

# ADDITIONAL MATERIAL FOR YEAR 1 CLINICAL CONTACT IN GP

22/1/26 – am/ pm - group A

Theme: Musculoskeletal. Consultation skill: preparing and opening

## **1. Preparing and opening the consultation**

The following pages cover the consultation stage of COGConnect which students will be focussing on this fortnight. This includes the pre-reading the students are given, student observation tasks and some GP teacher tips.

## **2. Impact of MSK conditions and functional assessment**

## **3. Clinical skills practice: general info**



### PREPARING

*Am I prepared?*

- Preparing oneself
- Preparing the space
- Checking the medical record

### OPENING

*Are we off to a good start?*

- Establishing the agenda
- Establishing relationships
- Initial observations

### GATHERING

*Have we covered all the relevant areas?*

- Sources of understanding
- History
- Clinical examination

### FORMULATING

*What is going and what is next?*

- Bias checking
- Considering the options
- Red flag signs and symptoms

### EXPLAINING

*Have we reached a shared understanding?*

- Chunking
- Checking
- Visual Aids

### ACTIVATING

*Is the patient better placed to engage in self-care?*

- Identifying problems and opportunities
- Rolling with resistance
- Building self-efficacy

### PLANNING

*Have we created a good plan forward?*

- Encourages contribution
- Proposing options
- Attends to ICE (IE)

### CLOSING

*Have I brought things to a satisfactory end?*

- Summary
- Patient questions
- Follow Up

### DOING

*Have I provided a safe and effective intervention?*

- Formal and informal consent
- Due regard for safety
- Skillfully conducted procedure

### INTEGRATING

*Have I integrated the consultation effectively?*

- Clinical record
- Informational needs
- Affective progressing

## Preparing for a clinical encounter

- Describe how doctors prepare for clinical encounters with patients and how patients might prepare to see their doctors.



Consultations start before a patient enters the clinic room or on a ward before the doctor goes to the patient. Firstly, they need to prepare themselves. Are they ready to concentrate on a new patient? Then they need to make sure they know who they are seeing, and consider what tasks need to be addressed when they meet the patient.

First impressions count, for instance doctors may need to tidy their room from the previous patient. It's important to reduce distractions, this includes having a sip of water or going to the toilet or completing a task from the previous patient. Check information on the patient's notes.

Vital information. How are doctors informed not to see the patient alone or warned that the patient has a hearing or visual impairment? In Primary Care medical records screen messages can pop up automatically when the notes are opened.

- Why might the patient be attending? The last consultation may have clues and it's important to be prepared by reading referral letters and recent correspondence from the patient's GP or hospital doctor. Look at recent results—a patient will be unimpressed if they are attending for their results, and they are not available.
- What other tasks need attending to? Does the patient need an up-to-date blood pressure or their medication reviewing?
- Finally, do you know how to pronounce the patient's name—you may need to ask them!

Opening consultations, building rapport, and gaining consent (student task to observe self or others)



Patients are often nervous about visiting the doctor. A warm, friendly start is important. A doctor's lack of warmth and friendliness was strongly associated with poor patient satisfaction and compliance. During your training you need to actively consider how you start consultations, observe doctors and peers, and consider what works best for you.

Here are some openers you may hear:
"Hello! I'm Dr X (or X, a first-year medical student)"
"Mrs X? Come in, have a seat."
"What can we do for you today?" "What are we doing today?"
"How can I help you?"
"Thanks for waiting, I'm here for you now."

Consider traps, a common one is saying "What's brought you here today?", only for the patient to respond that they got the bus. Making assumptions can also damage rapport, for instance, a doctor may assume a patient is coming back for their results or seeing someone on crutches and launch into asking about the injury. It does no harm to ask, the problems come when the doctor doesn't give the patient the opportunity to explain the reason that they are attending. In her book, *The Naked Consultation*, Liz Moulton argues that any time we ask a patient a question, even a neutral one such as "How are you?", we risk distracting the patient and crowding their thoughts. Instead, we can gather a lot of information and help build rapport by letting the patient have space at the beginning of a clinical encounter so that they can control their story. Other than a brief introduction the doctor can try being friendly but silent and encourage the patient to speak through active listening. That way the doctor can observe not only *what* the patient says but *how* they say it. What do you think?

