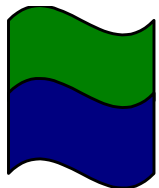
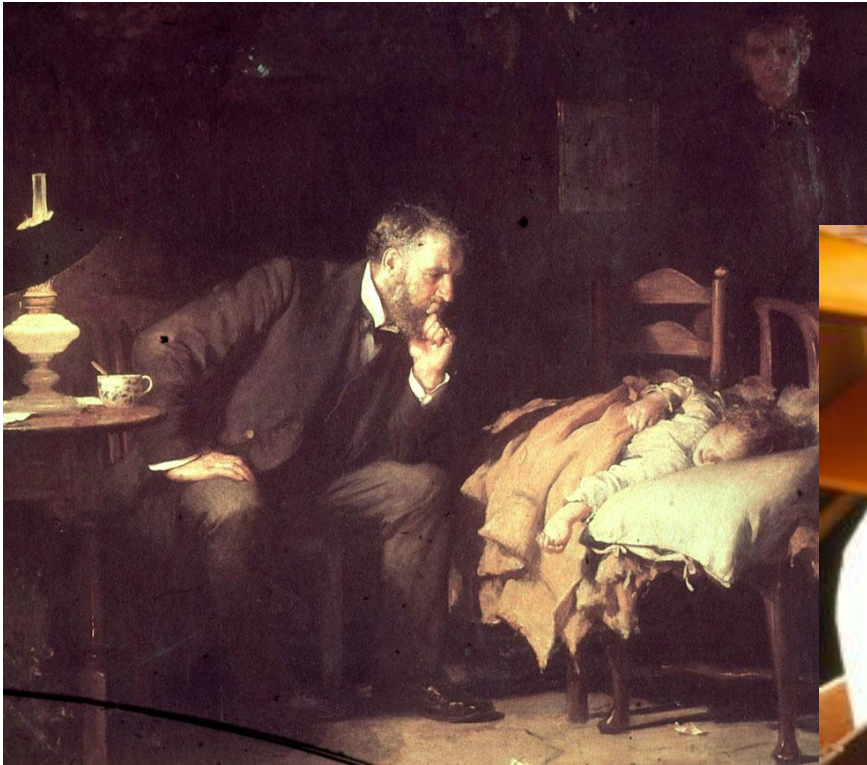


