymphoma was only in the lump under your chin and had not spread anywhere else. You have been told that your lymphoma is very 'low grade' which means that it does not progress very fast at all, but that in all likelihood you will

never be fully 'cured'. However, you have had some successful treatment (chemotherapy) and you have been told that you are in 'full remission' (ie – the doctors can't see any of the cancer any more, but they know it is likely come back at some point in the next ten years or so..).

The chemotherapy involved injections into your veins on one day every three weeks. This happened six times. You also had to take lots of tablets during the first week each time. You felt a bit rotten but did not get too unwell and the doctors were very pleased with this. The main effect of the treatment on you was that all your hair fell out and you had to wear a wig. All this treatment took five months and rather took over your life for a while – but your friends from church were very helpful.

You no longer can feel the lump under your chin and your energy levels are coming back week by week. You still have no other symptoms.

You currently take no medicines. You had a blood test yesterday at your GP and you wonder what the results are.