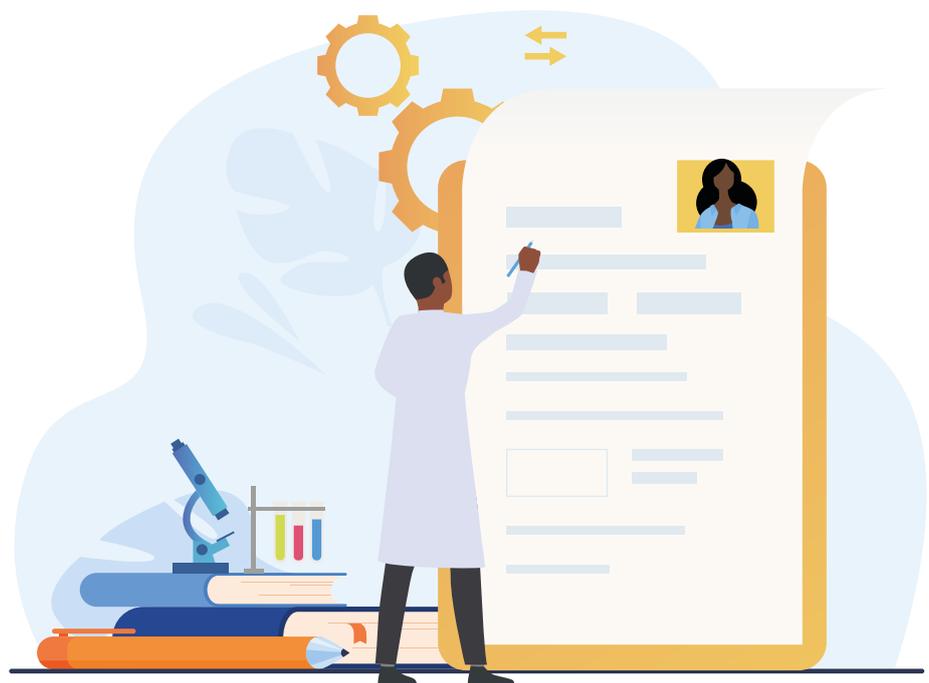


CHAPTER 1

# Is your preparation positively promoting good performance?

“By failing to prepare you are preparing to fail” (misattributed to Benjamin Franklin) or as the British Army adage has it: “Proper preparation and planning prevents poor performance”.



## Overview

### Which section of the consultation does this session address?



### Which specific skills are addressed in this session?

This session is focused on the skills needed to prepare for a consultation, before the consultation begins.



#### How does this apply in remote consulting situations?

The patient will appreciate it when they realise that the clinician has prepared themselves and is already aware of some key details, such as blood test results. This increases trust and confidence.

Preparation can also save time as the clinician is likely to know where to look for relevant clinic letters or already have such information to hand. Preparation helps the clinician to formulate an accurate agenda for the call, as they will be aware of any issues that they need to add into the consultation, (for example, the need to invite the patient for a long term condition review, or vaccination). This makes the consultation run more smoothly and saves time in the long run.



## References

- 18 *Situational Awareness and Patient Safety* – Avi Parush et al. 2011 Royal College of Physicians and Surgeons of Canada. Available as a PDF at [www.royalcollege.ca/rcsite/documents/canmeds/situational-awareness-patient-safety-preview-e%20\(1\).pdf](http://www.royalcollege.ca/rcsite/documents/canmeds/situational-awareness-patient-safety-preview-e%20(1).pdf)
- 19 *Mapping Uncertainty in Medicine: What to Do when You Don't Know what to Do?* – Danczak, Lea and Murphy. RCGP Books.

## Introduction

### Is your preparation positively promoting good performance?

There are two aspects of preparing for a consultation, each requiring slightly different skills. Firstly, the clinician needs to be orientated to the specific situation of the patient they are about to see, while also remaining open to whatever comes up. This section addresses how to be ready for the specific patient who is coming next.

Secondly, the clinician needs to be personally prepared, psychologically speaking, for the consultation to come (see [TALC SKILLS FOR BEGINNING CONSULTATIONS EFFECTIVELY – HOW CAN YOU GO HOME WITH ENERGY TO SPARE?](#)). Both of these skills need to be learned early in Primary Care Training.

