



Identifying and Avoiding Pitfalls in Consultation

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Learning Outcome

- The audience will identify pitfalls from a consultation video and discuss ways to avoid these pitfalls.

Consultations

- Two-way encounter:
 - Patient ↔ Doctor
- Involve interactive or shared decision-making



Pitfalls

Initiating the session:

- Patient is not given sufficient time to express his/her concerns at the start
- Most doctors interrupt patients after 18 secs



Pitfalls

Gathering Information:

- Physician
 - Assumes that the first concern expressed is the most important
 - Assumes patient report all concerns
 - Does not acknowledge patient's concerns
 - Directs topic away from patient's concern



Pitfalls

- Failure to express empathy
- Failure to '**actively**' listen
- Failure to recognize patient cues which can lead to 'hidden agendas'



Pitfalls

Explanation & Planning:

- Failure to involve patients in the decision making
- Low “Health Literacy” is more common than doctors realize
- Patients forget more than ½ of doctor’s recommendations





Avoid Pitfalls

- Elicit all concerns early in the visit
- Ask “Is there anything else?”
- Prioritise concerns
- Confirm what is most important to the patient
- “Negotiate” a reasonable agenda



Avoid Pitfalls

- Begin with an opening sentence
- Avoid premature close-ended questions
- Allow patient time to express concerns
- Most patients will finish within 90 sec

Avoid Pitfalls

- Respond to patient concerns
- Acknowledge and explore them further
- Actively listen
- Offer empathy



Avoid Pitfalls

- Communicate with patients in a way they will understand
- Speak slowly to the patient
- Have patient repeat back in their own words
- Allow time for questioning



Avoid Pitfalls



- Agree on a plan
- Write down key info for the patient
- Focus on 2-3 key messages
- Careful not to overload
- **Safety netting**





The Magnificent 7

1. Focus on the patient
2. Establish connection with the patient
 - a) Agree on agenda
 - b) Develop rapport
3. Assess patient response to illness and suffering
4. Communicate to foster healing
5. Show some empathy

