North West England / **Consultation Toolkit**

Verbalises thinking

Green – Verbalises own thinking processes in order to encourage patient and build rapport
Red – Rarely verbalises thinking process and demonstrates a judgmental approach

Green – Explains the rationale for chosen lines of questioning during diagnostic process
Red – Offers little or no explanation for reasons behind questioning and how the questions assist the diagnostic process

Green – Explains rationale for choice of clinical examination and/or tests and how they inform the diagnostic process
Red – Does not verbalise rationale for choice of examination and/or tests, failing to explain how findings will inform the diagnostic process

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About this skill

Trainees are often reluctant to share with patients the thinking that lies behind the questions they ask patients and the clinical examination and tests they wish to undertake. This process is known as 'verbalising' or 'putting thinking into words' and has two important functions. Firstly, it helps the patient understand what is going on in the consultation, and secondly, it helps the doctor to get his/her thoughts in order. As a result, the data gathering process is likely to be more efficient and the patient more engaged with the diagnostic process.

Verbalising can be used effectively throughout the consultation, as can be seen under 'Verbalises diagnosis and rationale', Seeks informed consent' and 'Supports in decision making'.

During data gathering, 'thinking aloud' is particularly useful during the following tasks:

- Generating and testing diagnostic hypotheses- offering the reasoning behind open and closed questioning
- Ruling in or out serious illness- explaining and linking questioning to red and yellow flags and patient's ICE
- Undertakes appropriate examination and tests- verbalising the need for an examination and explaining why and how tests might help the diagnostic process.

Some useful phrases to consider using when thinking aloud:

"From what you've told me already, I have some ideas about what could be going on, if I could explore this by asking some specific questions, please…"

"You mentioned what you thought could be going on, I am thinking along similar lines…"

"These symptoms could be caused by a number of things such as…"

"My questions might seem a little odd, but they will help us to check out your fears about something more serious going on here…"

Audio consultations

The skill of verbalising thinking should not be directly affected by the mode of the consultation. If there is any impact, it will be that the doctor who is skilled at verbalisation, will be *more* effective during an audio consultation. As a greater proportion of GP consultations move to audio only, this will become an increasingly important skill.

Educational Activities

Activity 1: Have a discussion with your trainer about the skill of 'thinking aloud' during the data gathering part of the consultation. Watch/listen to a few of your consultations and write down occasions when you use this approach. If you rarely or never think aloud, can you think of some phrases or responses to patient cues that might assist you to adopt this skill more consistently?

Activity 2: Do a joint surgery with a doctor (this person may well be your trainer), in your practice who uses this skill a lot and write down the ways it helps the effectiveness of the consultation. Which of their phrases or techniques might you adopt to help you improve your own 'verbalisation'?

Activity 3: Practise using this skill more yourself and reflect whether it helps the fluency of your consultations. Discuss this change of style of consultations with your trainer.

Activity 4: Do a further joint surgery during your tutorial with your trainer and reflect afterwards on your improved use of this skill.

Audio consultations

All the activities above can also be used to improve this skill during audio consultations.

In addition, try the following activity:

Review a series of your audio consultations and record each time that you verbalise (put into words)thinking about any part of the diagnostic or therapeutic process.   How often do you do this?   Do you do this more in audio consultations or face-to-face consultations?   Is there any impact on the effectiveness of the consultation?

Reflective exercises

Exercise 1: If you are having difficulty adopting this approach during data gathering reflect on the following questions (alone or during a tutorial with your trainer).

- How structured is my diagnostic thinking?
- How efficient am I at rapid generation of a list diagnostic differentials?
- If I am slow at this, is it a language issue (English as my second language) or a knowledge issue?
- Have a look at the related tasks of '*Generates/tests diagnostic hypotheses*' & '*Rules in/out serious disease*' Can you improve your execution of these tasks to improve this skill?

Exercise 2: Ask yourself how comfortable you feel about sharing your thoughts with the patient. If this feels strange or uncomfortable to you, it may because you are used to hospital consultations where the problems are far more differentiated and much of the data gathering has already been done. Discuss this with your trainer and aim to really practice so that you master this very useful skill.

Related tasks

Practicing and developing the skill of '*Verbalises thinking*' will allow you to achieve the following tasks more

effectively:

- Generates / tests diagnostic hypotheses
- Rules in / out serious disease
- Undertakes appropriate examination and tests