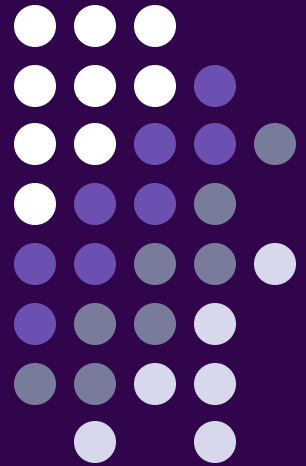
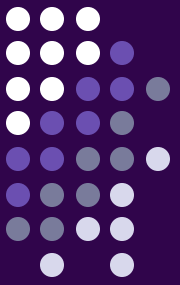


Consultation

Dr. Maha El-Amami

Family Medicine Consultant.



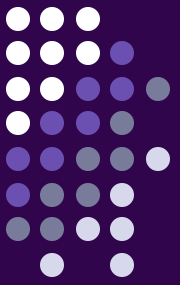


Introduction

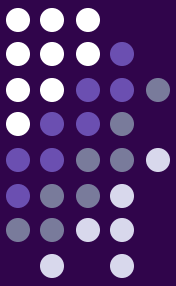
Why consultation is important?

How to improve consultation skills?

The consultation



Good communication is essential for all aspect of family physician work.



Potential barriers to effective communication

Lack of time

Language problems

Differing gender

Age

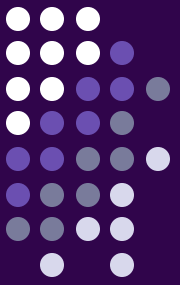
Ethnic or social background of doctor and patient

Sensitive issues to address

Hidden or differing agendas

Prior difficult meeting

Lack of trust between doctor and patient



The consultation

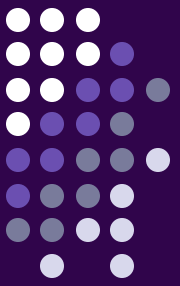
Cornerstone of general practice

Various models exist

Focuses on successful information exchange

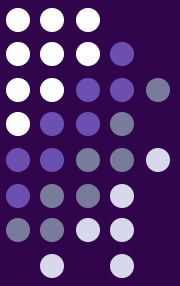
There is no correct way to perform consultation

Approach will vary according to situation and participants



Patient centeredness interactive components:

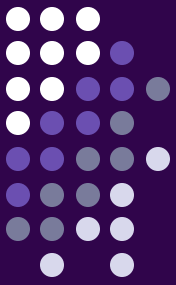
- Exploring the disease and illness experience.
- Understanding the whole person in context.
- Finding common ground regarding management.
- Incorporating prevention and health promotion.
- Enhancing the doctor patient relationship.
- Being realistic.



Consultation length:

- Average consultation
- Longer consultation
 - Personality and attitudes
 - Female GPs
 - Older GPs
 - Those with MRCGGP
 - Positive Attitudes to mental health problems

Beneficial of longer consultation times



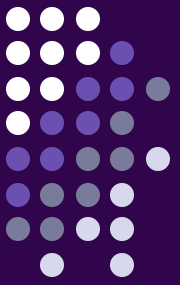
- Increase patient and doctor satisfaction

- Improve doctor patient communication

- Increase identification of psychosocial problems and health promotion.

- Decrease reconsultation rates and prescription for minor illness.

Factors affecting consultation rates



List size (increase list size -----> decrease rate)

Personal list (decrease rate)

New and elderly patient(increase rate)

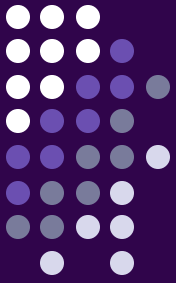
(not prescribing for minor elements (decrease rate)

Social deprivation (increase rate)

Time of year (increase in winter)

Increase health promotion (increase rate)

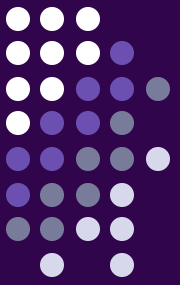
Consultation models



The medical model: Traditional model

History taking-----> Examination ----->investigation
----->Diagnosis ----->Treatment ----->Follow up

Balint, 1957



The doctor, his patient and the illness.

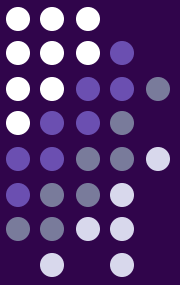
Philosophy rather than consultation model

Psychological problems are often manifested physically.

Doctors have feeling: Those feeling have role in consultation.

Doctors need to trained to be more sensitive to what is going on the patient mind during consultation.

