NHS
Health Education England

CHAPTER 2

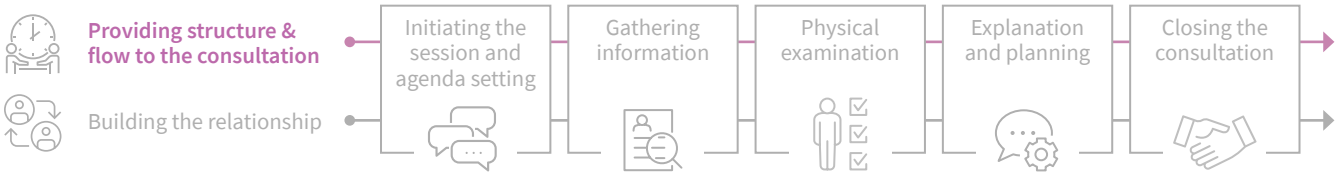
Simple ways to help your consultations run to time

"To do it right first time means slowing down in order to speed up... Like the slow tortoise which moves purposefully forwards, you can beat the hare that runs in circles."

"Using time effectively; activity versus achievement."
— Jo Owen, *How to Manage*

Overview

Which section of the consultation does this session address?



Which specific skills are addressed in this session?

The skills needed to ensure a good structure and a smooth flow of the consultation are considered here. These skills are needed throughout the consultation to keep things on track.

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, there are fewer non-verbal cues being communicated: having a structured approach, and sharing that with the patient is therefore even more important. It helps all parties to know that issues will not get missed and helps the flow. Remote consultations are full consultations. The same skills are required.

Introduction

Simple ways to help your consultations run to time

Keeping consultations to time and aiming for the sense of ease and flow that is observed in 'expert' consultations, is seen as important by most clinicians. Having a structured approach to the tasks of the consultation assists this process, as does effective use of all the skills of information gathering, explanation and planning. However, there are also specific learnable skills that can often help clinicians to improve the flow and progress of their consultations, and these are the structuring and signposting skills discussed in this chapter.

Most clinicians feel that their consultations are under extreme time pressure, and many patients complain of being rushed, or that their clinician *"doesn't have time to listen"*. When beginning to consult in primary care, it is usual for the time allocated for consultations to be longer than for experienced clinicians. A foundation year doctor may be allocated 30 minutes or more, and most GPs in training will begin similarly, reducing to 15 minute appointments as they progress. Other practitioners in training roles will have similar experiences, and realise that as they become more skilled, they are able to do more within a given time frame.

Educators observing these longer, inexperienced, consultations still find that important points have not been covered, that there has been much repetition, little focus and much time wasted.

The consultation skills examination for GPs (RCA or CSA) allows 10 minutes consulting time, with a couple of minutes to prepare. Is it really possible to consult effectively in such a short time? Clearly this is challenging. Yet when observing effective consultations performed by senior colleagues and educators, shorter consultations nevertheless achieve a great deal. Sometimes this can even feel quite relaxed to both parties. At times, learners may attribute this to the patient *"she was an easy person to talk with"*, or to the fact that seniors *"know the patients very well already"*. While both of these things can be true, it is is also true that experienced and effective consulters use their skills in such a way as to achieve more in less time.

In part this is due to greater focus; experienced consulters listen in a more focused way, do not go down blind alleys and do not waste time on multiple closed questions or repetition (see TALC SKILLS FOR MANAGING TIME EFFECTIVELY – CAN YOU LEARN TO SAVE TIME IN CONSULTATIONS?). Experienced consulters use every minute of the consultation productively. Patient-centred interviews can be very time efficient; they focus on what matters to the patient, they avoid repetition because of attentive and active listening skills, with clues and cues acted on at appropriate times in the interview.

However, another factor that contributes to consultations flowing well is to have a structured approach to consultation tasks, doing those tasks in an appropriate order and having skills to move the consultation smoothly from one phase to the next. This is achieved by summing up each section and signalling where the consultation is going next. Using summarising skills followed by signposting and transitional statements, the clinician explains the reasoning behind the flow of the consultation. This organisation is made overt and shared with the patient.

A structured approach has many benefits. Firstly, the clinician's own thoughts are assisted by having a structure to work with. Secondly, the patient feels more secure if they understand how things are going to go. This overt structure, supported by transitional statements frequently saves time in consultations.

