



# The consultation in General Practice

GIUSEPPE PARISI

# Consultation is the core of the doctor's work

- The consultation is the most common diagnostic and therapeutic procedure, and it is the usual way in which primary care is delivered..



# Consultation as a standard operating procedure



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Patient Education  
and Counseling

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Therefore it should be  
evaluated and taught  
as any medical  
procedure

## Consultation in general practice: a standard operating procedure?

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# Consultation as complex procedure

Therefore it should be analysed from many point of view

- Individual consultation models:
  - Weiner (1948)
  - Maslow (1954)
  - Balint (1957)
  - Berne (1964)
  - Byrne and Long (1976)
  - Stott and Davis (1979)
  - Helman (1984)
  - Pendleton (1984)
  - Neighbour (1987)
  - Fraser (1994)
  - Stewart *et al.* (1995)
  - Kurtz, Silverman and Draper (1996).
- Other issues and recent influences:
  - empathy, empowerment and enablement
  - evidence-based medicine
  - neuro-linguistic programming
  - narrative
  - complexity and the consultation
  - summary.
- Conclusion.

## Definition of the consultation

The medical consultation is a two-way encounter between a doctor or a practitioner and a patient. This may be initiated by a patient when they are ill or by a doctor when instituting preventive medicine or screening. There are many different models and potential structures for these interactions and some of these models are discussed in this chapter.

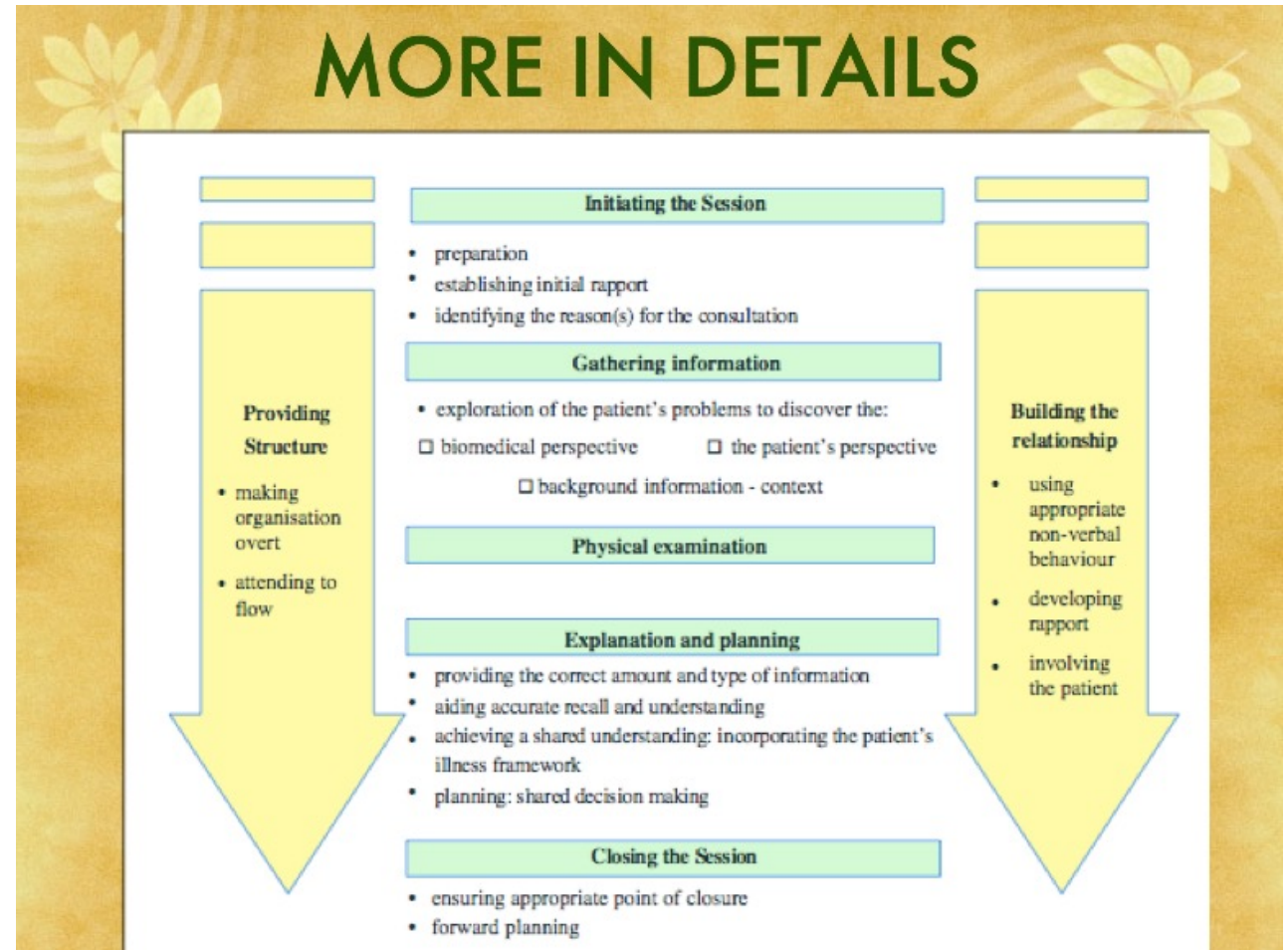
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### Practical point

There is no ideal consultation model, but the evolution of the various models over time is of particular interest as a practitioner develops their own unique consulting style.

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# communication task



RESEARCH ARTICLE

Open Access

# What makes up good consultations? A qualitative study of GPs' discourses

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## Abstract

**Background:** In medical literature, several principles that define 'good consultations' have been outlined. These principles tend to be prescriptive in nature, overlooking the complexity of general practitioners (GPs) perspectives of everyday practice. Focusing on perspectives might be particularly relevant, since they may affect decisions and actions. Therefore, the present study adopts a bottom-up approach, analyzing GPs' narratives about 'good' and 'bad' consultations. We aimed at describing the range of discourses GPs use in relating on their practice.

**Methods:** Semi-structured interviews were conducted with 19 Belgian GPs. By means of a qualitative analysis, the authors mapped patterns in the interview narratives and described the range of different discourses.

