Consultation skills teaching
2013-14

The consultation is the bedrock of all medical practice and good doctor-patient communication is key to successfully diagnosing and managing patients’ problems.

The importance of communication skills is recognised at the University of Bristol Medical School. It is part of the vertical theme “Consultation and Procedural Skills” (CaPS) and formally taught in all five years.

The Centre for Academic Primary Care leads the consultation skills teaching. Medical students have University-based small group teaching sessions with actors and are also taught by GPs on their primary care placements. This leaflet describes the teaching and opportunities for GPs to get involved.

More information can be found on the Teaching section of the Primary Health Care website: www.bris.ac.uk/primaryhealthcare or contact phc-teaching@bristol.ac.uk

Year 1
Lead: Lucy Jenkins
When: Autumn and Spring
(Tuesday or Thursday afternoons)
By the end of their first year, students should be proficient at listening to patients and respecting their views and beliefs.

Classroom session
An introductory lecture followed by a small group session facilitated by a trained actor where students:
- learn the role of open and closed questions, and active listening
- rehearse a visit to a see patient in their home

GP attachment
During GP surgeries, year one students observe the tasks of clinical communication, professionalism, and respect for others. In addition, year one students go (in pairs) to meet and interview a patient in depth. They practice the skills of initiating a consultation and active listening to draw out the patient’s story.

Year 2
Lead: Matthew Ridd
When: Autumn-Winter
(Monday & Thursday afternoons)
By the end of their second year, students should be proficient at facilitating patients’ history telling, including their ideas, concerns and expectations.

Classroom sessions
Students have two afternoon sessions (2.5 hours long) in groups of 8-10 students with a tutor facilitating. During each session they rehearse scenarios with different simulated patients. Students stay in the same group and usually have the same tutor for both sessions. This means the students can build-up confidence in the process, the group and the tutor; and the tutor can ensure every student practices at least one interview.

GP attachment
During their attachments in general practice, students are encouraged to build on their experience of talking with patients in year one and to practice the skills learnt during the classroom sessions. They must take their CaPS logbook with them so that their GP teacher can feedback how their skills are progressing.
During the third year, students should further develop their skills in integrating clinical knowledge with effective consulting.

**Classroom session**

Aims: To consolidate and extend the consultations skills learnt in year two; to learn how to help, not hinder, health-related behaviour change

Students have one 3 hour session in groups of 6-8 with a GP tutor facilitating. During each session students rehearse scenarios with different simulated patients. Particular focus is placed on: explanation and planning; strategies for helping patients make changes in their behaviour that are positive for their health.

**GP attachment**

During their attachments in general practice students are expected to consolidate and extend their consultation skills, bringing the patient and doctor agenda together. Objectives include understanding the relationship between medical history taking and consultation skills, moving from “check-listing” to “problem solving” and whole person care.

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**Year 4**

Lead: Jess Buchan

When: Quarterly, September-July

By the end of year four, students should be able to conduct complete consultations using the Calgary-Cambridge consultation model, incorporating “explanation & planning” and closing the consultation appropriately.

**Classroom session**

Students have one half day workshop comprising an introductory lecture followed by small group work. There are 8 students in each group with a facilitator, working through four scenarios. Areas addressed include: tackling sensitive issues in women’s health; shared decision making and prescribing in migraine; supporting a patient experiencing domestic abuse; and negotiating compliance with medication in a hypertensive patient who is experiencing erectile dysfunction.

**GP attachment**

Students spend four weeks on an individual placement with a GP, beginning by observing consultations. As students progress, the GP will invite contributions to consultations before allowing them to conduct complete consultations themselves. Some of these will be with the GP in the room observing, at other times they will have the opportunity to consult with the patient alone, before presenting their findings to the GP.

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**Year 5**

Lead: David Memel

When: Spring 2014

As part of the Preparing for Professional Practice course just before qualifying as doctors, students should consolidate their skills at undertaking complete consultations. In addition they should develop advanced consultation skills in dealing with specific issues, different media and communicating “beyond the patient”.

**Classroom session**

Students have one workshop with eight students in a group with a facilitator, working through four scenarios, which focus on: telephone consultations; consultations with patient and a relative; consultation with patient with multiple medical problems; dealing with an angry patient and handling complaints.

**GP attachment**

During the two week GP attachment students should have lots of opportunities to conduct full consultations observed by the GP tutor and a fellow final year student, as well as observing GPs and nurses. In addition, once a week there should be a medical student surgery, to which patients are pre-booked at 20-25 minute intervals.