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| **Relationship** |
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| **Communication and consultation skills**   * Explores the patient’s agenda, health beliefs and preferences. * Elicits psychological and social information to place the patient’s problem in context * Works in partnership with the patient, negotiating a mutually acceptable plan that respects the patient’s agenda and preference for involvement. * Flexibly and efficiently achieves consultation tasks, responding to the consultation preferences of the patient |
| ST1/2   * Sitting in / joint surgeries: shared surgery * Video and role play improvement * All the above targeted to different areas of consultation, so in ST3 more nuances/sophisticated use of techniques * Case cards: for explanation skills / options: shared management * “You have X” – making a diagnostic statement |
| ST3   * The “one minute” consultation * Eliciting skills game : practicing microskills in joint surgeries or role play * Duty doctor pressure * Phone triage: listening in * Actors / video role play * Patient-doctor behaviour on role play (verbal and non-verbal) |

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| **Practising Holistically**   * Demonstrates understanding of the patient in relation to their socio-economic and cultural background. * Additionally, recognises the impact of the problem on the patient’s family/carers. * Utilises appropriate support agencies (including primary health care team members) targeted to the needs of the patient |
| ST1/2   * Finding out one new thing about each patient (not medical) * Visiting and taking on care of complex patient. * Go and see their pt in the day care centre/respite care and find out how much impact that has on the pt and their carer. * What’s the social agenda: each patient surgery * ‘Long case’ style review ; ST1 with pt who has particular needs eg disability/chronic disease and social needs; get them to present to you all the different agencies involved inc family, teasing out the details of how that support system has come to pass. Could do same with pt with big needs who does NOT use statutory service; implications of closer family networks on care (commonly seen with large working class village communities but may be in religious community or pt with different cultural background) |
| ST3   * As above but information that their own doctor doesn’t know * Name an alternative practitioner or agency who could have helped each patient from a morning surgery * Relate social agenda to cultural background * Balint group * More challenging content; targeted home visits, terminal care pts, acute duty doc cases, nursing home residents. * Project to stretch. Make the focus the carers of pts. Give the pt a camera to photograh who the pt considers their carers. * Complex pts; terminal care or dementia pt no longer able to make decisions. How much wt to give the carers’ when their decisions on the pt’s care differ from your own. |

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| **Working with colleagues and in teams**   * Provides appropriate availability to colleagues. * Works co-operatively with the other members of the team, seeking their views, acknowledging their contribution and using their skills appropriately. * Communicates proactively with team members so that patient care is not compromised. * In relation to the circumstances, chooses an appropriate mode of communication to share information with colleagues and uses it effectively |
| ST1/2   * Practice “trivial pursuit” * Chairing meeting: PHCT * Organising in-house teaching rota * Do Myers Briggs * Introduce to PCHT, Practice. * With each attachment in the Induction week, give the trainee a ‘quiz’ to fill in. eg   + Give a thumbnail sketch of this person’s job.   + Who employs them?   + Where is their base?   + What can you do to help this person fulfill their role?   + What can they do to help you fulfill your role?   + What could you learn from this person later in your training?   + How many ways can you think of contacting this person and when would you chose which method? * Get trainee to use staff names; quiz them on them. * Ensure that trainee is invited to Partners meetings. * Shared clinics with nursing staff; eg chronic disease and smears. First they watch, then they verbalize what they would have done, then they do some while being watched by the nurse and getting feedback (NB brief the nurses on how to give feedback and give them extra time between pts for those clinics). This engenders respect as well and building on practical skills and knowledge base. * Give the trainee the morning in Reception, with agreed targets eg by the end of the session they have to have answered the phone to pts, made a number of appointments, checked in a pt or dealt with a query on the front desk and had to hover for a doctor (or whatever appropriate) |
| ST3   * Practice project * Encourage more active participation in Partners meetings. Get them to add agenda items, and present. Eventually chair the meeting, PHCT and business * Participating in patient participation group * What can the ST3 do to enhance their relationship with X, Y or Z? * Guess the Myers Briggs of partners * Play ‘Practice Bingo’ getting the trainee to work out the likely position of all Partners on a given agenda item (needs to have worked out motivations of individual). * Later use this insight to influence the way they present their own suggestions for change. * Get the trainee to give tutorials to other team members. |