

Offers a safe patient centred management plan

Green – Produces an evidence-based or in the absence of evidence a ‘reasonable’ and up to date management plan

Red – Produces a poorly evidenced and/or outdated management plan, which may be incorrect or dangerous

Green – Presents the management plan to the patient

Red – Fails to present the management plan to the patient

Green – Produces a management plan that is realistic and feasible in current NHS conditions

Red – Produces a management plan which may be unrealistic and/or unachievable in current NHS conditions

Green – Produces a management plan that reflects the natural history of condition

Red – Produces a management plan that disregards the natural evolution of the condition

About this task

The commonest cause of failure during GP consultations is an inability to manage conditions according to up to date guidelines and evidence-base. This is likely to be a knowledge problem.

In addition, many trainees are disorganised and do not manage time well, so that the management part of the consultation is rushed and/or *not patient centred*. A failure to discover patient specific information such as psychosocial impact or ICE may further compound the problem.

The trainee therefore needs to be able to:

- Have **sufficient knowledge** to offer to the patient effective and safe management strategies
- Involve the patient so that the final management plan is **patient centred** (see also Toolkit sectiona ‘*Shares and uses ICE in plan*’, ‘*Negotiates and uses psychosocial information in the plan*’)
- Consult in such a way that there is **sufficient time** to allow the necessary discussion between patient and doctor. (see also Toolkit section ‘*Supports in decision making*’)

Audio consultations

One problem relating to management plans within audio consultations is that the patient may not understand the management plan and may therefore embark on an incorrect or even dangerous treatment programme. It is therefore important to offer information in additional forms, such as a text message, or a link to an appropriate internet site. There is also more need to formally check that the patient has understood the information you have presented to them.

Educational Activities

Activity 1: Carry out a needs assessment of your management knowledge gaps. Do this by looking at the GP Super-condensed topic guides in the GP Curriculum section on the RCGP website. (link below).

<https://www.rcgp.org.uk/training-exams/training/gp-curriculum-overview/rcgp-curriculum-super-condensed-curriculum-guides.aspx>

Activity 2: Make sure you address your knowledge gaps in the area of clinical management.

- Use resources such as NICE, Clinical Knowledge summaries, Guidelines and Patient.info.
- Focussed revision is essential here to avoid spending too much time reading and not enough time *applying* your knowledge to patient management.
- You must internalise the management of common GP conditions to improve recall of the facts needed to form safe plans.

Activity 3: Develop this routine. Whenever you see a patient where you are not sure how to manage the problem - write this down. Then afterwards (as soon as possible) read up on the management of this condition and write down what you have learnt.

If possible, try to discuss what you have learnt with your trainer or other colleagues. This method is sometimes called **PUNS (Patient Unmet Needs)** leading to **DENS (Doctors Educational Needs)**, to describe how a patient need should focus your revision and learning. Many trainers will encourage this approach to help you consolidate the knowledge more effectively.

Activity 4: Check that you are seeing the right sort of patient cases, based on the needs assessment you have done. Speak to your trainer and/or senior receptionist to make sure you get the right clinical exposure for your needs. If all else fails, get your trainer to role play the types of cases you need to see.

Activity 5: Review a series of your consultations with your trainer - how often is your suggested management plan different from the one suggested by your trainer? Discuss why this is? Possible reasons to consider (apart from insufficient knowledge) include:

- Wrong diagnosis (so wrong management!)
- Lack of time leading to either no management plan or a rushed management plan
- No consideration of simple management options such as - time, rest - reassurance - regular review etc.

Activity 6: Now address the problem areas identified and review new consultations with your trainer. Is the gap between your management plans and those of your trainer becoming less marked?

Activity 7: Keep on top of gaps in your knowledge. You can do this by:

- Reading and summarising all new relevant guidelines from NICE and SIGN
- Presenting new guidelines to colleagues in the practice
- Making sure you follow up any gaps in your knowledge that emerge from consultations (see (3) above) - 'PUNs and DENs'
- After each surgery discuss your management plan from one of the consultations with a colleague in the practice - let your colleague choose which consultation you will discuss
- Try a "What if.....?" analysis. This involves using a case which you think you have managed well but add another layer of difficulty. Examples include:
 - "What if the patient refuses the treatment that you offer.....?" -
 - "What if the patient has other medication that may interact with the medication you are suggesting...?" -
 - "What if the patient wants a solution to their problem very quickly.....?"

Audio consultations

Review a series of your audio consultations, focussing just on the part of the consultation where you talk to the

patient about management. As well as being able to offer an up-to-date, appropriate management plan, you have the extra challenge of making sure the patient has understood and accepted the plan. For each of the consultations you review, how confident are you that the patient will follow the treatment plan you suggest? What verbal cues might help you here?

Reflective Exercises

Exercise 1: Consider why there are gaps in your knowledge? Are there some areas that you consistently avoid (if so, then you must address these first so start reading or using the FourteenFish GP Revision Library)? Are there some areas that you feel you know well, but actually don't? Are there some areas that you just find difficult? Discuss with your trainer.

Related interpersonal skills

Practicing and developing the following interpersonal skills will allow the task of '*Offers a safe patient centred management plan*' to be achieved more effectively:

- Shares and uses ICE in plan
- Negotiates and uses psycho-social information in plan
- Supports in decision making

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