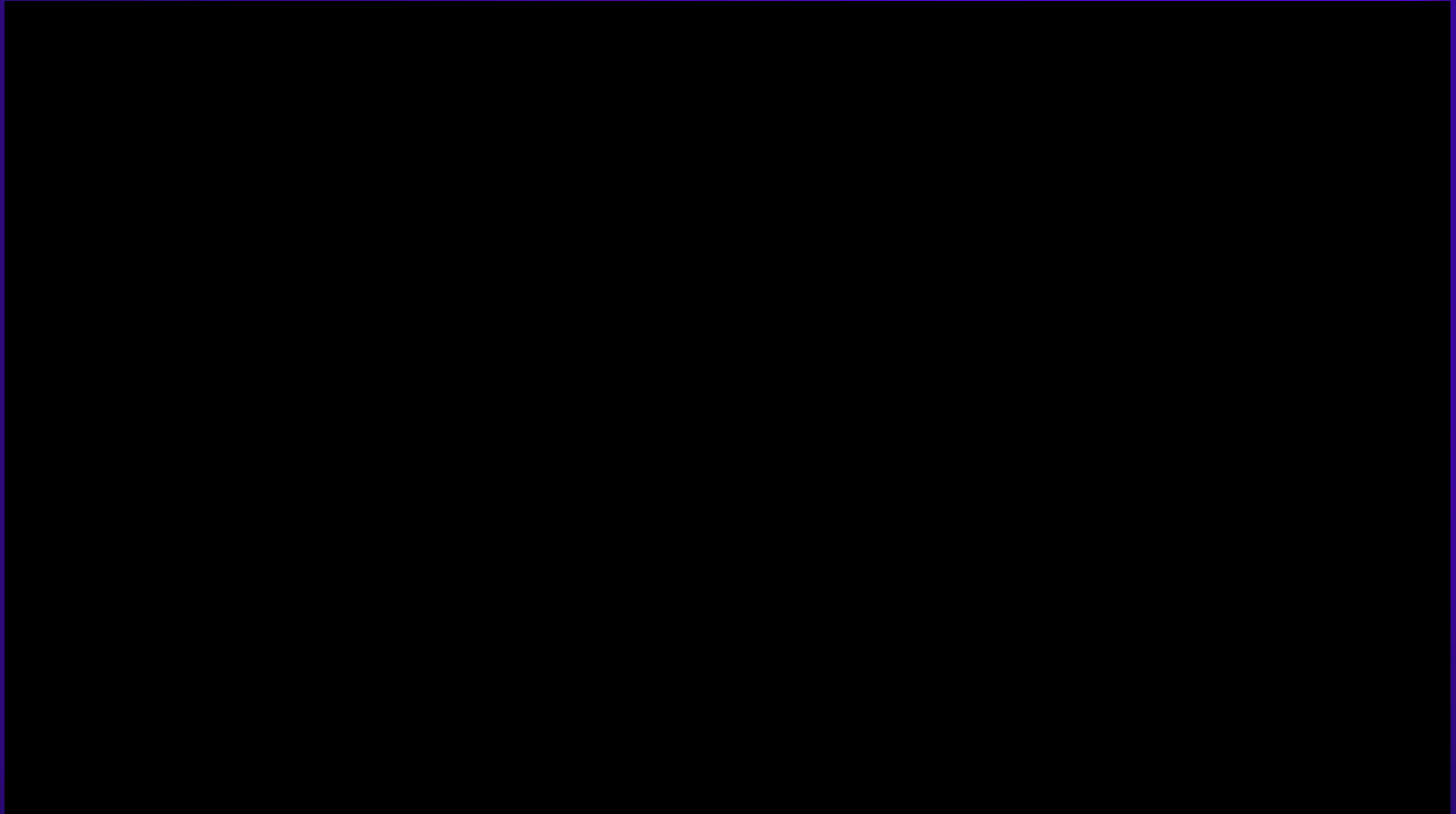
Magnificent 7

6. Use the power of touch*
7. Laugh a little

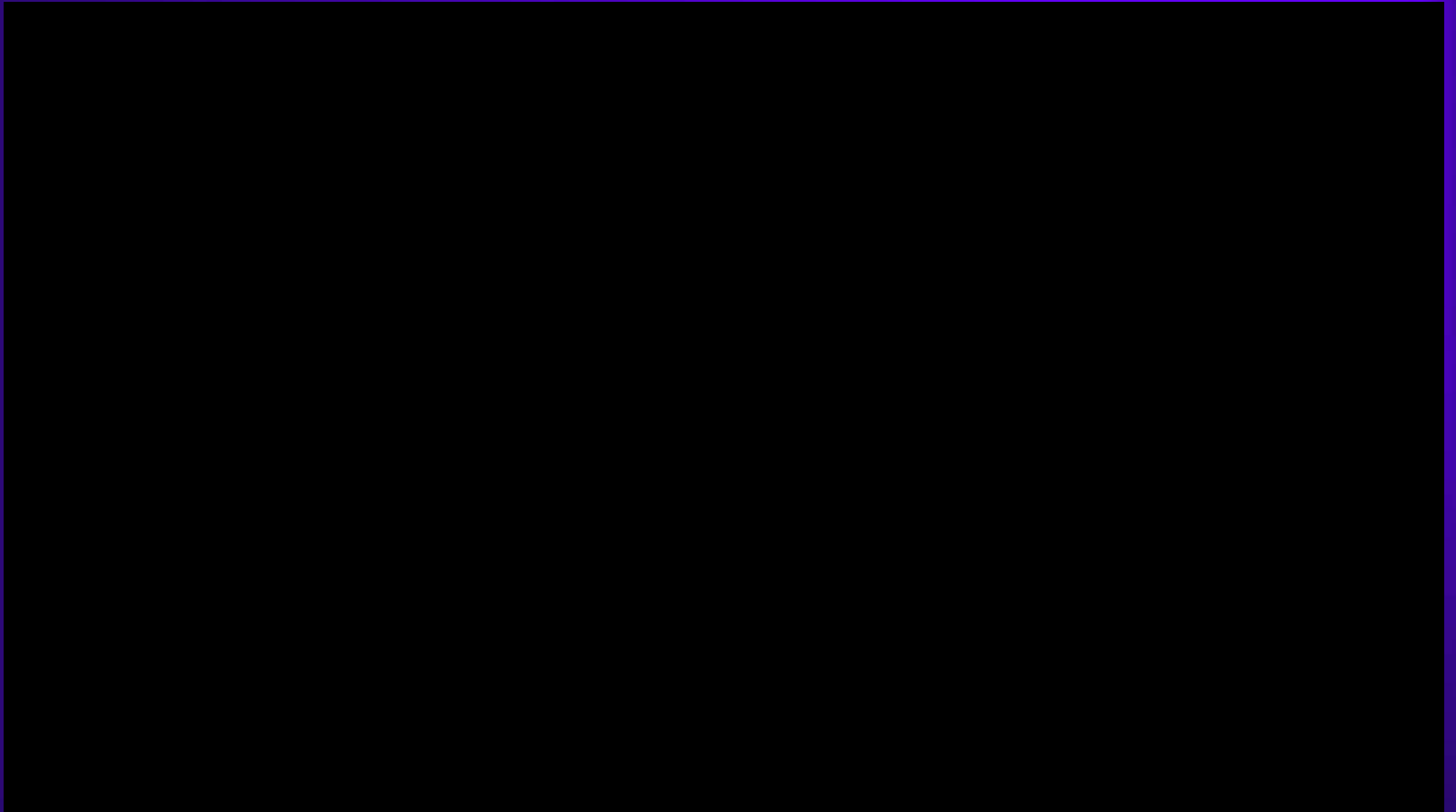
“the art of medicine consists of amusing the patient while nature heals the disease”



Consultation Video



Consultation Video





Thank You

- References:
- Charlton R (2007) *Learning to Consult: Consultation Model*. Radcliffe Publishing, Oxford.
- Stewart M et al (2003). *Patient-centered Medicine: Transforming the Clinical Method*. Radcliffe Medical Press, Oxford.
- Neighbour R (2005). *The Inner Consultation: how to develop an effective and intuitive consulting style*, 2nd edition. Radcliffe Publishing, Oxford.
- Silverman J. (2005) *Skills for Communicating with Patients*, 2nd edition. Radcliffe Publishing, Oxford.
- Epstein R. Have you really addressed your patient's concerns? *Family Practice Management* 2008 March; 15(3): 35-40
- Egnew T. The Art Of Medicine: Seven Skills that Promote Mastery. *Family Practice Management* 2014 Jul-Aug; 21(4):25-30
- Weiss B. How to Bridge the Health Literacy Gap. *Family Practice Management* 2014 Jan-Feb; 21(1):14-18