The General Practice Consultation



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

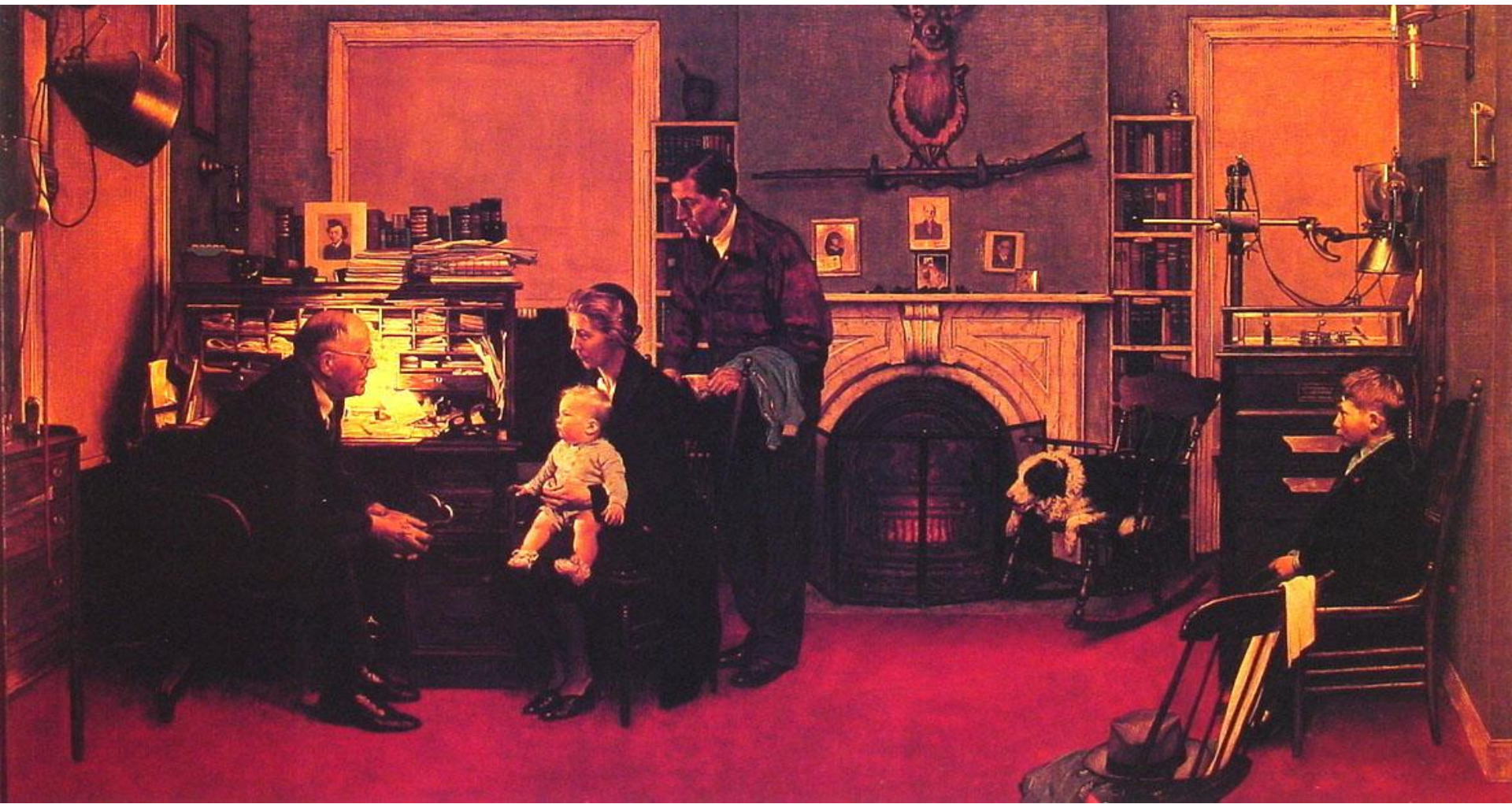
The consultation

“ The essential unit of medical practice is the occasion when in the intimacy of the consulting room the person who is ill, or believes themselves to be ill, seeks the advice of a doctor whom they trust. This is the consultation and all else in the practice of medicine derives from it. “

Sir James Spence *Lancet* 1953; i: 275.

