

**Dulux**



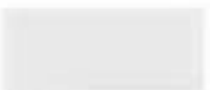
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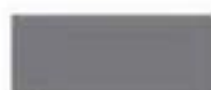
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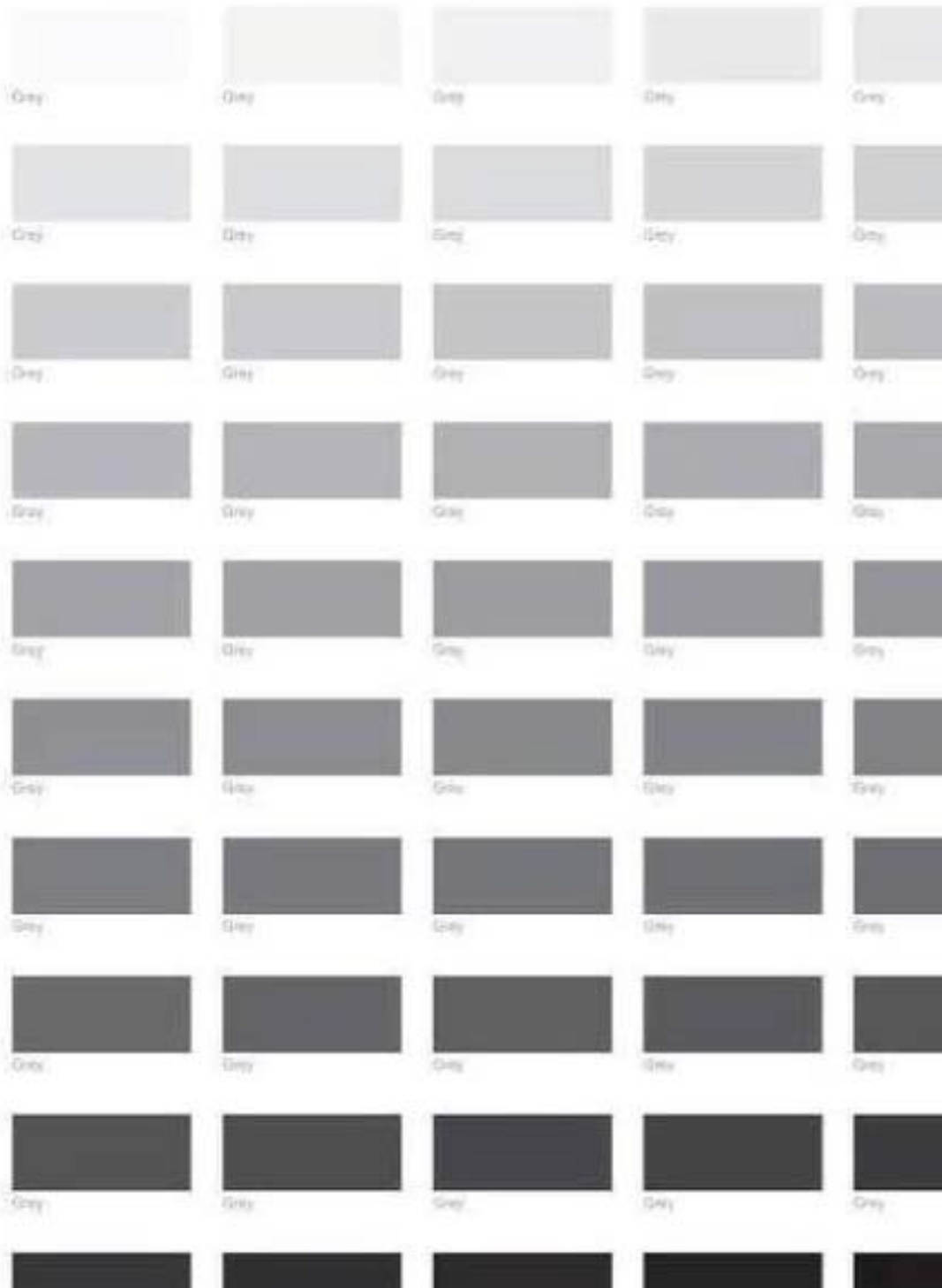
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Grey



