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Redesigning the GP Consultation - Concurrent Workshop Repeated

Saturday, 11 June 2011	Start 2:00pm	Duration: 55mins	Kandinsky
	Start 3:05pm	Duration: 55mins	Kandinsky

Redesigning the General Practice consultation

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This Workshop

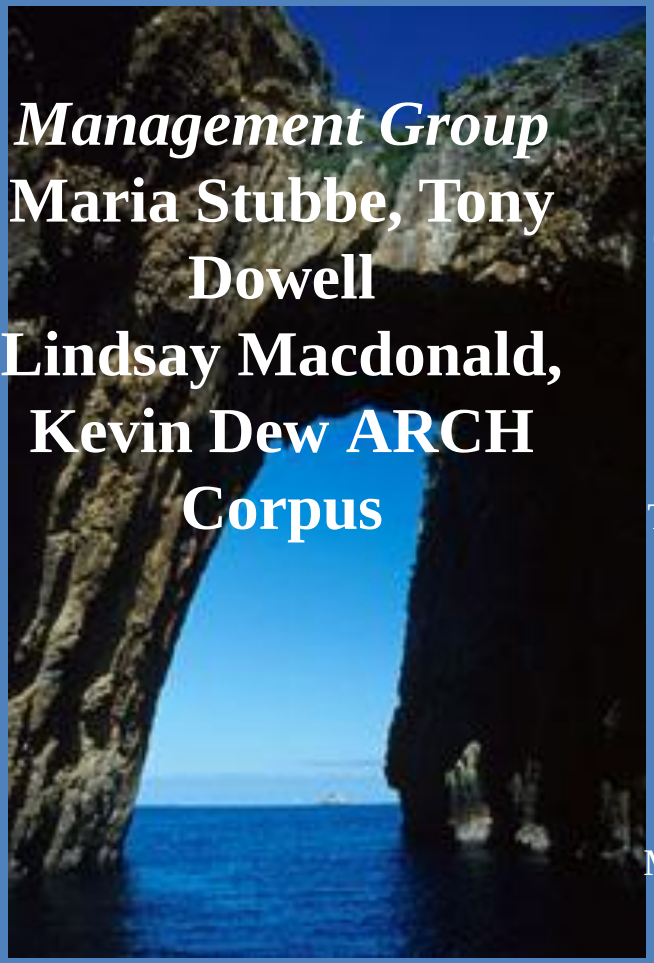
- Discuss different aspects of the consultation ?
- To do this at a ‘micro – level’ with the action slowed down.

ARCH

Applied Research on Communication in Health

Department of Primary Health Care and General Practice, University of Otago, Wellington – New Zealand

A multi-disciplinary research group - linguists, social scientists, clinicians, psychologists



Other team members (past & present)

Data managers:
George Major, Rachel Tester
Research Nurses:
Nita Hill, Sue Vernall
Research Fellows:
Julia De Bres, Sonya Morgan
Research Assistants:
Amy Stichbury, Dave Olsson, Kathy Dowell, Sarah White, Sarah Bradshaw, Adam Harris, Laura Chen

Research Associates

Jim Ross (Otago)
Ann Weatherall (VUW)
Sue Wilkinson (Loughborough)
John Heritage (UCLA)

Project teams 2003-2011

Clinical Decision Making When Rationing is Explicit
Tony Dowell, Kevin Dew, Maria Stubbe, Lindsay Macdonald, Libby Plumridge, Debbie McLeod,

Tracking Patient-Professional Communication
Maria Stubbe, Kevin Dew Tony Dowell, Lindsay Macdonald, Libby Plumridge, Julia De Bres

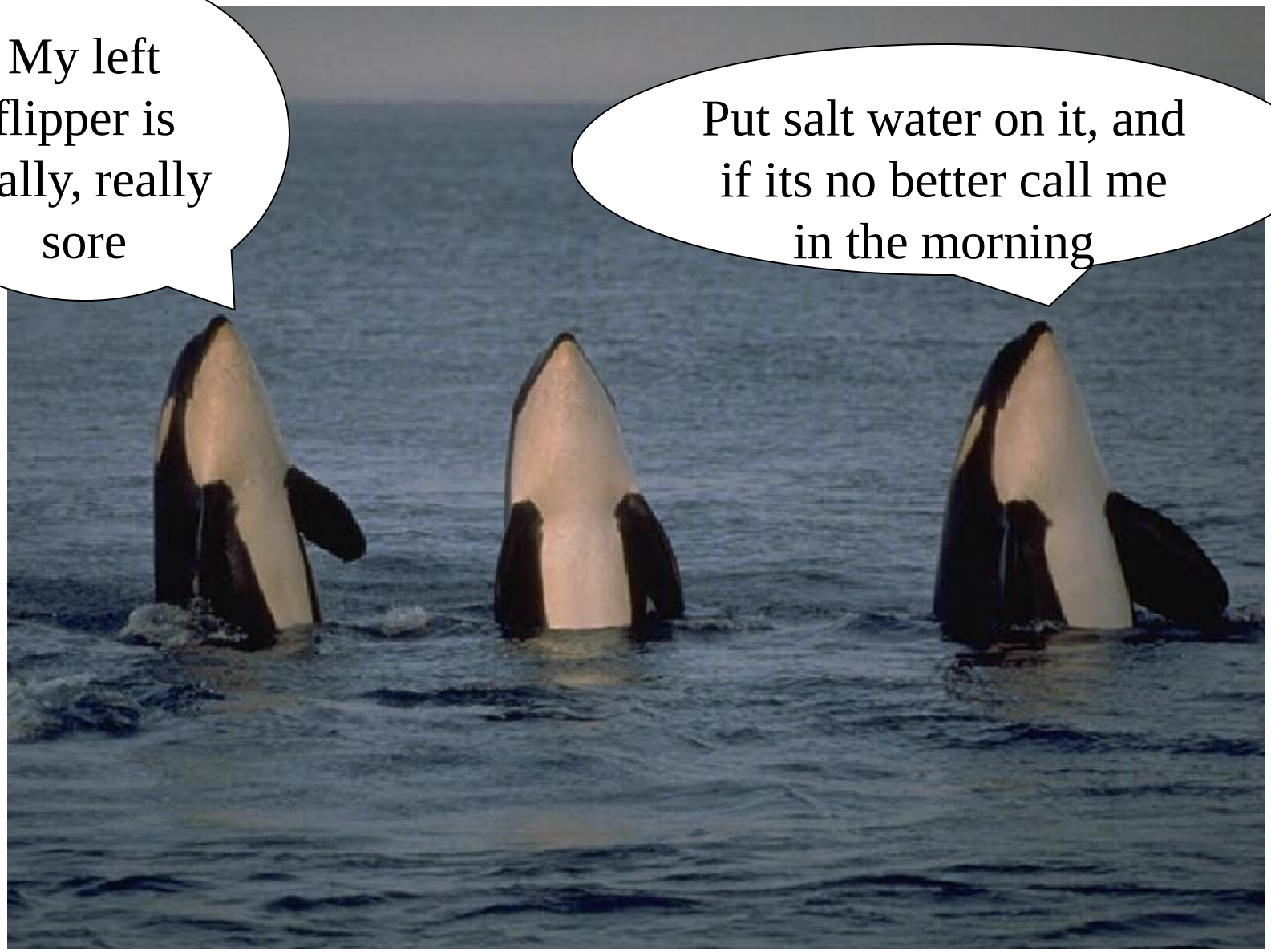
Medical Notes Study
Maria Stubbe, Helen Moriarty, Kevin Dew, Tony Dowell