In hospital consultations, or A&E settings there may be relatively little information available about the patient as a whole and clinicians may be used to simply ‘plunging in’ to the conversation, or picking up from a quick verbal handover. However, in a Primary Care setting it is unusual to have no information whatsoever about a patient available before the consultation. Even a patient who is new to the practice will have interpretable demographic information and may well have some previous notes, prescriptions lists or summaries from a previous practice.

Having a systematic approach to reviewing this information will enable the clinician to orientate themselves to the patient and avoid some obvious traps. For example, not being aware of a major health condition, relevant drug information or social issue can cause unnecessary awkwardness and waste time in the consultation.

— *“So what will you tell your wife when you get home?”*

— *“She died last week, I saw Dr X about it...”*

The skill of preparing for the consultation is one specific example of an important skill set called ‘situational awareness’. This means being conscious of what is happening around you, continuously checking perceptions against reality and against incoming information. Having situational awareness helps to predict the immediate and future impact of your own or the team’s actions, including anticipating complications.

These skills include:

**‘Monitoring the baseline’**... asking oneself, is there anything odd or unusual here; for example is there a noise from an altercation in the waiting room? Is there anything usual about the way this patient is consulting right now? (Is this someone who consults rarely? Are they ‘insisting’ they need a home visit when they usually consult by telephone?)

**‘Being aware of our bias towards normality’** which refers to our tendency to convince ourselves that things look fine, rather than noticing subtle signs of something we need to attend to (a second or third consultation about an apparently uncomplicated URTI? The elderly patient who says *“it’s just a bit of backache”*).

**‘Avoiding excessive focus lock’** which describes the way we can concentrate on some aspects of the situation while ignoring others (concentrating on the history of low mood, tiredness, poor sleep and a history of depression, not paying much attention to chronic loose stools).

References 18 and 19 have more details on this important skill set.

Being prepared improves the consultation and has important benefits for the clinician themselves. Being prepared increases confidence, means errors are less likely and impresses patients. The result is less stress for the clinician and increased satisfaction for both parties.

## Teaching notes



### How to teach and develop these skills

#### Working one to one

Begin by exploring the learner's attitude to reading the notes before the patient comes in. Do they see this as important? Some clinicians feel they 'do not have time' to do this work and yet not reading the notes beforehand will inevitably waste precious time during the consultation itself. Point this out and discuss the benefits of preparation.

If the clinician already understands the importance of preparation, explore what they do and discuss how this might be made more systematic.

Choose a clinic list from a session that is coming up (this could be for their own clinic or anyone else's). Is there anything on this list that alerts them? This could include administration team notes, a name they recognise, two patients with the same name. This demonstrates the 'monitoring the baseline' aspect.

Then look at a specific individual electronic record.

First of all, assess the notes yourself briefly, then give the clinician time to look at the notes. Then see if they have gleaned the relevant points.

Here is a suitable checklist:

- > Is this an **acute visit or part of a follow up**? Does the appointment screen have any notes? (for example, "*also wants prescription for her mother*").
- > What are the **basic demographic details** (name, age, gender, address). What can be gleaned from this (for example, an address may give highly relevant clues)?
- > Are there any **key alerts**?
- > What are the patient's **key existing problems**?
- > What have they **recently consulted** about?
- > What **drugs** are they on? Are they collecting them?
- > Have they had any **tests or investigations** recently?
- > Are there any **recent hospital letters**?

Initially clinicians may not be able to identify the answers, or to recall them. Keep practising and giving feedback. Then increase the challenge by setting a timer so that they glean the information within a set time, say one minute.

**Debrief** – what are their reflections after doing this exercise repeatedly and then under time pressure?

The educator may find that this exercise reveals unexpected difficulties, for example slow reading speed (this can be improved with specific training techniques), underlying language or dyslexia problems (better identified early on in training) or difficulty in remembering what they have seen. This later problem is sometimes due to divided attention where the clinician is using a lot of brain power worrying and asking themselves "*will I be able to manage this patient?*" or "*what questions will I ask them?*" rather than focusing their attention on the task in hand (in this case 'listening' to the information that the notes are providing). Discussion can help to overcome this issue.

One refinement would be to consider alternate patients; first the clinician has a go and then the educator examines a different set of notes, with the clinician using the checklist to assess what the educator is doing. Clinicians can be surprised to find that the educator who 'just seems to know the patients' is in fact systematically gathering information in this way. Some clinicians excuse their lack of skill by saying "*Well my trainer knows all the patients so it is much easier*". Continuity does have important benefits. Preparing, by examining the record systematically, can give some of those benefits to clinicians who have not met the patient before.

