

<b>The Future General Practitioner RCGP (1972)</b>	
Physical	Ideas
Psychological	Concerns
Social	Expectations

<b>Doctor-patient relationship Szasz &amp; Hollender (1956)</b>
Active – Passive
Guidance – Cooperation
Mutual participation

<b>Perreira Gray (1982)</b>	
Problem presented	Solution presented
Problems discussed and refined	Solution discussed and refined
Problem agreed with patient	Solution agreed with patient

<b>The exceptional potential of the primary care consultation Stott &amp; Davies (1979)</b>	
Management of presenting complaint	Modification of help-seeking behaviour
Management of continuing problems	Opportunistic health promotion

<b>Health beliefs Helmann (1984)</b>
<ul style="list-style-type: none"> <li>•What has happened?</li> <li>•What has it happened?</li> <li>•Why to me?</li> <li>•Why now?</li> <li>•What would happen if nothing were done about it?</li> <li>•What should I do about it or whom should I consult for further help?</li> </ul>

<b>6 category intervention analysis Heron (1975)</b>
<ul style="list-style-type: none"> <li>•Prescriptive</li> <li>•Informative</li> <li>•Confronting</li> <li>•Catalytic</li> <li>•Supportive</li> <li>•Cathartic</li> </ul>

<b>The Inner Consultation Neighbour (1987)</b>
<ul style="list-style-type: none"> <li>•Connect</li> <li>•Summarise</li> <li>•Handover</li> <li>•Safety netting</li> <li>•House keeping</li> </ul>

<b>Six phases Byrne &amp; Long (1976)</b>
<ul style="list-style-type: none"> <li>•Doctor establishes a relationship</li> <li>•Doctor discovers reason for attendance</li> <li>•Doctor conducts verbal and/or physical examination</li> <li>•The doctor and patient consider the problem</li> <li>•Management is discussed</li> <li>•Termination of the consultation</li> </ul>

<b>Behavioural model Cambridge-Calgary (1998)</b>
<ul style="list-style-type: none"> <li>•Initiating the consultation</li> <li>•Gathering information</li> <li>•Building the relationship and facilitating the patient's involvement</li> <li>•Explanation and planning</li> <li>•Closing the consultation</li> </ul>

<b>The doctor, his patient and the illness Balint (1958)</b>
<ul style="list-style-type: none"> <li>•Discovering underlying reason for attendance</li> <li>•Doctor as “drug”</li> <li>•Use of doctor's own feelings</li> <li>•Apostolic function</li> <li>•Collusion of anonymity</li> <li>•Limited therapeutic ambition</li> <li>•Symptom as a ticket</li> </ul>

<b>Disease-illness model McWhinney (1972)</b>	
Problem	
Information gathering	
<b>Patient's parallel</b>	<b>Doctor's parallel</b>
Patients agenda	Doctors agenda
IC&E. Feelings, thoughts, effects	Symptoms, signs, investigations
Understanding of experience	Differential diagnosis
Integration	
Explanation and planning in terms patient can understand/accept	

<b>The Consultation: seven tasks Pendelton et al (1984)</b>
<ul style="list-style-type: none"> <li>•Define the reason for attendance</li> <li>•Consider other problems</li> <li>•Choose an appropriate action</li> <li>•Achieve a shared understanding</li> <li>•Involve patient in the management</li> <li>•Use time and resources appropriately</li> <li>•Establish and maintain an ongoing relationship with the patient</li> </ul>

**THE CONSULTATION GRID (2002)**

<b>Communication skills</b>
<b>Questioning</b>
- open vs closed
- reflective, focussed, probing
<b>Facilitative</b>
- nods, grunts and gestures
<b>Active listening</b>
- restatements, clarification, empathy, summarising, silence
<b>Non-verbal cues</b>
- appearance, posture, movement, speech
<b>Information giving skills</b>
-appropriate language, be specific, not too much and not too early, repeat, reinforce with written material
<b>Touch</b>
-when appropriate and comfortable

<b>Transactional analysis Berne (1970)</b>
<ul style="list-style-type: none"> <li>•Parent (nurturing or critical)</li> <li>•Adult</li> <li>•Child (free or adapted) <ul style="list-style-type: none"> <li>Games</li> <li>Crossed transactions</li> </ul> </li> </ul>

**Reason for attendance  
Freeling & Harris (1984)**

<ul style="list-style-type: none"> <li>•For relief of symptoms</li> <li>•For some other medical service</li> <li>•For official recognition of sickness e.g. certificate</li> <li>•For follow up at doctor's instigation</li> <li>•For access to other sections of health service</li> <li>•For drugs on which the patient is dependent</li> <li>•As a habitual response to anxieties</li> <li>•For support and recognition</li> <li>•For playing games and acting out dramas</li> <li>•For more than one of the above</li> </ul>
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**The Anxious Patient  
Bendix (1982)**

<ul style="list-style-type: none"> <li>•Situations – not symptoms</li> <li>•Repeat the patient's last words</li> <li>•If you don't know what to say – keep quiet</li> <li>•There is only one way of interrupting a pause</li> <li>•Never answer questions</li> <li>•Never give advice</li> <li>•Repeat and summarise</li> </ul>
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