Diabetes Management
Tony Dowell, Maria Stubbe, Lindsay Macdonald, Tim Keneally, Nici Sheridan, Kevin Dew

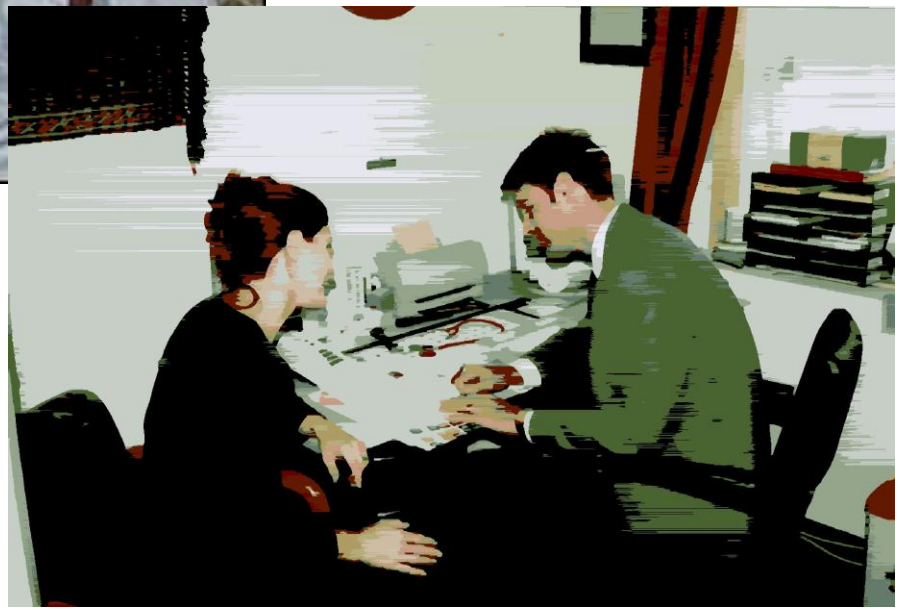
Lifestyle & AOD Talk
Maria Stubbe, George Major, Kevin Dew, Helen Moriarty

