The development of a new consultation model

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Background and Purpose

Communication skills are essential to good medical practice. Numerous models exist for consultation skills teaching and the University of Bristol medical school has, over many years, employed the Cambridge-Calgary guide to good effect. In the lead-up to the launch of an innovative undergraduate curriculum we took the opportunity to re-evaluate our delivery of consultation skills teaching.

We elected to create a new consultation model to extend what is offered by Cambridge-Calgary. We wanted a model with enhanced visual impact, which acknowledge the centrality of clinical reasoning and the circular, rather than linear nature of the consultation. We also wanted to emphasise the importance of activating patient self-care and the space for reflection between consultations. What emerged was the ‘COGConnect’, which remains true to the consensus statement released by the UK Council for Communication Skills Teaching.

COGConnect

COGConnect presents the consultation structure and content in a visually appealing and accessible manner. Cogs are used to represent the consultation in a 9-stage model. Each cog represents a different phase (preparing, opening, gathering, formulating, explaining, activating, planning, closing and integrating).

COGConnect explicitly introduces three unique areas; ‘formulating’, ‘activating’ and ‘integrating’. The ‘formulating’ stage makes specific reference to clinical reasoning which is not visually represented within the Cambridge-Calgary guide. Students are trained in ‘activating’ patient self-care and there is an emphasis on shared decision making.

The final stage moves beyond a shared management plan and closure of the medical interview towards ‘integrating’ the consultation within the medical record and encourages the student to reflect on the educational opportunities within that consultation.

COGConnect encourages students to develop in three distinct, but overlapping domains of clinical communication, clinical reasoning and clinical skills. These are represented in the strap-line ‘Cognition. Connection. Care’. Education for head, heart and hands!

Discussion and Conclusions

Initial utilisation of the COGConnect model has gained positive feedback from students and the medical faculty. It provides a clear visual representation of the consulting process and aligns with the additional elements of explicit clinical reasoning, patient self-activation and reflective integration of the consultation encourages our students to become mature clinical consultants. This model moves from teaching consultations in a process driven manner to focusing on students attitudes, values and beliefs and the importance on the shared, iterative process with the patient.

References