**Results:** Four discourses were identified: a biomedically-centered discourse, a communication-focused discourse, a problem-solving discourse and a satisfaction-oriented discourse. Each discourse was further specified in terms of predominant themes, problems the GPs prefer to deal with and inherent difficulties. Although most participants used elements from all four discourses, the majority of the GPs relied on an individual set of predominant discourses and focused on a limited number of themes.

**Conclusion:** This study clearly indicates that there is no uniform way in which GPs perceive clinical practice. Each of the participants used a subtle mix of different criteria to define good and bad medical consultations. Some discourse elements appear to be rooted in medical literature, whereas others are of a more personal nature. By focusing on the limitations of each discourse, this study can shed new light on some of the difficulties GPs encounter in their daily practice: being confronted with specific problems might be an effect of adhering to a specific discourse. The typification of different discourses on consultations may function as a framework to help GPs reflect on how they perceive their practice, and help them manage some of the challenges met in daily practice.

**Keywords:** Discourse, General practitioner, Qualitative research, Consultation, Belgium

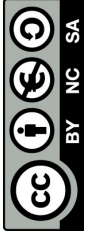


**Table 3 Overview of the four GP discourses on consultation**

	<b>Themes</b>
<b>Biomedically-centered discourse</b>	<ul style="list-style-type: none"><li>- Executing guidelines</li><li>- Scientific interest</li><li>- Referring patients to specialists</li><li>- Medical expertise</li></ul>
<b>Communication-focused discourse</b>	<ul style="list-style-type: none"><li>- Decoding messages and signs</li><li>- Verbalizing thoughts and emotions</li></ul>
<b>Problem-solving discourse</b>	<ul style="list-style-type: none"><li>- Pragmatic solution seeking</li><li>- Advising patients</li><li>- Convincing patients</li><li>- Time management</li></ul>
<b>Satisfaction-oriented discourse</b>	<ul style="list-style-type: none"><li>- Satisfying your patients</li><li>- Economic thinking</li><li>- Positive rapport</li></ul>



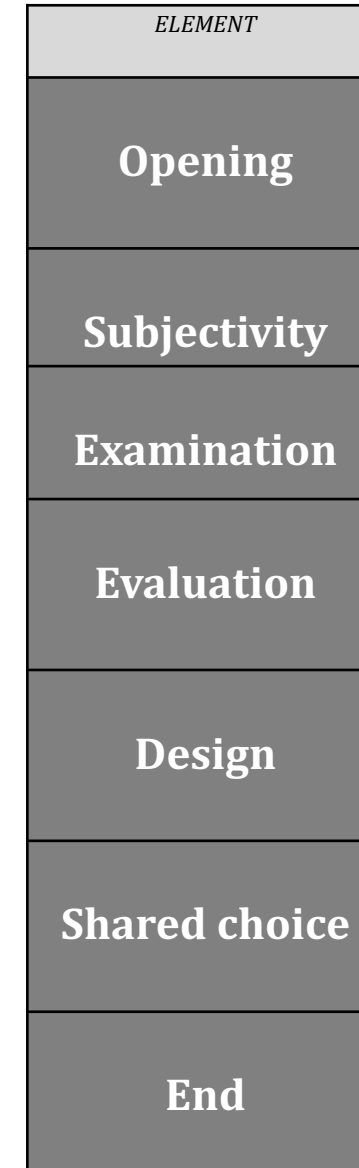
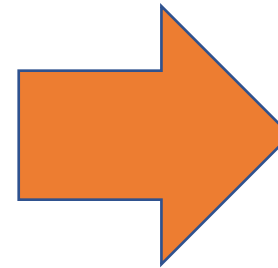




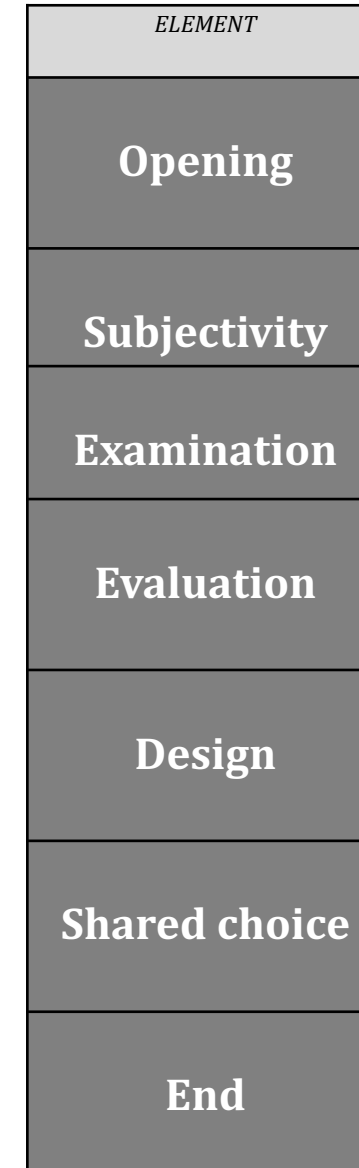
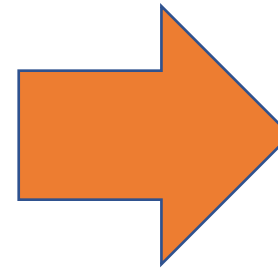
## Consultation as...