# Fifty Shades of grey for Blokes





Being a Great GP, Version



We previously discussed  
**BEING A GREAT  
SALESMAN**



Today -OUR STOCK IN TRADE

The power of the  
consultation

COMMUNICATION SKILLS

TORIES

# NEIGHBOUR 1

**connect**

**summarise (Hypothetico deductive approach)**

**handover (tricky)**

**safety net**

**housekeeping**

together with the others  
reinvented MODEL

**tipping point**

**elling**

But

**Solve the right problem**



VERY useful tips

1. **Have an exit strategy**

2. **Value the stories  
that patients tell you**

# typical complex case

**How would things be dealt with in Hospital**

**How would things be dealt with in General Practice**

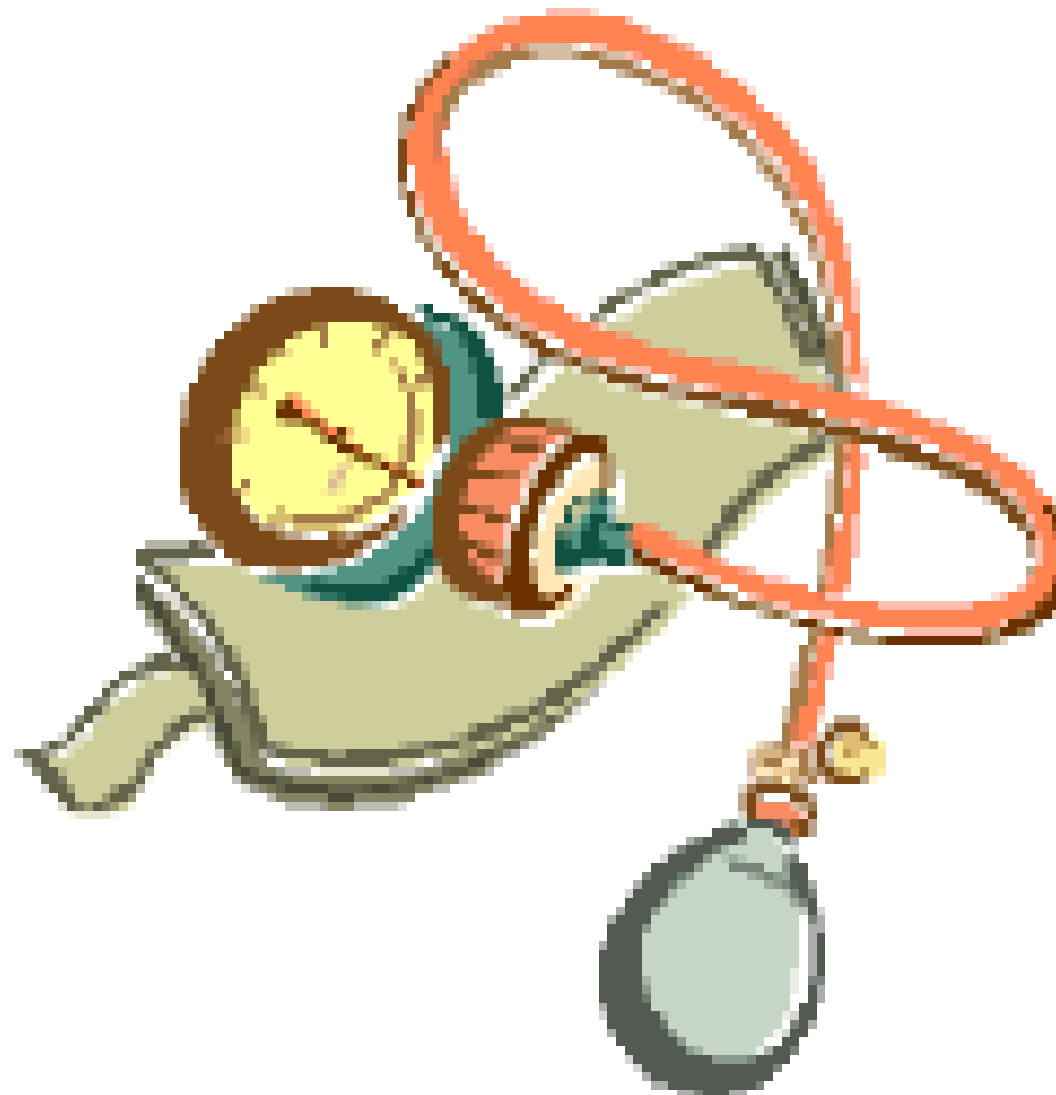
**Look at Management**

**Work between 1ry and 2ndry Care**

**Focus on ideas and how to sell them**

**How would you use your communication skills**

# Dr. James J. Smith and his blood pressure



# morning surgery

**he has been seen in A&E previous day with  
sprained ankle**

**report taken by A&E nurse told it was "sky high" see  
P for immediate Rx. 210/110 in A&E**

**4 yr infrequent attendee, Married 2 grown up  
children, works part-time in supermarket**

**MH: Hysterectomy age 41**

**rx: nil**

**smokes 15 cigs / day**

**PH: Father died 70yr - heart attack**

# Findings

**Her BP = 180/95. Pulse 80 reg**

**You decide to ask your  
practice nurse to see her and  
follow up.**

. How do you explain ?

**Hypertension to a patient**

**Trios (Preferably 3 of you who don't know each other)**

**Doctor, patient, observer.**

**minutes**

**minute feedback from observer**

# assessment

**Practice nurse has seen her 3 times and given her an electronic BP monitor to measure BP at home**

**BPS: 180/90, 170/90, 170/95 with practice nurse**

**155/87 - 166/93 @ home**

**wt 88kg**

**fbc, u+e, urinalysis NAD, CXR, ECG normal**

**fasting lipids - cholesterol = 6mmol**

**Practice nurse has give dietary advice suggested joining local gym**



# assessment

**Practice nurse has seen her 3 times and given her an electronic BP monitor to measure BP at home**

**BPS: 180/90, 170/90, 170/95 with practice nurse**

**155/87 - 166/93 @ home**

**wt 88kg Ht 1.68m BMI = 31.2**

**fbc, u+e, urinalysis NAD, CXR, ECG normal**

**fasting lipids - cholesterol = 6mmol HDL 1.1**

**Practice nurse has give dietary advice suggested joining local gym**

# David Haslam Model of Consulation

**hutup**

**isten**

**ave Knowledge**

**are**

How do you explain ?

# Cardiovascular risk

ios. Doctor, patient, observer.

minutes

minute feedback from observer

JT as if explaining to (split into thirds)

- A dustman
- A salesman
- An Orthopaedic surgeon

# Risk assessment

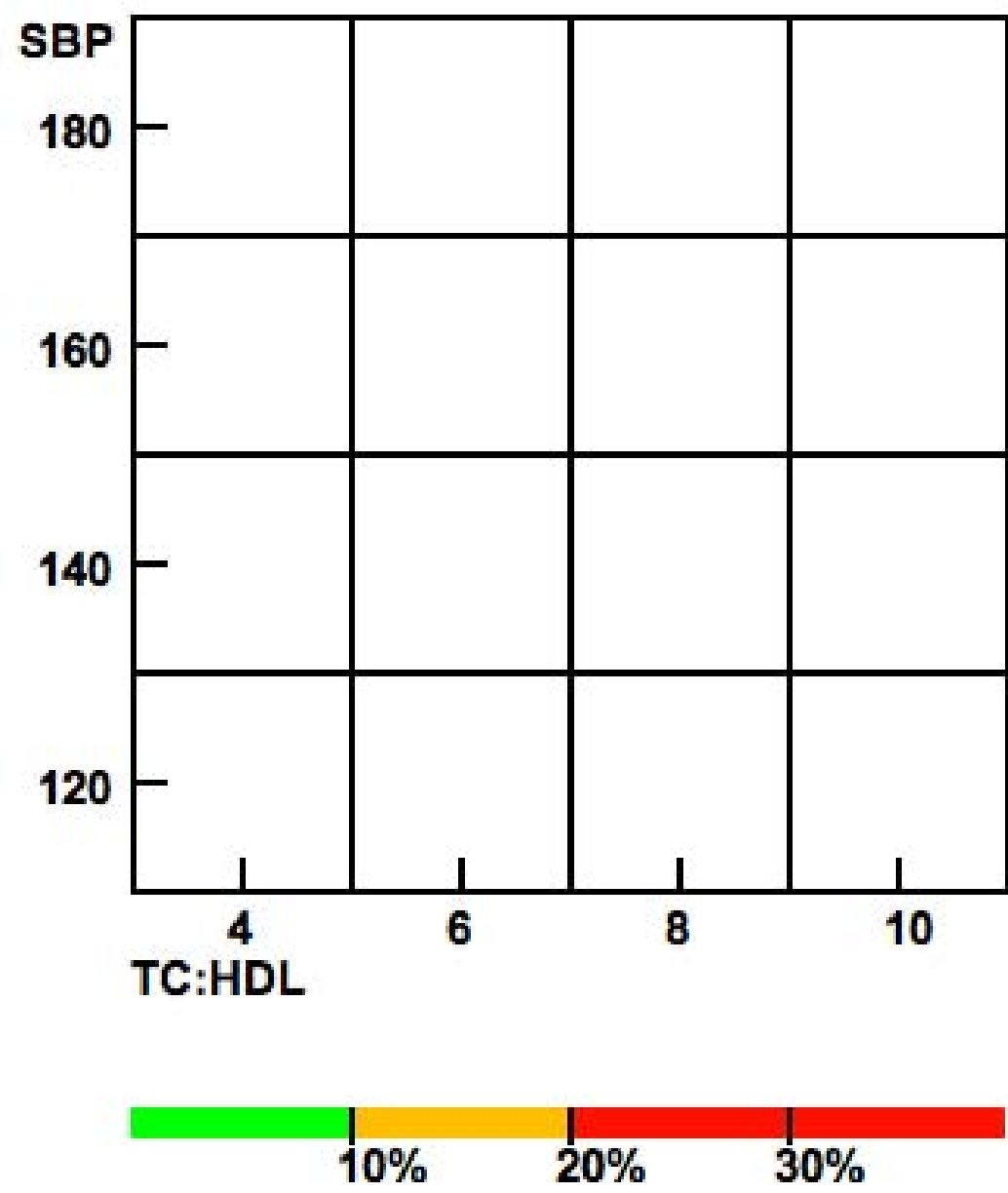
## Coronary risk assessment packages

QOF



The University of Edinburgh  
Cardiovascular Risk Calculator

- Home
- Calculator
- Guidelines
- Search
- Alerts
- Links
- Contact
- Calculators
- Health calculator
- Print friendly
- Chart style
- Charts
- Key faces
- Comparison bars
- Thermometer



