

MENTOR RCA – CONSULTATION MODEL
STORY – SYMPTOM – SYSTEM
CONVERSATION – CONSULTATION – CLINICAL SKILLS
ACKNOWLEDGE – EMPATHISE - ENERGISE

Strategy:

How to Pass The RCA – Top Tips

Case selection

Every submission must demonstrate both adequate clinical challenge and an angle to showcase – spend time wisely with case selection before you start consulting

RCA Angles to consider

Reactive risk management

Negotiation skills

Consulting with challenging patients

Managing uncertainty with confidence

Know your patient

Consider what information needs to be shared with the examiner to understand your place in the patient's narrative

Transference

how will you best show case your communication skills – Audio vs Video vs Face to Face

1st Half of consultation

In the first 6-7 minutes:

Check consent / patient ID / DOB

STORY : know your timelines

Patient's Golden Minute

- Open question firstly – 'What can I do for you?' 'Tell me more?'
- Acknowledge the presenting complaint – show self awareness! Imagine you are talking to a friend or relative. Show sincerity and sensitivity.
- A E E : Acknowledge Empathise Energise

Doctor's 2nd Golden Minute

- Open up the patient's ICE

Eliciting and Acknowledging health beliefs

- **Acknowledge and Follow up cues** : verbal / non –verbal

- **'I hear you / I see you'**

- If ICE not volunteered, then be curious and enquire sensitively

'Had you any idea /concerns yourself as to why this might have happened?'

'Had you any thoughts as to how you would like us to take things forward?'

'When you made the appointment had you any thoughts as to what you would like to be done?'

- Use and verbalize info from the patients notes to help place the complaint / symptom in context
- E.g. In a patient presenting with depression – have they been seen before with this / treatment to date, what has helped previously?

SYMPTOM

- Define the symptom e.g. with pain : SOCRATES
- Use Health agendas / ICE to focus e.g. patient concerned about a brain tumour – "I will ask some questions around the headache to make sure we are not missing anything"

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SYSTEM

- Red flags : Determine whether what is presenting is serious / not serious
- Signposting so questions are in context e.g. Back Pain “Back pain can sometimes affect the nerves which control bladder and bowel function. I am going to ask some questions around this”

Understand how a patient might be affected from a psychosocial perspective – impact on work / impact on home life – support available

Acknowledge this impact / Empathise / Energise

Lifestyle questions only if relevant and in context

Consider whether a patient needs to be examined

Justify why an examination may be important

Consider modality of consultation e.g. MSK – either video or face to face

Intimate examinations – you must always offer a chaperone / no exposure of ‘swimsuit area’

2ND Half of consultation

In the remaining 4-5 minutes:

Management of the patient narrative as well as the diagnosis

- Readdress health beliefs / ICE and reassure when appropriate
- Share thought processes from history taking, examination
- Propose most likely differential diagnosis
- Work on the probability of what is likely to be happening or what might need to be excluded
- Consider and commit to risk management – serious or not serious
E.g. does this require risk escalation or can this be contained
- Consider how the problem might develop
- Ensure management is justified and reactive not averse to level of risk
- Management must be reactive to the patient’s agenda
- **INFORMED DECISION MAKING - NOT JUST THE PICKING OF OPTIONS!**
- Health promotion when appropriate
- Address concerns sensitively and sensibly
- Reassure as necessary
- Follow up and safety net appropriate to clinical management

Throughout:

Patient Centred

Not patient driven or doctor led

Self Awareness – Sensitivity – Support – Simplicity

Positive Energy : Your actions will have Reactions

Patient Centred

TALK WITH NOT AT!

ACKNOWLEDGEMENT OF THE PATIENT PERSPECTIVE

SHARING OF INFORMATION/ TRANSPARENCY

BENEFICENCE V.S. NON – MALEFICENCE

WORKING TOWARDS BEST INTERESTS OF THE PATIENT

HOLISTIC APPROACH

DEFINE PROFESSIONAL BOUNDARIES AND SHARE DILEMMAS

NEGOTIATION – LEARNING HOW TO SAY NO! BE NICE/FIRM/FAIR

FINDING THE COMPROMISE

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