

CHAPTER 1

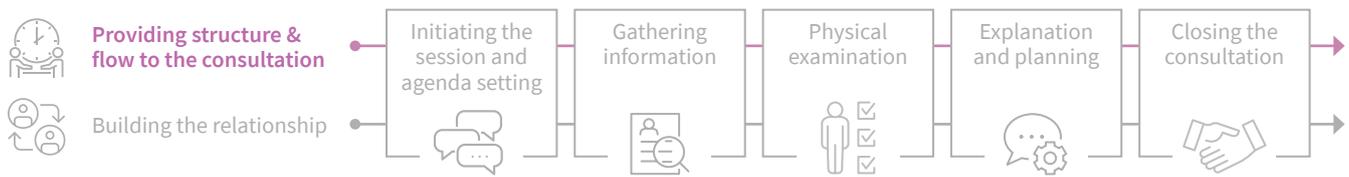
# Can you learn to save time in consultations?

“One of the very worst uses of time is to do something very well that need not to be done at all.”



## Overview

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



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

Identifying where time is wasted in a consultation is a good preliminary to introducing the important skills that create structure and flow in the consultation.

#### CG skills

- 19 **Summarises** at the end of a specific line of inquiry to confirm understanding before moving on to the next section.
- 20 Progresses from one section to another using **signposting, transitional statements**; includes rationale for next section.
- 21 Structures interview in logical **sequence**.
- 22 Attends to **timing** and keeping interview on task.



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

When consulting remotely it can be harder to signal the need to move on. Inviting a patient to step away from the examination area and back to a chair can be done non-verbally in a face to face consultation. However, in remote consultations, the transitions to the next phase need to be made explicit, as in: *"I think I understand where you are coming from, I would like to explain my thinking now, are you OK with that?"*.

Having a logical sequence to the consultation will also help remote consultations go more smoothly, so that a transitional statement towards the end will be agreed as appropriate by both parties: *"I think we have pretty much covered everything, before we finish what final questions have you got?"*.

When a consultation has an effective structure, the answer will usually be: *"No questions now, that's fine. I will ring you after I have seen the diabetic nurse. Goodbye"*.



#### References

- 1 **Skills for Communicating with Patients** – Kurtz, Silverman and Draper. Radcliffe.  
This is the core text for understanding and developing consultation skills and contains the Calgary Cambridge, the Guide to skills and the research evidence underpinning the use of effective consultation skills. Worth reading in sections and trying out the skills bit by bit, rather than reading in one go.
- 78 <https://www.bbc.co.uk/news/health-24959626>

## Introduction

### Can you learn to save time in consultations?

Most consultations in UK Primary Care are considered to be rather short. In the 1970s, patients were often booked in at five minute intervals, which seems extraordinary to us now. Many appointment systems aim for 10 minute appointments, although NHS England is of the view that the average consultation length is somewhere nearer to 12 minutes. Many practices are introducing 15 minute appointments to allow for the increased complexity of much modern clinical practice.

However, the duration of a consultation is only a partial representation of its quality or effectiveness. Most clinicians who begin their work in Primary Care settings will begin with quite long appointments, sometimes up to 30 minutes. Yet, surprisingly, these long consultations often fail to achieve their potential. Sometimes quite basic issues such as a working diagnosis, or an effective management plan are not achieved. Yet experienced clinicians who employ highly effective generalist thinking and consultation skills, often astonish those in training roles by how much can be done in 12 minutes, often with no sense of hurry.

How does this happen?

A clinician struggling with time management will often state that they need 'more time' with the patient. Video analysis can help to reveal the ways in which clinicians are not using time effectively. Ineffective listening can mean that the patients concerns and priorities are not perceived quickly enough. Teaching methods to improve listening can help here (see [TALC SKILLS FOR EFFECTIVE INFORMATION GATHERING](#)).

However, much time can be wasted because of repetition and duplication in the consultation.

Here are some examples, although watching videos may reveal other issues:

- Asking the same question several times (because the clinician has forgotten the answer).
- Asking patients for information that has already been given (was the clinician not paying attention?).
- Asking for information that is clearly recorded in the notes and which the clinician should know from their preparation, for example, a list of medications, (see also [TALC SKILLS FOR BEGINNING CONSULTATIONS EFFECTIVELY – IS YOUR PREPARATION POSITIVELY PROMOTING GOOD PERFORMANCE?](#)).
- Repeating explanations (rather than using the time to achieve a shared understanding).
- Asking irrelevant questions (often about what has happened in the past, rather than understanding what is happening right now).
- Some clinicians in training repeatedly ask permission to ask questions, as in *"I would like to ask a few questions about your chest pain, is that OK with you?"* This is usually quite unnecessary. Asking permission to explore an issue is only really required if the issue is likely to be embarrassing for the patient (sometimes sexual matters may be seen as such), or very sensitive (for example, asking about domestic abuse).
- Failing to take into account thoughts and concerns that have already been expressed (so that the patient repeats them, wasting time).
- Failing to summarise what has been said may lead to the patient repeating themselves (often due to the clinician failing to pick up on the emotional meaning of what has been said).

