

Introduction

Time management in the consultation is a common problem voiced by doctors whatever stage of their training and experience. Specialists, as well as GPs, all have problems with time and they describe the problem in a number of ways:

- they can't end the consultation
- always running behind time
- never finish on time
- can't get the patient out of the door
- can't stop certain patients talking
- too many problems to deal with

Doctors also voice the concern that if they listen to patients, or attempt to understand their ideas and concerns, surely the consultation will take longer! So,

- what are the problems?
- how do they arise?
- are there solutions?
- what can help?

A suggested structure and some possible exercises for a teaching session on time management

Objectives:

- to explore the problems of time in the consultation
- to discover what influences time management in the consultation, and where problems originate
- to look at how the doctor and patient feel about time and the lack of it in the medical interview
- to work out strategies for improving time management

Ways of exploring the problem of time in the consultation

The following can be used in pair work situations, small group training or in discussions between registrar and supervisor.

Questions for discussion:

1. *How does being short of time/running late in the consultation /surgery make you feel?*
2. *How does being on time / having enough time in the consultation make you feel?*
3. *What are the difficulties for you concerning time in the consultation?*

Do any patterns emerge?

4. *What gets in the way of our consultations running to time?*
5. *What stops us consulting to time?*

Group the responses under the following headings:

- Things outside the doctor which have to do with the structure of the practice/ outpatients
e.g. booking times, interruptions, emergencies, not having the notes/not being prepared before the patient comes in
- Things more to do with the individual doctor which are internal
e.g. tiredness, depression, anxiety about family
- Things to do with the patient
e.g. the patient is late, the patient never stops talking, the patient with a complicated problem, the depressed or psychotic patient, not understanding why the patient has come, the patient with a list of problems, giving information not on target, not finding out the patient's framework

Discuss

Strategies for improving time management

Questions for discussion:

1. *What is it we are trying to achieve overall with our patients / for ourselves overall in a consultation / ward round/ outpatients?*
2. *What is it about time that stops us/helps us to achieve these objectives?*
3. *What could we do to improve things?*

These could be quite practical solutions; eg consulting at 10 minute rather than 7 minutes; being properly prepared before the patient comes into the room; stopping interruptions, telephone consultations;

or

recognising that you are tired and not trying to tackle all the problems the patient has come with; accepting that you are happier consulting slower than your partners or colleagues,

or

working out the **structure and skills** which help with time management in general practice:

- listening
- discovering why the patient has come
- discovering what their most important problem is today that they want to tackle
- screening, agenda setting
- checking and clarifying
- discovering the patient's framework and discovering it before you proceed to explanation and planning
- sequencing and summarising
- negotiating

4. *How do individual doctors wish to work?*

The group/diad might like to tease out what they are comfortable with; how they wish to consult; what sort of doctor they are temperamentally; how they wish to work with patients.

5. *Are patient-centred consultations are longer?*

Look at the evidence

Stewart (1985) looked at 133 interviews in primary care and compared their “patient-centredness” score with the length of the consultation. Low scores for patient centredness produced interviews of on average 7.8 minutes, intermediate scores 10.9 minutes and high scores 8.5 minutes. Her conclusion was that doctors who have mastered the patient-centred approach took little extra time than doctors not employing these techniques.

Roter et al (1995) also found no increase in the length of interviews in primary care following training in the skills of “problem-defining and emotion-handling”.

Levinson and Roter (1995) showed that primary care physicians with more positive attitudes to psychosocial aspects of patient care used more appropriate communication skills and as a consequence their patients had more psycho-social discussions and appeared more involved as partners in their own care. Yet these same physicians did not have longer interviews than their colleagues with less positive attitudes.

For further information see earlier sections of this book which address the patient-centred consultation.