Calculate risk of

Time period 10 years

Age  years

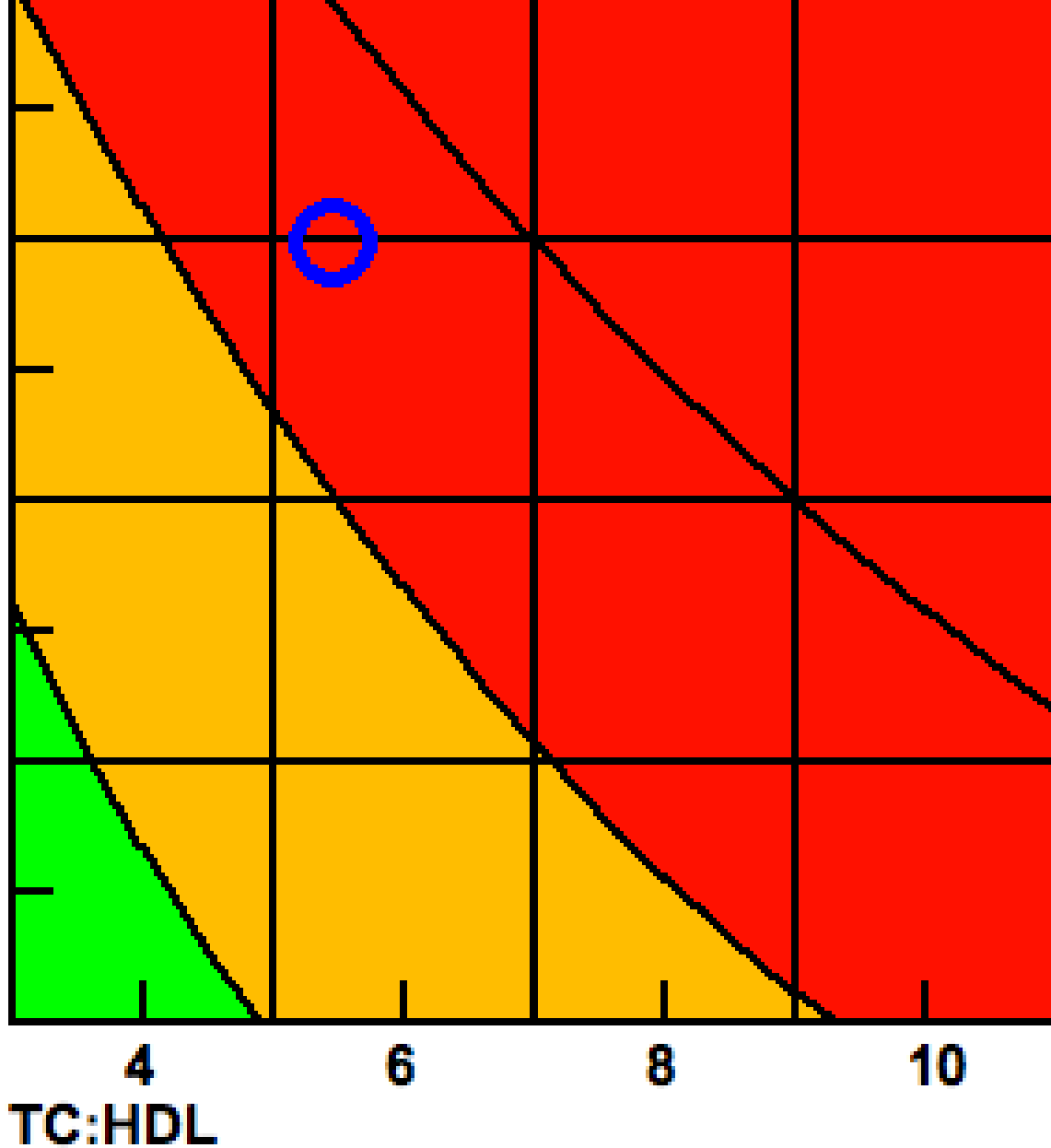
Male

Smoker

Systolic Blood Pressure  mmHg

Cholesterol  
Total  : HDL  mmol/L

Use [pre-treatment](#) BP/cholesterol values



Time period 10 years

Age  years

Male

Smoker

Systolic Blood Pressure  mmHg

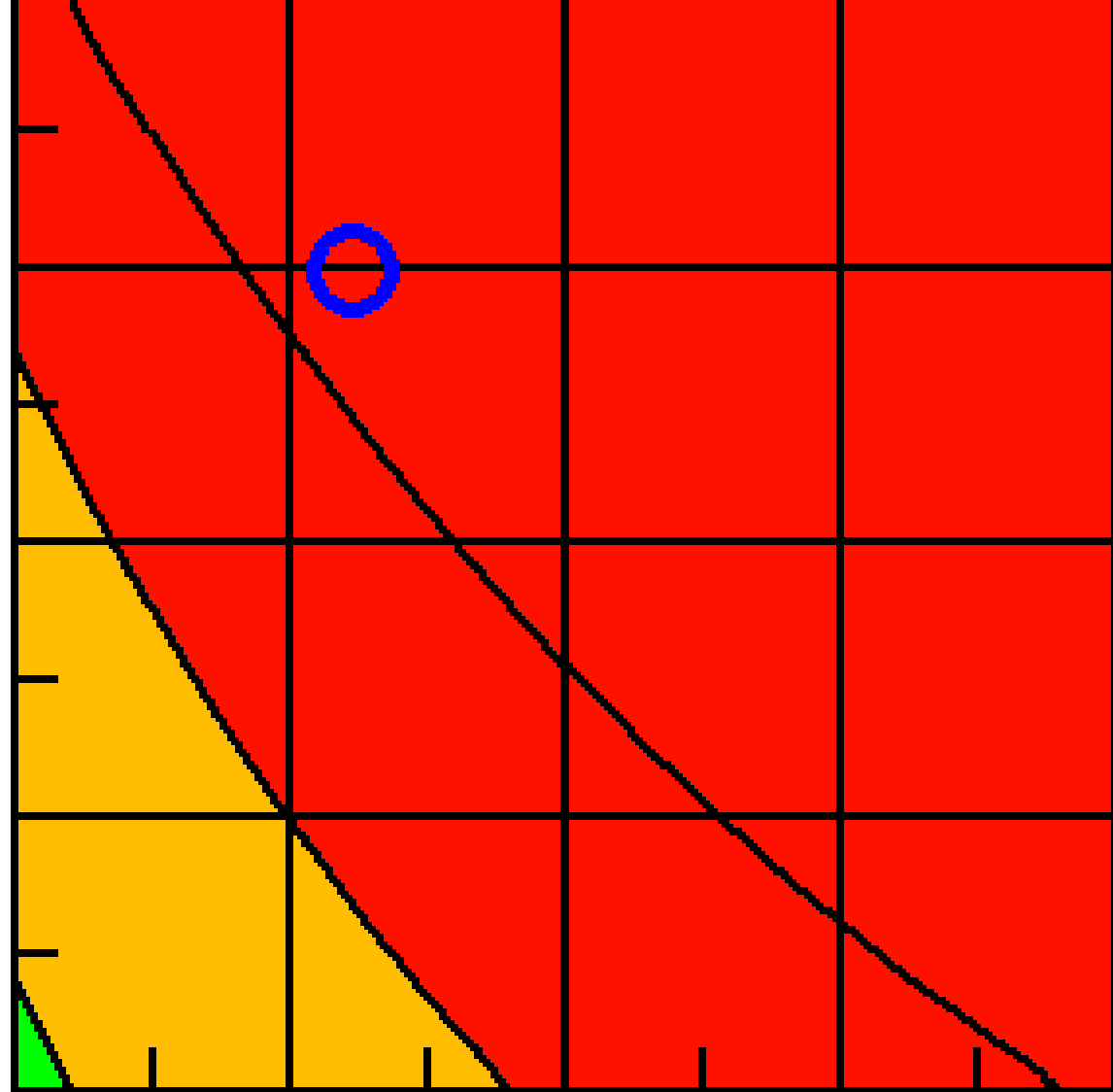
Cholesterol

Total  : HDL  mmol/L

Use [pre-treatment](#) BP/cholesterol values

Probability of developing cardiovascular disease in next 10 years is 24.9%

Calculated using Joint British Societies (E) equation



TC:HDL



Time period 10 years

Age  years

Male

Smoker

Systolic Blood Pressure  mmHg

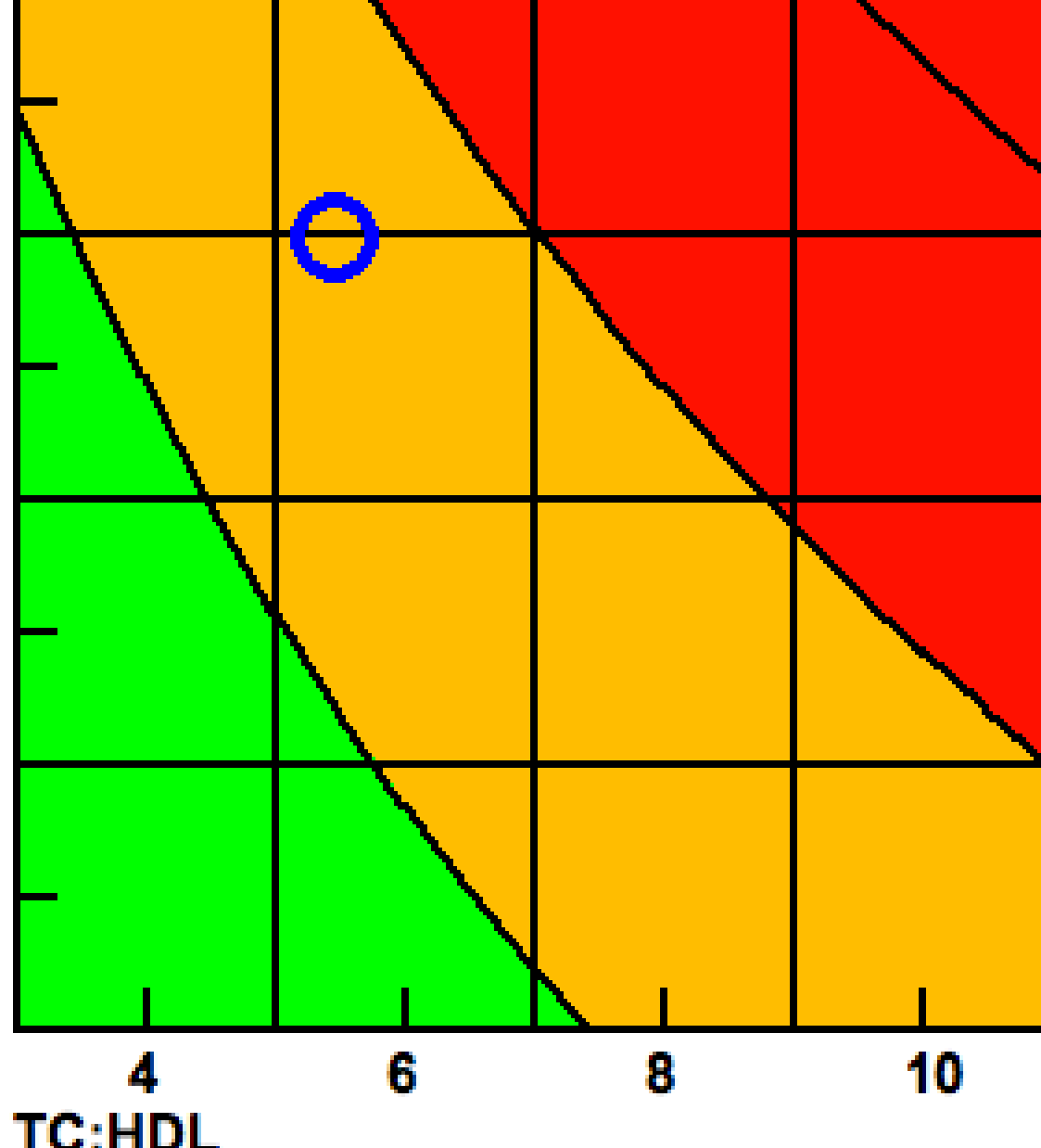
Cholesterol  
Total  : HDL  mmol/L

Use [pre-treatment](#) BP/cholesterol values