Communication

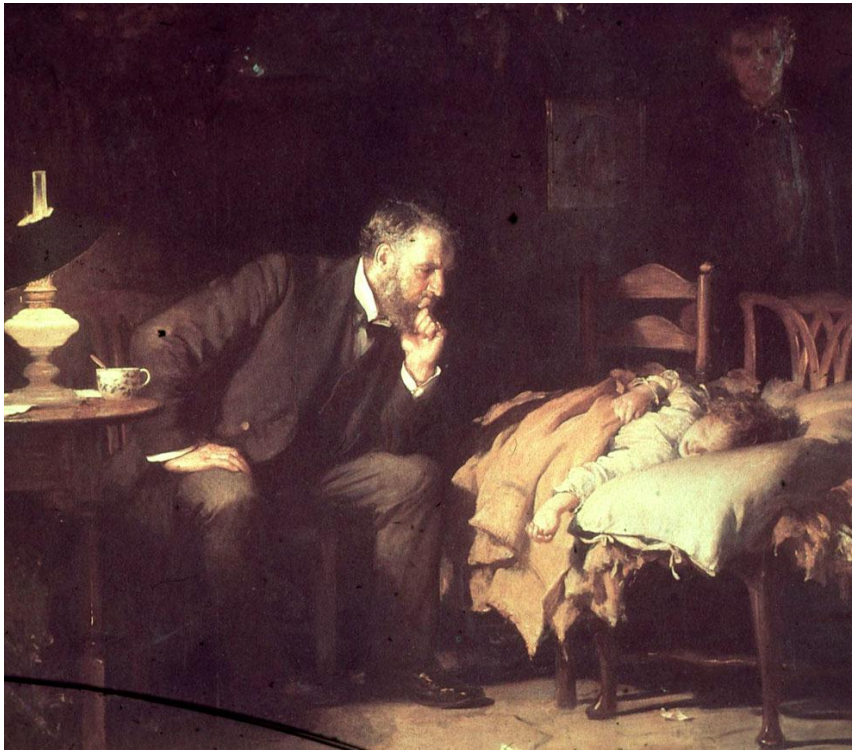
Consultation

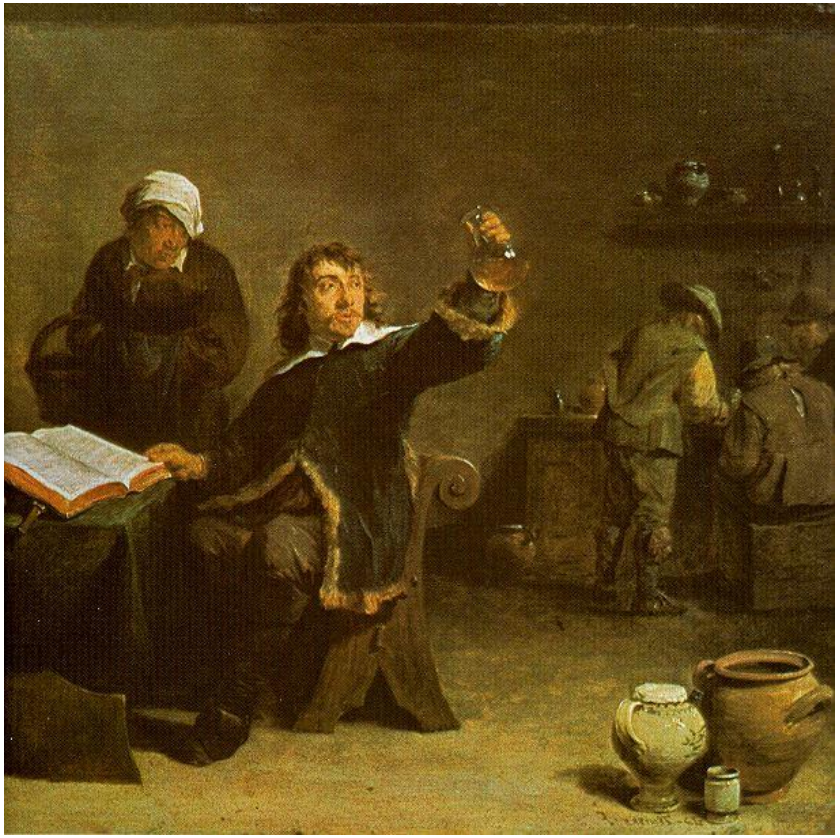


The consultation

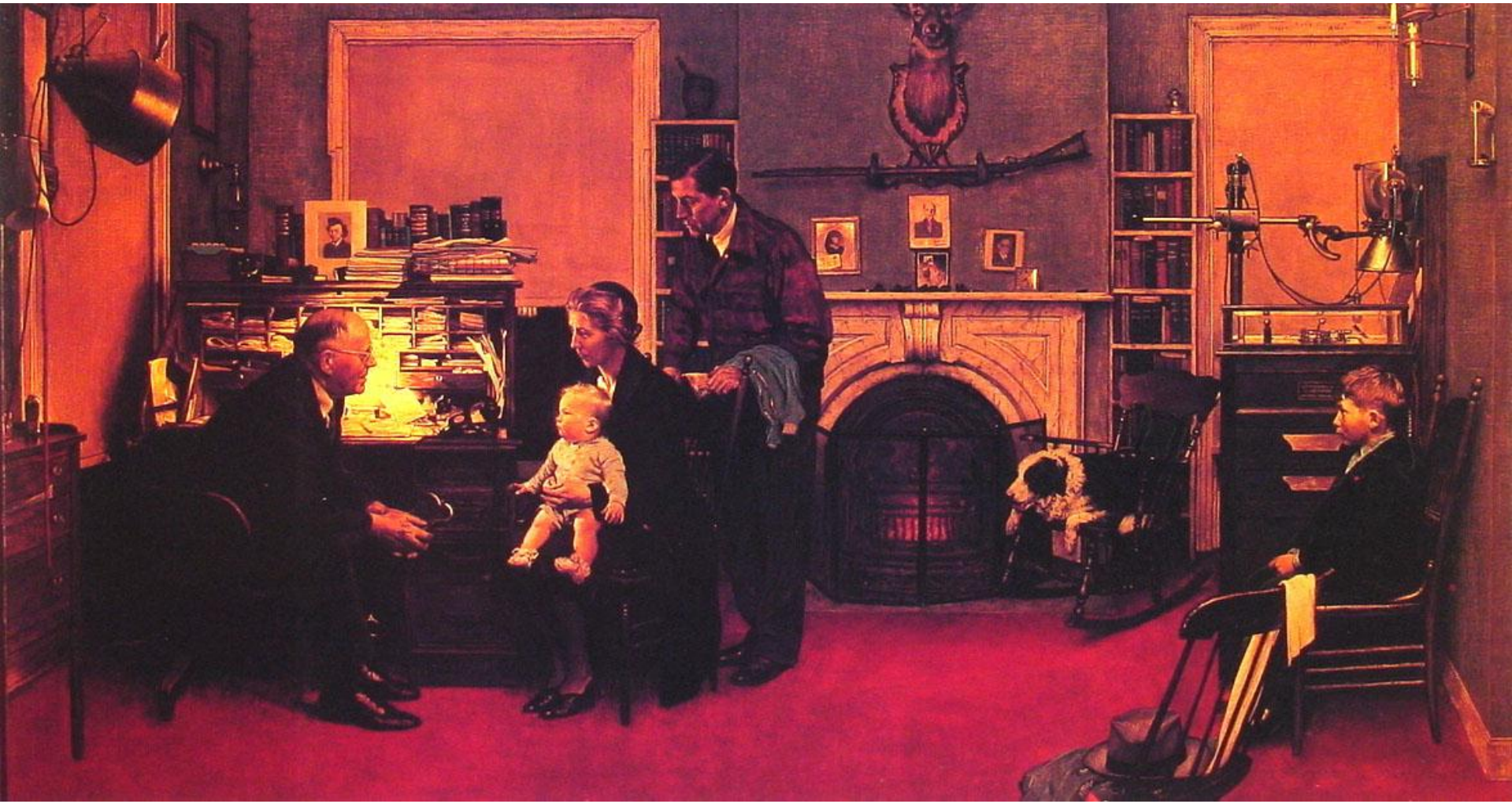


The art of the consultation





The mystery of the consultation



The Consultation

- What models of the consultation are useful?

Different models of the consultation

- Stott and Davis – Exceptional potential of the consultation – 1979
- Disease illness model 1984, “patient-centred clinical interviewing”
- Social sciences – power and control
- “recent models - concordance and shared decision making, have emphasized mutuality rather than paternalism or consumerism.” - 2005

The Consultation

- Many different models
- Most taken from a training perspective
- Still much unknown about the fine detail

Issues in the consultation

- **A**cute presenting illness
- **B**ehaviour modification (Patient and HP)
- **C**hronic or long standing problems (Chat)
- **D**istant problems – prevention and health promotion

Problems with the consultation

The Consultation

- Beginnings
- Adherence and
- Confessions of non compliance
- Health Advice
- The Computer
- Endings

The consultation

Patient A – Female 36 years

GP: okay what can we do for you today

PT: um I've had a flu [basically]

GP: [right]

PT: I've [very] low level off and on for quite a while um sinus

GP: [yep]

PT: I get quite a lot of sinus problems anyway

GP: yep

PT: that has been hanging around for the last month

GP: mm

PT: the last couple of days I've had headache sore throat

GP: yep

PT: um starting to get a few aches and pains across this [(side)]( )

GP: [right]

GP: and is that + a couple of days against the background of several weeks

PT: [quietly] yeah

GP: is is what you're saying is that right

PT: yeah yes … …

Patient A

- Clear credible history
- ‘ A’ flu
- Low level
- On and off
- Sinus

Patient B - Male 42 years

GP: okay what can we do for you today

P: I'm not sure really um I thought essentially I was almost out of the system

GP: right

P: I received a letter about November

GP: yep

P: which I did not respond um but the um spirometry tests has prompted me to sort of say look better back get onto the list

GP: okay

P: so I've seen X

GP: yep

P: um updated the phone number record and [otherwise]

GP: [yep]

P: nothing's changed

Patient B

P: and I thought oh I really don't know how healthy I am I think it's time I had a test because it's probably four to five years, it's probably only going back to may be doctor X one or two visits [and]

GP: [yes]

P: MAYBE doctor Y once

GP: right

P: and that's about it

GP: so in general

P: yep

GP: your health is is pretty good

P: oh well I feel okay but

Patient B - 22 minutes later

GP: so no [no no real problems]
P: [I understand your] I understand where you're coming from and
GP: yep
P: wo- will s- seriously - um - there's no point in me doctor in walking away and saying well he's he's given me a reasonably clean pass I feel good so I won't change a thing
GP: yeah cos [that isn't what we've said]
P: [I heard you I heard you no I've heard you I've heard you]