Consultation as an occurrence composed by discrete **elements** emerging from the **thick** interaction between doctor's competences and patient's needs

*emergence is a process whereby larger entities, patterns, and regularities arise through interactions among smaller or simpler entities that themselves do not exhibit such properties.*



- The doctor acts to promote the emergence of each element
- End each element contribute to organise the consultation



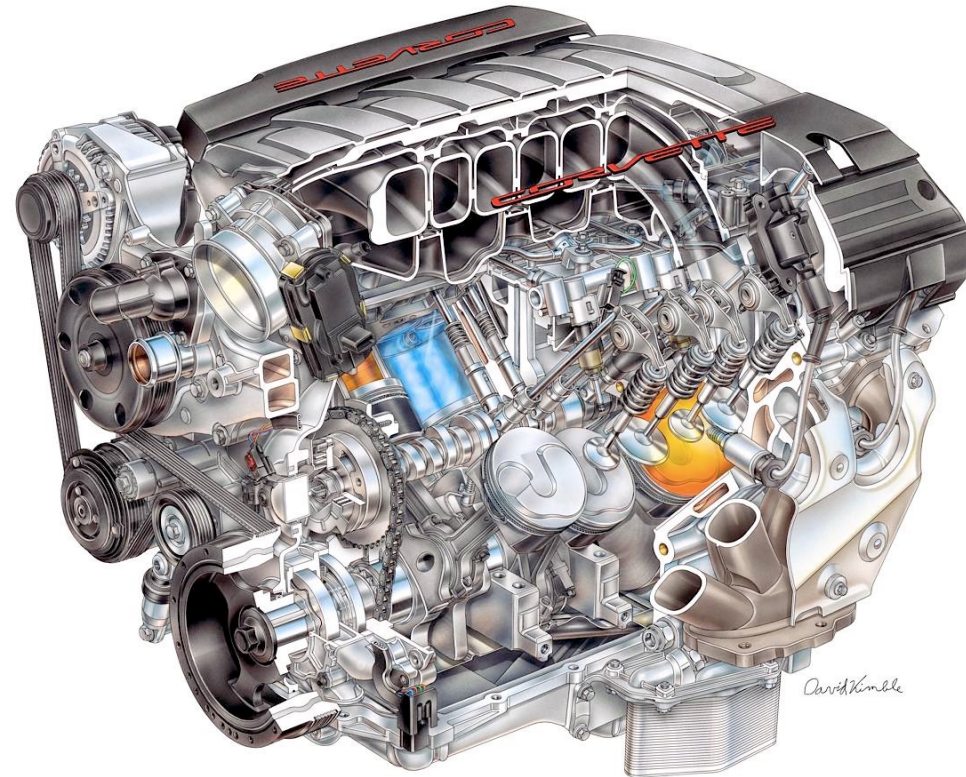
How does the doctor act to promote the emergence of each element?

# Consultation

- A car



# Components of consultation

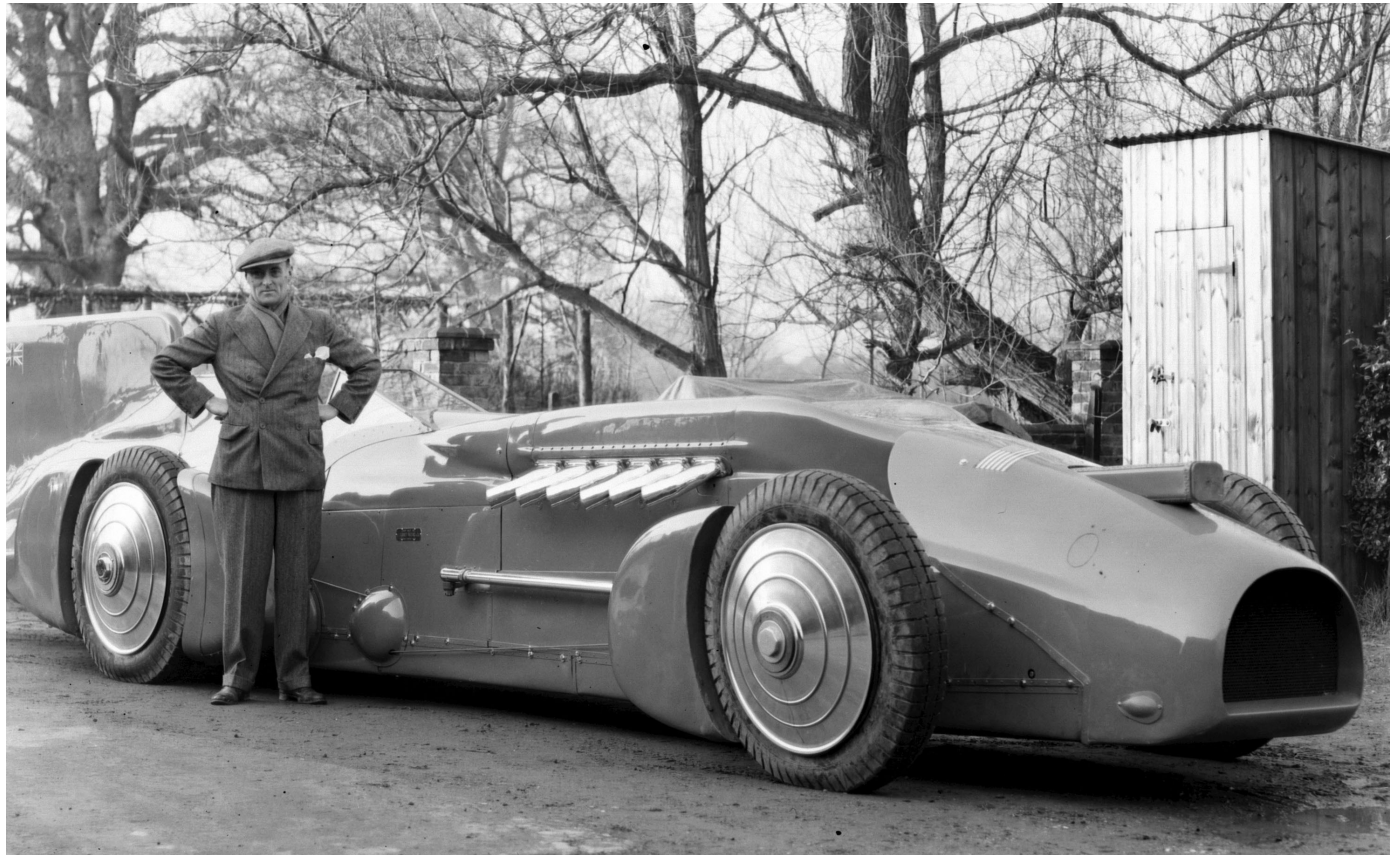


Clinical engine....

