

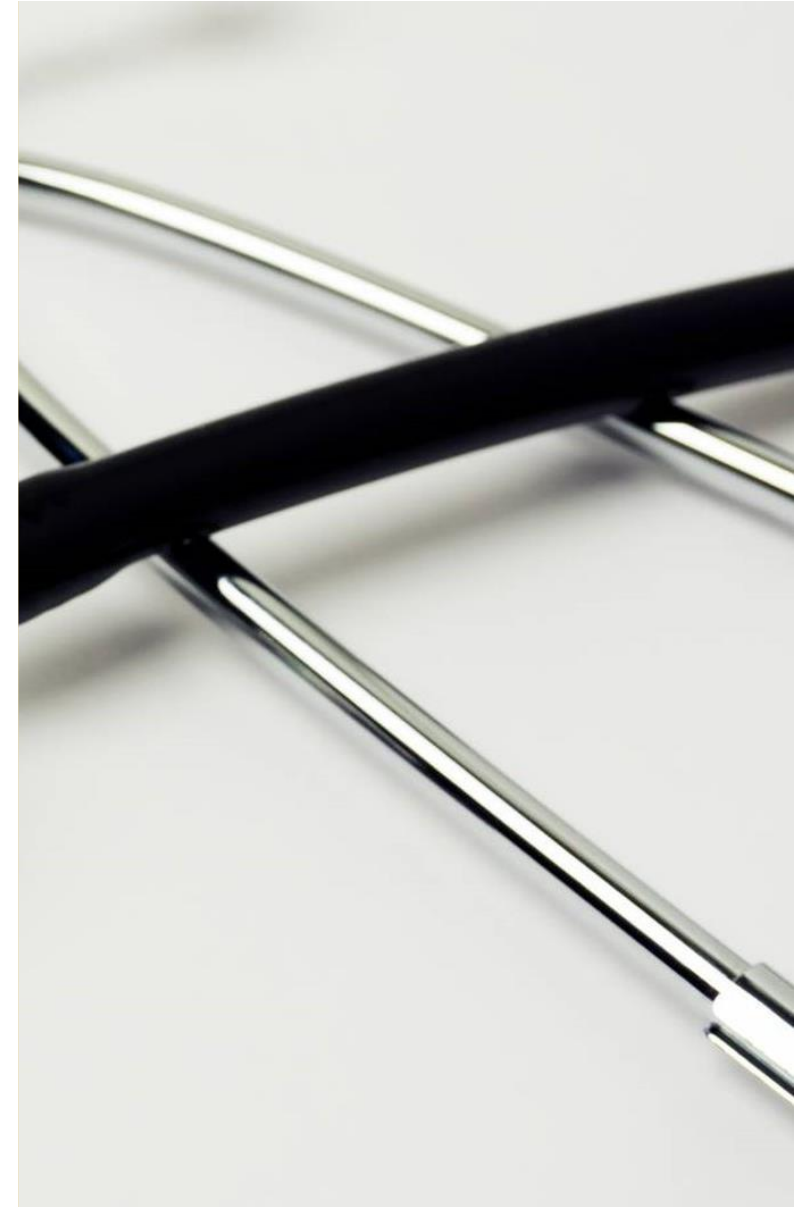
# ESSENTIAL COMMUNICATION AND CONSULTATION SKILLS

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# AGENDA

- Communication Skills – Basics
- Tips to improve your communication skills
- Consultation Structure
- Time Management
- Interpersonal Skills



# COMMUNICATION SKILLS

## Basics





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# COMMUNICATION

**Dialogue between 2 persons  
with some end result**

- Effective communication – Progress, Agree to a plan.
- Ineffective / dissociative -- Both come out with out any progress or agreeing to plan.



# Communication

- Not necessarily is always positive e.g guiding someone to the post office, etc
- Sometimes have to deal with difficult situations, e.g confrontational disagreements, conflict resolution, etc
- **In Exam Scenario – could be any of the above situations.**

# EFFECTIVE COMMUNICATION

## Verbal & non-Verbal Communication

- Newborn Communication – Non-verbal
- As their speech develops so as their social skills
- Different cultural values therefore different communication style
- Mother Language

## Body Language

- Dress Code

## Tone Of Voice

## Open & Closed Posture

55% Body Language; 38% Tone & 7% Words

# EFFECTIVE COMMUNICATION



## Paying Attention –

uhun, hm, ahan --- humming noises.

Other persons feel acknowledged & listened to



## Active Listening

Conscious Effort

Put Others as the center of attention

- Open Questions & Closed Questions



# EFFECTIVE COMMUNICATION

- **Active Listening:**
  - Body Language – e.g leaning forwards
  - Positive Eye Contact
  - Facial Gesture – smiling
  - Pick up Cues / Hidden Agenda



# CONSULTATION SKILLS

Basics





# CONSULTATION STRUCTURE

## **1<sup>st</sup> Half (1 - 4 minutes)**

- Introduction
- Golden Minute
- ICE + RED FLAGS
- Psycho-social, Medications

## **2<sup>nd</sup> Half (4 - 8minutes)**

- Examination
- Sharing Exam Findings
- Explaining Diagnosis
- Share Management Options
- Safety Net & F/U

# CONSULTATION STRUCTURE EXPLAINED

1min

- I.D & Consent
- Define Episode
- GOLDEN MINUTE

2min

- PI – ODPARA; SOCRATES + PDA(Pain)
- DAMTIC (Tiredness)
- FLAWS

3min

- ICE
- P2a + P2b
- P3 – SADE / DESA

4min

- MAFTOSA

# CONSULTATION STRUCTURE EXPLAINED

5min

- Examination
- Explanation of Examination

6 min

- Summarising
- Address ICE again
- Sharing Exam Findings + Diagnosis

7 min

- Admission or no admission
- Consult with seniors
- Sharing Management Options + Agree Plan

8 min

- Safety Netting
- Follow Up Plan.