The mystery of the consultation

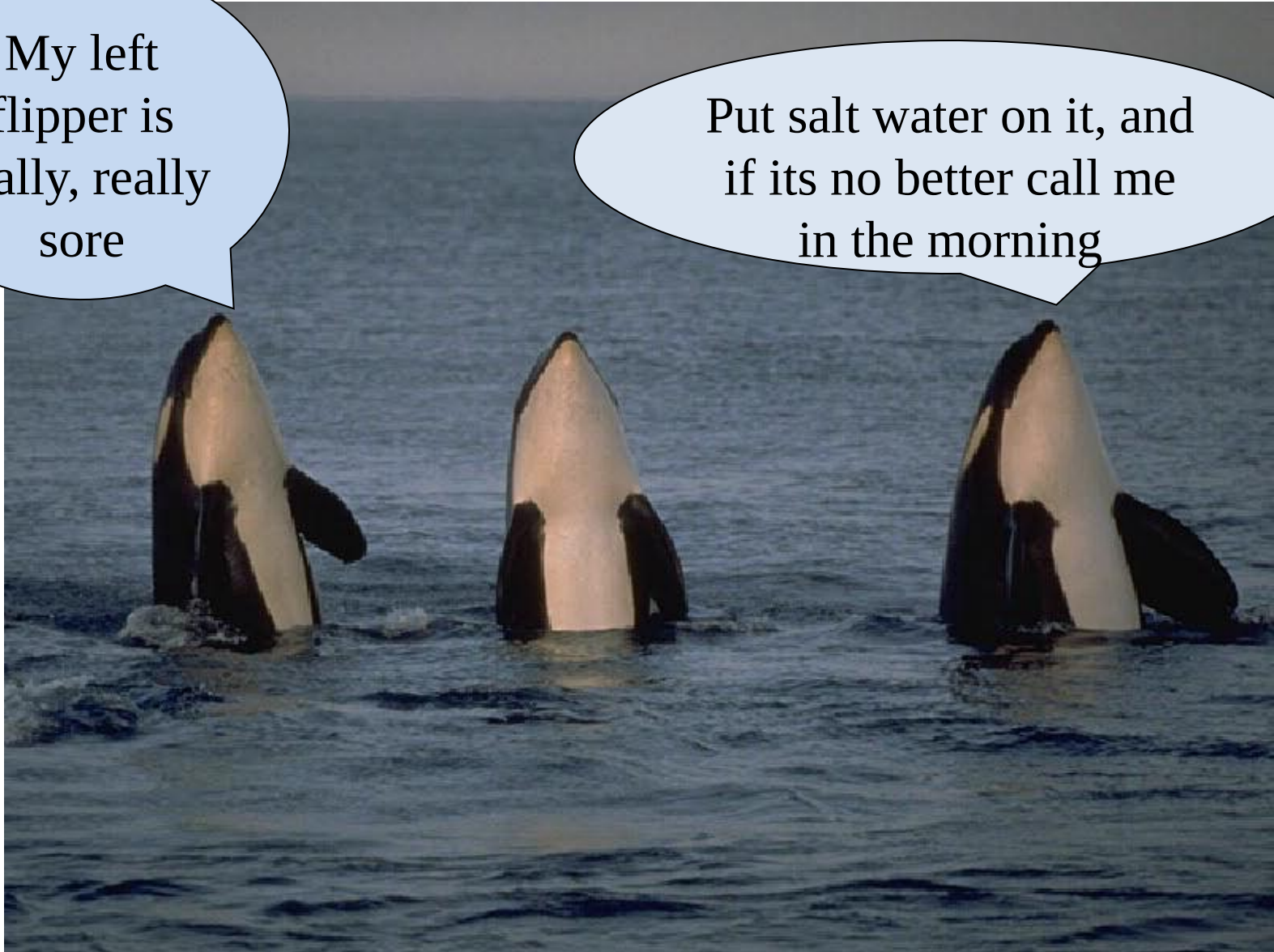




The consultation

My left
flipper is
really, really
sore

Put salt water on it, and
if its no better call me
in the morning



The consultation explored

- Michale Balint : The Doctor, his patient and the illness. Lancet 1955
- Stott and Davis: Exceptional potential of the consultation - 1979
- Stewart, Belle Brown: Disease illness model 1984, “patient-centred clinical interviewing”
- Social sciences - power and control - 1990 - 2000
- “Recent models - concordance and shared decision making, have emphasized mutuality rather than paternalism or consumerism.” - 2005
- 2005 - 2011 : Direct observation and analysis of consultations

Scope of the consultation

- (a) Management of presenting problems
- (b) Modification of help-seeking behaviours
- (c) Management of continuing problems
- (d) Opportunistic health promotion

