



# Anatomy of a consultation

Five G.P.'s report on their investigations into the psychology 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 Botphuthatswana; 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

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.

## Phase 1a: Establishing Contact

- Greeting patient by name
- Making eye contact

- Shaking hands or some other physical contact.

## Phase 1b: Defining the problems (As experienced by the patient)

- 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.

- 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