## Observation as part of the opening and the clinical examination (Student observation task during session)

### *Approach and observation*

Students will start thinking about the clinical examination from the start of Human Health and Wellbeing (HHWB). But the clinical examination starts from the moment you first see your patient. You can learn a lot from observation. This week we want students to think about what you can observe in people before you even get to the clinical examination. Please discuss this in the context of a standard face to face appointment and possibly discuss if and how this observation may occur in remote consultations.

- Students learn about the 'end-of-bed-ogram' in a hospital environment i.e. observing not just the patient, but also their surroundings and what they can learn from that. Please encourage them to reflect on this in the primary care environment. For example: You may notice their gait as they walk across a room - are they steady on their feet? Do they move quickly or slowly? Do they have a stooped posture? Do they use a walking aid?
- You may notice their appearance as you talk with them. Do they look well-groomed or not? Is their clothing appropriate for the weather and the setting? Do they seem anxious or seem chatty and relaxed? How near or far do they sit from you or the doctor? Do they sit on the edge of their seat or fidget?
- What clues can you pick up from their possessions or the things around them? On a home visit you might notice a walking frame in the room, or inhalers on the table.
- What can you observe about the person's emotional state?

## Impact of MSK conditions and functional assessment

How do musculoskeletal conditions impact on patients?

### Symptoms arising from the musculoskeletal system

- Pain
- Reduced function including stiffness
- Joint swelling

Pain and stiffness can occur in the normal healthy musculoskeletal system e.g. after significant exercise. Joint swelling is always pathological. Symptoms can be acute (sudden onset or short time scale) or chronic (persistent, recurrent. Often insidious onset). Injuries usually present acutely (though can cause chronic problems), arthritis is chronic (though symptoms can flare up acutely).

### Impact

When we are talking to patients it is important to be curious not only about *what* symptoms they experience but *how* they are affected. We need to consider how someone is affected by a condition in a broad range of areas and a variety of situations. Someone recovering from a fractured tibia may appear to be mobilising with no problems in the clinic or at home, but not able to mobilise enough to work if they have a physically active job. We should try and understand what goals and aspirations our patients have – what does someone want to do that they have difficulty with or need help to do? Only when we understand this can we start to develop solutions. If most of us injured the little finger of our non-dominant hand this is unlikely to have much impact on us (unless pain levels are severe) but it would significantly impact a professional pianist.

Consider the relationship between these 3 areas:

- Function
- Activity
- Participation

For instance, someone with a fractured tibia may mean that they can't weight bear (function) which impacts on walking (activity) which means the patient is unable to take part in a marathon (participation).

### Functional assessment

- Describe the elements of a functional assessment including functional loss, limitation of activity, and restriction of participation.
- Describe aspects of the environment that can impact on patients' functional ability

There are 2 parts to assessing a patient's function ability:

1. History
2. Examination

#### History

- Ask simple, direct, open questions.
- It can be useful to ask the patient to describe a typical day from getting out of bed in the morning to preparing a meal.
- It is also helpful to find out what someone would like to be able to do that they currently find difficult or can't do. The patients' needs and goals influence their ability to adapt to their condition or situation.
- Remember, you should consider symptoms in the context of function, activity, and participation.

*Asking about activities of daily living:* One way of understanding how patients are affected by a condition is the person's ability or inability to perform "Activities of Daily Living" ADLs – a term used in healthcare to describe the things adults can normally do ranging from simple tasks such as feeding ourselves, bathing, or dressing to more complex tasks e.g. shopping. Please note that the following are examples of CLOSED QUESTIONS which are useful for clarifying information but don't really allow the patient to elaborate.

#### **GP teacher tip: Asking about ADL**

*Ask the students to each think up a question to assess each activity in the table below.*

	Example of items and questions on the Activities of Daily Living (ADL) scales (adapted from the <a href="#">Barthel Index</a> ).
Feeding	Are you able to feed yourself? Can you cut up food without help?
Bathing	Are you able to take a bath or shower without help?
Grooming	Do you need help with brushing hair, shaving, or applying make-up
Dressing	Can you get dressed without help? Can you manage buttons? Can you put your shoes on/tie laces?
Transfers	Are you able to get out of a bed and onto a chair without help?
Mobility	Are you able to walk 50 yards on the flat with no help? Do you use any walking aids? Have you fallen or stumbled in the past year?
Stairs	Are you able to climb a flight of stairs without help?

