

Teaching consultation skills using juggling as a metaphor

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Abstract

The consultation is a complex and important skill in medical practice. This article describes how a metaphor model of the consultation is used to train consultation skills. The metaphor is a juggler using 3 balls representing three continuous processes namely facilitation, clinical reasoning and collaboration in the consultation. Facilitation enables the practitioner to help the patient uncover his or her story. Clinical reasoning is the process of making an assessment through reasoning, history taking and physical examination while collaboration is the process of involving the patient in the understanding of the problem and the solution through a mutual plan. Negotiation is used when there is disagreement between the practitioner and the patient. The successful integration of these processes lead to a functional patient-centred consultation. The training first focuses on the training of the individual processes and then its integration. Training takes place through seminars including role plays and fish bowl sessions.

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Introduction

The consultation is a complex activity, comprising a number of separate skills. It is a vitally important activity for all clinicians and it is therefore critical for medical students to master it during their training. However it is often difficult to teach. Even more so, individual skills may be taught but the ability to conduct a complete consultation is often assumed and no specific training is given. Students then struggle to find their own way of putting together the array of skills they learn and the examples they see into a complex whole.

We have developed a way of approaching the consultation as a comprehensive activity, with its component processes, using a metaphorical model of the consultation as a teaching tool. The metaphor is the juggler. Using three balls to perform the act, the juggler illustrates the complexity of the consultation. These 3 balls

represent three main processes in the consultation namely facilitation, clinical reasoning and collaboration. The integration of the three processes in the consultation creates the complexity, transforming the action into an artistic performance. Thus scientific knowledge combined

Figure 1: Juggler



with communication, hypothetico-deductive reasoning and other key skills can produce a multi-faceted yet cohesive consultation.

When we present this to groups of students, we usually find one of the students can juggle three balls (See figure 1: Juggler). We then ask this student to juggle with the three balls. This gets the attention of all the students, ensuring their participation and interest. We go on to use this as a metaphor for the consultation.

Teaching a complex skill

The teaching model moves beyond the "see one, do one, teach one" method of teaching procedures, which leaves considerable room for students to assimilate inaccurate information and entrench incorrect methods. Cognitive understanding of a process is as important as performing the actual skills. We thus break the consultation down into a number of component processes

and approach each of these separately, integrating them at the end.

We use the IDEA concept: Instruction, Demonstration, Experience, and Assessment¹. This translates into beginning with discussion and explanation of the theory behind the skills, followed by a demonstration of the skill by the teacher. Students then have the chance to make guided attempts at the skill, practising it with increasing confidence and independence, being debriefed along the way and assessing themselves. Finally, they combine these skills. Ultimately we can make a formal assessment of their ability to perform the consultation as a whole.

Each of the three processes is broken down into steps. As with juggling, one first has to be able to work with each ball separately and then start to combine the balls into a juggling act. One then has to practise repeatedly to do it well, recognising that for most skills there is a significant association between frequency of performance and self-assessed competency.

The metaphor

Juggling is about movement, integration and concentration. It is a skill that can be learnt and it can be demonstrated in a seminar room.

The dynamic nature of juggling communicates the interaction between the processes. All three processes are recurring and the practitioner has to be constantly aware of all three. This ongoing interaction amongst them is important to teach in the consultation.

This model is described more comprehensively in another article². It is easily linked to the well-known ways, of presenting and explaining the consultation, which are familiar to teachers of family medicine. We emphasize to students the relationship of this to these other theoretical models of the consultation. The processes do not represent stages or tasks in

the consultation. It is not a model of how the consultation works but rather a way to understand the skills needed for the processes of the consultation. Acquiring these skills enables students to put into practice some of the theory they learn around models of the consultation.

The processes related to each of the balls

Ball 1: Facilitation

Facilitation involves establishment of rapport and active listening techniques. It is a process of uncovering the patient's story. It is not the same as history taking; it helps the students to focus on listening if the history taking, as it is traditionally taught, is considered to be part of clinical reasoning. The steps in facilitation are listed in table 1. It is the basis of the patient-centered approach.