Patient B

- Apparent “irresponsibility” in failing to follow up on a letter
- Declaring a trouble or anxiety
- Not a medical problem that can easily be diagnosed and treated
- Patient lacks credibiltiy

Things happen quickly

- The golden hour of Triage in surgery
- The ‘ golden 30 seconds ‘ of the consultation.
- Analogous to the ’Blink’ moment
- Speed both an enabler and a barrier to good interactions and consultation

The content of the consultation

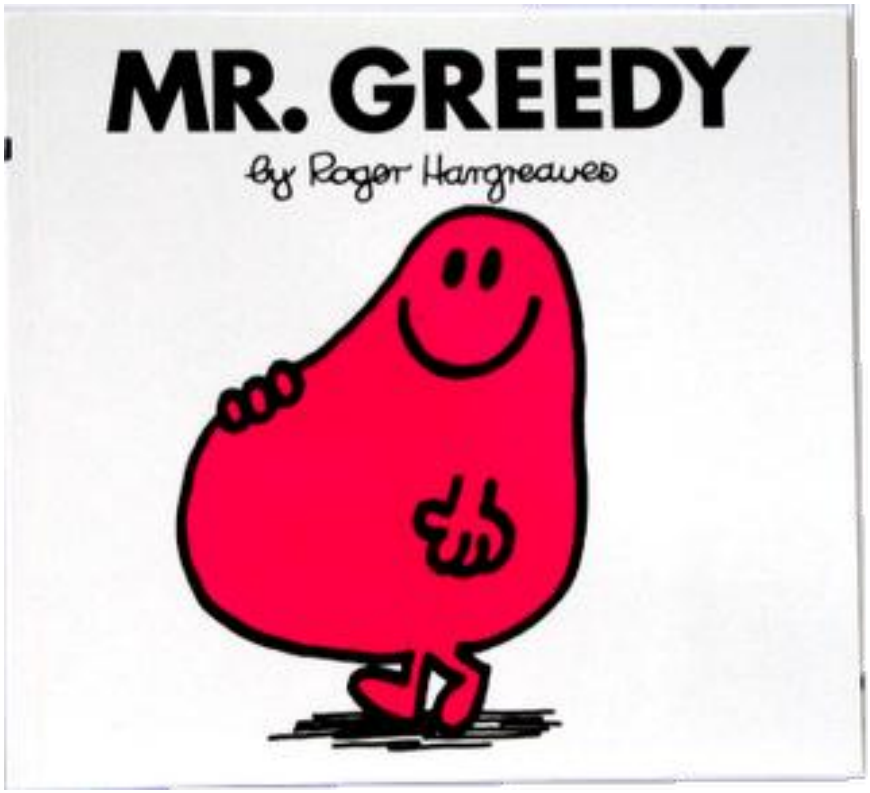
talking RUBBISH

? ?

- P: um ((clears throat)) flu don't worry about it
- GP: oh um what do you think yourself I mean are you
- P: I don't know I feel I feel better so I suppose it'll it'll work there's no point
- GP: just we'll just have a listen to the back of your chest then
- P: so er [it was only the
- GP: [so how
- P: question of saying what can I do now maybe I can't do anything so
- GP: well I mean if you feel that it's it's clearing up then I think it's
- P: I think I think I should give it a few days and
- GP: okay all right

We don’t talk in sentences

We are not good with some sorts of information / questions



Asking about Fat

- **Direct questions:**
- have you lost a bit of weight?
- **Indirect questions:**
- do you want to see a dietician like a a someone to talk about food?
- **Bargaining:**
- overall um i th- you know if you lose weight it will get better

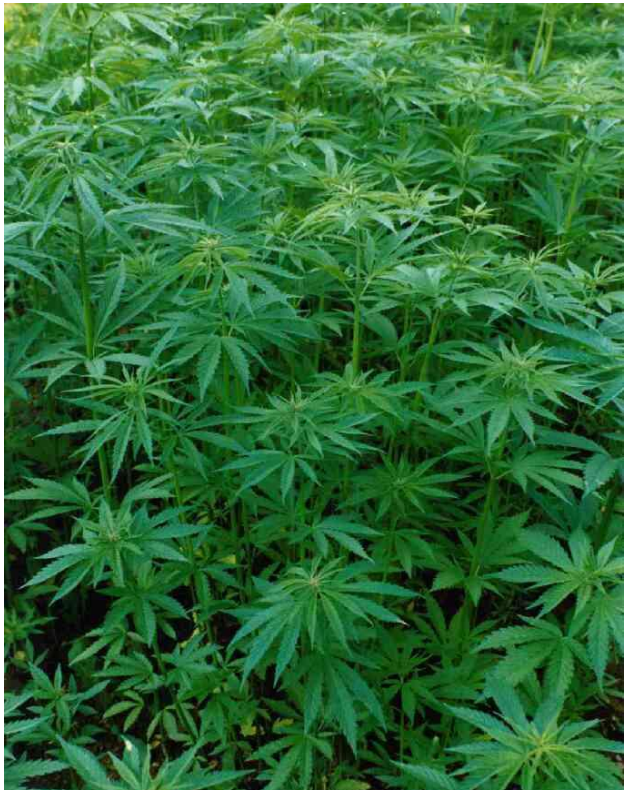
Mixed messages ?

- GP: =the most important thing about that is getting that good sleep and having some <u>energy</u> the next day //have you\ lost some weight
- PT: /yes\\
  <u>no</u> i put it on
- GP: oh have you=
- PT: =hah hah hah
- GP: i thought oh i thought you looked trimmer ((to NS)) has she really put it on=

Mixed messages

- NS: =i think just really ((exhales)) *happy*
- GP: oh //hah hah well i thought you looked slimmer so um\
- PT: /hah hah hah hah hah\\ i wish hah hah
- NS: /hah hah hah\\
- GP: oh well um
- PT: i've put <u>on</u>
- +
- GP: ((with silly voice)) *oh yeah well it's over christmas* isn't it
- PT: <u>yes</u> hah hah=
-

Example: Talking about drugs – we don't



Alcohol use ?

Compare:

have you stopped smoking yet?

