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|  | **Comments** |
| **Preparing for the consultation** |  |
| 🞏 Check whether you have seen the patient before |  |
| 🞏 Review the notes for tasks |  |
| 🞏 Take a break after a difficult or emotional consultation |  |
|  |  |
| **Connecting with the patient** |
| 🞏 Let the patient talk uninterrupted for the first minute |  |
| 🞏 Use appropriate expressive touch |  |
| 🞏 Avoid being distracted by the computer |  |
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| **Identifying the patient’s agenda** |
| 🞏 Ask about the patient’s ideas, concerns, expectations |  |
| 🞏 Ask the patient “is there something else, etc…” |  |
|  |  |
| **Focussed clinical assessment** |
| 🞏 Sufficiently comprehensive history |  |
| 🞏 Demonstrated clinical reasoning in history |  |
| 🞏 Appropriate assessment of SNAP & lifestyle factors |  |
|  |  |
| **Examining the patient** |  |
| 🞏 Examine the patient routinely |  |
| 🞏 Expose the patient adequately |  |
|  |  |
| **Managing uncertainty** |  |
| 🞏 Seek information routinely/ask supervisor |  |
| 🞏 Use Murtagh’s (restricted rule-out) framework |  |
| 🞏 Use time as diagnostic tool |  |
| 🞏 Order test judiciously |  |
|  |  |
| **Explaining the problem** |  |
| 🞏 Discuss diagnosis and reasoning before management |  |
| 🞏 Address the patient’s agenda |  |
|  |  |
| **Forming a partnership in management** |  |
| 🞏 Involve the patient in decision-making |  |
| 🞏 Use “we” when discussing management plans |  |
| 🞏 Appropriate inclusion of chronic/preventive health |  |
|  |  |
| **Following up and safety netting** |  |
| 🞏 Appropriate threshold for getting patient back for r/v |  |
| 🞏 Appropriate safety net in place and advised |  |
|  |  |
| **Manage time** |  |
| 🞏 Identified list of problems early in the visit |  |
| 🞏 Prioritised issues well |  |
|  |  |
| **Suggestions** |  |