North West England **Consultation Toolkit**

Progresses through tasks

Green – Progression through tasks is fluent and tasks are completed in a logical sequence and in a timely manner
Red – Progression through tasks is erratic, with some tasks omitted and/or undertaken in a sequence that does not appear ordered or logical

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About this global skill

Progressing through the tasks in a consultation in a logical order is very important, in particular to enable a thorough assessment of the problem and to have time for a discussion of a *patient-centred* management plan.

Problems with this global skill, commonly occur when other interpersonal skills are poorly executed at the beginning of the consultation. Poor active listening skills, failing to achieve a good balance of open questions and premature use of closed questions, will all result in the incomplete discovery of patient-specific information. Without this information, the doctor will struggle later in the consultation to involve the patient in any proposed management plan or approach. Moreover, failing to discover patient psychosocial information may well also impair the diagnostic process.

The failure to progress through these data gathering tasks will therefore have a direct impact on making a working diagnosis and sharing the management and the doctor may attempt to 'double-back' to try and elicit the information. This approach is rarely successful as the questions will seem mistimed and 'clunky', confusing the patient and damaging rapport and patient concordance.

Even if the information is forthcoming at this late and inappropriate point in the consultation, the re-visiting of earlier tasks will have an adverse impact on time management.

Audio consultations

This global skill is equally important during an audio consultation. Problems with specific tasks such as 'Discovers psycho-social context' are likely to be more prevalent in audio consultations as outlined under these sections in the Toolkit.

Educational activities

Activity 1: First identify how good you are at progressing through the tasks in the consultation, by analysing a few different consultations. Perhaps write the tasks out on a timeline and 'map' each one by placing a cross when you feel that the task appears in the consultation.

You may find that tasks such as '*Discovers patient ICE*' are appearing more than once, for example. Have another listen to the consultation with your trainer and try to identify which of the individual interpersonal skills needs improving to make sure you deal with the task adequately the first time.

Activity 2: Use the RAG Rating Grid to rate a few consultations. Now look at those tasks you have rated RED.

Take them in turn and discuss with your trainer why you felt the rating was RED. If it is due to omitting that task, consider that a complimentary interpersonal skill may have been poorly executed. A common example might be that you fail to discover patient's psychosocial context and when you look at the related interpersonal skill '*Uses open questions appropriately*' find you asked only one open question.

Activity 3: Ask your trainer if you can watch/listen to a couple of their consultations. Note how they progress through the tasks (use the Grid if you like). Watch where they complete 3 tasks in particular- '*Discovers psycho-social context*', '*Identifies cues*' and '*Discovers patient's ICE*'.

How flexible is their approach? Are these tasks all located in the data gathering(first)part of the consultation? What happens if they are omitted or skipped initially, but appear later on?

Try a role play and discuss what happens when you come to sharing the management plan *without* patient information like ICE?

Audio consultations

The activities above can be used equally effectively to analyse where problems are occurring and individual sections subsequently consulted to help modify behaviours and improve skills.

In addition, try the following activities:

Are there any blocks in your audio consultations?   As discussed elsewhere in this Toolkit, 'map' the consultation and see if you can see any patterns in your consultations? Things to look out for are:

- Tasks that are missing altogether.
- Tasks that seem to be ineffective or confusing to the patient
- Tasks that you seem to repeat

Why do you think this is happening? You may need to discuss this with your trainer or experienced colleague.

Reflective Exercises

Exercise 1: Discuss with your trainer each of the tasks on the RAG grid.

What are your thoughts about the importance of each to the overall outcome at the end of the consultation?

What are your thoughts about the effect of omitting some or one of the tasks-are they all essential?

Discuss the tasks '*Discovers psycho-social context*', '*Identifies cues*' and '*Discovers patient's ICE*'.

What are your thoughts about these 3 tasks? How important is their position in the timeline on the RAG Grid?

Related tasks

Practicing and developing the skill of '*Progresses through tasks*' will allow you to achieve the following tasks more effectively:

- Discovers patient's psycho-social context
- Identifies cues
- Discovers patient's ICE
- Generates / tests diagnostic hypotheses

- Undertakes appropriate examination and tests

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