How can this be? The consultation is not a chance meeting between friends with an open ended brief. It is a structured conversation that has well-understood conventions and customs. In this sense it is much more like a business meeting. Business meetings usually have a defined purpose, an agenda, a chair who manages the flow of time and ensures that important topics are allocated more time than trivial ones. At the end, there are usually agreed actions (with timescales). The clinician can think of themselves as being the chair of a meeting between them and a patient (or patients, see TALC ADVANCED SKILLS FOR COMPLEX SITUATIONS, IS THREE A CROWD? SKILLS FOR MANAGING TRIADIC CONSULTATIONS EFFECTIVELY where the 'chairperson' function of the clinician is even more important). The clinician has the responsibility for keeping the meeting on track. Meetings can be business-like and still be friendly, co-operative, pay attention to the concerns and feelings of the participants, and run to time. Everyone prefers a chairperson who keeps the meeting running and gets everyone finished in time for their next task. Consultations are the same. Patients will be grateful for a chairperson who seems to know what to do, who processes through all the business and finishes in a reasonable time.

There are two elements that help to create an effective flow through the consultation:

> Having an effective structure (and making the organisation overt to both parties).

> Using appropriate transitional and signposting statements to keep the flow going.

Introduction (continued)

Having an effective structure

Attending to the flow of the consultation means having a logical sequence to the consultation. While this can be flexible, to take account of circumstances, having a clear sense of the sequence can help to keep things on track. For example, during information gathering, beginning with open questions or statements, then moving on to open directed questions, then closed questions will usually allow maximum information flow.

Having a clear idea about different ways to pick up clues and cues will mean that some important cues from the patient are noted, but acted on later at a more appropriate moment (see TALC SKILLS FOR EFFECTIVE INFORMATION GATHERING – CAN READING BETWEEN THE LINES MAKE FOR MORE ACCURATE DIAGNOSIS?). For example, if a patient mentions a concern when the clinician is clarifying the clinical issue, they may come back to that later in the interview by saying:

"You mentioned your concern about ... a few moments ago ... can I ask you to tell me more about that now. I am keen to understand your point of view fully." Further exploration of the patient's thoughts, hopes and worries will then flow easily.

When information has been gathered effectively, a physical examination may follow, or a discussion of any test results. These activities usually precede the explanation phase, which in turn generally precedes planning of appropriately personalised care and the closing and safety netting stages of the consultation. Clinicians who are able to maintain a good flow to the consultation and use time effectively, 'hold' this kind of structure in their minds during the consultation so that things proceed logically, and without repetition. It is common to note unskilled consulters moving backwards and forwards between information gathering, planning, explaining and back to gather other information in a rather disorganised way. This wastes a lot of time and can be confusing to clinicians and patients alike.

Using appropriate transitional and signposting statements to keep the flow going

When the clinician themselves have a clear idea of how the consultation is structured, they can signal this during the conversation by using appropriate transitional and signposting statements. Within one part of the consultation (for example. information gathering) a transitional statement can help move towards a new line of enquiry, a different topic or a different type of enquiry.

Here are some examples of transitional statements:

"We have discussed what is happening with your diabetic blood tests, could I move on to asking you how you are getting on with all your medication now?"

"OK, so I know what's been happening with this rash that's been bothering you; you mentioned wanting to talk about a lump on your leg too, can you tell me all about that now?"

"There is a more sensitive area which we need to discuss. Your medications can affect sexual function sometimes...may I just ask a bit about how things are for you there?"

When it is time to move to a different section of the consultation all together, a summary, followed by a clear signposting phrase as to where the consultation is going next, can also help to keep the flow going effectively.

Here are some examples of signposting phrases:

"So overall, your chest symptoms sound pretty bad at the moment, and you are particularly concerned you might end up in hospital again, so I would like to do a full examination now and then we can decide how best to treat things" (a brief summary of the facts and reference to the patient's feelings, signposting the physical examination, and the explanation and planning to come).

"So, I am going to arrange a referral for a surgeon to deal with that (femoral) hernia, can I just go through some things you need to be aware of about the referral and about signs that the hernia might have got worse..." (signposting the forward planning and safety netting that occurs in the closing parts of the consultation).

"So, we have a plan I think... before you go could you just run over the key things that are going to happen next, so I can make sure I haven't missed anything out?"

"I think we have covered everything, we have agreed that ... before we finish on the telephone, can I check that you are quite happy with that plan, and ask what questions you have got now?" (signposting the final check at an appropriate point of closure for the consultation).

It is useful for a clinician to share their sense of structure, and check that the patient is comfortable with that, as they may have a strong preference for dealing with one problem first for example. However, it is NOT necessary to ask permission for every line of enquiry. Inexperienced clinicians frequently slow down the consultations by repeatedly asking permission for things that most patients will naturally expect to happen. Questions such as: *"is it all right if I ask you some questions about..."*, or *"can I ask you some more questions about the chest pain..."* take time and do not yield useful information. It is only necessary to get a broad agreement about the order of things.