Probability of developing cardiovascular disease in next 10 years is 33.5%

Calculated using Joint British Societies (E) equation





Time period 10 years

Age  years

Male

Smoker

Systolic Blood Pressure  mmHg

Cholesterol  
Total  : HDL  mmol/L

Use [pre-treatment](#) BP/cholesterol values

Probability of developing cardiovascular disease in next 10 years is 15.8%

Calculated using Joint British Societies (BMJ) equation

Time period 10 years

Age  years

Male

Smoker

Systolic Blood Pressure  mmHg

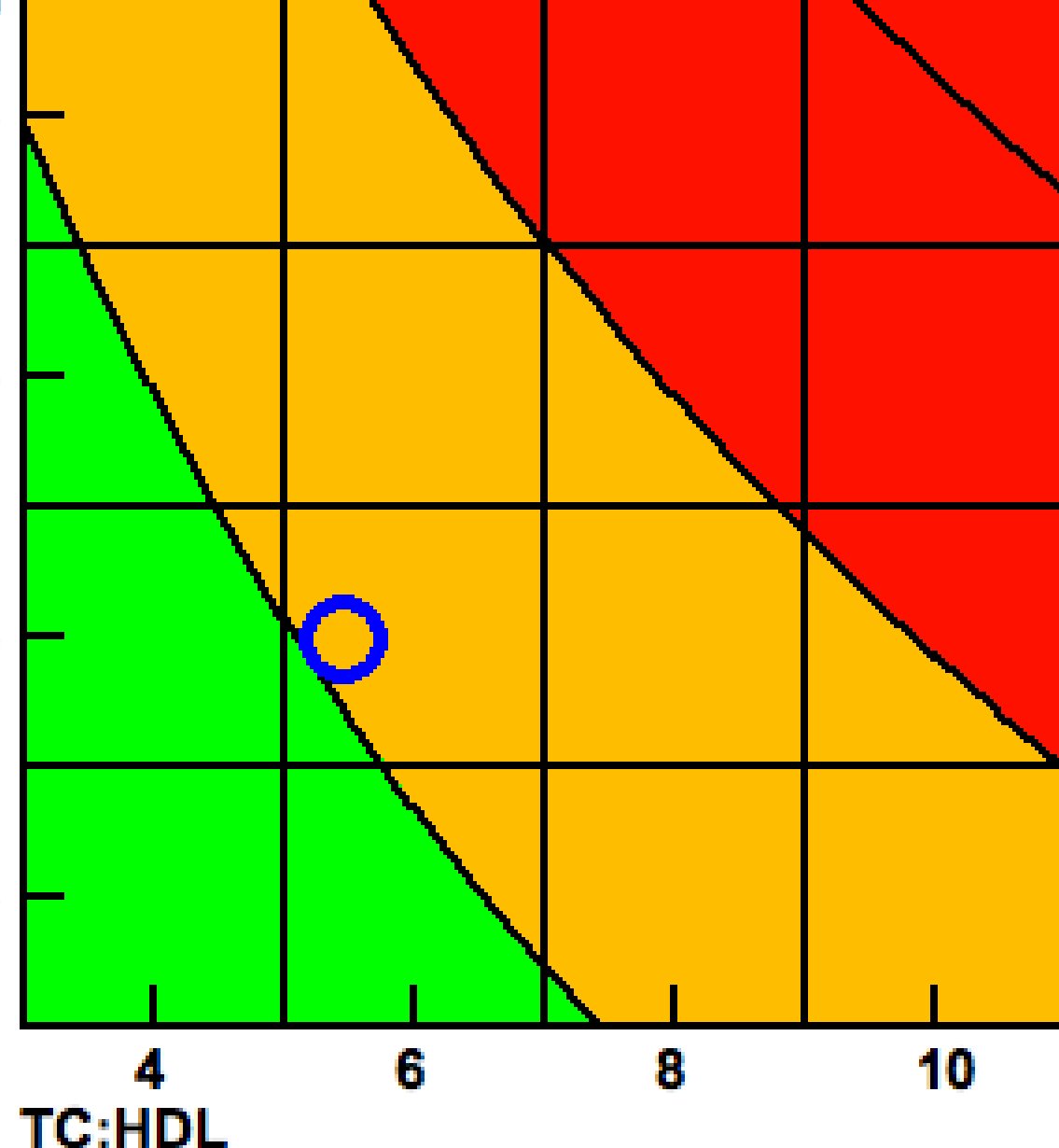
Cholesterol

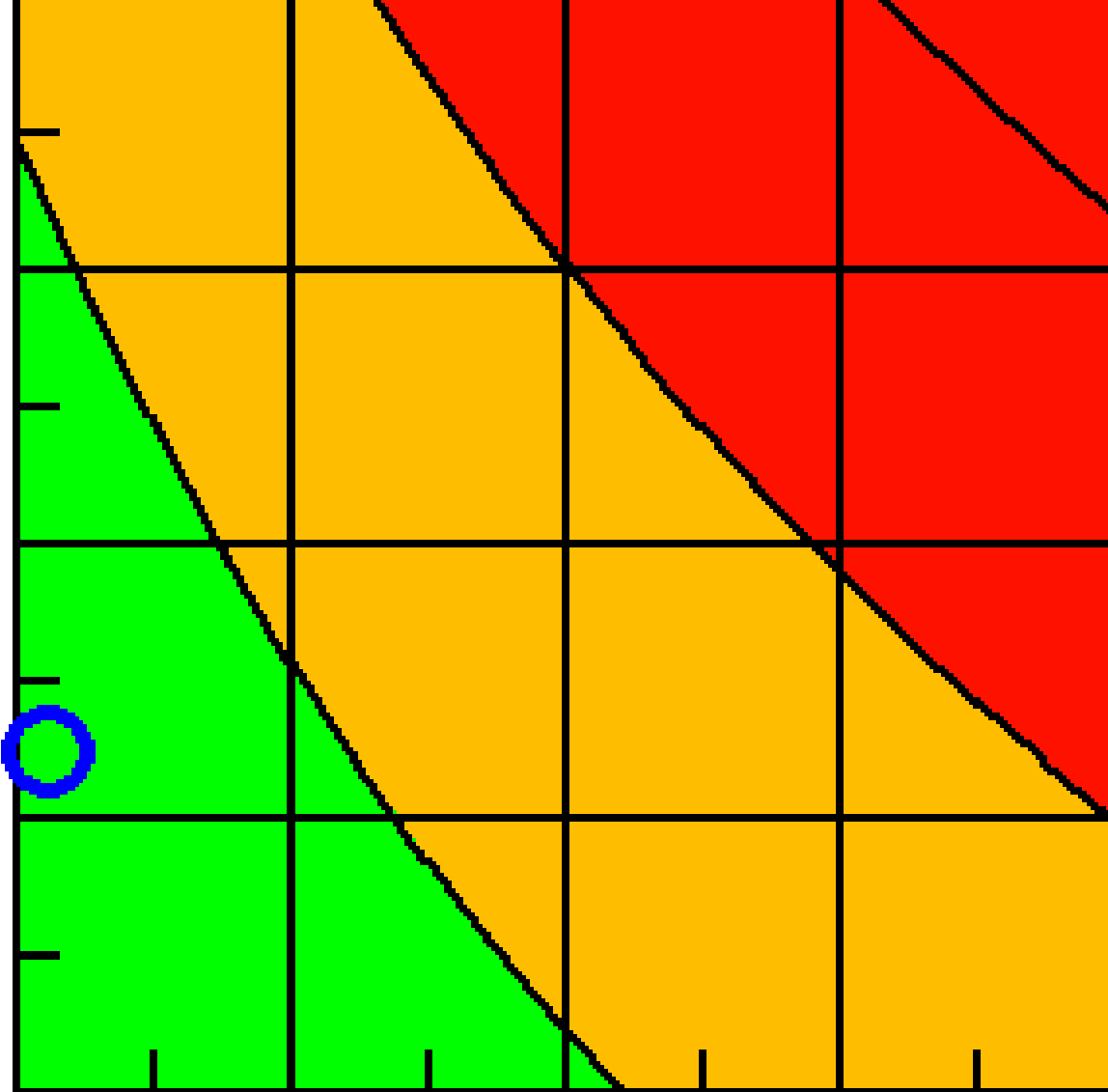
Total  : HDL  mmol/L

Use [pre-treatment](#) BP/cholesterol values

Probability of developing cardiovascular disease in next 10 years is 10.8%