- Stott and Davis – Exceptional potential of the consultation - 1979

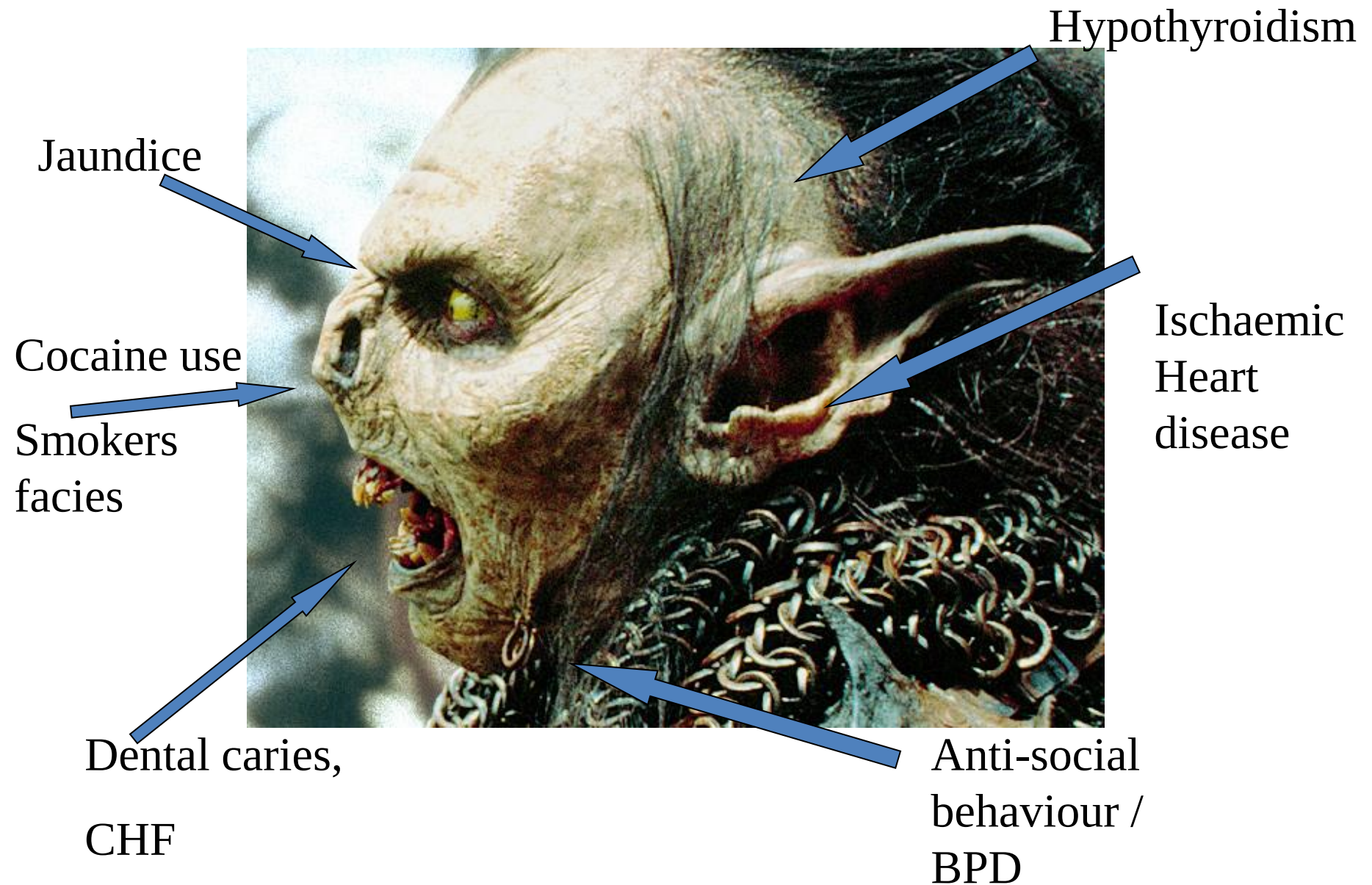


What do
we see?



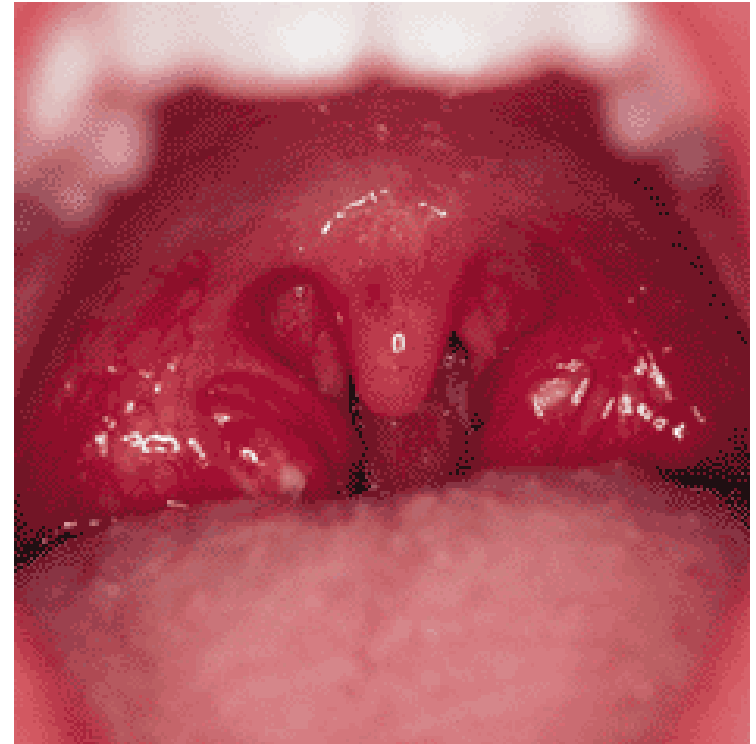






What do we do ?

- University student = 23 %
- University student due to sit degree examinations next week = 69%
- Son of newly appointed district hospital consultant surgeon = 24%
- Son of newly appointed public health physician = 16%



Howie J. Clinical judgement and antibiotic use in general practice. *Br Med J* 1976; **ii**: 1061–1064.

What do we say



- Applied Research on Communication in Health .