School of Medicine and Surgery- GP Consultation - Lecturer:  
Parisi



# Components of consultation



## Communication car body....

School of Medicine and Surgery- GP Consultation - Lecturer:  
Parisi



# Components of consultation



Management steering wheel

# Components of consultation



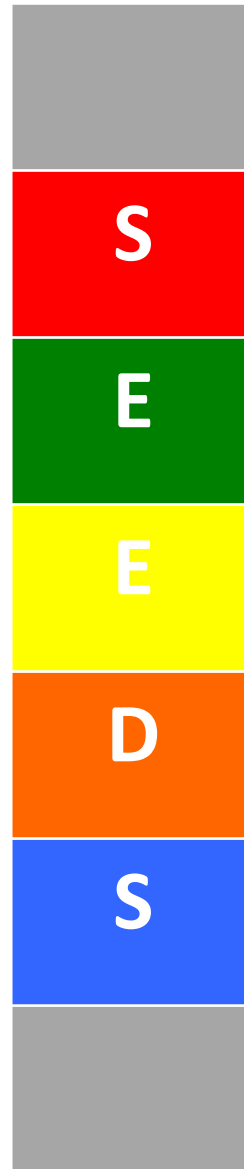
Knowledge fuel/tank



Knowledge tank



Clinical engine

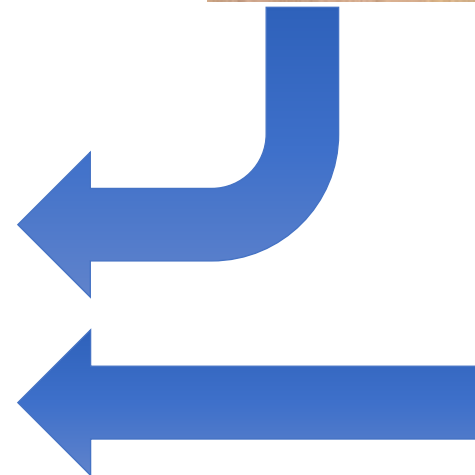


The four components structured consultation

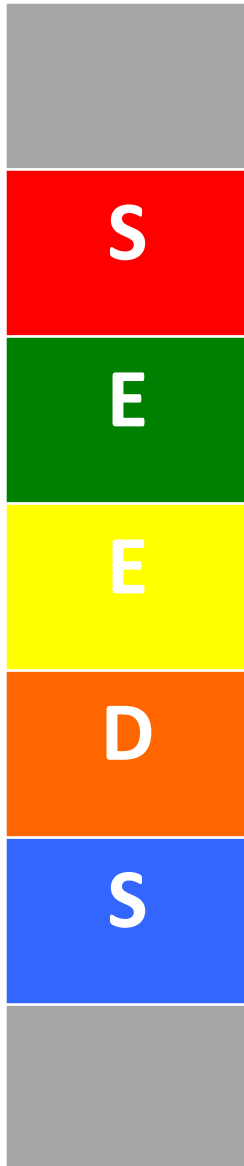
Communicaton car-body



Management steering-wheel



# In order to reach three objectives



- Clinical
- Communication
- Management



<i>ELEMENT</i>	<i>MANAGEMENT TASK</i>	<i>CLINICAL TASK</i>	<i>COMMUNICATION TASK</i>	<i>PATIENT AS...</i>
<b>Opening</b>	Build the setting	Catch the early warnings	Make the patient at ease	Person
<b>Subjectivity</b>	<b>Management of presenting problems</b>	<b>Early generation of hypothesis</b>	<b>Collect information by allowing patient expression</b>	<b>Individual</b>
<b>Examination</b>	Management of the present problems not presented by the patient.	Reach working diagnosis	Actively collect information	Matter of research
<b>Evaluation</b>	Redefine the situation	Overall clinical judgement	Information	Partner
<b>Design</b>	Map out a plan		Communicate patient's options	Consultant
<b>Shared choice</b>	Doctor/patient choose an option		Share choice	Partner
<b>End</b>	Schedule the next consultation date Inform the patient about the safety net		Greetings	Person

# A lady with a cough: Luigina



# Observe and listen to the consultation

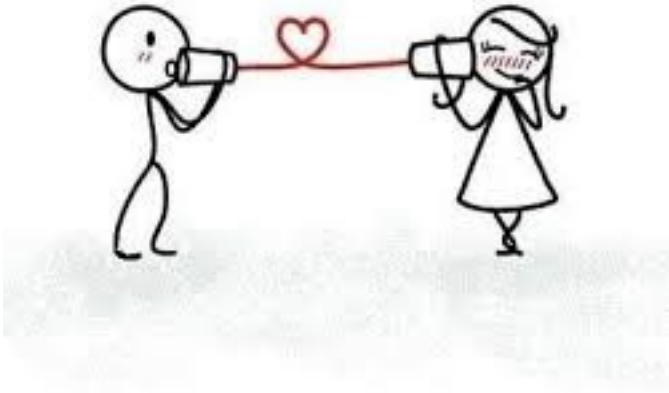
## **Emerging aspects**

- Communication
- Behaviour
- Relation

## **Hidden aspect**

- Professional
- Disciplinary
- Clinical/management

# Aspects of consultation



To communicate



To think

# A lady with a cough: Luigina

## PART 1

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<b>Shared choice</b>				
<b>End</b>				

# Tips for a good organization of the service and the opening phase of the consultation

- Fast track in acute situation
- Effective follow up in chronic situation
- Sufficient consultation length
- Comfortable waiting room
- Patient at ease
- Social behavior
- Time out consultation
- Companions not necessarily in the consulting room





# S *Subjectivity*

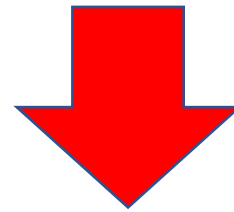
- **Weed: “symptom or condition perceived by the patient and not by the examiner”**  
*(arch intern med vol 152 march 1992: 481).*
- Subjectivity emerges from thick interaction between doctor’s competences and patient’s needs
  - discourses,
  - reasoning process,
  - emotions and feelings involved in the interaction

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<b>Examination</b>				
<b>Evaluation</b>				
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<b>End</b>				