In addition, clinicians in training often lack a clear sense of the structure of the consultation and rarely use clear structuring or signposting skills (see also [TALC SKILLS FOR MANAGING TIME EFFECTIVELY – SIMPLE WAYS TO HELP YOUR CONSULTATIONS RUN TO TIME](#)).

Time can be saved when effective skills are employed, (examples abound in the TALC module [SKILLS FOR EFFECTIVE INFORMATION GATHERING](#)) and successful summarising skills can help to move the consultation forwards (see [TALC ESSENTIAL SKILLS FOR EFFECTIVE EXPLANATIONS AND PLANNING OF PERSONALISED CARE – WHY ARE EFFECTIVE SUMMARISING SKILLS THE ENGINE OF THE CONSULTATION?](#)).

An important step towards improving time management in the consultation is to raise awareness of where time is currently being wasted. The skills needed to correct this are various, and include effective summarising, structuring skills (such as signalling where the consultation is going), and understanding and maintaining appropriate boundaries in the consultation. The best way to do this is to watch a recorded consultation and analyse it carefully for repetitions, blind alleys and time spent on issues that are clearly irrelevant, reducing the time needed for important matters.

## Teaching notes

**How to teach and develop these skills**

## Working one to one

Sometimes a clinician will overtly ask about how to “consult more quickly”, especially if they are preparing for an examination. Finding ways to ‘take short cuts’ or ‘save time’ in the consultation is a false approach and can lead to poor practice or harmful medical error. It is far better to emphasise developing effective skills. It is effective listening skills that enable educators to consult more smoothly and more quickly, without loss of safety. However, it is worth highlighting where time is being wasted. This is best done with video analysis of a consultation where the educator has noted poor use of time. Choose a suitable video, preferably the clinician’s own video, or one which is done by a non-expert practitioner (initially at least).

Explain that the focus of watching the video will be to explore any repetition or duplication. Say you will both be looking out for any point where the patient or the clinician says something that has already been said. Stop the video every time that happens and review. When was that thing said before? And by whom? What happened? How did it come to be repeated?

Do not attempt to correct any adverse behaviours at this point, simply note repetition or duplication. Examples commonly include asking the patient three times whether they smoke or not, asking a patient who has told you he lives with his wife and two kids “*who is at home?*” Aim for a strictly non-judgemental approach here. The aim is to establish what is happening using a ‘**facts are friendly**’ approach.

Debrief by asking the clinician to reflect on what effect repetition has on the time taken for the consultation. This may in itself be enough for the clinician to suggest some changes. Exploration of how repetition occurs often reveals that the clinician is ‘too busy deciding what to ask next to listen to what is being said now’ (see **TALC SKILLS FOR EFFECTIVE INFORMATION GATHERING, HOW CAN AVOIDING QUESTIONS YIELD MORE INFORMATION?**).

If possible, proceed to review a skilled consultation, perhaps in a joint surgery or one of the trainer’s own videos. Again ask the clinician to identify all the times when there is repetition or duplication. Generally expert practitioners listen hard and things do not have to be repeated. When a patient says the same thing over and over again, it usually means that the patient believes:

- > That the clinician **has not heard them** (feeding back with a paraphrase will help that).
- > That the clinician **has not appreciated the feelings** that accompany the factual information (expressing empathy will help that).
- > That the clinician **has not appreciated the significance or importance** what has been said to the patient themselves, (feeding back understanding and expressing importance explicitly will help).

Asking patients to expand on what impact the issue has for them, may seem to take up time. However, focusing on what really matters to the patient usually saves time in the longer run, as time is not spent on blind alleys in the conversation. The educator can follow up these discussions by suggesting that the clinician listens carefully before they ask further questions, only deciding on their next utterance when they have understood what has already been said.

Finally, ask the clinician in training to write down three or four key learning points from the discussion. How will they change their behaviour in their coming clinical sessions? When the educator asks how things went subsequently there is an opportunity to celebrate changes in behaviour that have had positive results, and to help to correct any misconceptions or difficulties.

