Consulting Skills

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## Learning Points

### Consultation Structure

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<th>Active Listening Microskills</th>
<th>Positive Language Word order</th>
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A Learner needs to ...

1. Want to Learn
2. Feel they can Learn
3. Know how to Learn
4. Practise the new Learning
5. Do it for real!
Model of Learning a Skill

- Stages of developing a skill:
  - Unconscious incompetence
  - Conscious incompetence
  - Conscious competence
  - Unconscious competence

- Reflective competence

'Clunky' phase

'Fluent' phase

Name the Skill!
Consultation Structure

- Consultation Navigation Tool, see Prezi
Understanding the person

?? thoughts ! ** ?
“ * ideas” ?? !!

😊😊 feelings✨ ?
*concerns◿◿ ??!

ème
Listening for Meaning

Look

Listen

speak
Communicating Meaning

What I say

What You hear

What I feel or mean

What You understand

Communication Gap
Using Microskills

- Microskills help to elicit the patient’s story
- See Prezi for list
The Magic of Words

Words were originally magic, and to this day words have retained much of their ancient magical power.

Words are, in my not-so-humble opinion, our most inexhaustible source of magic. Capable of both inflicting injury, and remedying it.
Gathering Information

* Encourage the patient to tell their story
  
  *Focus, listen, do not interrupt*

* Be flexible, respond to this individual encounter

* Understand the problem
  
  *Rather than 'look for the diagnosis'*

* Show the patient you are listening
  
  *Give a 'receipt'*
Active Listening

* Consider our own skills
  What do we do well?
* What are our blocks to active listening?
  How can we overcome them?
* Discuss with neighbour
Crossing the Bridge

* Summarise

  The patient will confirm, or may give more useful information

* Ask your internal head, "have I obtained sufficient information to move to management?"

* If 'yes' … proceed

* If 'no' … continue gathering information
Discussing Management

* Link options to ICE
  * Already obtained
* Ask for patient's own ideas
  * Before offering doctor's ideas
* Use tentative language when suggesting plans
  * How about …
  * Would you like to …
  * Perhaps we could …
* Ensure the patient understands
  * Two way process, not just doctor talking
Careful Choice of Words

Should

Could
Careful Choice of Words

A word heard even when not spoken:

But
Careful Choice of Words

A question word that promotes defensive justification:

Why...?

Instead, ask:

What reason ...?
Positive Language

- Negative suggestions make it difficult to know what to do
- Positive language is more effective
- Eg “Do not look at the computer whilst the patient is talking.”
- Should they look out of the window instead?
- It is more effective to say, “Look at the patient when she is talking.”
- Eg “Do not eat sugary foods”
- It is more effective to say, “Eat healthy foods, such as ...”
Word Order: Ending

- “These tablets should sort it out, but if you do not get better, then come back next week.”
- “Do come back if you do not recover, but I think these tablets should sort the problem.”
- The last thing we say has greater impact
Summary of evidence → Diagnosis
Eg You have some flashing lights and then pains on the left of your head, and my examination does not show any serious signs which might indicate a tumour ... so it seems that this is a migraine.

Diagnosis → Justification
Eg I think you have migraine because you have pains only on the left of your head, you have some visual disturbance, my examination is normal ...
Practise

- Consider something you would like to practise
- In trios, practise saying the new phrase
- Help each other
My Plan for Change

- Quiet time for personal reflections
- What ideas would I like to try for myself?
- How will I practise new techniques?
- Who will I ask to help me?