

Consultation Skills

2010-11



Jeroen Sparla – The Conversation

Tutor Guide

Consultation Methods – Cardiovascular System Block

Gathering Information

Rob Jarvis February 2010

Consultation methods – Year 1: CVS System Block

Gathering Information

Format

One tutor with ten students

1 hour 30 minutes

Clinical Skills Centre

Materials/resources

You will have a computer linked to a video screen.

Clips will be on the hard-drive of the computer.

Learning objectives

Develop understanding of the 'Gathering Information' section of a consultation

See real doctors doing diagnostic consultations

Develop skills of critical analysis and feedback

2.30 Introductions and class register

Briefly clarify format of session.

2.35 Setting the scene for the session

What is this session about? – Gathering Information

Ask students - Why is Gathering Information important?

What was last session about? – Initiating the consultation.

What did they learn from this? – Brief list (on 'Talking with Patients – Giving Information' leaflet)

You may wish to reinforce '*identify patients problem*' and '*screen for further problems and confirm list*' – as gathering information takes up from here.

2.45 View first clip – Clip1: A&E Reg Dr RB - patient with SOB (Five minute clip)

This is an A&E registrar taking a history from a 56 year old patient who has shortness of breath. He knows the observations are normal (temp, pulse and respirations) and that oxygen saturation is good (ie patient is not too unwell).

Ask students what they are thinking about this already: do they have any possible diagnoses? Could it be a heart problem? (yes – heart failure or angina can cause breathlessness)

Play clip (stop after 5 min), then lead critique.

Examples of possible points to discuss, but you may choose not to cover them all... Get the students to come up with these if you can:

Content Good biomedical coverage? Anything missed? What about cardiac related symptoms? Breathless on lying flat (orthopnoea) and waking up gasping for breath (paroxysmal nocturnal dyspnoea, PND) are both signs of heart failure.

The **patient's perspective** was only briefly addressed – why is this a problem?

Perception Which diagnoses is the doctor thinking about?

Chest infection
COPD
Asthma
Pulmonary embolus
Heart failure
Angina

Is the doctor thinking about management? The suspicion here is that he is concerned here with **immediate management** (puffers, steroids, antibiotics etc) rather than **medium to long term management** – (what to do about fact that patient is on holiday in a caravan with grandkids and disabled wife).

Process What do the students think about the way in which the information was collected?

He does **listen** (how do you know? – asks relevant questions) but fails to use other techniques to reassure patient that he is doing so – (inconsistent eye contact, looking away, mm hmm in a dismissive rather than facilitative fashion etc).

Language used is very clear.

Closed questions right from the start. How would open Qs help?

Doesn't pick up on cues (eg re family).

Little **summarising**?

Try to relate improving the process to being more successful overall in the consultation, ie – if the *process* is better this leads to improved *content* and understanding.

Can students think of list of skills which might help to gather info (flip chart or in groups)?

3.15 Create skill list

Encourage students to create list of process skills pertinent to gathering information well:

- **Listen** – and show you are doing so
 - Encourage patient to tell their story
 - Facilitate responses both verbally and non-verbally
- **Clarify** details of the story
 - Respond to cues
- **Explore**
 - Ask open and closed questions
 - Avoid leading or double questions
 - Summarise periodically and invite correction of inaccuracies
 - Use language carefully

Students may recognise this from the 'Talking with Patients – Giving Information' leaflet

For clip 2 you may wish to split the students into roles to look at Content, Process & Perception elements.

Content - write up history on blank paper. Think about content missed.

Process – note examples of skills on the list above. Note times. What was not done?

Perception – differential diagnosis? Management issues?

3.25 Clip 2: A&E Consultant Dr SR - patient with palpitations (7 mins)

Context:

Dr SR, Consultant A&E seeing a 60 year old patient with palpitations. Dr R has the vital signs of this patient (fast pulse but otherwise OK) and has seen an ECG which shows 'Atrial Fibrillation' (AF).

(AF = a fast irregular heartbeat which is common, but will need some attention – it can make people unwell – blackout, shortness of breath, chest pain from angina, heart failure – and in the long term it can cause stroke)

Critique clip – similar to clip 1. Concentrate on 'process' if possible and relate to **skills list**.

3.50 Revisit skill list

Ask students what they have learnt - ask them to write down two things each.

Can they recall the process skills for gathering information?