## Teaching notes



### How to teach and develop these skills

#### Working with groups

This exercise is less suitable for a significant sized group of clinicians as they will not all be able to have access to the clinical record together. However, it could readily be used with a small group in a practice, using parallel computers.

In a larger group such as a Study Release Course setting this exercise can be useful as a discussion to explore attitudes to preparation, starting with the question:

*“What preparation do you do before seeing a patient in your clinic?”*

Ask the participants to discuss this in pairs initially and then combine the pairs to make groups of four. Debrief by asking each group to suggest one thing that they look for when preparing to see a patient. Record this on a flip chart or similar. Then ask the group *“anything else?”* until a full list emerges. Ask them what problems and difficulties they have in preparing and to share their strategies for overcoming these.

A refinement to take things further can be to then ask the group what they do **after** the clinic is finished. Obviously there may be certain immediate tasks to do, such as making follow up phone calls. However, do they go over every case and worry about whether they did the right thing? Do they discuss every single case with their trainer?

This discussion can reveal:

- > **Good study habits**, which the stronger participants share with less effective clinicians. *“I make a note of areas I am not sure about and read up about them.”*
- > **Awareness of skills deficits** – *“I did not really get what the patient was concerned about, I wonder if I could find some different approaches to try?”*
- > **Perfectionist traits** leading to excessive workload and increasing stress levels. *“I go over every case, check the NICE guidelines and spend a while worrying about whether I have missed anything.”*

A group discussion exposes participants to different approaches.

## Notes for educators

### Engaging participants

Meeting their needs

Link the value of preparation to the main concerns of participants, which are usually 'not missing things', 'running to time better', and 'passing the exams'. Developing the skill of rapidly, yet fully, assessing the information available before the consultation will help with all these elements. Preparation can help to refine the 'clinician's agenda' as well as the 'patient's agenda' which can also mean that consultation time is used efficiently.

### Energising participants

Maintaining energy throughout

When participants work in pairs and then share ideas, every member is involved in the work of the group and this is an energising process. Identifying that there are skills to be learned, both about preparation and about how to manage the time after the consultation, means that participants start to see things from different angles. This also helps to create energy in the room.

### Evaluations and feedback

Making the most of the session for participants and educators

It is useful to gather all the suggestions for preparation together (on a white board or flip chart). Asking one participant to record the list and circulate it to all other participants can reinforce learning and help the educator to evaluate how fully the material has been explored. When the participants develop their own checklist, the educator gets immediate feedback about what they have gleaned from the discussion. Follow this up at the next educational session by asking participants about changes made to their practice. This reinforces learning and help the educator to see whether it has been effective.

### How to provide structure to the session

Help participants to structure their consultations

Developing a systematic approach to preparation, signals a structured approach to learning and also a structured approach to the consultation itself. This exercise could be a small part of a longer session covering other subjects. Covering consultation skills in short segments maintains interest, gives structure to the consultation skills programme by breaking it down into several components and reinforces the idea that incremental change is the best approach, rather than trying to 'fix everything' at once.

Having a systematic approach to the consultation helps clinicians to provide structure and flow and this tends to make consultations run more smoothly. This can also result in the more effective use of consultation time, and even in consultations being shorter while still completing all necessary tasks.

### Building relationships

Help participants build relationships with their patients

Being prepared before teaching sessions builds trust. Addressing participants' actual experiences helps to build the relationship between educator and clinician.

This is being learner centred, analogous to being patient centred. Patients recognise and appreciate it when clinicians are well prepared before consultations. This builds a better relationship.

## Resources / Skills checklist

**Observer's checklist for preparation before the consultation**

Skill required	Skill achieved?	Notes/comments/behaviours noted
Is this an <b>acute visit</b> or <b>part of a follow up</b> ? Does the appointment screen have any notes? (for example: "also wants prescription for her mother")		
What are the <b>basic demographic details</b> (name age gender address) What can be gleaned from this (for example address may give highly relevant clues)?		
Are there any <b>key alerts</b> ?		
What are the patient's <b>key existing problems</b> ?		
What have they <b>recently consulted</b> about?		
What <b>drugs</b> are they on? Are they collecting them?		
Have they had any <b>tests</b> or <b>investigations</b> recently?		
Are there any <b>recent hospital letters</b> ?		