Calculated using Joint British Societies (B) equation





TC:HDL



Time period 10 years

Age  years

Male

Smoker

Systolic Blood Pressure  mmHg

Cholesterol

Total  : HDL  mmol/L

Use [pre-treatment](#) BP/cholesterol values

Probability of developing cardiovascular disease in next 10 years is 5.3%

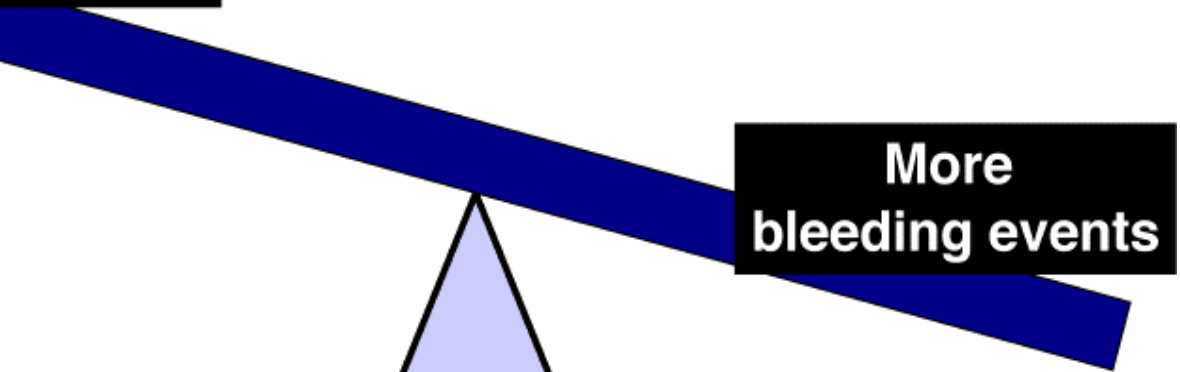
Calculated using Joint British Societies (JBS) equation

Aspirin?

# Aspirin

Aspirin for primary prevention

fewer  
attacks



Annual coronary event risk

**Not for  
Primary  
prevention**

follow up

**You start her on**

**bendroflumethiazide 2.5mg od**

**Ask her to see nurse 4 weekly**

**or follow up**

**You arrange to review her in 6**

**months**

. How do you explain ?