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 maybe 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 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 credibilitiy

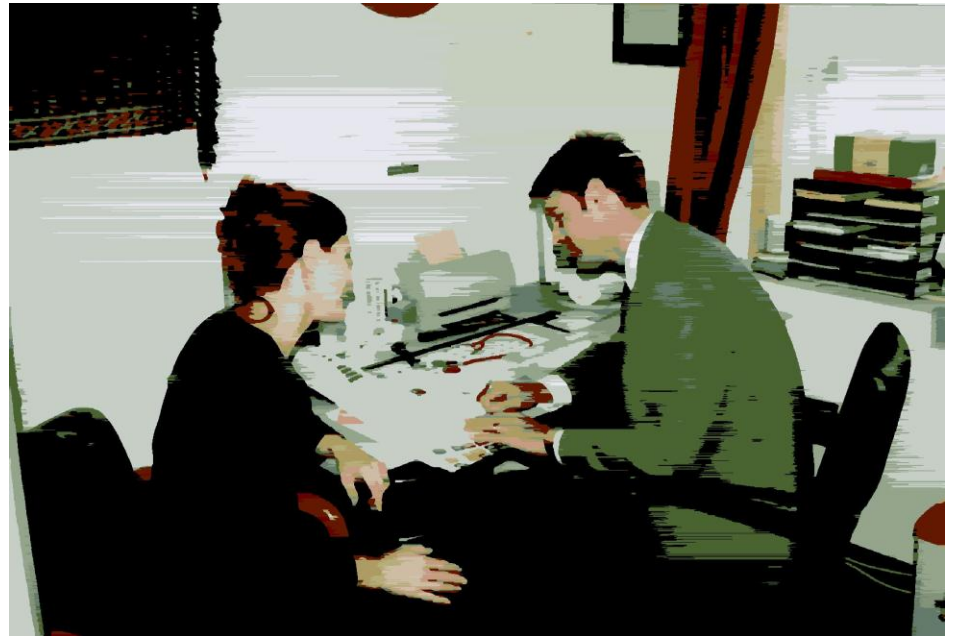
Things happen quickly



- 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

You do amazing things

- Multi-tasking
- Diagnostic strategy
- Information management
- Psychological Therapy
- Time management
- Negotiation and bargaining



A single consultation

22 minutes long – Patient 59 yrs Male

- (30 seconds) GP: yeah + and anyway how are you getting //on\
- PT: /um\\ + not too bad yeah not too bad + (finding it hard i suppose) + um blimmin eyes for a starter //+\ um-
- Conjunctivitis
- Seborrheic eczema (4 mins 30)
- Blood pressure check (7 mins)
- “ Breathless” => New indigestion

Persuasion - 19 minutes

- Patient “ I don’t want it they just ram it down”
- Dr – They dont – now do you want to try and do this through your health insurance ?
- Offering choice
- Dr “ You’ll be persuaded then “
- Patient “ Just about”

We find some things difficult

- “Interactional delicacy”
- Confessions – by both Doctor and patient
- Discussion about lifestyle
- Weight , Drugs S..
- Mental health consultations
- Setting clear goals for our patients

The content of the consultation



? ?

- 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



“Confessions of non-compliance”



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

Estimates range
from 25- 50%

GP: 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]

Lifestyle discussions ?

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 And what about other drugs ??*

Taboo

- do you want to come out on the scales now and see what they're doing there
- ((inhales)) now just before you go ((NAME-PT)) i was just going to look at what weight we'd be aiming for for you + yes because at the moment your current weight um + yes you are overweight
- do you think you tend to eat fairly healthily or do you think you eat mm stuff that you shouldn't a lot?

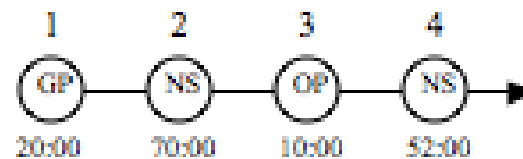
Team consultations



How much time: Diabetes Care

W02 Timeline

Six Month Track



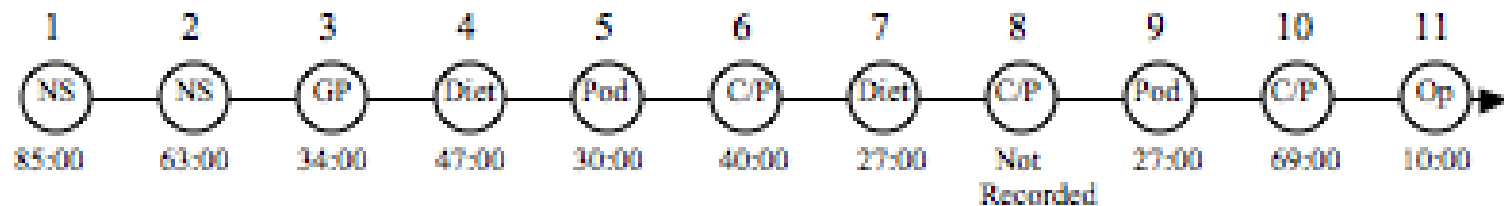
Total recorded consultation time:

2 hours 12 minutes

There's not enough time ?