One exception to this is where sensitive or difficult subjects are being approached. Enquiry about potentially embarrassing subjects such as sexual function or genitalia may benefit from an introductory, transitional statement, as above.

Introduction (continued)

Similarly a patient who mentions a difficult relationship, looks away, twists their fingers and clams up, may find it easier to open up if there is an acknowledgement of what might be difficult: *"you seemed upset when you mentioned your partner, I would like to understand that a bit more, would be OK to talk about that now?"*

Paradoxically, speeding up consultations also means learning to do them slowly at first. Practising new skills is awkward and needs repeated practice and feedback to get right. Trying to rush at the same time leads to cognitive overload. If skills are developed and embedded slowly and systematically, the tasks of the consultation are achieved effectively and this naturally leads to consultations becoming shorter, even as they achieve more. Clinicians who add suitable transitional and signposting skills to their repertoire will find further benefits in effective use of the time they have with their patients.

Teaching notes

How to teach and develop these skills

Working one to one

Although many learners are very preoccupied with time and want to 'get up to speed' and consult 'more quickly', the most effective way to work on this initially is usually by developing their agenda setting and information gathering skills. Active and effective listening saves time in consultations because the key issues are recognised and addressed. This point is really crucial. Trying to speed up when the basic skills are not in place is very counterproductive. The educator needs to reassure the learner that slower consulting is necessary and expected to begin with.

The educator may then explore specific examples where a clinician has found a consultation took longer than anticipated. This could be when there are mental health issues, for example. This might indicate that other specific skills need to be developed, and the educator may wish to schedule a session to address this (see for example, the skills set out in TALC ESSENTIAL/ADVANCED SKILLS FOR EFFECTIVE EXPLANATIONS AND PLANNING OF PERSONALISED CARE – DO NON CLINICAL PROBLEMS TAKE UP YOUR TIME?, HOW TO ENJOY THOSE PATIENTS WITH REALLY LONG-TERM PROBLEMS: THE POSITIVE BATHE METHOD and in TALC ADVANCED SKILLS FOR COMPLEX SITUATIONS).

However, time is often used ineffectively in consultations and this can be identified in observed or recorded consultations using the approach outlined in TALC SKILLS FOR MANAGING TIME EFFECTIVELY – CAN YOU LEARN TO SAVE TIME IN CONSULTATIONS? If the educator and clinician have already worked in any time wasting issues identified, then it can be useful to develop specific structuring skills as the basic skills of the consultation are in place and reasonably well understood.

Educators can propose the idea that the consultation is a 'business' meeting with a chairperson (the clinician) and a logical sequence to the tasks. All consultation models assume this approach. The Calgary Cambridge framework is easy to remember, divides the tasks of the consultation logically and allows the skills of different parts to be learned systematically. Ensure your learner is fully conversant with a suitable structure to the consultation.

In particular, learners need to be sure to progress through to the different sections, from information gathering to clinical management, without getting stuck in one area. This will require attention to their clinical reasoning skills as clinicians can get stuck if they are not thinking clearly about the medicine (clinical skills development is not part of the TALC resources as such).

The educator can ask the clinician how they currently approach sharing the structure of the consultation with the patient. Do they tell patients what is going to happen next? Using the information from the introduction can help to develop greater openness.

If the clinician is (appropriately) concerned to 'speed up', let them observe some time effective consultations (perhaps in a joint surgery). The learner should note down what behaviours they see which make for more time efficient consulting, noting statements used which help to move the consultation along. The educator can suggest others and devising some examples can be a useful joint exercise. When watching the consultations of experienced clinicians, it can be useful for the observer to look at all the ways in which time is used effectively. They will notice effective use of dictation time, use of the computer, and in note-keeping methods, such as Quick Keys. If the clinician needs to look at their computer screen during the consultation, they should signal this in advance, to create a suitable pause:

"At this point I need to check a few details on your records, can we pause for a moment while I look at..."

It is not usually possible to read, type and listen all at the same time (see also TALC SKILLS FOR MANAGING TIME EFFECTIVELY – COMPUTER SAYS YES: TOP TIPS FOR USING IT EFFECTIVELY DURING CONSULTATIONS). Remember to consider the careful use of embedded commands (see TALC ESSENTIAL SKILLS FOR EFFECTIVE EXPLANATIONS AND PLANNING OF PERSONALISED CARE – HOW CAN YOUR WORDS REALLY BE HEALING IN THEIR OWN RIGHT). Examples of a transitional statement including an embedded command could include:

"While you get your coat on, I will concentrate on getting the details of your prescription sorted."