A BMJ article on [functional assessment in older people](#) is a useful read and contains a full version of an ADL scale adapted from the Barthel Index.

## Examination

- Observation e.g. gait
- Look, feel, and move the different aspects of the musculoskeletal system e.g. arms, legs, spine.
- Assessing the patient in action e.g. the "get up and go" test.

The World Health Organisation's [International Classification of Functioning, Disability and Health](#) is way too long to be useful in most doctors' clinical practice but it is a very comprehensive list of areas that can be assessed with some useful questions you can ask.

## Physical assessment of function

While it is helpful to assess a patient's musculoskeletal system, other than gait it doesn't tell you *what* the patient is able to do. It is helpful for healthcare professionals to observe patients in action performing a task e.g. to see how a patient holds a pen and writes or puts down or picks up an object from the floor. The Get up and Go test helps a doctor assess a patient's gait including power in the muscles and balance.

## Get up and go test

- Rise independently from an armless chair or with arms folded
- Stand still
- Then walk 3 m (10 ft)
- Turn 180 degrees
- Return to chair
- Sit down

*You may wish to discuss how this might be different with a telephone or video consultation, which were the most common methods used for consultations during the recent Coronavirus pandemic.*

*Students might consider the following areas*

- *Can they examine at all on a video consultation?*
- *Can they ask the patients to try/demonstrate activities?*
- *Can family members be recruited to help?*
- *Can other technology help e.g. sending photos or recordings into the GP?*

The linked video in the BMJ article on [functional assessment in older people](#) shows a doctor in Australia assessing her patient's function. One of the key points the article makes is that when recording information about a patient you keep it simple and functional. "*When taking a history and examining the patient do not just record the pathology but include a description of the impact on physical functioning. For example, in a stroke survivor, a report of 'weakness MRC grade 4 lower limb' may be technically correct, but a functional descriptor, such as 'leg weakness, leading to frequent falls and inability to climb stairs,' is more useful.*"

## Appendix 3: skills practice

For general info and peer examination policy please refer to the practical skills tips, please see the info in the GP teacher guide. Remember that the students have had a lecture and skills lab where they learn these skills in small groups and then have facilitated practice with peers, so your role is not to teach it, but to facilitate practice on each other or patients in a clinical environment.

You may wish to ask the students to show you what they learned first. Then one student can be the patient, one the examiner, and others can observe and feedback. Your role is to observe, support them and share your experience of performing these examinations in primary care.

The students have already learned the following in their skills labs in the first teaching block and may have practiced some on peers in their GP sessions.

- NEWS/Vital Signs
- Intro to cardiovascular exam
- Intro to resp exam
- Intro to abdo exam
- Intro to neuro exam (Upper limb)

The students can:

- **Practice preparing and opening**
  - Use COG Connect to guide steps for this
  - Try running through 'WIPE'
  - Wash hands
    - Introduce self
    - Identify patient
      - Permission – gain consent for the exam
      - Position – laying flat on a couch
      - Pain – ask if the patient is in pain
      - Privacy – ensure curtains/doors are closed
        - Exposure – access to both knees, with joints above and below the knee visible

For MSK, they have learned a knee examination, you can access the protocol for this on the website [here](#) and of there is a video [here](#) that the students may have watched.

You may want to discuss with them some screening questions for impact in MSK problems as below, or discuss GALS, if this is something you check with your patients.

- **Screening Questions**
  - Any joint or muscular pain/swelling/stiffness?
  - Can you walk up and down stairs without difficulty?
  - Can you dress yourself completely without any difficulty?
- **Inspection**
  - Joint swelling or redness, spinal abnormalities, muscle bulk, scars....
- **GALS** – see below. There is lots more information on the Versus Arthritis site [here](#). This includes some useful videos including a step-by-step guide and a 2.5 minute real time run through of a GALS which you may wish to watch with you students - videos [here](#).