W04 Timeline

Six Month Track



Total recorded consultation time:

7 hours 12 minutes

Too much of a good thing ?

1. NS: =((inhales)) i'll give /you a booklet\\
which will um give you an idea

PT: /er y- yeah\\

2. PT: =well i've gone through all the other
information you gave me last time i was //here

NS: /yeah\\ yeah oh good=

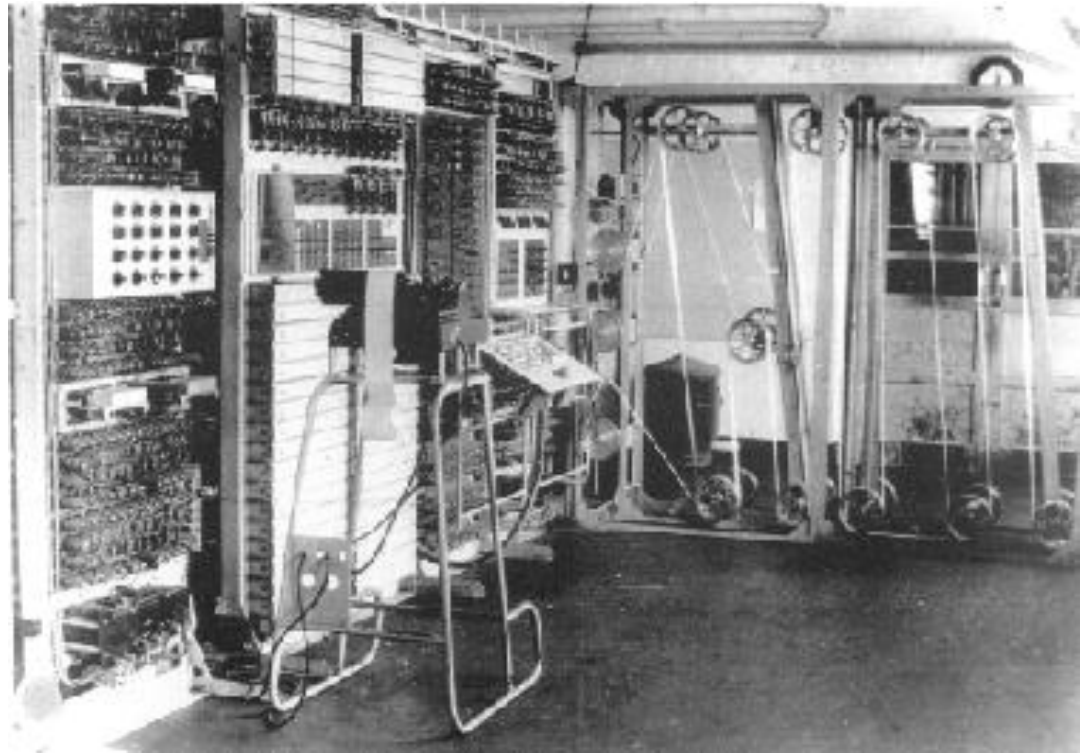
3. GP: and th- there's several er er um er
diagrams that i like to show people //just\\ as by
way of basic explanation ((inhales))

IT Support

I think there is a world market for as many as 5 computers." -

Thomas Watson, head of IBM, 1943.

Computers in the future may weigh no more than 1.5 tons - *Popular Mechanics*, 1949.



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:

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
 - Allow the patient voice when required
 - Touch typing (or as near to it as possible)
-
- This might take more time?
 - The Half hour consultation
 - Delegation and substitution



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
“

Expectations of the consultation



A serene sunset scene over the ocean. The sun is a bright, glowing orb on the horizon, casting a warm orange and yellow light across the sky and water. The sky is filled with soft, wispy clouds. In the background, a dark, silhouetted mountain rises from the sea. In the foreground, a wooden fence with vertical posts and horizontal rails runs across the frame. To the left, there are dark, silhouetted plants, possibly coastal vegetation. The overall mood is peaceful and contemplative.

Thank you