



The Anatomy of a consultation

A number of general practitioners formed a peer-learning group with the aim of increasing their skills as teachers in the setting of general practice. During one of their sessions a behavioural model of a consultation emerged. It was felt that this should be shared with other general practitioners as a starting point both for understanding the process of the consultation and for discussion.

The Process:

Five general practitioners were present at the session. One was working in a remote mission hospital in Bophuthatswana; one worked in a metropolitan family practice; one worked in an industrial setting requiring hospital work, occupation health work and family practice; one worked in a mine hospital in the Western Transvaal; and one, the facilitator of the group, worked in a university educational setting.

The objectives of the particular session were:

- to increase understanding of the consultation
- to define the phases of the consultation
- to decide what behaviours on the part of the doctor would be appropriate in each phase of the consultation.

The facilitator invited the other four to split into pairs. Each pair was invited to consider the 'consultation' and decide if it could be split into naturally-occurring phases. They were also asked to define what

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Phase One: Problem — Definition	Appropriate Behaviours
Phase 1a: Establishing Contact	<ul style="list-style-type: none"> ● Greeting patient by name ● Making eye contact ● Shaking hands or some other physical contact.
Phase 1b: Defining the problems (As experienced by the patient)	<ul style="list-style-type: none"> ● Pays attention/listens attentively ● Maintains eye contact ● Does not write notes while patient is speaking (or very little) ● Maintains open posture with no communication barriers ● Avoids confrontation during this stage ● Uses reflective statements and questions ● Uses silence ● Uses 'open' (expansive) questions
Phase 1c: Dimensioning the Problem: Increasing the doctors understanding by further history, by examination or both.	<ul style="list-style-type: none"> ● Asks probing questions ● Describes the patients' problems back to him to get 'check-out feedback' ● Before examination — tells patient what he is going to do and why ● Keeps examination strictly confidential ● Does examination appropriate to problem ● Be seen or heard to wash his hands if examination done ● Pays attention to sound and vision insulation
End of Phase 1: Point of Working Hypothesis	

behaviours on the part of the doctor would be appropriate to each phase of the consultation. After each pair had come to a conclusion, the ideas were pooled and consensus reached by discussion.

The Model:

The consultation was defined as starting with the patient's entry into the doctor's consulting room, and ending with the patient's departure from the consulting room.

Two broad intentions separated the consultation into two major phases each consisting of three sub-phases. In the initial major phase, the intention of the doctor is to establish contact (*rapport*) with the patient and to define and dimension his/her problems. The end of this phase is marked by the point in time when the doctor has come to some conclusions and has formulated a working hypothesis.

The intention during the later major phase is to make some sort of intervention, to manage the problems and to close the consultation.

Often the end of the intervention phase is marked by the 'point of prescription tear-off'.

A description of the phases of the consultation follows together with behaviours appropriate in each.

Discussion

While being slightly more complex than the traditional model (history - examination - special investigations - treatment), this model has the advantage of being more realistically descriptive of what a general practitioner actually does. Although it is essentially descriptive, it may be used prescriptively in a teaching situation.

It also has the advantage that each element can be isolated and used to develop skills in individual learning sessions (for example, separate learning sessions can be structured to develop such skills as, 'how to use silence', 'how to plan by consensus,' or 'how to get non verbal feedback,' etc.)

Other models of the consultation have been described, e.g. those of Long and Byrne (1), and Heron & Grob (2). This model differs from these in some respects, the most notable of which is in the appearance of the explicit contract. It is felt that this is an advance on the previous models.

REFERENCES:

- (1) Long, B.E.G. and Byrne P.S. (1976) 'Doctors Talking to Patients,' H.M.S.O., London.
- (2) Heron J. and Grob P. (1974) 'Course for New Teachers in General Practice II,' Human Potential Research Project, University of Surrey.

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Phase Two: Problem Solving	Appropriate Behaviours
<p>Phase 2a: Intervention Discussion with patient about problems and/or working hypotheses</p>	<ul style="list-style-type: none"> ● Gives adequate and accurate information to the patient about the problem and explains where necessary ● Uses language that the patient can understand ● Asks if the patient has any questions
<p>Phase 2b: Management This may be by: — Further information-gathering (special investigations) — Referral — Counselling — Treatment</p> <p>End of Phase 2b: Point of prescription tear-off</p>	<ul style="list-style-type: none"> ● Finds out how the patient thinks the problem should be managed ● Informs the patient how he (dr) thinks the problem should be managed ● Comes to consensus with the patient about how the problem should be managed. (i.e. negotiates rather than dictates) ● Achieves solutions to the problems which are realistic ● Gives accurate instructions ● Gives simple instructions ● Ensures that the patient understands the instructions ● Provides written support if instructions are complex.
<p>Phase 2c: Closure</p>	<ul style="list-style-type: none"> ● Makes the contract explicit (summarises who is to do what) ● Invites further contact if required ● Arranges the next step before patient leaves (e.g. makes next appointment) ● Closes consultation with farewell gesture (e.g. shakes hands, says goodbye)

Erratum

This article first appeared in the March 1981 issue of S.A. Family Practice (Vol 2, No 3). Due to a production error the names of the authors did not appear. To rectify this we have reproduced the article in full.