

# 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<sup>1</sup>. 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<sup>2</sup>.

## 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.

### INTEGRATING

Have I integrated the consultation effectively?

- Clinical record
- Information needs
- Affective processing

The cogs can spin backwards and forwards to illustrate the iterative nature of the consultation. The axle, which provides the central force on which the cogs turn, is value driven. The core values are summarised in the 5 C's (Compassionate, Curious, Critical, Creative and Collaborative).

**Compassionate** – approaching consultations with kindness

**Curious** – motivated to derive a focused impression

**Critical** – thoughtful about symptoms, tests and treatments

**Creative** – ready to find new answers to old problems

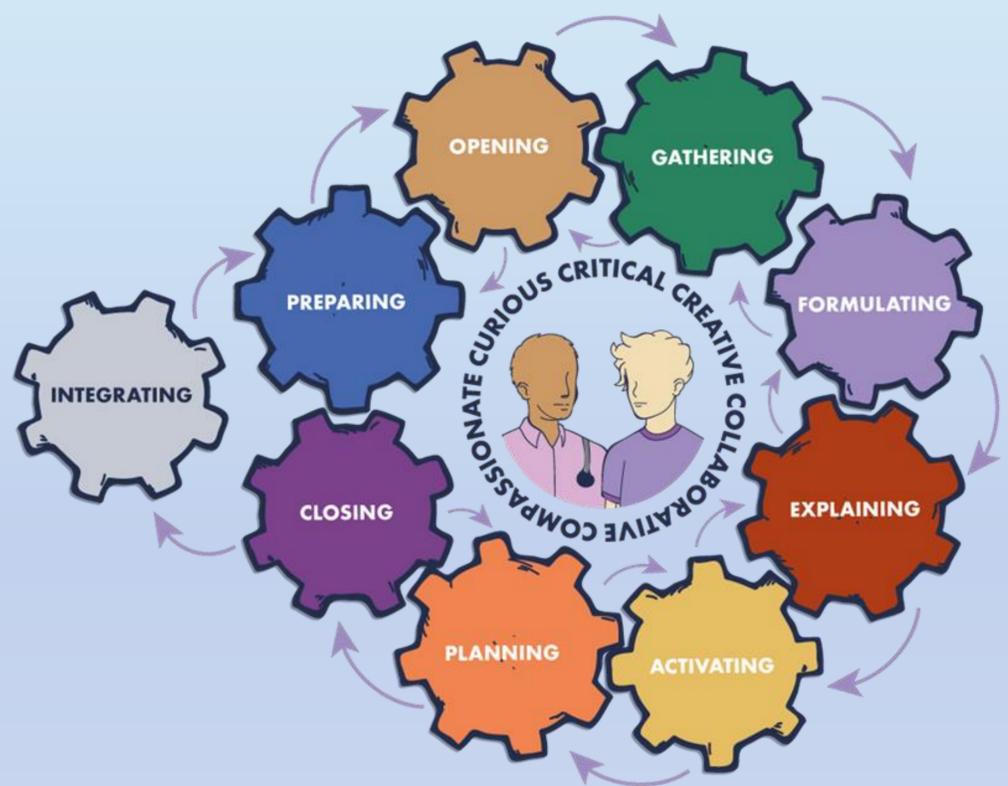
**Collaborative** – working alongside patients and colleagues

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!



## Methodology

COGConnect was informed by examination of the research evidence behind the Cambridge-Calgary Guide, a literature review of consultation models more widely and examination of the literature on whole person assessment, critical reasoning and motivational interviewing. A panel of experts met including communication skills leads, interested parties from the University of Bristol medical school and David Pendleton, Professor in Leadership. Once a consensus had been reached about the core concepts of the model, graphic designers inspired a dialogue about the appropriate visual representation of the model to create an accessible tool.



### PREPARING

Am I prepared?

- Preparing oneself
- Preparing the space
- Checking the medical record

### OPENING

Are we off to a good start?

- Establishing the agenda
- Establishing relationships
- Initial observation

### GATHERING

Have we covered all the relevant areas?

- Sources of understanding
- History
- Clinical examination

### FORMULATING

What is going on and what is next?

- Bias checking
- Considering the options
- Red flag signs and symptoms

### EXPLAINING

Have we reached a shared understanding?

- Chunking
- Checking
- Visual Aids

### ACTIVATING

Is the patient better placed to engage in self-care?

- Identifying problems and opportunities
- Rolling with resistance
- Building self-efficacy

### PLANNING

Have we created a good plan forward?

- Encourages contribution
- Proposing options
- Attends to ICE (IE)

### CLOSING

Have I brought things to a satisfactory end?

- Summary
- Patient questions
- Follow up

## 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 students effective consultation skills teaching. 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

1. Kurtz S, Silverman J, Benson J, Draper J. Marrying content and process in clinical method teaching: enhancing the Calgary-Cambridge guides. *Academic Medicine*. 2003 Aug 1;78(8):802-9.
2. Von Fragstein M, Silverman J, Cushing A, Quilligan S, Salisbury H, Wiskin C. UK consensus statement on the content of communication curricula in undergraduate medical education. *Medical education*. 2008 Nov 1;42(11):1100-7.