With: *And so in terms of other things at the moment for you with your blood pressure and and so on um [clears throat] has the alcohol side of things is that still drinking regularly and*

Other Drugs – AOD

After smoking and alcohol

“ Do you take (do) any other recreational drugs”

Not uncommon replies

No – Never have

Do a bit of Dak

Used to do a lot of stuff ……

- Never had refusal or concern over the question

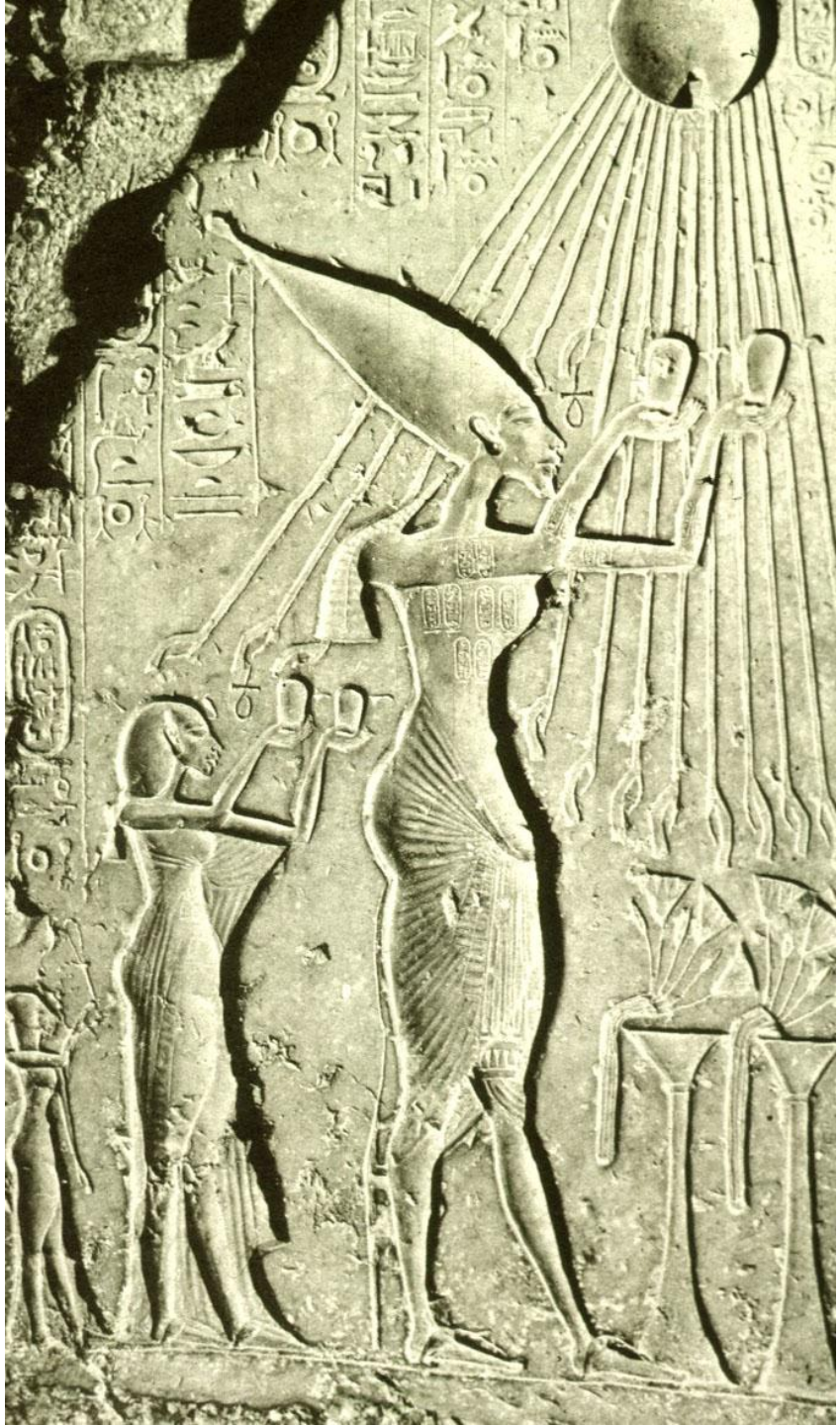
Talking about ‘you know’

- PT: /((tut)) oh\\ coo//l\
- HP: /m\\m ((tut)) at eight percent ((inhales)) and of course it goes up with age which is probably why um eight percent + ((quietly)) *eight* um + ((tut)) ((inhales)) and the other the other thing too is um ((tut)) ((inhales))

- sexual health as well ((inhales)) so i mean it can affect it can affect the you know it can affect y- you know ((inhales))um sexuality as well so that's just something to ((inhales)) to bear in mind um ((inhales)) ((tut)) and so you know if you've got any issues

Phew !

- that you want to discuss or anything ((inhales)) ((tut)) ((drawls)) *//um* mm no mhm\ d- er=
- PT: /no not really mm\\
- HP: =just something to be aware of that's all //yep\ ((inhales)) ((tut)) h-um so
- PT: /yep\\
- HP: =think that i think that's probably that's probably everything really ((inhales))



Prescribing

Pressure to prescribe

- GP: + i think that's what's happened at one after the other and so for example your current- the nose + running that's caused by viruses and + unfortunately there's nothing that i've got that will make much difference for that ((inhales)) and even the cough + antibiotics may not make much difference to that either

Patients' expectations and doctors' perceptions of patients' expectations

- 22 non-randomly selected general practitioners and 336 of their patients
- Medication was prescribed for 169 (50%)
- patients who expected medication three times more likely to receive medication (odds ratio = 2.9, 95% confidence interval 1.3 to 6.3)
- GP thought the patient expected medication patient 10 times more likely to receive it (odds ratio = 10.1, 5.3 to 19.6)
- Cockburn J, Pit S.. *British Medical Journal.* 1997;315:520-523.

Prescribing solutions

- Doctor to be clear about the evidence base
- Or their interpretation of it
- Communicate that to the patient
- “ I don’t want to prescribe because “
- Back pocket prescriptions
- 30% reduction in antibiotic use

“Confessions of non-compliance”

The problem of non-adherence

- Patients often **do not** do what we ask

  Estimates range from 25- 50%
- This may be

  intentional eg *missing/altering doses to suit one's needs: Having no intention of losing weight ?*

  OR

  unintentional eg *misunderstandings, forgetting to take meds*
- Patients often withhold information about non-adherence
- When non-adherence is raised it is not always discussed or explored with patients - doctors commonly respond by changing the medication or providing different education

Britten et al 2000, Pound et al 2005, Rosner 2006, Wroe 2001

um + you get your (cartia) over the counter don't you

PT: pardon?

GP: your cartia + the a- aspirin

PT: no i haven't been taking them for + long time

GP: mm

PT: i um- i stopped er using them when i had to pay for them ((laughs)) well it's cheaper the – [no- no-]

GP: [so are you- are you-] are you # sorry # are you using regular aspirin normal kind of aspirin?

PT: just the um panaday- panadol things that you can [buy]

GP: [right] okay the

aspirin's for a different reason it's not for + pain killing purposes [it's for that] mini stroke you had

PT: [yeah i know it's s-]

GP: [to try] and stop you from having a stroke +

PT: [yeah]

GP: absolutely essential [+ must take it]

PT: [right i'll buy some more]

Conclusion

A dilemma for both DR and Patient

Dr asking the question and ‘confessing non-compliance’ are face-threatening acts, Neither wants to do it.

