

Consultation mapping

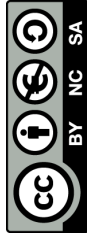
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Case based learning and general clinical practice

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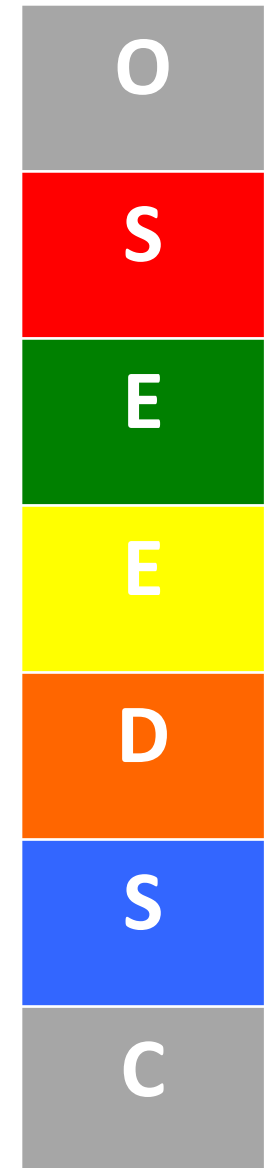




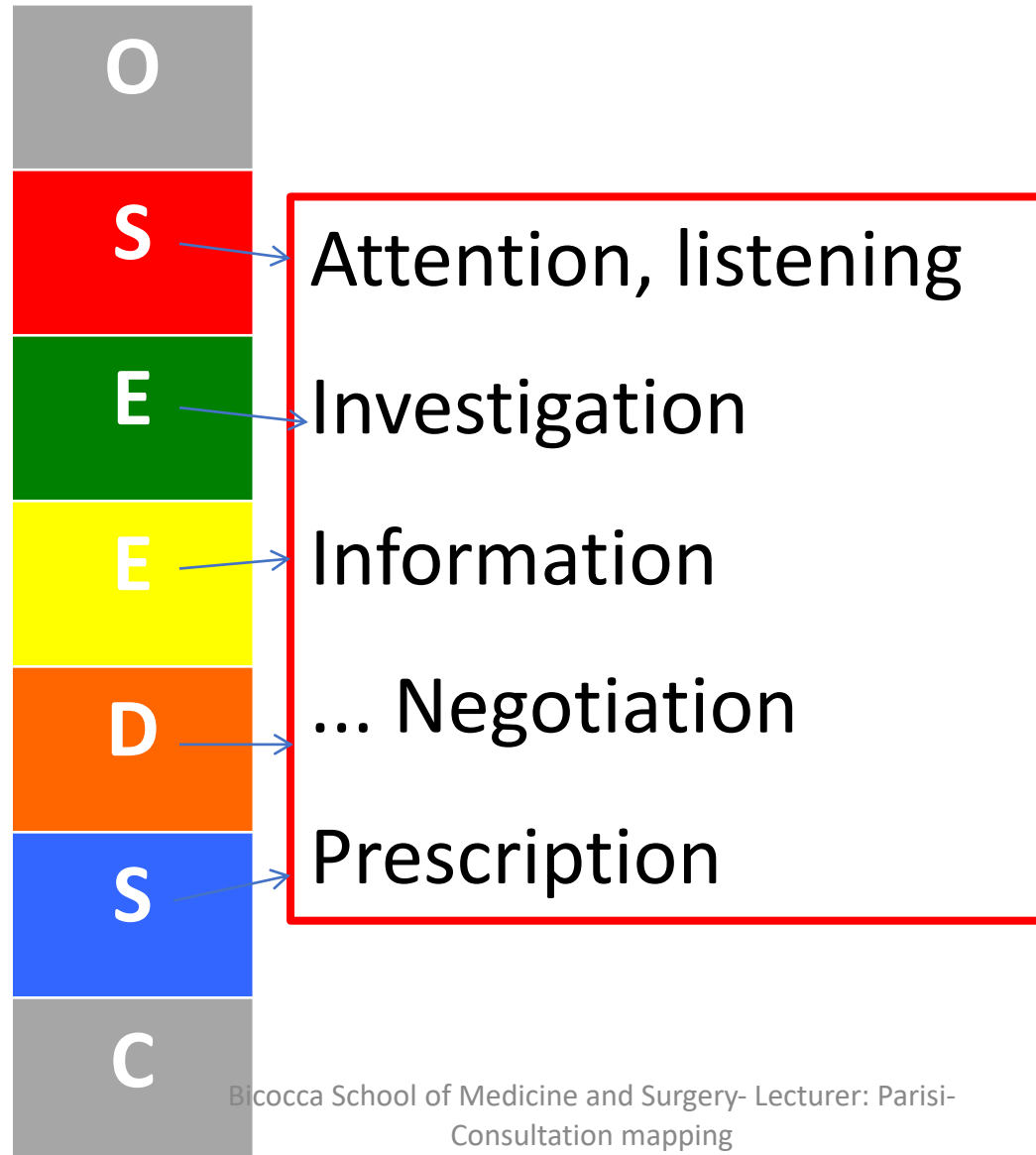
<i>ELEMENT</i>	<i>MANAGEMENT TASK</i>	<i>CLINICAL TASK</i>	<i>COMMUNICATION TASK</i>	<i>PATIENT AS...</i>
Opening	Build the setting	Catch the early warnings	Make the patient at ease	Person
Subjectivity	Management of presenting problems	Early generation of hypothesis	Collect information by allowing patient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

