Advanced Practice - Consultation and Clinical Assessment

Abstract

Once deemed the reserve of doctors, "*the medical interview*" has since transitioned across professional boundaries and is now a key part of the Advanced, Non-Medical Practitioner's (ANMPs) role. Much of the literature surrounding this topic focuses upon a purely medical model, however the ANMPs use of consultation and clinical assessment of complex patient caseloads with undifferentiated and undiagnosed diseases, is now a regular feature in healthcare practice. This article explores how knowledge of the fundamental principles surrounding ANMP–patient communications within the adult population, along with the utilisation of appropriate consultation frameworks and examination skills, can provide a deeper insight and enhance the existing skills of the ANMP. A comprehensive guide to undertaking patient consultations, physical examination and diagnostic reasoning on a body systems basis is explored in future issues of this Advanced Practice series.

Introduction

The process of conducting a patient consultation and performing subsequent clinical assessment has historically been termed "*the most powerful and sensitive and most versatile instrument available to the physician*" (Engel 1973). Despite rapid growth of healthcare technology, this remains the case today. A skilled ANMP in this area has the potential to make a significant contribution to several fundamental outcomes - patient satisfaction, patient concordance with prescribed therapies/interventions, overall diagnostic accuracy and overall patient outcomes. Evidence suggests that by conducting a high-quality medical history alone, 60-80% of the relevant information to form a diagnosis can be ascertained (Peterson et al 1992; Roshan 2000). The overall aim is to ascertain symptoms and physical manifestations that represent a final common pathway of a wide range of pathologies, which may be highly suggestive or even pathognomic of one such pathology, or multiple concurrent pathologies.

Communication

Communication with patients is key to all aspects of clinical practice. Seminal National Health Service (NHS) frameworks and policy-drivers place effective communication at the core of providing a person-centred approach in health and care (NHSE 2017 & 2019[a&b]; HEESfHSFC 2017). Communication skills are consequently core strands of ANMPs training and ongoing professional development. Effective communication with patients can lead to improvement in both treatment quality and safety metrics (Krug 2008; Scalise 2006; Brock et al 2013), and conversely poor communication has been stated as one of the main concerns that lead to complaints to the Parliamentary and Health Service Ombudsman (2020[a]; 2020[b]).

In order to develop effective ANMP-patient relationships we must consider some of the fundamental principles of effective/therapeutic communication within the healthcare setting, such as patient health literacy, cultural understanding and language barriers. However, there have been further additional aspects identified that could potentially have an impact (Table 1).

It is undeniable that therapeutic communication is complex, however several constructs and consultation frameworks have been proposed over the decades to aid the clinician/practitioner in working with patients as partners. The development of said frameworks has more recently led to validated scoring systems such as the Global Consultation Rating Scale (Burt et al, 2014), produced to assess the communication quality of consultations.

Constructs

Mehay (2012) has proposed several constructs, or "mental grids or frameworks" through the use of a mnemonic that can aid communication with patients in specific, sometimes challenging, situations (Table 2).

Consultation Models/Frameworks

During any consultation there will be a varying degree of information sharing, and the practitioner will inevitably have a number of tasks that need to be performed. In order to maximise the efficiency and efficacy of the consultation, a number of models or frameworks have been proposed over the decades (Fig. 1). Although the majority of these

frameworks have been developed for use within the primary care/general practitioner setting, they are arguably also applicable to both the secondary care and tertiary care settings, with adaptation as necessary.

All consultation frameworks share the common task of obtaining a medical history, however Mahay (2012) classifies them as differing in three main ways:

1 *Concept versus implementation* – conceptual frameworks have clear aims, but lack integration of the process of implementation in to practice. The more modern-day frameworks (2003 and onwards) include both.

2 *Clinician versus patient centeredness* – frameworks vary in their degree of focus upon the consultation's agenda, process and outcome in respect of the practitioner's perspective (biomedical/disease framework) versus the patient's perspective (illness framework). Although disease and illness usually co-exist, the same disease can lead to markedly different illness experiences in different patient populations.

3 *Task-orientated versus behavioural focus* – the degree in which the frameworks focus upon the tasks to be achieved in the consultation versus the range of behaviours required in the consultation.