# Management objective

## Management of presenting problems

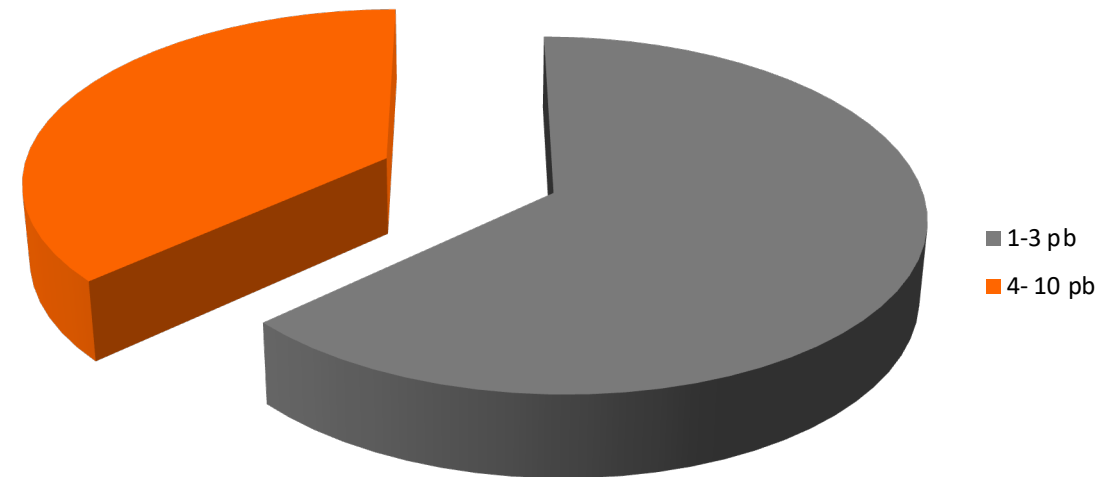
investigate the patient's agenda and to focus on the presenting problems



**RESULT**  
a list of everything that the patient experiences as a problem

# Number of problems in consultation

In two third of consultations the patient presents one to three problems, but in more than one third of consultations the problems are more than four, to a maximum of nine.



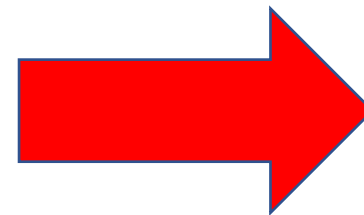
# Problems listed during consultation

- Classical clinical symptoms (i.e.: sore throat)
- besides diagnosis (i.e.: thyroid node in neck scan)
- laboratory test results (i.e.: anaemia-Maria's WBC)
- functional problems (i.e.: older patient with walking difficulties)
- risky behaviours (i.e.: alcohol intake- Maria's binge eating)
- family problems (i.e.: marital tension- Maria's grief)
- psychological problems (i.e.: anxiety)
- coping problems (i.e.: after her daughter's illness she feels depressed)
- social problems (i.e.: older patient left alone)
- administrative problems (certificates, sick notes)
- Risk factors (Maria's hypertension)

# Communication objective

**Collect information by allowing patient expression**

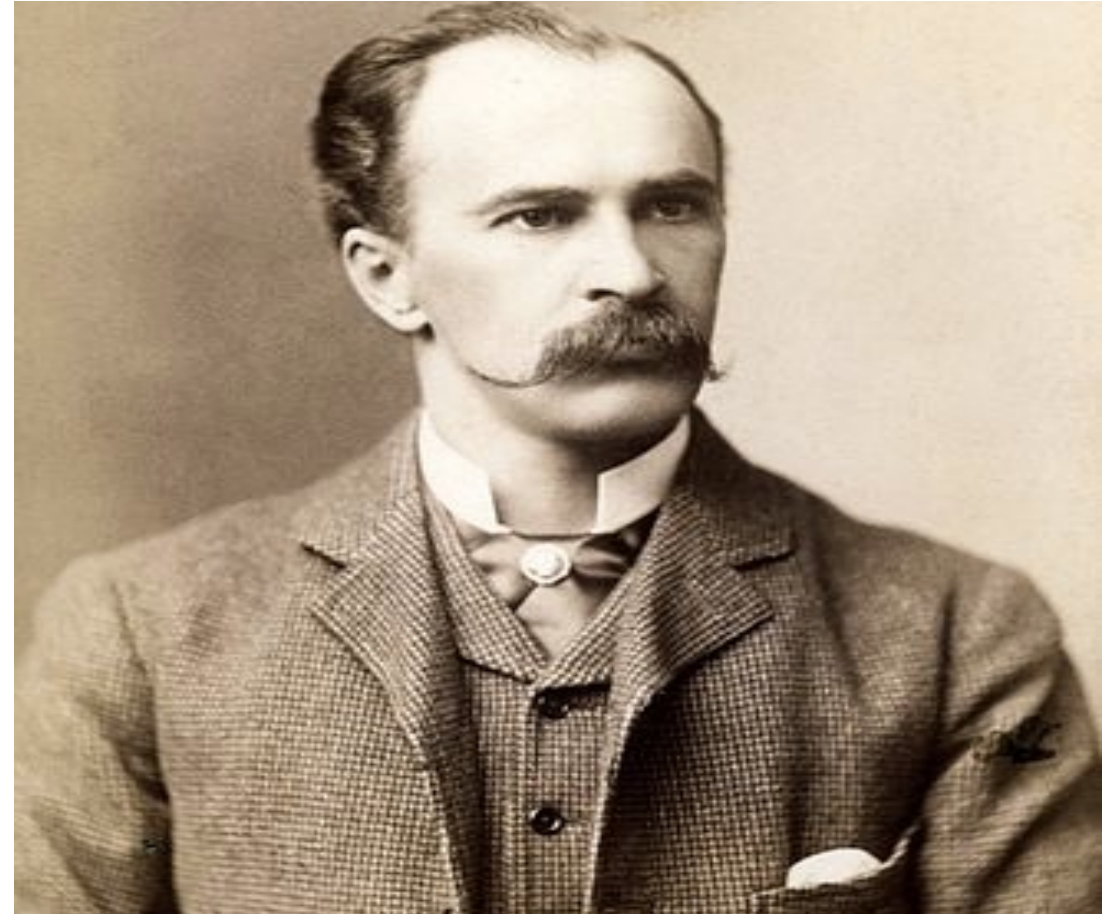
SYMPTOMS  
+  
IDEAS  
CONCERNS  
EXPECTATIONS



ICE

“Listen to your patient, he is telling you the diagnosis”

