GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

FAQ

FREQUENTLY ASKED QUESTIONS

PODCAST WEBINAR

Introduction to Consultation and Feedback

What constitutes a good consultation?

BEFORE THE CONSULTATION

- Ask the registrar if there are any specific issues that they would like you to focus on during the encounter e.g. history taking, explanation, consultation structure
- Acknowledge that sitting in can be anxiety-provoking and reassure the registrar that you are there is a supportive role
- Discuss process for patient consent
- Discuss how the registrar will explain who you are and the purpose of you sitting in. For example, "I have another doctor/my supervisor sitting in with me today to give me some teaching. Do you mind if they observe our consultation?"
- Set up the room, ideally with you positioned out of direct eye contact of both the registrar and the patient

DURING THE CONSULTATION

- Write down quotes and observations
- Use a consultation assessment tool to rate performance
- Consider the breadth of consultation skills
  - Structuring the consultation effectively
  - Communicating effectively – connection, rapport, non-verbal
  - Providing patient-centred care – patient agenda
  - Providing culturally appropriate care
  - Effective data gathering and reasoning – history and examination
  - Managing uncertainty
  - Management planning – explanations, follow up and safety netting
  - Managing time effectively
  - Being professional
  - Recognising limitations (calling for help)
- Consider other issues as they arise e.g. interruptions

AFTER THE CONSULTATION

- Feedback should be given at a level appropriate to the registrar's stage of training
- Discuss learning needs

GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

FAQ
FREQUENTLY ASKED QUESTIONS

Preparing for the consultation	• Check whether you have seen the patient before (or as a parent of a child) • Review the last visit and recent investigations/correspondence • Take a break after a difficult or emotional consultation
Connecting with the patient	• Let the patient talk uninterrupted for the first minute • Use appropriate expressive touch • Avoid being distracted by the computer – take 'time out' to look up results, read letters and write notes
Identifying the patient's agenda	• Ask about the patient's ideas, concerns and expectations (ICE) • Ask the patient 'Is there something else you want to address in the visit today?'
Examining the patient	• Examine the patient routinely • Expose the patient adequately
Managing uncertainty	• Seek information routinely • Ask your supervisor • Use Murtagh's (restricted rule-out) framework • Use a diagnostic pause • Use watchful waiting • Order tests judiciously • Listen to your gut feelings – if you feel a 'sense of alarm', seek help • Safety net
Explaining the problem	• Discuss probable diagnosis and clinical reasoning before management • Address the patient's agenda
Forming a partnership in management	• Involve the patient in decision-making • Use 'we' when discussing management plans
Following up and safety netting	• Have a low threshold for getting patients back for review • Telephone patients if concerned • Safety net patients of concern
Manage time	• Identify the 'list' of problems early in the visit • Prioritise which is the most important issue for both the patient and the doctor • Ask patients to return for another visit

Morgan S, Chan M, Starling C. Starting off in general practice - consultation skill tips for new GP registrars. Aust Fam Physician. 2014;43(9):645-648.
https://www.racgp.org.au/afp/2014/september/starting-off-in-general-practice-%E2%80%93-consultation-skill-tips-for-new-gp-registrars/

GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

FREQUENTLY ASKED QUESTIONS

Why is good consultation important?

- The GP Consultation is key to what sets GPs apart from other doctors
- GPs with the right approach to the consultation can lead to better outcomes for the patient and the community in general
- The good GP consultation is efficient and cost effective and leads to patient-centered care

SKILLS INVOLVED IN AN EFFECTIVE CONSULTATION INCLUDE:

- Encouraging the patient's contribution at appropriate points in the consultation
- Responding to signals (cues) that lead to a deeper understanding of the problem
- Using appropriate psychological and social information to place the complaint(s) in context
- Exploring the patient's health understanding
- Obtaining sufficient information to include or exclude likely relevant significant conditions
- Appropriately choosing the physical/mental examination to confirm or disprove hypotheses that could reasonably have been formed OR to address a patient's concern
- Making a clinically appropriate working diagnosis
- Explaining the problem or diagnosis in appropriate language
- Making appropriate management plan (including any prescription) for the working diagnosis, reflecting a good understanding of modern accepted medical practice
- Giving the patient the opportunity to be involved in significant management decisions
- Checking that there is a shared understanding of the diagnosis, management plan, treatment, safety-netting and follow-up arrangements
- Making effective use of resources
- Specifying the conditions and interval for follow-up or review

The RCGP (UK) https://www.bradfordvts.co.uk/mrcgp/cot/#google_vignette

How can we teach consultation skills?