Mahey (2012) also proposes a simple diagram which details the degree upon which a selection of the existing frameworks differ, in terms of their focus on the three aforementioned classifications. Figure 1 has been adapted from this original work to include more recent frameworks.

Consultation frameworks promote a thorough and safe approach to the information gathering, information processing and subsequent outputs of the patient-practitioner consultation. Practitioners may differ in which framework they use and indeed how they adapt their framework in to their own practice, which will largely be dependent on the nature of the encounter. The Calgary-Cambridge Guides (CCG) & the enhanced version (eCCG) (Kurtz *et al* 1996;2005 & Silverman *et al* 2003) have become the dominant model used for teaching consultation skills in advanced practice and medical training programmes and subsequent use within the clinical arena.

Consultation Frameworks and Disease Prevention

The CCG and eCCG (Fig. 2) are evidence-based frameworks that enable the ANMP to tailor medical consultation through the improvement of 71 communication skills and behaviours. Norman and Tesser (2015) have since proposed a further enhancement to the eCCG, which has been used as an organisational matrix to insert the theory of quaternary prevention (CCG+QP) (Fig. 3). Kuehlein *et al* (2010) defined quaternary prevention (QP) as "*An action taken to identify a patient at risk of over-medicalization, to protect him from new medical invasion, and to suggest to him interventions which are ethically acceptable"* - a definition which has since widely been accepted in both healthcare and academic literature to date. Martins *et al* (2018) expand this definition to include *"refraining from providing therapy that has not been adequately assessed in a randomized controlled trial with low risk of bias".*

QP adds a further dimension to the existing public health literature surrounding the principles of primary, secondary and tertiary disease prevention. Much like the plethora of consultation frameworks, the QP literature primarily focuses upon application in the General Practice/Primary Care arena. However, ANMPs within all sectors are presented with significant opportunities to protect their patients from potential iatrogenic harm as a consequence of overmedicalisation. QP *"should be present in the mind of every healthcare professional when they suggest an intervention to one of their patients"* (Martins et al, 2018).

General aspects of obtaining a medical history

As previously mentioned, obtaining a medical history is embedded within the background information section of the eCCG (Fig 2). A comprehensive history commonly consists of several components, each component has a variety of mnemonics that may be used to aid the practitioner in eliciting salient information at each of the stages (Table 3) (Bickley 2020; Hocking et al 1998; Innes *et al* 2018; Rothman & Kulkarni 2008; Talley & O'Connor 2017).

The traditional history taking format meets many challenges in the time-critical situation, and the nature of these dynamic situations often means a quick, focused history is required. The mnemonic "AMPLE", originally developed for use in the context of trauma (Zemaitis *et al* 2020), may be applied to quickly glean pertinent information:

- A = Allergies
- M = Medications
- P = Past medical history
- L = Last meal (timing)
- E = Events related to presentation

Clinical Assessment – General aspects of physical examination

While a well conducted, thorough physical examination requires a systematic approach, it does not necessarily always require a full examination for each body system. Salient points from the initial consultation stage may guide the clinician as to the focus of the examination. Future issues of this journal series will cover each system in depth, but *figure 4* details the overall process of performing a full physical examination, along with a non-exhaustive list of potential examination findings. Again, there may be time-critical situations in which this approach is not appropriate, and these situations lend themselves to an ABCDE (Airway, Breathing, Circulation, Disability and Exposure) approach (Resuscitation Council UK 2015).

Conclusions

Consultation and clinical assessment are fundamental skills of the ANMP role, the process of which is complex and requires an array of underpinning knowledge in physiology, pathophysiology and theories of effective communication within the healthcare setting. There are multiple frameworks to guide this process, not all of which will be suitable for the vast array of specialist areas in which ANMPs practice. There are multiple opportunities throughout the clinical consultation process in which ANMPs can engage with their patient population, in order to work in partnership to enhance primary, secondary and tertiary prevention of disease and healthcare intervention burden. There are a number of newer consultation frameworks that now address quaternary prevention, however their use within the secondary and tertiary care sectors is yet to be evaluated.