**What you want patient to start on life long medication – Selling again**

**Persuade patient they need Anti hypertensive Medication**

**Roles. Doctor, patient, observer.**

**minutes**

**minute feedback from observer**

**How do you know what the patient will agree to**



Wind in the Willows

by Kenneth Grahame. 1908

**tells the tale of 4**

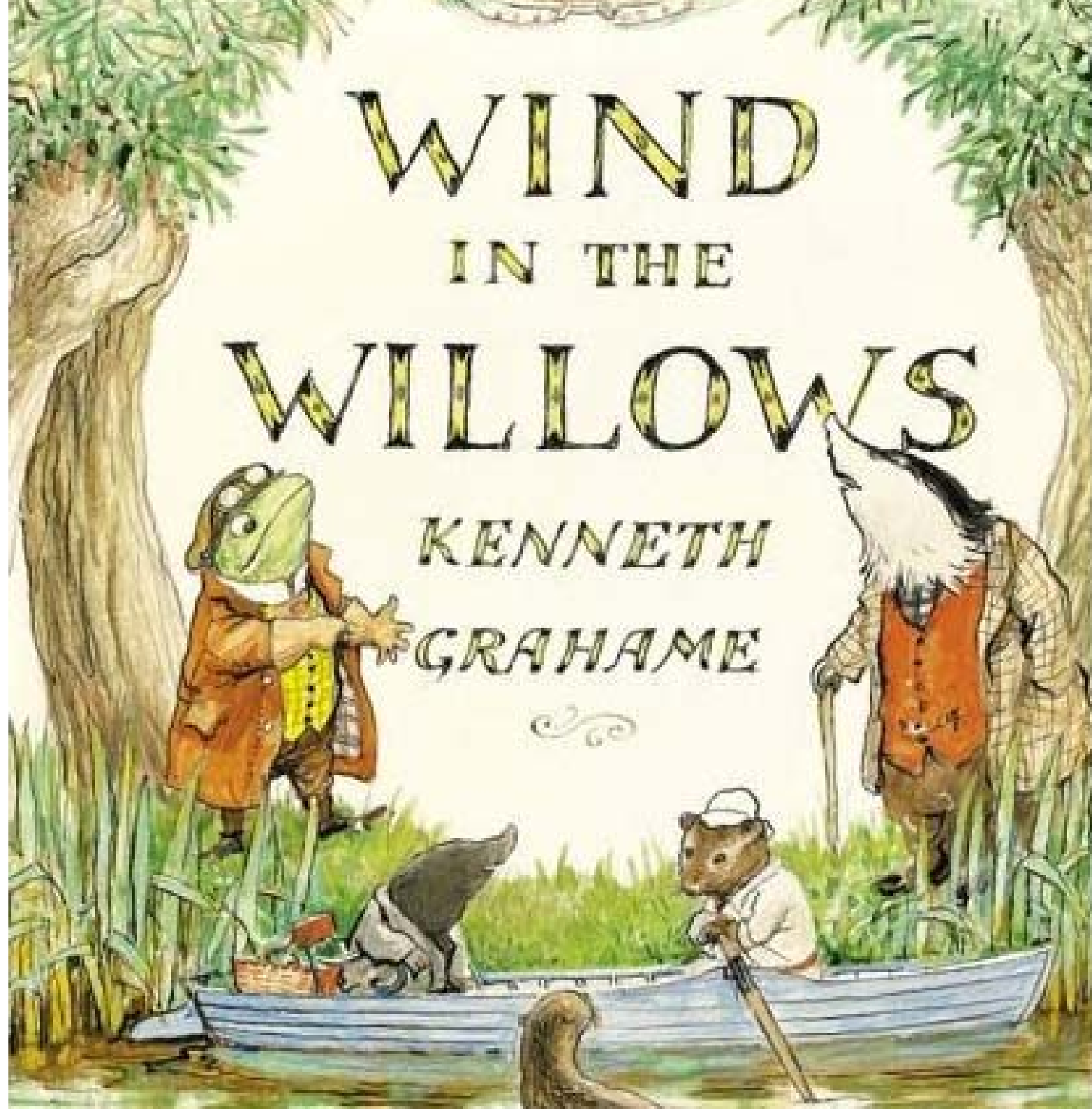
**anthropomorphised animal**

**characters in a pastoral version of**

**England**

WIND  
IN THE  
WILLOWS

KENNETH  
GRAHAME



**In There'**

How do you explain  
gain

**What you want patient to start on life  
long Change– Selling again**

**this time persuade them to change lifestyle by stopping  
smoking and to start a statin**

**ios. Doctor, patient, observer.**

**minutes**

**minute feedback from observer**

**How do you know what the patient will agree to**

Feedback on  
Concordance

**Don't give  
Granny advice'**

Feedback on  
Concordance

**Don't give  
Granny advice'**

model

**pre-contemplation**

**contemplation**

**preparation**

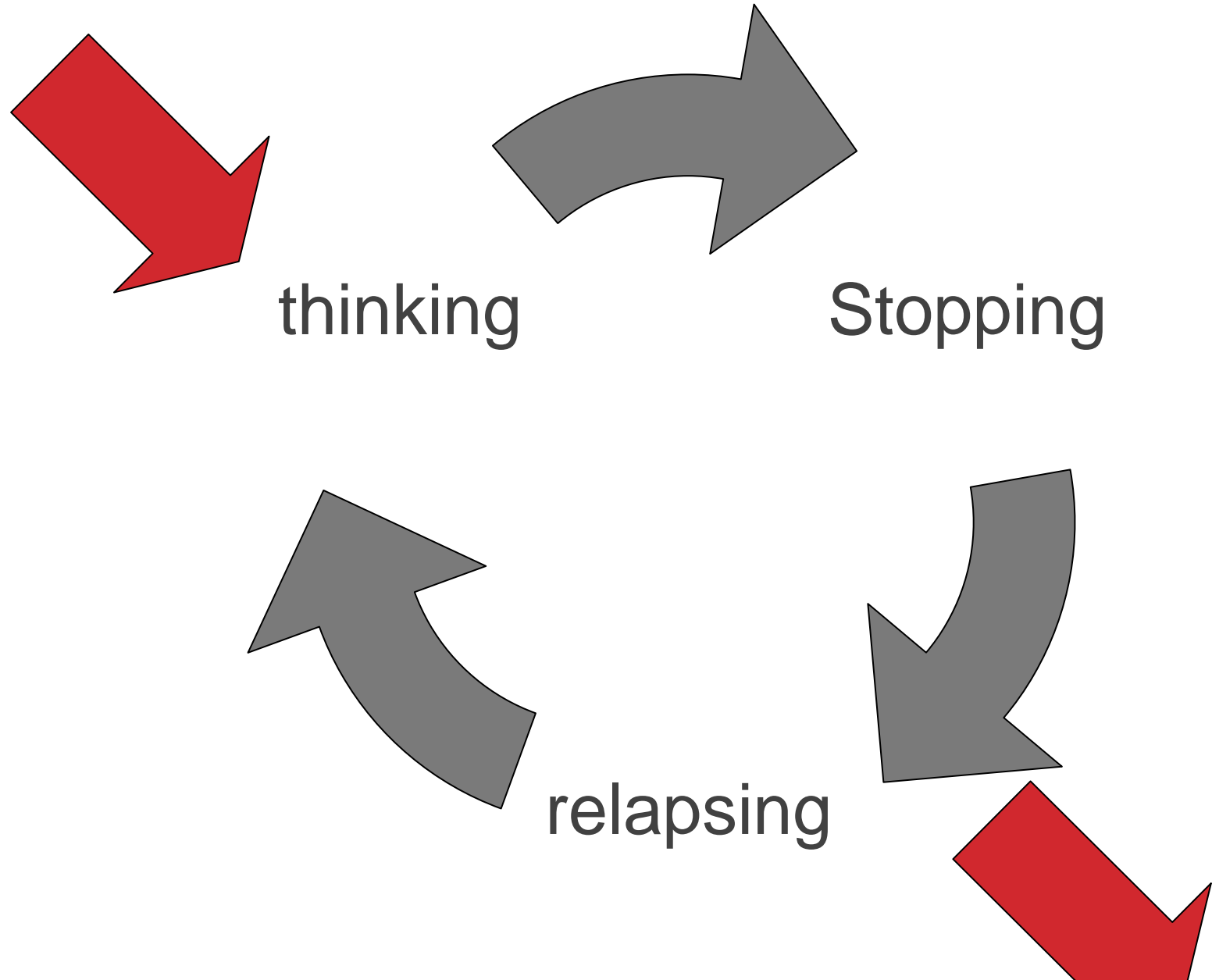
**action**

**maintenance**

**termination**

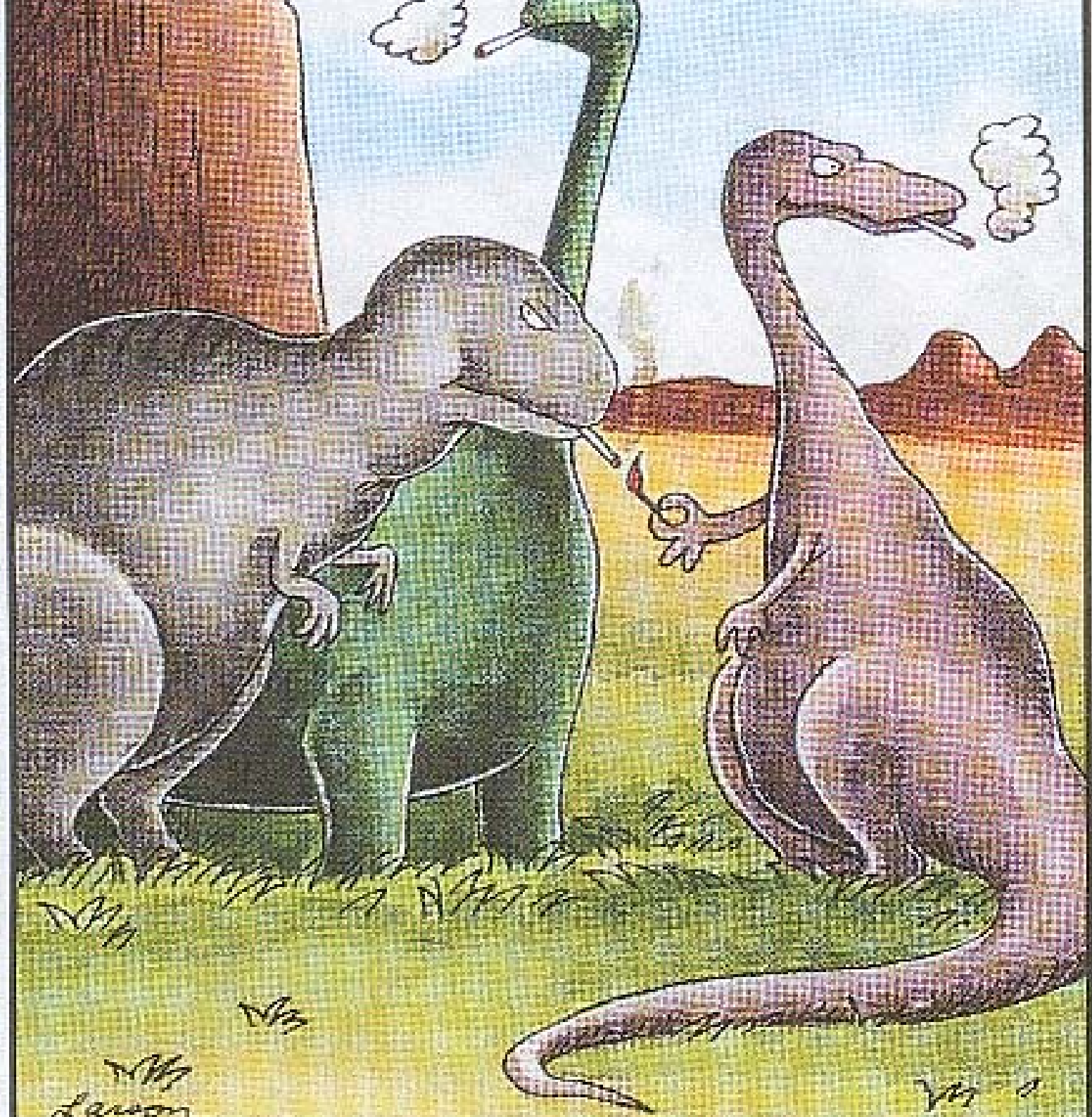
Reviewing about

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Sta





# TELLING IN A CONSULTATION

**agenda model**

**agenda matching**

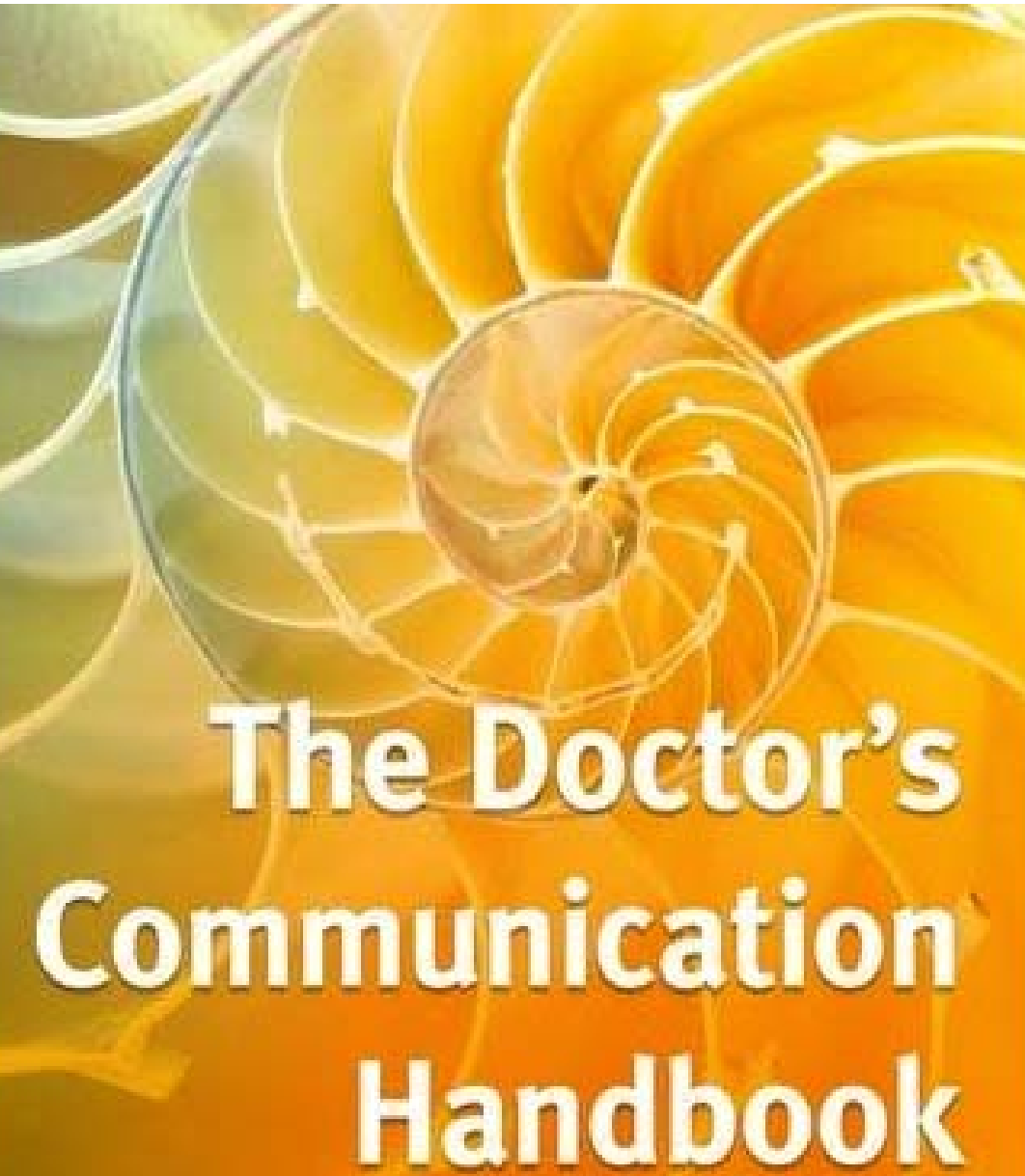
**patient may agree to anything in**

**consultation (but what do they really do**

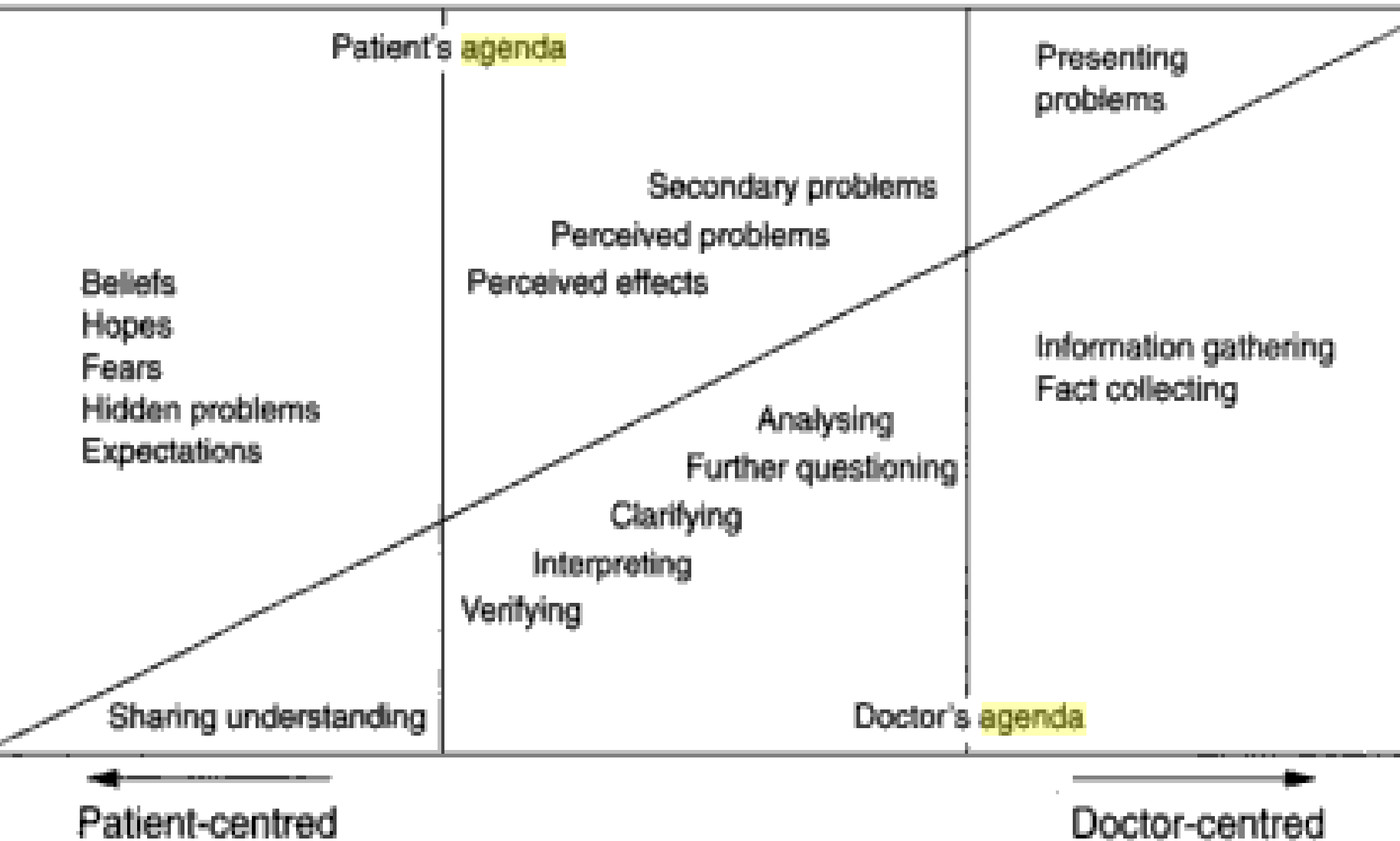
**.....?)**

# Agenda Matching in consultation

**Peter Tate**



# The Doctor/patient agenda



morning

**Patient limps into surgery with husband  
seen 2/7 ago by OOH doc.**