A range of strategies come into play for dealing with this dilemma

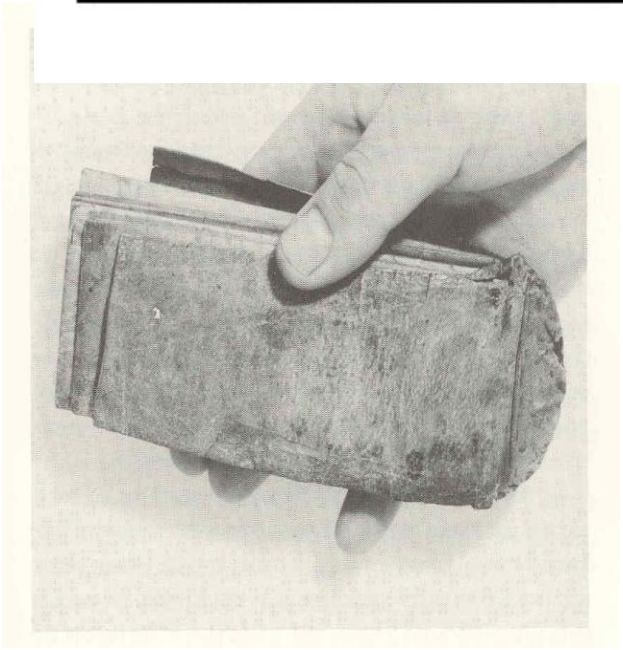
Doctors design opening question and responses to encourage patients to ‘open up’ and maintain good relations,

Doctor and patient attend to need both to maintain face AND to achieve a good medical outcome

- i’ve run out of er (2) blood pressure pills
- GP: right
- PT: and diabetes pills
- GP: okay
- PT: i’ve been out for about a week //( )\ (i’ve been down to the south island i=
- GP: /right\\
- PT: == travel a lot i keep) some here and some there and then i=
- GP: yep
- PT: stayed here i thought i’d have plenty here but i’d actually taken those as well so
- GP: right

The Computer

- Computers and IT around in the consulation for a long time
- We modify (or not) consultation rules of enagement to take the computer into account



Rules of engagement

Technology rules

Silence

- GP: what you can do is just make a a call to the ('Hearts R Us') heart centre
- PT: ((quietly)) *mm*

(10 seconds) (GP typing into computer)

- GP: and tell them you need an appointment for an exercise e c g
- PT: ((quietly)) *mm hm* + that's if i've got the //insurance\
- GP: /yeah if you've got\\ the insurance that covers it //and er\ just tell them=
- PT: /yep if i haven't\\

Results

Notes writing

- Do you write your notes during the consultation or afterwards ?

- 10 GP's – 61 consultations
- No notes written during consultation = 6
- Simple place holders / aide memoires = 1
- Notes written largely during the consultation = 3

(Variable (and gender specific) = 1)

Use of the internet – The new and shared authority

- GP: =and the urine symptoms seemed to settle so that's good and your palpitations have settled so ((inhales))
- 9.00
- PT: fantastic + yeah it seemed to be just + drinking far too much coffee //i'd i'd\=
- GP: /mm mm\\
- PT: read it on the internet saying + it can cause
- GP: it certainly can yep //yep yep\
- PT: /so +\\=
- PT: =it seemed to + stop it //((laughs))\
- GP: /good good good\\ (it's) nice when the- when the treatment is that easy
- PT: ((laughs)) yeah definitely

This modern life

- GP: =end of the day they d- there are still risks and um + you know + you- it does pay you to do a little bit of reading are you taking a- a s- anything like a guide book or anything like that
- PT: + ahh oh we're sort of- of + had a look on the internet sort of + basically know what we're sort of going to [pronounced gonna] do
- GP: + sure
- PT: just done a bit of looking on the internet basically //no\ not really a guide=
- GP: /okay\\
- PT: =book
- GP: + okay + that's good + as long as you've got some information and have you- er in- in your- in your reading have you read up on + you know disease risks and stuff like that

The computer as Guardian of the Sacred Flame

- GP: yeah good yeah good (6)[typing] ( ) so you certainly want to be er you certainly want to be right for THAT
- PT: mm hm
- GP: (2)( ) i'm gong to be- i'm going to take a + BRAVE step here and take away the moderate smoking (11) [at computer] [quietly]: ex moderate smoker:

If the comupter hasn’t got it – did it happen ?

- GP: sure sure + i mean what i- what i'll do is i'll review your old notes because you did have a gastroscopy where they had look down //there in nineteen\=
- PT: /mm they did yeah\\
- GP: =ninety eight //and\ that's- we won't have the results of that on the=
- PT: /yeah\\
- GP: =computer i don't think + //let's see\
- 13.00
- PT: /probably not\\ a bit far //( )\
- GP: /yeah\\ + (we don't) made a note of what they //found\ + i didn't make a=
- PT: /mm\\

Techniques to maintain interaction

- On line commentary

Describing – thinking aloud

Explaining why

- Multi – tasking

Social chat

Touch typers

- so this- this care plus today i have to get out my manual here + this is an opportunity to go over ALL the + illnesses that you have + and just what's happened and what i can do to help- how we can sort it out what medications you're on- it's just an opportunity to go over everything
- PT: mm //hm\
- GP: /here\\
- PT: I've never been ill