CONSULTATION MAPPING

- Identify the elements
 - Communication style of the doctor and of the patient
- Coherence between communication style of the doctor and the emerging element
- Presence/absence of elements
- Fragmentation



Communication style



X Instrumental
behavior

Z
Social behavior

Roter D, Hall J. *Doctors Talking with Patients/Patients Talking with Doctors: Improving Communication in Medical Visits*. Westport: Praeger, 2006.

Roter D, Larson S. The Roter interaction analysis system (RIAS): utility and exibility for analysis of medical interactions. *Patient Education and Counseling*, 2002, 46: 243-251.

Kurtz S, Silverman J, Draper j. *Teaching and learning communication skills in medicine*. Oxon: Radcliffe Publishing, 1998.

Communication style has to be coherent with the clinical aim

Emerging aspects

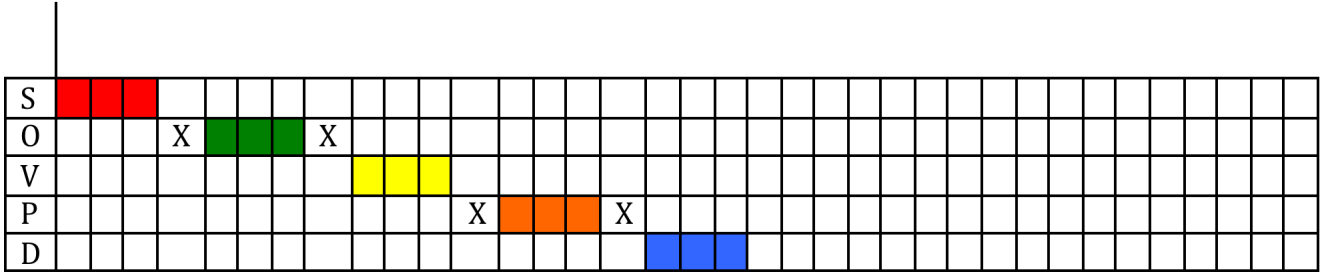
- Communication
- Behavior
- Relationship



Hidden aspect

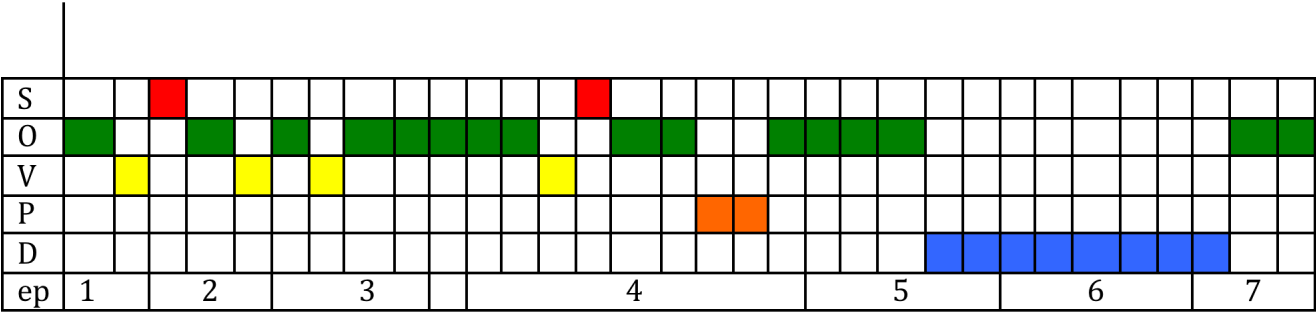
- Professional
- Disciplinary
- Clinical/management