While there is no definitive consultation model, there are many to refer to, including (but not limited to):

- 1987 – Neighbour
- 1984 – Pendleton
- 1981 – Helman's
- 1979 – Stott and Davis
- 1976 – Byrne and Long
- 1975 – Heron
- 1966 – Berne
- 1957 – Balint

NEIGHBOUR:

The "Inner Consultation" Model

- Connecting
- Summarising
- Handing over
- Safety netting
- Housekeeping

(Neighbour, R. 2005)

BEME:

"Games People Play"

- Transactional Analysis
  - The Child
  - The Adult
  - The Parent

(Berne, E. 2016)

PENDLETON:

"The Consultation, An Approach to Learning and Teaching"

- To define the reasons for the patient's attendance
- To consider other problems
- To choose with the patient an appropriate action for each problem
- To involve the patient in the management plan and encourage the patient to accept appropriate responsibility
- To use time and resources appropriately
- To establish or maintain a relationship with the patient which helps to achieve other tasks.
- To achieve a shared understanding of the problem with the patient

(Pendleton, 1984)

GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

FAQ
FREQUENTLY ASKED QUESTIONS

BALINT:

"The Doctor, His Patient and The Illness"

- The doctor as a drug
- The child as the presenting complaint
- Elimination by appropriate physical examination
- Collusion of anonymity
- The flash
- The mutual investment company

(Balint, 1955)

"Real World" guidance

- Preparation
- Connecting
- Identifying the patient's agenda (ICE)
- Examination
- Manage uncertainty
- Explain the problem
- Forming a partnership in management
- Follow up and safety netting
- Manage time

What about telehealth?

Neighbour's "Inner Consultation" Model has been proven to adapt well for Telehealth consultations.

…while developed for the traditional face-to-face general practice consultation, a modified version of Neighbour's five checkpoints would appear to have great relevance to the contemporary context of telehealth…

(Morgan S. 2020)

NEIGHBOUR'S "INNER CONSULTATION" MODEL… ADAPTED FOR TELEHEALTH

- Connecting
  - Speak more slowly.
  - Use open-ended questions.
  - Add a few more 'ah's and 'I see's.
  - Can the patient actually see and/or hear you before you start?
  - Have you checked their identity and gained consent for the call?
  - Is the patient alone (or not)?
  - Are they recording the call?
  - Have you tried using technology to your advantage? Perhaps ask the patient what the problem is and then switch to 'mute' — you can't interrupt them when you're muted!
- Summarising
  - Gather data
  - Probe for ideas, concerns and expectations
  - Think out aloud
  - Repeat information back to the patient
  - 'So what I think it have heard is…'
- Handing over
  - Has the plan been discussed and agreed?
  - Has the patient been invited to take responsibility for their management?
- Safety netting
  - Have you covered the 'what ifs'?
- Housekeeping
  - Is the consultation appropriate for Telehealth?
  - Is the technology working?
  - Is your phone number blocked?
  - Do you have access to the patient's clinical record?
  - Are you in an appropriately professional setting to conduct the consultation?

(Morgan S. 2020)

GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

FREQUENTLY ASKED QUESTIONS

How can we measure or assess consultation skills?

- Direct Observation ("sitting in on" consultation)
  - Mandated by both colleges
  - 'Fly on the wall' observation
  - Theoretically random
  - Highly valued by registrars
- Mini-Clinical Evaluation Exercise (CEX)
  - Used by both colleges

ACRRM MINI-CEX

Mini Clinical Evaluation Exercise - Formative

Candidate name			
Component of training	☐ Core Generalist ☐ Advanced Specialised Discipline		
MiniCEX No for CGT/AST		Assessment date	
Assessor name		Email	
Assessor position	☐ Supervisor ☐ Medical Educator ☐ FACRRM ☐ Other Spec		
Training Post name		Location	
Case complexity	☐ Low ☐ Medium ☐ High	New patient ☐ Yes ☐ No	
Physical examination	☐ Yes ☐ No System		
Patient	Problem	Gender	Age