**Red foot, cellulitis, RX cefalexin 250mg bd**

**Call OOH - 1/7 - pain worse, advice give it a  
bit longer**

**No better, had asked for visit, paid £6.00 for  
taxi to come to surgery, both angry.**

**D/E she has classical gout**

**BP 144/82, attending gym.)**

5 months later

Nurse follow up

BP 134/78 on

amlipril 2.5mg od.

Simvastatin 20mg od

6 kg weight loss,

very much fitter.



husband consults a few weeks later



**His wife has left  
him and moved in  
with fitness club  
instructor**

**Blames you! For  
getting patient on  
'healthy living'  
regime.**

Break





Transferring skills  
into General  
Practice

n hospital & GP?

**Discussion.....**



**X-Ray**

# hospital & GP?

## **Hospital**

**Longer**

**One shot**

**doctor led**

**problem partly  
defined**

**No previous  
knowledge usually**

## **GPs**

**Short**

**repeated / many**

**patient oriented**

**problem sifting**

**Continuity of care**

# Much in common

## **Both Jobs are pressurised**

- **You can find time to find out about patients lives – their Narratives**
- **An anaesthetist I worked with showed me the importance of finding out patients occupations.**
  - It gave a lot of insight and relaxed and reassured the patient

medicine



# Aims and objectives

**What is narrative based medicine?**

**To consider narrative as a way of learning and understanding**

**To try some narrative of our own**

**To consider if and how you might use this in your future learning**

# types of narrative

## **the patient's story**

Narrative provides meaning, context, and perspective for the patient's predicament

## **doctor's narrative**

- Exploration of own feelings and reactions

