

## Discovers patient's ICE

**Green** – Makes an appropriate assessment of the patient's ideas and/or concerns about their symptoms, and their hopes or expectations for treatment

**Red** – Makes little or no assessment of the patient's ideas and/or concerns about their symptoms and their hopes for treatment

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### About this task

It is important to remember that discovering ICE is not just a 'hoop' that you are expected to jump through. Understanding the patient's reasons for attending is a vital part of developing an effective management plan and consulting well. In the majority of GP consultations, it is essential to understand the patient's ideas, concerns and expectations. Without this information it is very difficult to make a well-informed working diagnosis or involve the patient in the management plan, safety netting and follow up.

### Audio consultations

Patients may feel uncomfortable with what they see as wasting the doctor's time, so may be less confident in volunteering ICE. You have less opportunity to make them feel comfortable and encouraged, as the only non-verbal method you can use is the tone of your voice. Some patients however are more relaxed on the phone, and may be more likely to share information about their ideas and concerns.

### Educational activities

**Activity 1:** Review a series of your consultations and see whether you discovered all three of:

- Ideas
- Concerns
- Expectations

Make sure *all three* components of ICE are present - they are not interchangeable, and each part of ICE provides different information. It may however not be necessary to ask 'directly' as encouraging a patient narrative or 'story' with open questions often results in spontaneous offering up of ICE.

**Activity 2:** Watch your trainer consult in a joint surgery and write down how he/she finds out about the patient's ICE. Do you use the same phrases and expressions? Are there any useful phrases or questions from your trainer that you can use yourself? If so, write them down.

**Activity 3:** What happens when the patient spontaneously volunteers ICE? How does the trainer facilitate this?

**Activity 4:** Now devote a series of consultations to specifically incorporating these questions into your routine patient questioning - video some examples of this and discuss with your trainer. What works and what doesn't work?

**Activity 5:** Now practice introducing the questions in as natural a way as possible (discuss with your trainer)

paying attention to the right time to introduce the questions (NOTE: there is no absolute rule about the best time to do this) You need to maintain a natural flow and questions should not be unexpected or seem 'random'.

**Activity 6:** You can practice asking about ICE in normal conversation with friends and family - but warn them first what you are doing, or they may wonder why you have adopted a new way of talking to them!

**Activity 7:** When you have been practicing these changes for a while, compare a recent video or audio consultation to an older consultation. Hopefully, the new consultation will be less clunky, jarring or awkward. Write down the main differences that are making your approach more fluent and continue to work on these changes.

## Audio consultations

Review a series of your audio consultations and see how often you ask the patient about ideas, concerns and expectations, and how often you discover relevant information from this process. Now compare your success rate of discovering ICE with your success rate in face-to-face consultations.

Do you write down the information that you gain from asking questions about ICE? Does this help you to use the information later in the consultation?

## Reflective exercises

**Exercise 1:** How often do you obtain information about ICE just from the information offered by the patient? (Without asking directly for this information?). What other consultation skills might help the patient to provide information about their ideas concerns and expectations? Refer to the corresponding IPS section of the toolkit for some additional suggestions.

**Exercise 2:** How can you avoid asking about ICE in a clunky or insensitive way? Is it easier to discover both ICE and psychosocial context when the consultation is still 'open' at the start and the patient is 'telling their story'? Do you find out about ICE in a way which avoids either damaging rapport, or being patronising or perhaps 'jarring' at inappropriate points in the consultation?

**Exercise 3:** How seriously do you take ICE? Many trainees see it as "something that needs to be done" - but don't take it seriously enough and don't give it as much time and care as they give to taking a medical history.

## Related interpersonal skills

Practicing and developing the following interpersonal skills will allow the task of '*Discovers patient's ICE*' to be achieved more effectively:

- Generates rapport
- Uses open questions appropriately
- Clarifies and explores cues offered
- Listens and shows curiosity
- Shares and uses ICE in plan
- Negotiates and uses psycho-social information in plan
- Supports in decision making

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