Candidate strengths	Suggestions for development

	Beginning	Progressing	Achieved	Exceede
Communication	☐	☐	☐	☐
History taking	☐	☐	☐	☐
Physical exam (Ex) overall	☐	☐	☐	☐
Ex appropriate	☐	☐	☐	☐
Ex technique	☐	☐	☐	☐
Ex interpretation	☐	☐	☐	☐
Clinical management	☐	☐	☐	☐
Professionalism	☐	☐	☐	☐
Overall	☐	☐	☐	☐

Time taken for assessment Observation Feedback

RACGP MINI-CEX

RACGP Royal Australian College of General Practitioners | *Mini-CEX rating form*

Date Participant name

Assessor name Practice Details

Case details

Patient information: Age Male Female

Patient problem(s)

Consultation type: New to the participant Follow up

Case complexity

High Medium Low

Agreed focus area(s) of the clinical encounter.

Communication Consultation skills History Physical examination Investigations

Management Professionalism Partnering with the patient General practice systems

Rating and feedback

Not all competencies are rated on every occasion, focus only on the relevant sections for this assessment.

Select the option that best represents the participant's performance using the Rubric as a guide.
You can also use these to provide narrative anchors for what you have observed and add these into the comments as appropriate.
The standard is set at the level of Fellowship. Overall clinical competence should be rated as being at the standard expected at the point of Fellowship and would require that the participant performs consistently at that standard across all the domains.

Your feedback is important so please provide comments. Be specific and precise with a focus on what is actionable.

Please continue on the next page.

The Royal Australian College of General Practitioners Ltd Page 1 of 2

GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

FREQUENTLY ASKED QUESTIONS

Video reviews

- Issues with use in many jurisdictions
- Highly useful tool for involving the registrar directly in consultation analysis
- Registrars hate it to begin with but there is evidence that with more use it becomes more acceptable and useful
- Can be useful for registrars who are resistant to change or resistant to feedback
- At GPEx used in a focused approach - in remediation

For those GP supervisors in whose own training video reviews played a large part to develop their consultation skills, enough can't be said for the value of having their registrars record themselves every week for an hour or two and play those consultations back to watch their body language, actual language (e.g.: repeated phrases or inappropriate use of technical terms) and missed cues, and really focus on parts of the consultation they might be struggling with.

Unfortunately, legalities have led to the use of video dwindling. Newer technologies that upload to the cloud are seen to be a greater threat from a medicolegal perspective. To that end it is worth investigating older technologies – camcorders or cameras that can't upload to the cloud. Documentation in terms of patient consents would still need to be extensive, and state laws around the need to retain videos and photos on the patient file for a set period would need to be adhered to.

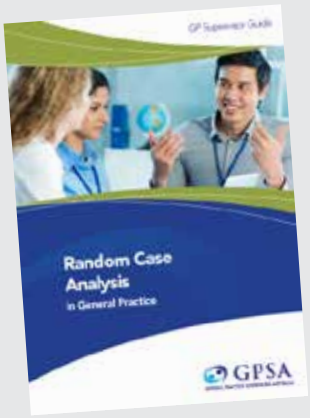
Registrars who are resistant to feedback can benefit from watching their consultations.

Standardised role plays

- Leads to an element of control
- Can role play with an emphasis on parts of the consultation which are causing difficulty
- Sometimes there can be resistance to role playing
- Can also be recorded and used in a similar way to real life video reviews

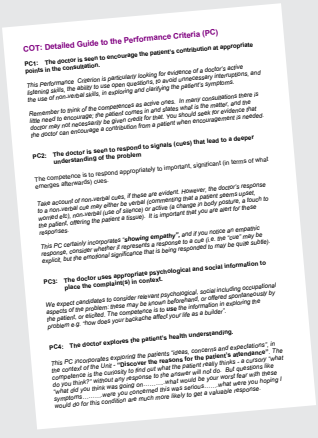
Case analysis

- Case discussions
- 'Paper based' analysis
- Enables exploration of a consultation
- Best suited to analyse (and develop) clinical reasoning
- Random and problem-based options



Have the GPSA Random Case Analysis Guide handy!

https://gpsupervisorsaustralia.org.au/download/2160/


COT: Detailed Guide to the Performance Criteria (PC)

PC1: The doctor is seen to encourage the patient's contribution at appropriate points in the consultation.