Medical notes on the computer screen

- heart attack,
- heart bypass,
- cancer of the colon, …

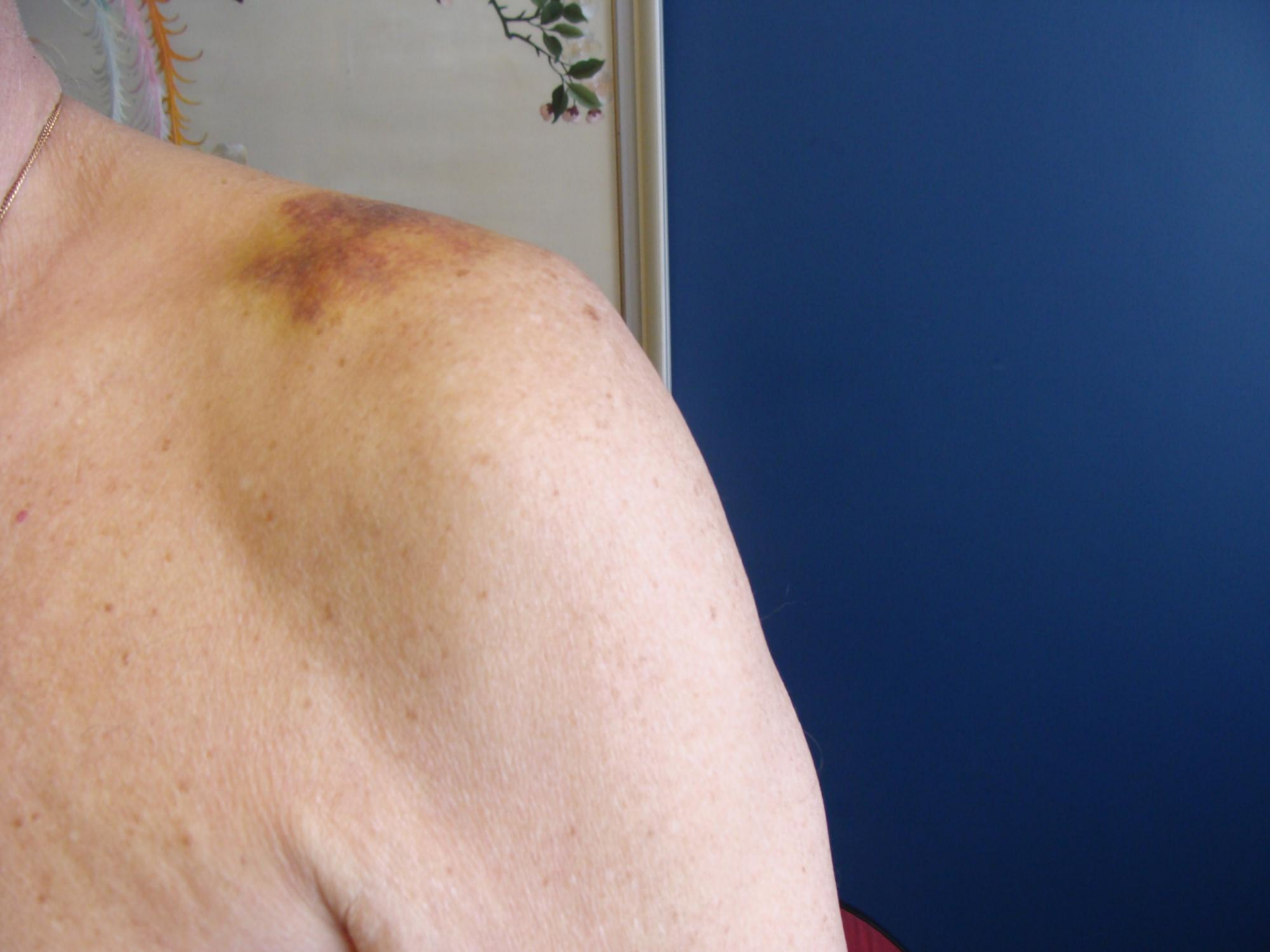
Redesigning the consultation

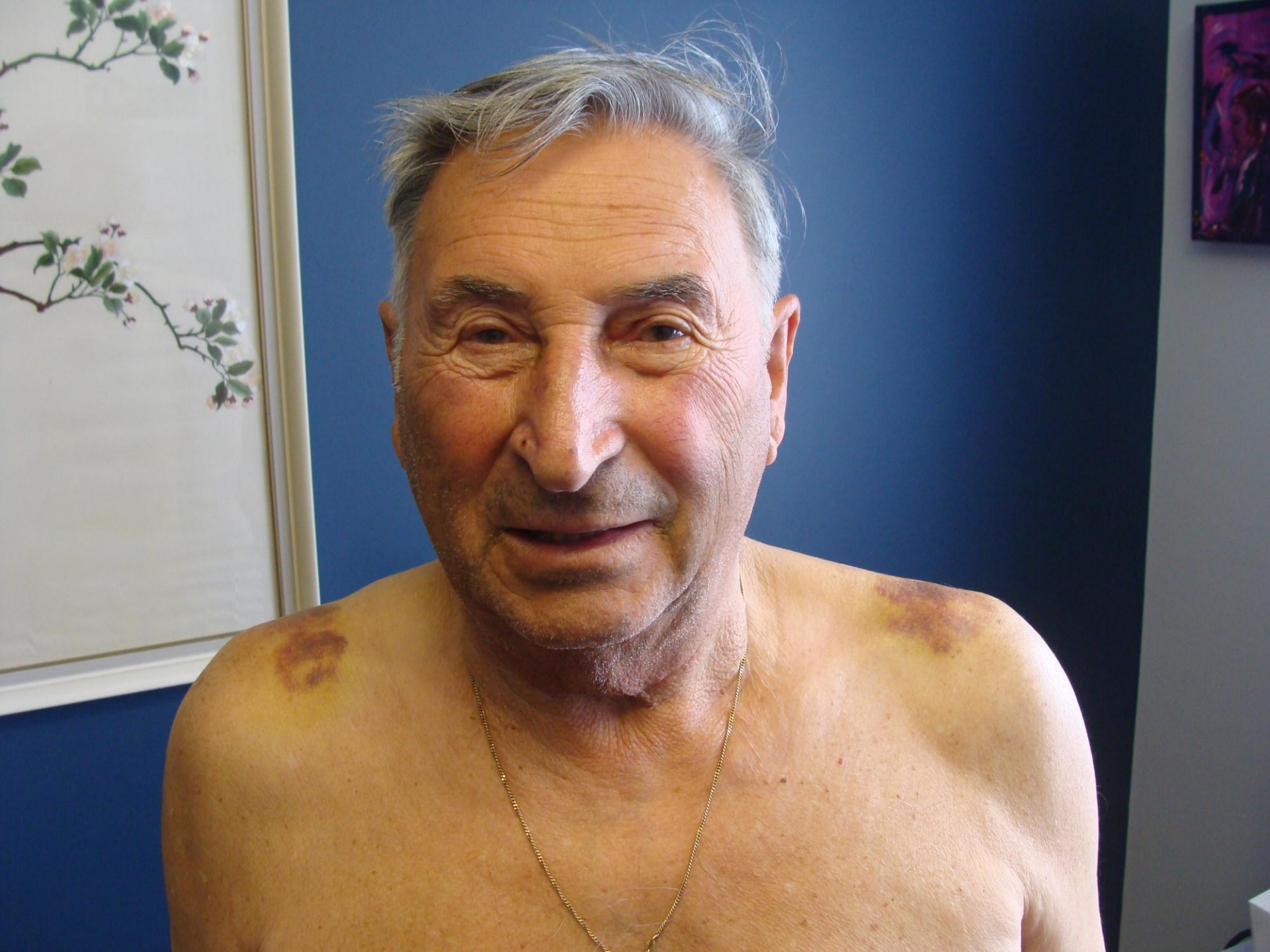
- Language is more important than we know
- We do not plan our consultations with language and interactions in mind
- Tension between protocols / training and conversation
- We have not fully acclimatised to technology in the consultation
- We can control the consultation more and give more control to our patients by using language more effectively