"So we have a plan, before we think about your follow up can I check what questions..."

"Finally, before you go...", followed by the clinician closing and safety netting.

In all these examples, the focus is changed to the future: *"get your coat on"*, *" follow up"*, *"before you go"*, and these can be subtle signals that the consultation is drawing to a close.

Finish the discussion by asking the clinician to write down their key learning points from the discussion and to commit to trying out some examples of transitional and structuring statements in the consultations they have in the next few days. The educator should be sure to ask about how things went, to celebrate success and to help with any difficulties that may arise.

Teaching notes

How to teach and develop these skills

Working with groups

Attending to flow and using signposting skills to enable a structured approach to the consultation is important, yet these skills are difficult to work on in isolation. When working with a group of participants, educators can take an opportunistic approach, pointing out transitional statements and signposting skills when they arise. For example, if the group is working on skills rehearsals for effective summarising, the educator can then use the debriefing time to point out how a transitional statement or signposting approach can then help the consultation to move forwards smoothly (see TALC ESSENTIAL SKILLS FOR EFFECTIVE EXPLANATIONS AND PLANNING OF PERSONALISED CARE – WHY ARE EFFECTIVE SUMMARISING SKILLS THE ENGINE OF THE CONSULTATION?).

At the start of a consultation skills training programme, putting emphasis on the reasons for taking a structured approach will pay dividends when discussing the skills needed to structure the consultation effectively (see TALC EFFECTIVE METHODS FOR TEACHING CONSULTATION SKILLS – HELPING PARTICIPANTS GET ON BOARD WITH CONSULTATION SKILLS EDUCATION: BUILDING BASIC CONCEPTS).

Other opportunities to discuss structuring and signposting skills will arise when clinicians become worried about consultation times that seem to be 'too long'. The key message from the educator needs to be that learning to consult and use new skills will inevitably be slow at first. This is appropriate. The basic building blocks need to be in place before clinicians focus on 'speeding up'. Usually, consultations become shorter, naturally, as clinicians develop their skills. Educators may have to reiterate that effective listening actually takes less time, a focus on the patient's responses to open questions results in more rapid information flow and less time is wasted on blind alleys or repetition. Many of the chapters in other TALC modules refer to the ways in which effective skills are time saving.

Encouraging participants to identify how they use time in consultations can also be helpful. Participants could do this in a small study group or with their own trainer or clinical supervisor (see TALC SKILLS FOR MANAGING TIME EFFECTIVELY, CAN YOU LEARN TO SAVE TIME IN CONSULTATIONS?).

However, when participants have developed their skills and have begun to worry about examinations, or about running to time, then it can be helpful to schedule time to work on the specific skills that help to provide structure and flow. A fun warm-up to this training could be to do a short session of the game 'Just a Minute'. Divide the participants into groups of three. Ask the speaker to talk for *"just a minute"* on any suitable subject (for example *"describe the best day at work you ever had"*).

Ask the listener in the group to stop the speaker every time they notice a hesitation, repetition or deviation. If that happens the listener gets to take over the subject to see if they can talk for 'just a minute'. The observer's task is to time the speech (using a phone stopwatch for example). They can stand up and shout *"JUST A MINUTE!"* as soon as someone has managed the task. The winning group is the first where the observer stands up to shout *"JUST A MINUTE!"*. While this exercise has only a tangential relationship to the subject matter, it will help to involve all participants, and will help everyone to focus on the task of attentive listening.

Having gained every participants' attention, educators can propose the idea that the consultation is a 'business' meeting with a chairperson (the clinician) and a logical sequence to the tasks. To ensure that participants are fully conversant with a suitable structure to the consultation, show the Calgary Cambridge framework (or quickly draw a simplified version on a flip chart – see the Resources section).

Ask participants which section of the framework they think is most important in contributing to timely consultations. Acknowledge all ideas and pick up any references to 'providing structure' and then explore how having an effective structure helps to keep things flowing, introducing the ideas in the introduction to this chapter.

Then ask participants to form pairs and discuss what they do, currently, to share the structure of the consultation with the patient. Can they produce any examples of signposting or transitional statements? In the debriefing, explore the idea that transitional and signposting statements usually occur at the end of one line of enquiry (*"let's now move on to..."*). Divide the participants into smaller sized groups and ask each group to come up with useful statements/ phrases for moving between different stages of the consultation, thus:

> Moving from agenda setting to information gathering.