PC2: The doctor is seen to respond to signals (cues) that lead to a deeper understanding of the problem

PC3: The doctor uses appropriate psychological and social information to place the complaint(s) in context.

PC4: The doctor explores the patient's health understanding.

https://bit.ly/3THDUT8

GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

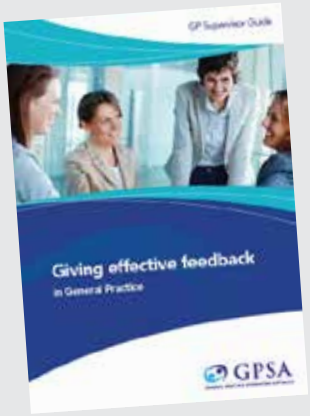
FREQUENTLY ASKED QUESTIONS

What should I focus on when giving feedback?

- Be specific
- Choose 2-3 elements to focus on
- Be timely
- Have a chat
- Don't put surprises in any report
- Good is not good
- Flag issues early

- Clarify what good performance is
- Facilitate self-assessment (reflection) in learning
- Deliver high quality feedback information
- Encourage teacher and peer dialogue rather than a 'transmission'
- Encourage positive motivation and self-esteem
- Provide opportunities to close the gap
- Use feedback to improve teaching

(Byrnes, PD et al 2012)



Have the GPSA Feeback Guide handy!

https://gpsupervisorsaustralia.org.au/download/2235/

GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

FREQUENTLY ASKED QUESTIONS

Resources

GPSA webinars

All GPSA resources are available here

- GUIDES
  - GPSA Guide - Feedback - https://gpsupervisorsaustralia.org.au/download/2235/
  - GPSA Guide - Random Case Analysis - https://gpsupervisorsaustralia.org.au/download/2160/
- The Inner Consultation – Roger Neighbour (textbook)
- Starting off in general practice – consultation skill tips for new GP registrars
- Mapping the COT Performance Criteria

References

Balint, M. 1955 The Doctor, his Patient and the Illness, The Lancet Vol. 265, Issue 6866, P683-688, April 02, 1955 DOI: https://doi.org/10.1016/S0140-6736(55)91061-8

Berne, E. 2016 Games People Play - The Psychology of Human Relationships Penguin UK ISBN: 9780241257470

Byrnes, PD, Crawford, M, Wong, B. 2012 Are they safe in there? Patient safety and trainees in the practice. Aust Fam Phys. 2012;41(1-2):26-29. 201201byrnes.pdf (racgp.org.au)

Morgan S, Chan M, Starling C. 2014 Starting off in general practice - consultation skill tips for new GP registrars. Aust Fam Physician. 2014;43(9):645-648. https://www.racgp.org.au/afp/2014/september/starting-off-in-general-practice-%E2%80%93-consultation-skill-tips-for-new-gp-registrars/

Morgan S. 2020 Old trick for a new dog — Neighbour's consultation model for telehealth. BJGP Life. 9 June, 2020. https://bjgplife.com/2020/06/09/old-trick-for-a-new-dog-neighbours-consultation-model-for-telehealth/

Neighbour, R. 2005. The Inner Consultation: How to develop an effective and intuitive consulting style (2nd ed.). CRC Press. https://doi.org/10.1201/9780203736548

Pendleton. D. 1984 The Consultation: An Approach to Learning and Teaching, Oxford University Press

RCGP (UK) 2014, The RCGP (UK) COT- Consultation Observation Tool. Available at MRCGP and GP Training, Bradford https://www.bradfordvts.co.uk/mrcgp/cot/#google_vignette

Related COT Mapping document available at: https://www.bradfordvts.co.uk/wp-content/onlineresources/mrcgp/cot/cot%20mapping.doc

Does this resource need to be updated? Contact GPSA: P: 03 5440 9077, E: admin@gpsa.org.au W: gpsa.org.au
GPSA is supported by funding from the Australian Government under the Australian General Practice Training Program 03/09/22