Table 1

1. Facilitation steps
2. Rapport
3. Open Question
4. Recognise cue
5. Reflect cue(s)
6. Summarise patient's story

Ball 2: Clinical Reasoning

Clinical reasoning includes all those processes related to data gathering and interpretation of this information during the consultation. It is based on a practitioner's knowledge and understanding of medical practice and the accompanying clinical skills. These include focussed history taking, physical examination and investigation, making a comprehensive assessment, rational decision-making, evidence based practice and hypothesis formation and testing, which underlies the whole process. (See table 2) Focused history taking is seen as part of clinical reasoning, being based on hypotheses made as a result of facilitating the patient's story.

Table 2: Clinical Reasoning Steps (not in any specific order)

- Hypothesis formation and testing (continuous)
- Observe cues: Verbal and non verbal.
- Focussed history taking
- Focussed physical examination
- Focussed investigation
- Rational decision making
- Evidence Based Practice
- Comprehensive assessment: biopsychosocial
- Work towards a comprehensive management plan: biopsychosocial

Ball 3: Collaboration

Collaboration happens throughout the consultation and becomes the main process towards the end of the consultation. It involves explanation of the assessment and management options, including the patient in decision-making, development of a comprehensive mutual plan and negotiation of a way forward when differences occur. The steps in collaboration are listed in table 3.

Table 3: Collaboration steps:

- Make the assessment (diagnosis) clear to the patient
- Agree about assessment (diagnosis)
- Explain management options
- Mutual Decision Making
- Aim for level of participation that the patient prefers
- Look out for differences between patient and doctor: Do negotiation
- Arrange for follow-up

Negotiation is an important element of collaboration. It is required to deal with differences between the doctor and the patient, ensuring the third ball does not fall. We also teach this through a series of steps. The first is to recognise the difference and then to value, understand, verbalise and clarify the difference. One then looks for areas of agreement and a solution. Throughout negotiation the relationship with the patient is maintained, through openness and respect.

Integration

The integration of the processes into a whole, and the synergy between them, produces a good, functional consultation. Elements in integration include overall structuring, planning and management of the consultation itself – keeping the juggling focussed, appropriate and within the set time limits. Accurate record keeping and proper closure of the consultation complete off the integration.

How we do it

Whenever possible, the skills are taught in a series of four seminars. Each of the first three seminars includes the following elements:

1. Introduce the juggler metaphor
2. Ask someone from the class to juggle the 3 balls
3. Discuss the consultation in terms of the juggler metaphor.
4. Discuss one ball (one process) in more detail.
5. Role play: Fish bowl
6. Practice in groups of three
7. Discussion

The fourth seminar is similar, but focuses on putting it all together (integration) and doing more practice.

Only one skill is taught in a session. This helps students to focus on and become comfortable with one process at a time. We use two different methods to do this. First we create a fish bowl group, using the roles of patient, doctor and guide, with the rest of the group watching (See figure 2: Fish Bowl). The lecturer demonstrates the skill and allows students to discuss it. The students then take turns to perform the skill, with input from the lecturer as needed, and to be a patient. They learn from each other's failures and successes, improving as the session progresses. By the end of a two-hour session, the students have a good understanding of the skill. Furthermore, our experience is that undergraduates enjoy doing this.

The second method is for students to practice amongst

Figure 2: Fish Bowl



Figure 3: Role Play



themselves. They divide into small groups and take turns to play the three roles of patient, doctor and reviewer/guide. (see Figure 3: Role Play) There are things to be learnt in each one of these roles. The lecturer moves around to give input and assistance.

Each of the subsequent seminars starts with revision and feedback, a repeat demonstration of the previous skill, and then focus on the next skill. The class juggler becomes quite good with the balls, mirroring the development of consulting skills, and the discussions are lively.

Further work

The same tool is used for individual teaching and for teaching postgraduate students in family medicine, with positive outcomes. A framework for formative and summative assessment has been developed based on this teaching tool².

Further work is needed to assess the effectiveness of this method of teaching, in comparison to other methods, and to develop the tool into a reliable method of assessing the competence of students and practitioners in the consultation

Conclusion

The combination of an uncomplicated metaphor, practical demonstration and the use of a systematic method of skills training provide an innovative approach to the teaching the important art and science of the consultation. In addition, it is fun for both students and teachers!

References

1. Maxwell JC. The Maxwell Leadership Bible. Nashville, Tennessee: Thomas Nelson Publishers, 2002. P. 1301.
2. Hugo J, Couper I. The Consultation – a juggler's art. *Education for Primary Care*. 2005; 16(5): 597-604