Keywords

1. Advanced Practice
2. Clinical Examination
3. History Taking
4. Consultation
5. Communication

Key points

1. Consultation and clinical assessment (C&CA) was once seen as solely the duty of a doctor, however the ANMP role crosses those traditional boundaries.
2. Through the use of C&CA, there is potential to make a significant contribution to several fundamental outcomes; patient satisfaction, patient concordance with prescribed therapies/interventions, overall diagnostic accuracy and overall patient outcomes.
3. In order to develop effective ANMP-patient relationships we must consider some of the fundamental principles of effective/therapeutic communication.
4. There are multiple evidence-based frameworks that exist to aid the practitioner in their consultation and clinical assessment which focus upon effective communication and promoting successful practitioner-patient relationships.

References

Balint M. 1957. The doctor, his patient and the illness. London, UK: Churchill-Livingstone

Bickley, L.S. (2020) Bates' Guide To Physical Examination and History Taking. 13th ed. Wolters Kluwer Health

Brock D. 2013. Interprofessional education in team communication: working together to improve patient safety. Postgrad Medicine Journal. [internet] [cited 30 Jan 2021] 89(1057):642–651 Available from: https://pubmed.ncbi.nlm.nih.gov/24129031/

Burt J, Abel G, Elmore N. et al. 2014. Assessing communication quality of consultations in primary care: initial reliability of the Global Consultation Rating Scale, based on the Calgary-Cambridge Guide to the Medical Interview. BMJ Open [internet] [cited 30 Jan 2021]; 4(3) Available at: https://bmjopen.bmj.com/content/4/3/e004339

Engel GE, Morgan WL. 1973. Interviewing and patient care. Philadelphia: Saunders

Fairhurst K, Dover A R & Innes J A. 2018. Managing clinical encounters with patients. In: Macleod's Clinical Examination. 4th ed. London: Elsevier. P. 3-8.

HEESfHSFC (Health Education England, Skills for Health, and Skill for Care), 2017. Person-Centred Approaches: Empowering people in their lives and communities to enable an upgrade in prevention, wellbeing, health, care and support. A core skills education and training framework. [internet] [cited 30 Jan 2021] Available from: https://skillsforhealth.org.uk/info-hub/person-centred-approaches-2017/

Hocking G, Kalyanaraman R, deMello WF. Better drug history taking: an assessment of the DRUGS mnemonic. *J R Soc Med*. 1998;91(6):305-306. doi:10.1177/014107689809100605Zemaitis, M.R. Planas, J.H & Waseem, M (2020)

Innes, J.A. & Dover, A.R. (2018) Macleod's Clinical Examination. 14th ed. London: Elsevier

Jack N, Maskrey N & Byng R. 2018. SHERPA: a new model for clinical decision making in patients with multimorbidity. The Lancet [internet]. [cited 30 Jan 2021]; 392 (10156). Available from: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31371-0/fulltext#articleInformation

Krug S E. 2008. Krug SE. The art of communication: strategies to improve efficiency, quality of care and patient safety in the emergency department. Pediatr Radiol. [internet] [cited 30 Jan 2021] Available from: https://pubmed.ncbi.nlm.nih.gov/18810415/

Kurtz SM, Silverman J, Draper J. 2005. Teaching and learning communication skills in medicine. 2nd edn. Oxford, San Francisco: Radcliffe Medical

Kurtz SM, Silverman JD. 1996. The Calgary-Cambridge referenced observation guides: an aid to defining the curriculum and organizing the teaching in communication training programmes. Med Educ [internet] [cited 30 Jan 2021]; 30:83–9. Available at: https://pubmed.ncbi.nlm.nih.gov/8736242/

Kuehlein T, Sghedoni D, Visentin G, et al. *(2010*) Quaternary prevention: a task of the general practitioner. Prim Care [internet] [cited 30 Jan 2021];10(18):350–354 Available from: https://orbi.uliege.be/handle/2268/177926

Martins c, Godcki-Cwirko, M, Heleno, B & Broderson J. 2018. Quaternary prevention: reviewing the concept: Quaternary prevention aims to protect patients from medical harm. The European Journal of General Practice. [internet] [cited 31 Jan 2021]; 24(1) Available at: https://www.researchgate.net/publication/322842922_Quaternary_prevention_reviewing_the_concept_Quaternary_prevention_aims_to_protect_patients_from_medical_harm

Matusitz J & Spear J. 2014 Effective Doctor–Patient Communication: An Updated Examination Social Work in Public Health. [internet] [cited 30 Jan 2021] 29 (3) Available from: https://www.tandfonline.com/doi/full/10.1080/19371918.2013.776416?needAccess=true