## **anecdotes & fictional literature**

- “Anecdotes and fiction are a window onto the world”

# Why use narrative?

**Understand a patient's experience**

**Encourages empathy and promotes understanding between the clinician and patient**

**Encourages a holistic approach**

**Facilitates reflective practice**

**Enhances listening and interpretive skills**

**Gives meaning to the patient's experience and can be therapeutic**

**Memorable**



# Medical uses

**Facilitating the traditional medical history**

**Counselling**

**Psychotherapy**

**Education**

targeted to a narrative  
based approach

**Video consultation skills teaching now primarily based on COT competencies**

**A target based approach to WPBA**

**Time constraints of the 10 minute consultation**

**Fear of litigation and need to meet the doctors agenda – red flags etc**

**QOF, Protocols, Guidelines**

look closer



o!

**Close your eyes and spend 1 minute  
reflection on an embarrassing, funny or  
memorable event**

**story / narrative**

**Working in threes take it in turns to share  
your experience**

# Trio working

**Person A - Tells their story**

**Person B - Listens without interrupting, then discusses with person A to explore the story – its context, meaning and implications for the individual.**

**Person C - Observes the process, this is a listening exercise, watching and listening to how they story unfolds; Language, emotion, details, body language etc**

**Final 5 minutes discuss the process between all of you before changing places**

# Summary – Being a Great GP

**Shutup**

**Listen**

**Have Knowledge**

**Care**

**And listen to each other's and your  
patients stories**