Introduction for busy, revalidating GPs

The audio component of this publication is particularly accessible to busy GPs. We all struggle to prioritise and negotiate what is reasonable to fit into a 10-minute appointment. The audios will help you, as a busy GP, to absorb new skills and knowledge by osmosis. You will, in effect, be joining me, in my consulting room, perhaps on your way to work.

When you see your first patient; you will be able to negotiate a realistic agenda and *achieve a satisfactory consultation within 10 minutes.* With the Calgary Cambridge consulting skills that you have assimilated, each patient will be an exciting challenge, rather than a random mass of confusing symptoms and social problems. You will skillfully touch on what the patient knows, what the patient is worried about and what the patient wants. You will rule out the nasties with a quick-fire series of red flag questions that link to the possible pathologies. You will even touch on the important aspects of your patient's lifestyle that are affected by, or might link to, the illness.

You will be able to empathise with your second patient's difficulties. There is often a morass of social and emotional issues that could easily overwhelm a busy GP. ***Touch*** on what is important, and how they might go about getting support, and ***go*** on with the rest of the consultation. The rest of the consultation being: the things that you as a GP are best trained to deal with. GPs don't need to be overly burdened with complex social and emotional problems. Understanding that they are there is often sufficient. Don't expect to solve these problems in this 10 minute slot. Consider signposting your patient to help from others.

When you see your third patient - on time - you, and your patient, will be more positive. You will focus on asking questions that are relevant and examining aspects that will help you to make an effective working diagnosis. The problem becomes clear to you and to your patient. And you check that you and your patient understand each other. Your suggestions of management options, and your explanations, will be better targeted towards what your patient knows and wants. And you can either allay their fears or at least address them. Your patient will even be able to choose from personalised, evidence based, management options.

When your final patient leaves your consulting room: they will be aware of what comes next: when and how to see, or talk to you, again. And what to look out for if things get worse or haven't got better within a specified time.

I would encourage you to include shared surgeries in your Personal Development Plan. Shared surgeries with colleagues who are members of the RCGP (passed since 1995, when consulting skills were first prioritised) or with colleagues who have attended a Calgary Cambridge training course.
Another recommendation is to attend a GP update or Hot topics course annually. Of course, it's even better to read the course manual. Making notes that are accessible to you, in your consulting room, would be the icing on the cake.

Malcolm Thomas has been kind enough to speak to us about consulting skills that work. Skills that help us to keep to time. Skills that allow us to satisfy our patients and to permit us, as GPs, to feel less stressed and more confident that we have dealt, more effectively, with our patient's problems. His Calgary Cambridge micro skills explanations give you realistic tools that you can either add to your repertoire or refine to fit with your own consulting room style.

Chris Marr can be thought of as our headmaster. Chris was an RCGP examiner and a Clinical Skills Assessment skills trainer. He wants us to stay organised. His map of the

consultation will make sure that you don't lose your way or miss vital clues in your 10-minute maze. We have adapted his map and I recommend the Lands End to John O'Groats, or LEJOG, map of the consultation to you. The LEJOG map will keep you organised but allow you to be flexible and natural.
Malcolm Thomas helps us to make using the LEJOG map second nature. The map will help you to make order out of each patient's chaotic tale. Our interactive, colour-in, scripts of the CSA scenario consultations allow you to test yourself and to ensure that you understand how busy GPs structure their consultations. That structure is so important to ensure that communication is effective, in our time limited surgeries. Soon you will be able to throw away your printed map and rely on your own integrated Sat Nav system.

Dave Tomson gives us some tips on sharing decisions with patients. Our patients need guidance from us to support them to choose options that work for them. We can't help them without understanding what our patients know, fear and want. But the options aren't all as accessible as each other. It's not like choosing from a shop window. We can guide them to rational choices and tell them when the evidence is poor, for their original preference. The age of doctor centered decision making may be over.