*Sir William Osler*





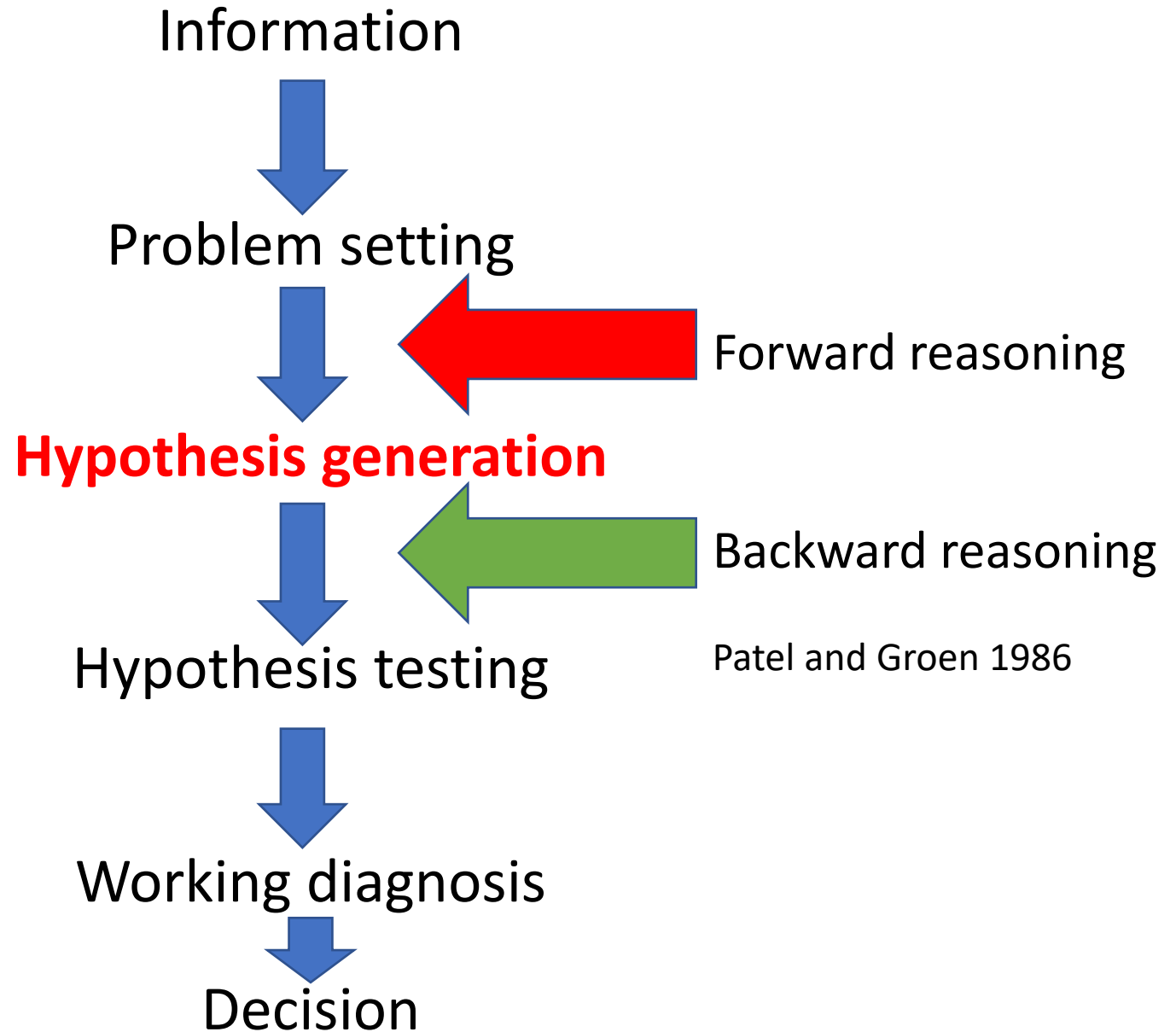
# Clinical objective

## Early generation of hypothesis

The earliest psychological formulation viewed diagnostic reasoning as a process of testing hypotheses. Solutions to difficult diagnostic problems were found by generating a limited number of hypotheses early in the diagnostic process and using them to guide subsequent collection of data. Each hypothesis can be used to predict what additional findings ought to be present if it were true, and the diagnostic process is a guided search for these findings.

*Elstein AS, Schwarz A. Clinical problem solving and decision making: selective review of the cognitive literature. 2002 BMJ vol 234: 729-32*

# Elstein e Schwarz



*The clinical engine starts suddenly and will go along with the doctor throughout the consultation. It functions as the keel of a boat: it helps the doctor to go in the right direction using the subjectivity of the patient in order to reach the diagnosis and the subsequent decision*



# A lady with cough: Luigina

## PART 2

<i>ELEMENT</i>	<i>MANAGEMENT TASK</i>	<i>CLINICAL TASK</i>	<i>COMMUNICATION TASK</i>	<i>PATIENT AS...</i>
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<b>Evaluation</b>				
<b>Design</b>				
<b>Shared choice</b>				
<b>End</b>				

# EXAMINATION/OBJECTIVITY

- Examination is:
  - a communication and reasoning process
  - emerging on the basis of information gathered through subjectivity
  - in which the doctor collects objective information actively
    - through the interview,
    - the objective examination
    - the consultation of medical records
- Every information which comes not **spontaneously** from patient, but from medical record, **interview** and data  
*(McIntyre 1972, Petrie 1983).*