LOGICAL MODEL OF CONSULTATION



TEMPO ->

ACTUAL CONSULTATION: the result of interaction



TEMPO -

Exercise 1: worried about lymphoma

Worried about lymphoma

P: Good afternoon doc!
 D: Good afternoon.... Sit down please... Tell me!
 P: I am Ortolani... You don't know me... My wife called you in the morning because I have a sore throat ...
 D: Yes, I remember! Tell me what is going on!
 P: I have a sore throat, I have several nodes here in the neck... I have a pain swallowing, I'm not even able to swallow my saliva!
 D: Any temperature?
 P: Yes, I have, I had 39° degrees, and with Paracetamol it decreased, but during the night it went up again.... I am worried about my health in this period!
 D: you said in this period, so I guess there is something wrong...
 P: Yes, it has been for several weeks...
 D: Ok, let's have a look at your throat, because this is the first problem!

THE DOCTOR VISITS

D: The throat is red and there are white spots (white plaque)!
 P: What is the meaning of plaques?
 D: Plaques tell us that it is likely a bacterial tonsillitis!
 P: ...and nodes?
 D: tonsillitis is rather frequent in this season... I'll take a look at the nodes...
 P: I have everything here...
 D: I would not be worried, these are lymph nodes reacting to infection and grown up. To have several larger lymph nodes, fever and plaques tell us that you have a tonsillitis.
 P: I'm worried!
 D: you are worried... but why?
 P: I'm tired, I made lab test because I am a blood donor, it was ok, but... I'm worried!
 D: ...worried
 P: ...tired...I am worried to have a lymphoma. Is it true that the first symptoms are infections and larger lymph nodes?
 D: ...yes, but now, visiting you, the clinical general situation leads me to think of tonsillitis!
 P: ...and the tiredness?
 D: Tiredness could be also another problem, we can discuss about it, but let's try to solve a problem at a time: first we are going to treat this pharyngitis that will recover completely in one week with the antibiotic, then we will try to solve the other problems!
 P: I trust you, you are the doc!
 D: I see that in the past you took Zimox! Did you have problems?
 P: No I did not have problems!
 D: Ok, you can take it: you must take a pill three times a day for a week!
 P: And what can I eat and drink?
 D: Eat what you prefer, cold meals help you... For pain and temperature you can take paracetamol! However, we can keep in touch and we'll have to re-evaluate the situation in a few days...
 P: Yes, I'd prefer...
 D: What about your tiredness?
HERE THE DOCTOR MANAGES WITH THE SECOND PROBLEM: TIREDNESS

....

Listening
Conversational style

Only physical investigation

Informative style

Investigation of
ICE

Prescriptive style

O

S

E

E

D

S

C

Consultation Mrs Cheesy

Greetings	Presenting problem	X	Record	Psychosocial interview	Welcome	Presenting problem	Red flags	Medical history	Cardiovascular risk interview	Allergy	Physical examination	Communication of Evaluation	Design	Decision	Appointment	X: Summary	Greetings	
A	S	X	O	S	X	S	O					V	P	D	C		X	C
11	23	12	44	41	13	68	26	58	1.25	6	?	48	10	8	40	32	5	

DURATION

Presenting problem: <i>open ended questions 1' 31"</i>	1
<i>interview 26"</i>	
Psychosocial interview 41"	
Medical history 2' 48"	
Cardiovascular risk interview: 1' 25"	
Evaluation, design and decision 1' 06"	
Appointment 40"	
"Instrumental behaviour": 57"	
Overall time excluding physical examination : 8' 50"	