# CONSULTATION STRUCTURE EXPLAINED

## Part I (0-4min)

- ID & Consent; Define Episode
- Golden Minute
- PI – ODPARA; SOCRATES + PDA
- DAMTIC (Tiredness)
- FLAWS (Red Flags)
- ICE
- P2a + P2b
- P3 – SADE
- MAFTOSA

## Part 2a (4-5.5min)

- Examination
- Explanation of Examination
- Summarising
- Address ICE Again

## Part 2b (5.5-8min)

- Sharing Exam Findings + Diagnosis
- Admission or no admission
- Consult with Seniors
- Sharing Mx options
- Agree Plan
- Safety Netting & F/ U Plan



# SPECIAL CASES





## PAEDIATRIC HISTORY

- P3 -- BIRD 3D
- Birth
- Immunisation
- Red book
- Development
- DI-Diet ( feeding)
- D2 - Dehydration
- D3- Dard (pain) for NAI



## FEMALES IN REPRODUCTIVE AGE

- **P**eriod
- **P**regnancy
- **P**ap smear
- **P**ill



## CHALLENGING CONSULTATIONS

More than 1 persons e.g parents worried about child

Reluctant Patients e.g Alcoholics, depressed

Breaking Bad News

Demanding Patients

Dealing with sensitive Issues

Angry / Anxious Patients

## OPENING GAMBIT

Hello Good Morning -- Is that Mrs Gordon? --- YES

Hi I am Dr Khan, and I am one of junior doctors in --- .

And you are 76 years of age. is that right? / Could I possibly confirm your DOB?

How can I help you today?

What brought you here?

I can see you had – (investigation) and today we are here to discuss the results and plan further?

# INTERPERSONAL SKILLS

Pick on Verbal & Non-verbal Cues.

Angry, anxious, depressed / with drawn.

Say what you see –

- **I can see you are quite anxious which is quite understandable.**

Tone – keep it calm and assertive with empathy.

Acknowledge but do not admit:

- I know that you are not happy with --- (situation) and I am really sorry that you feel --- (Whatever they have gone through e.g care of child, not listened to etc )

**Essentially rephrase their emotions and words.**

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## INTERPERSONAL SKILLS

I am here to help and let me reassure you I will try to address your concerns as best as possible.

In order for me to be able to help you lets have a chat (offer chair if patient is stood up)

Most of time it will work and would be enough for some one to calm down and sit down.



## INTERPERSONAL SKILLS

### Park the cues

- I know you are really worried about this which is quite normal in these situations. We will definitely have a chat about it, but for me to be able to better understand do you mind if I ask you few questions?

### Sign-posting

- Mr. Jones you know when people are going through difficult times like yourself, they tend to things like smoking and alcohol, I just wanted to check
  - If you drink alcohol? Do you smoke?

## INTERPERSONAL SKILLS

### Sign-posting

- Mr. Jones when patients are feeling down and depressed like yourself, they sometimes feel like not being here or think about harming themselves I just wanted to check if you had any of these thoughts?

### Close Questioning

- Is that OK if I ask you a little bit more about the symptoms you are having
  - Then ask all the relevant questions.

## INTERPERSONAL SKILLS

### Verbal & Non-Verbal Cues

- When they say something but their posture says a different story.
- Low, distracted, agitated
- When they say something and posture says different.
- You seem to be a little low is that how you feel?

### Deletions

- When patients start sharing the information and then change the topic (more relevant in Domestic Abuse cases) –
- You were obviously thinking quite hard as to what was going on ---



## ICE – IDEAS, CONCERNS & EXPECTATIONS

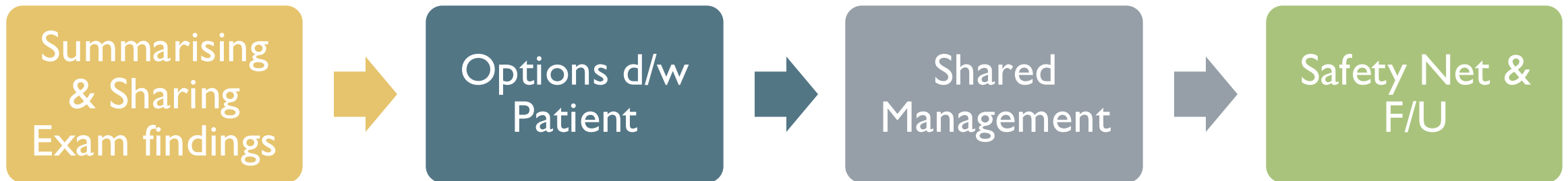
- Do not ask ICE again if already have been told.
- Ask in the first half, if patient deliberately gives you the clue then clarify the ICE there & then and then move on (Structured).
- Bring ICE back in the management part of your consultation.



# MANAGEMENT SKILLS

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## MANAGEMENT SKILLS





# MANAGEMENT SKILLS

- **Summarise the consult so far and ask to clarify?**

How does that sound to you?

How do you feel about that?

- **Bullet points**
- **I know you were worried about --- (condition), and wanted to have – (Investigation / referral) -- but after examining you and after listening to your story it does not look like you have this (condition)**
- **In terms of what can we do ---- Break in small chunks of information and then check**
- **Unfortunately, due to limited time I have not been able to cover but in order to best help you we need to do -----**



## HOUSEKEEPING – EXAM CUBICLE

- **Mindfulness**
- Conditioned Reflex
  - Russian physiologist Ivan Pavlov in the early 20th century
- **Breathing & Relaxation Techniques**



Questions?

■ Thank You!