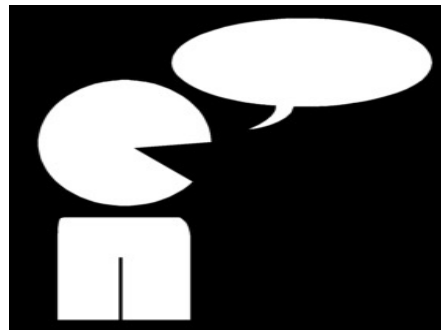
# Communication objective:

the doctor collects information actively

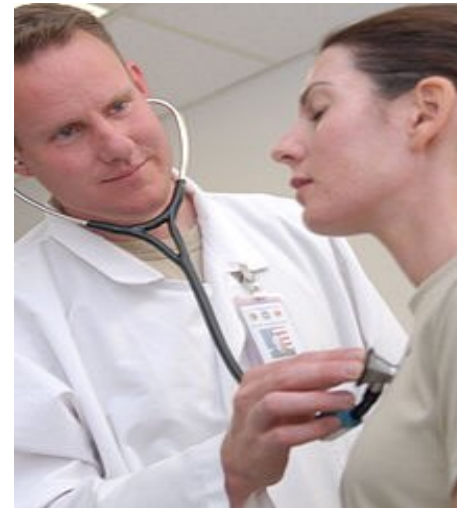
- Consultation of medical records



- Interview



- Physical examination





# Communication objective: actively collect information

- FROM
- Conversational
- Open-ended question

- TO
- interviewing style
- Doctor centred history-taken:  
closed question

# Clinical objective: reach working diagnosis

- The second cognitive routine:

- backward reasoning
- deductive reasoning



Hypotesis testing

- Third routine (safety routine)

- cognitive forcing strategies to avoid errors

# test hypothesis testing

on a probabilistic criterium

- Clinical tests = physical examination
- Lab tests
- Imaging test
- Test of time

# Physical examination

- test
- recognition of systems to generate additional hypothesis.
- encounter the patient's needs to be examined, to be reassured by close skin touch of the doctor
- make the patient experiment the symptom or the pain elicited by the manoeuvres of the doctor in a safe environment.

# Management objective

consider doctor's agenda problems, that are present but not presented by the patient

# A lady with cough: Luigina

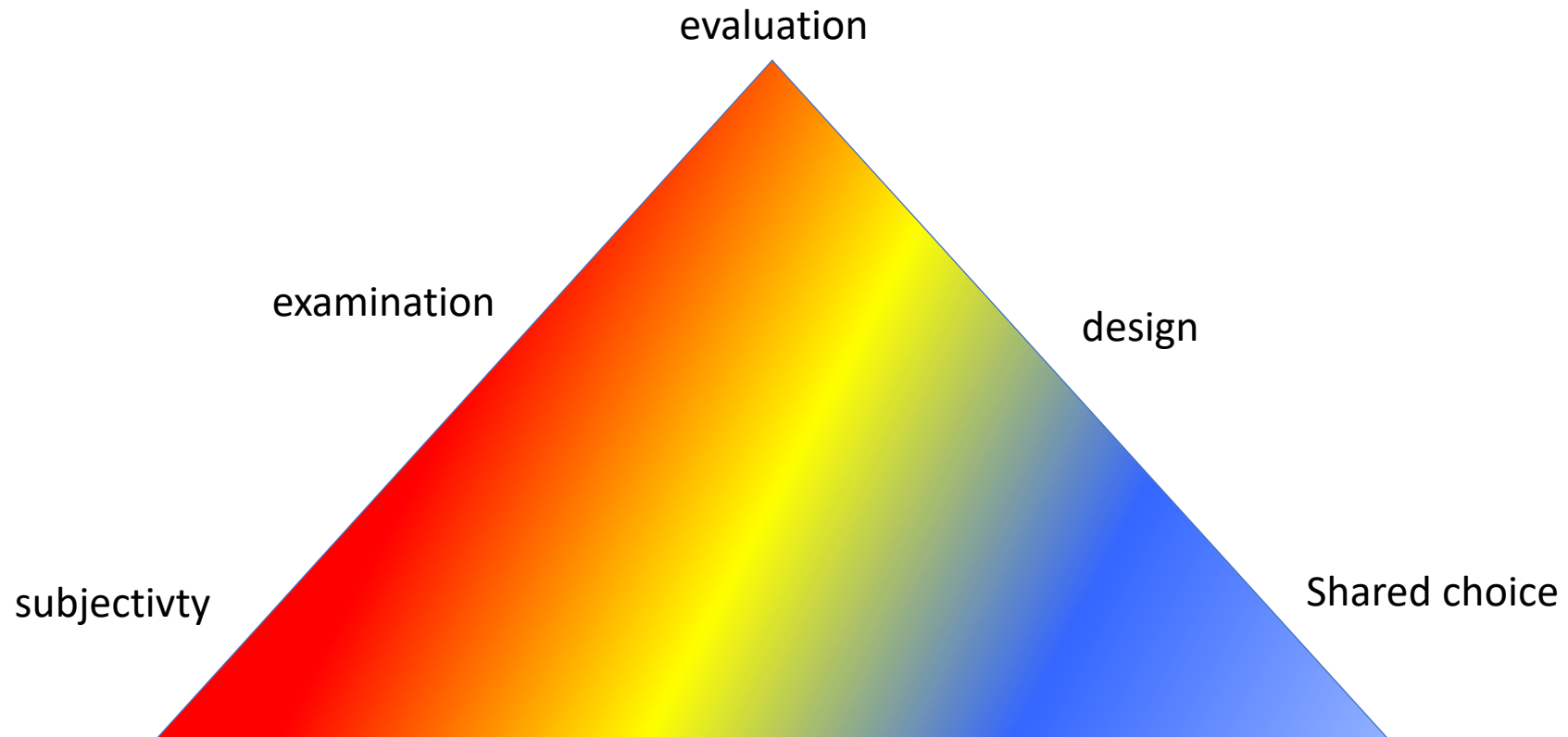
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<b>Design</b>				
<b>Shared choice</b>				
<b>End</b>				



# Evaluation: a break in the consultation

*If evaluation is correct, also the decision will be correct*



# EVALUATION

A cognitive process of the doctor

Clinical task:

*The overall clinical judgement is the awareness of the doctor of the whole situation of the patient, which is the effect of the burden of multimorbidity on the prognosis in terms of physical and mental functioning, quality of life, and life expectancy, but also in terms of the capacity of patients of coping with it*

Management task:

*the doctor can reframe situation, enlarging the view to the context*

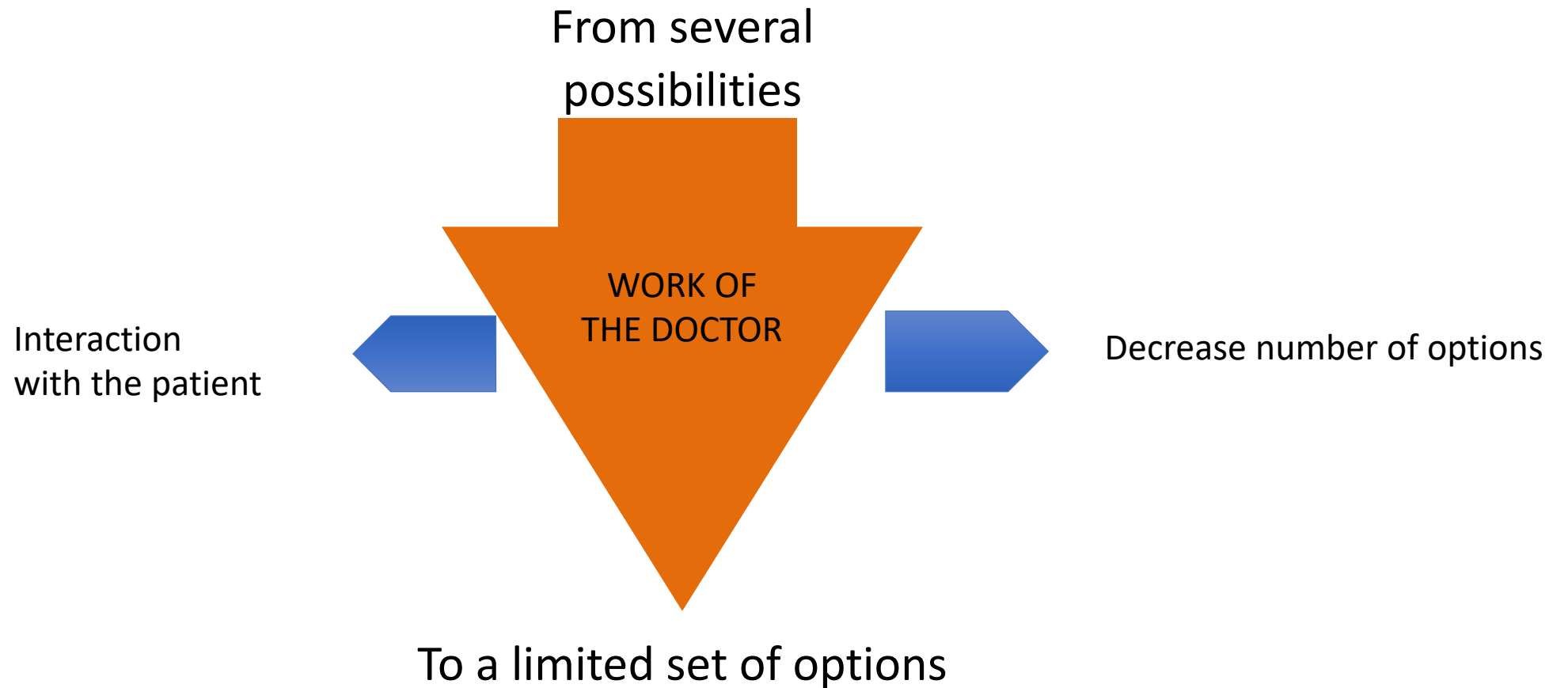
Communication task

*To inform the patient*

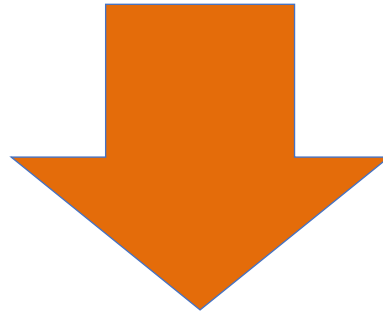
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<b>Design</b>	Map out a plan		Communicate options	Consultant
<b>Shared choice</b>				
<b>End</b>				

# Design= to map out a plan

the doctor has to think about the future: which will be the course of action?



design



plan

# The doctor have to plan:

- Diagnostic paths
- Specialistic referral
- Therapeutic paths

# A lady with cough: Luigina

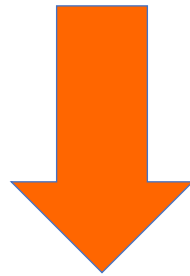
## PART 4



<i>ELEMENT</i>	<i>MANAGEMENT TASK</i>	<i>CLINICAL TASK</i>	<i>COMMUNICATION TASK</i>	<i>PATIENT AS...</i>
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<b>End</b>				

# Professional tasks in SDM

- Inform
- Obtain consent
- Involve the patient



- During the conversation with the patient
- In interaction with the patient, i. e. listening to his/her feedback



“GINGER E FRED”- PRAGA

# Evaluation, design and shared decision with Luigina:

1. The doctor informs the patient about the relevant problems: cough and cancer fear
2. The patient plans an action and the doctor discuss pros and cons
3. The doctor suggests one option
4. The patient gives the consent
5. The doctor manages actions (prescription and advices)

## EVALUATION

- Professional task: To inform

## DESIGN

- Professional task: to involve the patient
- **inform** the patient about the pros and the cons
- Professional task: to obtain consent

## SHARED CHOICE

<i>ELEMENT</i>	<i>MANAGEMENT TASK</i>	<i>CLINICAL TASK</i>	<i>COMMUNICATION TASK</i>	<i>PATIENT AS...</i>
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<b>End</b>	Schedule the next consultation date Inform the patient about the safety net		Greetings	Person



A woman with a purple backpack and camera is walking across a pond using wooden stepping stones. The pond is surrounded by a lush garden with many white and yellow daffodils. The word "END" is written in large black letters across the middle of the image.

END

## Clinical and management objectives

- Schedule the next consultation date
- Inform the patient about the safety net

## Communication objectives

- Greetings





Thanks for your attention!

!