Mehay R, Beaumont R, Draper J. et al. 2012 Chapter 4: Revisiting Models of Consultation. In: The Essential Handbook for GP Training and Education. Ohio: CRC Press

Neighbour R. 1987. The inner consultation. Oxford: Radcliffe Medical Press

NHSE (National Health Service England). 2019a. The NHS Long Term Plan. [internet] [cited 30 Jan 2021] Available from: https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

NHSE (National Health Service England), 2019b. Universal Personalised Care [internet]. Available from https://www.england.nhs.uk/publication/universal-personalised-care-implementing-the-comprehensive-model/

NHSE (National Health Service England), 2017. Multi-professional framework for advanced clinical practice in England. [internet]. [cited 30 Jan 2021] Available from: https://www.hee.nhs.uk/our-work/advanced-clinical-practice/multi-professional-framework

Norman AH & Tesser C D. 2015. Quaternary prevention: the basis for its operationalization in the doctor-patient relationship. Rev Bras Med Fam Comunidade. [internet] [cited 30 Jan 2021; 10 (35):pp1-10. Available from: http://dx.doi.org/10.5712/rbmfc10(35)1011

Parliamentary and Health Service Ombusman. 2020a. Continuing Healthcare: Getting it right first time [internet] [cited 30 Jan 2021] Available from: https://www.ombudsman.org.uk/publications/continuing-healthcare-getting-it-right-first-time

Parliamentary and Health Service Ombusman (2020b) Making Complaints Count: Supporting complaints handling in the NHS and UK Government Departments. [internet] [cited 30 Jan 2021] Available from: https://www.ombudsman.org.uk/publications/making-complaints-count-supporting-complaints-handling-nhs-and-uk-government-1

Pendleton D, Schofield T, Tate P, Havelock, P. 1984. The Consultation: An Approach to Learning and Teaching. Oxford: Oxford University Press

Peterson MC, Holbrook JH, von Vales D, Smith NL, Staker LV. 1992. Contributions of the history, physical examination, and laboratory investigation in the medical diagnosis. *West J Med [internet] [cited 30 Jan 2021]*; 156**:** 163–165. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1003190/

Resuscitation Council UK (2015) The ABCDE Approach. [internet] [cited 29 Jan 2021] Available from: https://www.resus.org.uk/library/2015-resuscitation-guidelines/abcde-approach

Roshan M, Rao AP. 2000. A study on relative contributions of the history, physical examination and investigations in making medical diagnosis. J Assoc Physicians India [internet] [cited 30 Jan 2021]; 48(8):771–5. Available at: https://pubmed.ncbi.nlm.nih.gov/11273467/

Rothman, A & Kulkarni, K (2008) PasTest Online Revision for Medical Students. [internet][cited 31 Jan 2021] Available from: http://www.revise4finals.co.uk/medicine/mnemonics/index.php

Scalise D. Clinical communication and patient safety. Hosp Health Netw. 2006;80(8):49–54 42.

Silverman J., Kurtz, S., & Draper, J. 2008. Skills for communicating with patients. Oxford: Radcliffe Medical Press

Silverman J, Kurtz S, Benson, J & Draper, J. 2003 Marrying Content and Process in Clinical Method Teaching - Enhancing the Calgary–Cambridge Guides Academic Medicine [internet] [cited 30 Jan 2021] 78, (8) Available from: https://journals.lww.com/academicmedicine/Fulltext/2003/08000/Marrying_Content_and_Process_in_Clinical_Method.11.aspx

Talley, N & O'Connor, S (2017) Talley and O'Connor's Clinical Examination. 8th ed. London: Elsevier.

Whelan AJ, Ball S, Best L, Best RG, Echiverri SC, Ganschow P, Hopkin RJ, Mayefsky J, Stallworth J. 2004. Genetic red flags: clues to thinking genetically in primary care practice. *Prim Care [internet] [cited 30 Jan 2021];*31:497-508. Available from: https://pubmed.ncbi.nlm.nih.gov/15331244/

Zemaitis MR, Planas JH & Wassem M. 2020Trauma Secondary Survey. Stat Pearls. [Updated 2020 Jul 31]. In: StatPearls [Internet][cited 30 Jan 2021] Available from: https://www.ncbi.nlm.nih.gov/books/NBK441902/