> Moving from one line of enquiry to another during information gathering, (e.g. moving from discussing one symptom, to exploring a different type of problem).

> Moving from information gathering to examination and explanation.

> Moving from explanation to planning.

> Moving into closing and safety netting.

Teaching notes

How to teach and develop these skills

Working with groups (continued)

Allow five minutes or so for these discussions and then debrief suggestions for each type of transition. Initially ask the whole large group to offer any suggestions they have for specific phrases or statements for (say) agenda setting moving to information gathering, before inviting specific feedback from the small group that worked on that task.

Ask the whole group for ideas again, before each small group reports back in turn. Doing this has two benefits. It ensures that every participant has, to some degree at least, considered each task. Secondly, it avoids the wider group of participants simply switching off during the report back from another group as they become aware that the educator will be asking everyone for ideas.

The educator should look out for any comments on using the computer during consultations. If these do not arise from the discussion, the educator can take the opportunity to discuss the impact of the screen. Turning to the screen takes attention away from the patient and realistically, concentration on and listening to the patient cease. Finding a way to explain to the patient that the clinician needs to use the computer is a useful skill, if performed elegantly, (see also TALC SKILLS FOR MANAGING TIME EFFECTIVELY – COMPUTER SAYS YES: TOP TIPS FOR USING IT EFFECTIVELY DURING CONSULTATIONS).

If the group are conversant with ideas about the use of positive language in the consultations, then the educator can also introduce the idea of embedded commands into certain transitional statements. Here are some examples:

"While you get your coat on, I will concentrate on getting the details of your prescription sorted out properly."

"So we have a plan, before we think about your follow up can I check what questions..."

"Finally before you go...", followed by the clinician closing and safety netting.

In all these examples, the focus is changed to the future *"get your coat on"*, *"follow up"*, *"before you go"*, and these can be subtle signals that the consultation is drawing to a close (see TALC ESSENTIAL SKILLS FOR EFFECTIVE EXPLANATIONS AND PLANNING OF PERSONALISED CARE – HOW TO CHANGE EVERYTHING BY USING THE SMALL WORDS SKILLFULLY: AND BUT IF WHEN WHAT).

Finish the discussion by asking the participants to write down their key learning points from the discussions and to identify what changes they will make in their own consultations over the next few days. The educator should be sure to ask about how things went at the next educational session, to celebrate success and to help with any difficulties that may arise.

Notes for educators

Engaging participants
Meeting their needs

Working on these skills needs to happen at the right time, which is when participants already have some basic consultation skills building blocks in place and when they understand the need for a structured approach. Educators can also need to highlight the issue of effective use of time when teaching all the other, core, consultation skills that enable effective listening and effective use of consultation time.

Energising participants
Maintaining energy throughout

The approach outlined here invites all participants to work actively; reflecting on what already happens, devising appropriate transitional statements and committing to changes after the session. Using participants' creativity, working in pairs and small groups ensures a high level of participation. This helps to maintain energy throughout the session.

Evaluations and feedback
Making the most of the session for participants and educators

When the educator attends carefully to participants reporting their key learning points, this will give immediate feedback about what has been learned and give some indication of future changes in behaviour. This may identify changes that need to be made to the session if some points are misunderstood or if some important areas (for example, signalling computer use) are missed out.

How to provide structure to the session
Help participants to structure their consultations

The educator can be explicit about how they have structured their training programme to place this session appropriately in the programme, whether opportunistically or as a planned intervention. Educators can also model structuring skills when explaining to participants how the session will proceed (*"I am going to ask the whole group for ideas first and then will do some work in pairs"*) and how this topic fits in with other skills training. Referring to the structured approach to the consultation will remind participants of the importance of this and help them to attend to the structure of their own consultations.

Building relationships
Help participants build relationships with their patients

A learner-centred approach will respond to the expressed needs of participants, of which 'running to time' is of frequent concern. Taking concerns seriously builds effective relationships and working in small groups or pairs also helps participants to build up their learning relationships with each other. Patients actually enjoy an appropriately structured consultation. It demonstrates that the clinician is skilled and 'knows what they are doing' and helps the patient to feel 'held' and confident that the 'business' of their meeting with the clinician will be attended to. Similarly participants appreciate a structured approach to learning consultation skills, and educators can make this structure explicit too.

Resources / CG Framework

A basic version of the CG framework

The Enhanced Calgary-Cambridge Guide to the Medical Interview

Kurtz SM, Silverman JD, Benson J and Draper J (2003). ***Marrying Content and Process in Clinical Method Teaching: Enhancing the Calgary-Cambridge Guides***. Academic Medicine in Press.

The Basic Framework