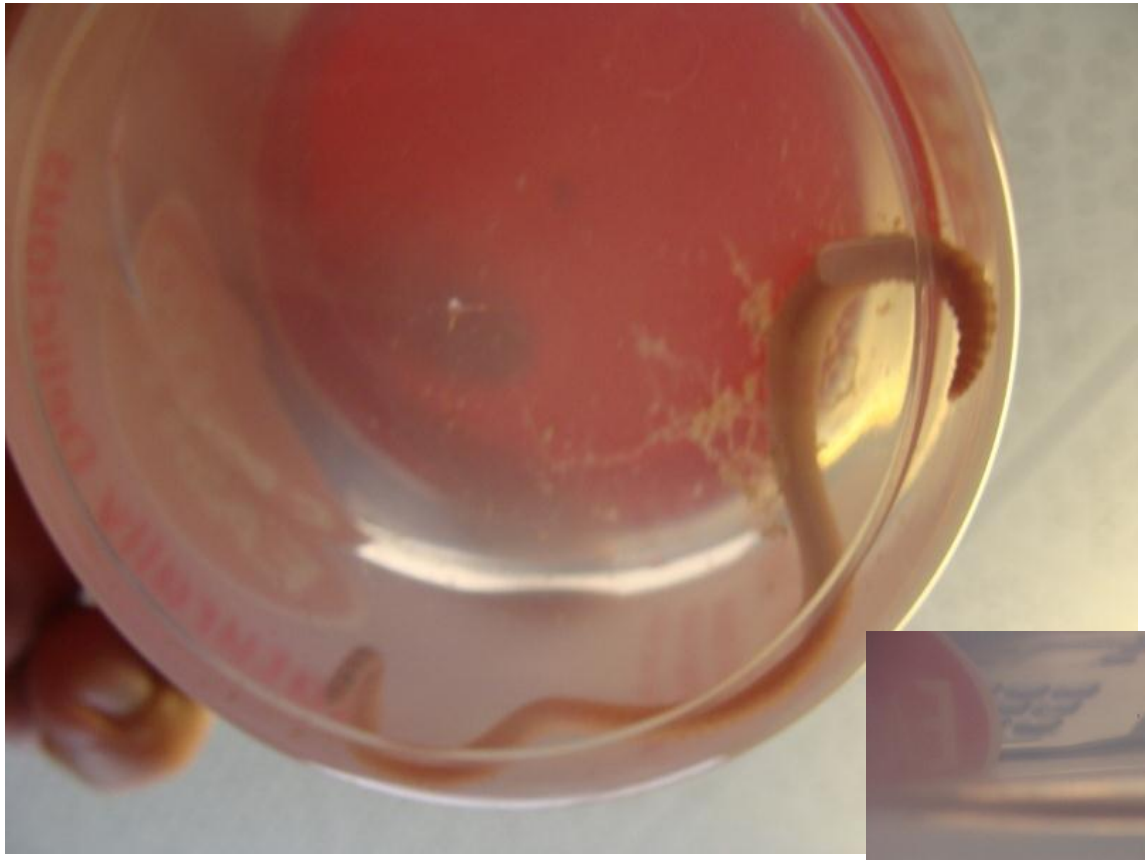
Key redesigns

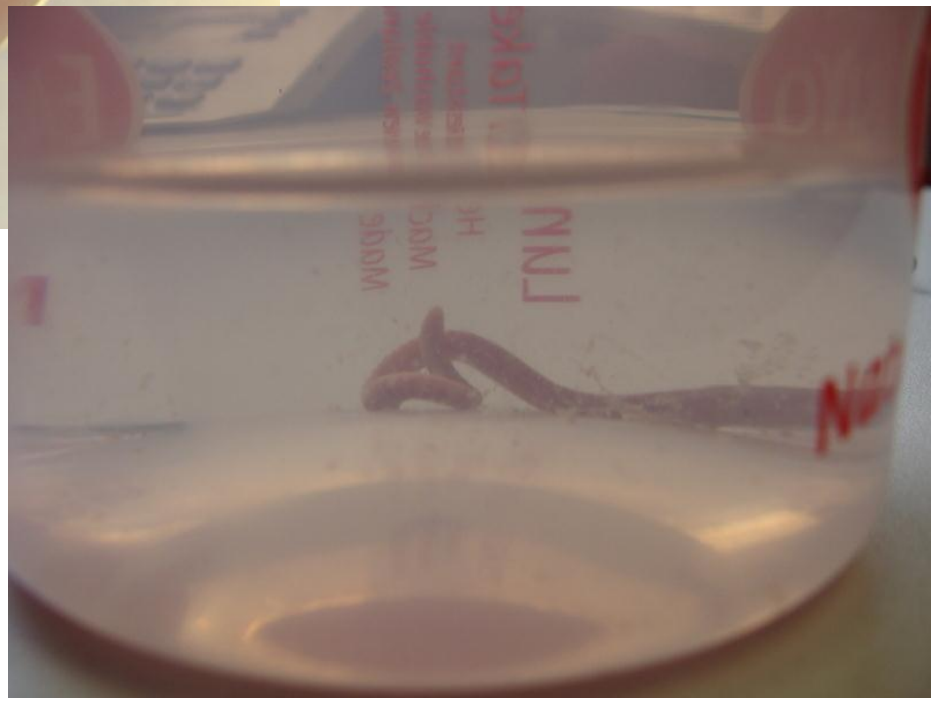
- Clarity about goals and objectives
- Use clear sentence construction when required
- Find language for lifestyle and AOD
- Touch typing (or as near to it as possible)
- Voice software sometime ?
- Allow the patient voice when required
- This might take more time?

All the other things you do in the consultation









Pixie facies – Williams Syndrome

Central cyanosis – congenital heart

Hypertelorism

Exophthalmos

Marfans Syndrome

Glucose 6 PD deficiency
Congenital cyanotic heart disease
AcrocyanosisRespiratory distress (adult) syndrome
Emphysema/COPD/Chronic lung disease
Respiratory muscle paralysis
Pulmonary fibrosis
Nitrogen dioxide inhalationAniline [Amino benzol] poisoningArsine gas (Hydrogen arsenide) poisoning
Copper salts exposure/Copper toxicity
Copper sulfate poisoning
Methemoglobin inducing/poisons
Nitrites/Sodium nitrite poisoning

Participant visual hallucination

Closings

- Pre-closing: ‘right, well, so, ok’
- Use of the word ‘any’
  - “anything else?” “any other questions?”
- Turn body and gaze from patient
- ‘action’ summary
  - Making arrangements, handing over script

How to end

- What words would you use to close or end a consultation ?
- Are they the same across different countries ?

- John Heritage et al

Randomised controlled trial of

“some more questions “

“ Any more questions “

Significant reduction in consultation length using “any “

The importance of communication

"I just want you to know that, when we talk about war, we're really talking about peace."

If you have been:

Thank you for listening

http://www.youtube.com/watch?v=jZPvVwvX_Nc