Becker and Maiman 1975: Health belief Model



Involves exploration of concerns, beliefs,
and expectation of the patient 5 elements:

Health motivation

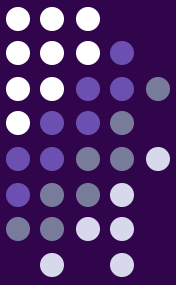
Perceived vulnerability

Perceived seriousness

Perceived costs and benefits of particular
action

Cues to action-stimuli and triggers of beliefs

Byrne and long, 1976



Doctors taking to patient – 6 aspects:-

Doctor establishes a relationship with patient.

Doctor attempts to/ actually discover the reason for attendance.

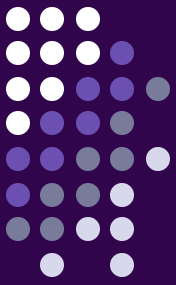
Doctor conduct verbal/ physical examination.

Doctor or doctor+ patient or the patient consider the condition.

Doctor (occasionally the patient) detail treatment and investigation.

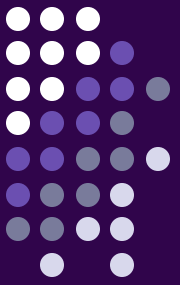
Consultation is terminated usually by doctor.

RCGP, 1976

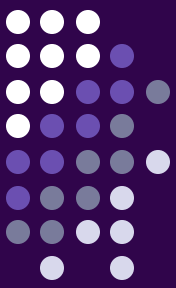


The consultation can be divided into physical, psychological and social aspect i.e in general practice doctors should address emotional, family, social, and environmental factors in addition to the traditional, organic medical approach.

Stott and Davis model 1979



Management of presenting problems.
Management of continuing problems.
Modification of help-seeking behavior.
Opportunistic health promotion.



Pendleton et al 1984: the doctor tasks:

Define the reason for patient attendance.

Consider other problems (continuing problem and at risk factors).

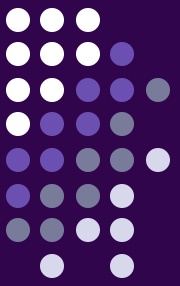
Chose an appropriate action for each problem (involves negotiation between doctor and patient)

Achieve a shared understanding of the problem.

Involve the patient in the management and encourage the patient to accept appropriate responsibility.

Use time and resources appropriately

Establish and maintain a relationship between doctor and patient.



Fraser, 1992 Area of competence

Interview and history taking.

Physical examination.

Diagnosis and problem solving.

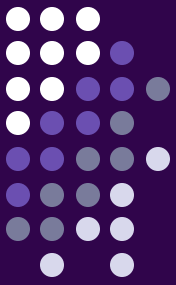
Patient management.

Relating to patients.

Anticipatory care.

Record keeping

Telephone consultation

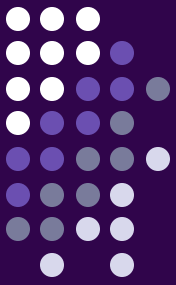


Routine calls:

The telephone is a useful way to answer simple queries without wasting valuable surgery time.

Before giving advice always ensure you have sufficient information.

Emergency calls: General rules



Train surgery staff to:

- Handle distressed callers.
- Recognize serious problems.
- Act appropriately when such call are received.

When possible use a single number for patient to access help.

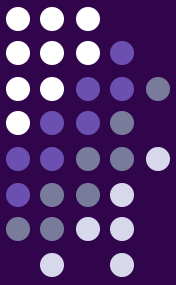
Take the name and address of the patient.

If a call is from a public telephone box take the telephone number.

Appear helpful rather than defensive from outset.

Keep calm and friendly.

Record the time of the call, date, patient name, address,... etc.



Emergency calls:

Collect only information you need to decide whether a visit is necessary.

If giving advice:

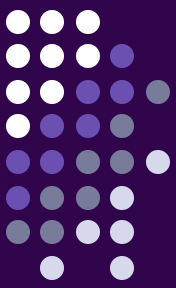
- Make it simple and in language the patient can understand
- Repeat to make sure it has been understood
- Always tell callers to ring back when necessary.

If visit is indicated:

- Ensure the address is right.
- Give a rough arrival time.

In some cases call 101 for an ambulance at once.

If a call seems inappropriate, consider the reason for it.



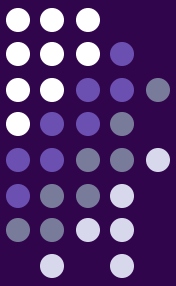
Case scenario

Ibrahim, 53 years old come to P.H.C.C at Alremal. Bad wound in his Rt foot, he is known DM and hypertensive patient, for the last 15 years.

When you review his file you notice most of P.H.C.C visit were for refill, he is smoker for the last 30 years, he look obese, BMI is 37.

His last HbA1c was 11.5.

How you will proceed during this consultation?



Case scenario

Ahmed 20 years old come to P.H.C.C at Alremal to do MRI for his Rt knee, patient was seen in private clinic and told to do MRI to diagnose his knee problem. He can't do it in privaate hospital because it is expensive.

How you will proceed during this consultation?