## Teaching notes



### How to teach and develop these skills

#### Working with groups

The question of time management during clinical encounters often arises spontaneously during educational sessions. If this happens, the educator can ‘strike while the iron is hot’ as it were, exploring participants’ concerns and worries about time. Do they always feel rushed? What approaches have they tried to ‘speed up’? Do they have any observations about consultations they have observed performed by experienced practitioners? What are the differences?

It can be useful to follow this discussion with a short ‘theory injection’, discussing the ideas in the introduction to this chapter. Introduce the concepts of incomplete listening, repetition, inadequate summarising and lack of structure. Inviting participants to share their own thoughts about these ideas will help to orientate the group to the potential issues.

One attitude to explore is the idea that there are suitable ‘short cuts’, ‘quick fixes’ or ‘simple solutions’ to save time. An example might be a notice that says “*Only one problem per appointment*” in the waiting room (see also [TALC SKILLS FOR BEGINNING CONSULTATIONS EFFECTIVELY, HOW IS A CONSULTATION LIKE A BUSINESS MEETING?](#) and [CAN YOU LEARN TO LOVE A PATIENT WHO BRINGS A LIST?](#)). What are the risks of taking ‘short cuts’? Educators can share the concept that managing time effectively is not just about ‘quick fixes’, but that better use of time is the natural outcome when a suite of skills are deployed effectively. Is a shorter consultation always better? Ask participants to think about a consultation when they thought they did manage time effectively. What happened? What were the benefits to them or to their patient?

In many situations, this discussion might be best used as a ‘warm up’ activity prior to other topics being covered. The educator could also use this discussion in a reactive way, if the issue of time is raised by participants. Sometimes the educator needs the skills of a jazz musician who can improvise on a theme at short notice!

A way to take the learning forward could include asking participants to do the video review that is described in the section [Working one to one](#) on the previous page. At a follow-up session, reporting back on the outcome of this activity might be a useful warm up/reporting back exercise and could precede the educator delivering training based on the principles described in [TALC SKILLS FOR MANAGING TIME EFFECTIVELY – SIMPLE WAYS TO HELP YOUR CONSULTATIONS RUN TO TIME](#).

Before that session, it would be useful to encourage participants to read about the skills needed in the section called *Providing Structure to the interview* (see Reference 1) which includes reflections on the skills of making the organisation of the consultation overt.

Before moving on to another topic, ask participants to list any key new ideas they have heard and share these with the group. This will help the educator to identify what has been learned, provide an opportunity to add in anything that has been missed and is a helpful lead into a subsequent, formal session on using time effectively.

## Notes for educators

### Engaging participants

Meeting their needs

If the session begins by exploring the issue of using time effectively as experienced by participants, engagement will usually be immediate. This issue is of concern to almost all clinicians, especially those working in high pressure environments such as primary care, or out-patients, or when clinicians are preparing for clinical examinations.

### Energising participants

Maintaining energy throughout

Most clinicians are keen to work on the issue of managing time effectively. The discussion outlined here can release energy because the subject matter is seen as important. The educator can then use that energy to take the agenda forward by asking participants to do the video review exercise. This is likely to yield new insights that will form a useful background to the subject matter of a session on managing time more effectively. Some participants will be unaware that signposting and structuring skills exist, or that they are useful ways to maintain momentum and flow. Highlighting the chapters concerning this in the consultation skills resources may motivate some background reading.

### Evaluations and feedback

Making the most of the session for participants and educators

Many participants may be disappointed to learn that there is no 'quick fix' to managing time effectively. However, asking participants to list their key learning points, and to use these to signal future session is a helpful way to reinforce learning as well as helping the educator to appreciate what has been learned (and what still needs to be covered). It is also very important for educators to emphasise that the use of all the effective skills described in the TALC modules will naturally tend to lead to more effective time management in consultations.

### How to provide structure to the session

Help participants to structure their consultations

This session highlights the ways in which time is wasted in consultations and highlights the structure of the consultation. If the issue arises opportunistically, the educator can echo this structuring approach by noting the issue of time as an 'agenda item' for the group, do some initial exploration and then arrange a suitable time to deal with the issue in some more detail. The educator can also link the skills needed to create structure in the consultation and structure within educational sessions (for example when the educator uses signposting skills such saying "now let us move on to..."). This can help participants fully understand the concepts as they see them in action.

### Building relationships

Help participants build relationships with their patients

When all the relevant consultation skills are used, together with the use of an appropriate structure, consultations do not usually feel rushed, and indeed may even feel as if they have taken longer than their allotted time. This builds better relationships with patients. Exploring time wasted in consultations can make the clinician feel vulnerable and when the educator or supervisor handles this sensitively, their learning relationships will improve. When participants have the opportunity to share common concerns, and start to consider solutions together, their learning relationships are deepened.