

**UNIVERSITY COLLEGE LONDON**

University of London

**EXAMINATION FOR INTERNAL STUDENTS**

For The Following Qualification:–

*B.Sc. (Intercal)*

**Health Sciences C108: The Consultation in Primary Care**

**COURSE CODE : HESCC108**

**UNIT VALUE : 0.50**

**DATE : 26-APR-06**

**TIME : 09.30**

**TIME ALLOWED : 3 Hours**

**Paper title: The consultation in primary care**

You **must** answer **Question 1** (which lasts 2 hours) and then **1 (one)** of Questions 2,3 or 4 (which lasts 1 hour).

Please answer each separate question in a new answer book.

**This is a 3 hour Paper**

1. See attached sheet (practical question) **COMPULSORY QUESTION**

**Choose one from the following:**

2. It is not unusual in British general practice for patients and doctors to be from different cultural and / or language groups to one another. Using examples and reference to the published literature describe how these difference might affect communication in the GP consultation and discuss strategies that might reduce any negative impact.
3. Describe what you understand to be the key elements of a patient-centred consultation with reference to the published literature and real examples. To what extent is it true to say that the patient-centred approach is more suitable for primary care consultations than those in secondary care (hospital)?
4. Mary, a 14-year-old girl comes with her mother to see the general practitioner. Her mother explains that she is worried about Mary, who has not been eating properly for six weeks and often does not feel well enough to go to school. What are the issues this consultation raises and what methods can the GP employ to optimise his/her chances of gaining Mary's confidence and a full understanding of the problems.

**CONTINUED**

**BSc in Primary Health Care – Consultation Module 2005/06**  
**Practical examination (Question1) 2 Hours**

**Q1.**

You will be shown an edited video of a real doctor: patient consultation. A copy of the written transcript of the consultation is provided. The video lasts approximately 10 minutes.

It will be shown once at the start of the examination. After approximately 5 minutes, it will be shown a second time with several pauses for note taking. The time course of the video will be displayed digitally on the screen.

The consultation takes place in a general practice. There is a brief interruption when the doctor physically examines the patient (not shown). If the doctor has met the patient previously that will be made clear to you.

Aims of this examination are to:

- Examine your ability to view the consultation as a whole and make a general assessment of it.
- Examine your ability to give effective feedback on consultation skills and strategies.
- You are not asked to assess clinical skills although you may wish to comment on clinical aspects you see as relevant.

**Instructions to candidates:**

Your answer should take the form of:

**Succinct feedback to the doctor.** Your objective is to help her/him develop her/his consultation skills. Your critique of the consultation should address the general structure and process of the consultation, the communication and interpersonal skills being used and their effects. Comment on the extent to which the consultation seemed to you to be successful from the perspectives of the doctor and the patient.

It may be helpful in preparing your answers to be clear why the consultation is taking place and what it is the consultation is trying to achieve.

**IMPORTANT NOTE:**

*The patient and doctor in this video have given written permission for this videotape to be used for medical education purposes only. The consultation is confidential and nothing you observe in this tape should be discussed with others, neither should the identities of those videotaped be revealed.*

**END OF PAPER**

BSC in Primary Care: Consultation Module Exam April 2006

Transcript for Question 1

(Times as shown on Tape) Total length: 8.15 minutes

Time

- 37.45 Doctor Nice to see you
- Patient I er had a message that you wanted to see me this morning
- 38.00 Doctor Absolutely - glad you've turned in. Erm, you know you've been having your blood pressure recorded regularly recently and we've sent you away to have a chest x-ray, ECG, and all your blood tests erm we want to tie it altogether.
- Patient Right
- Doctor Well unfortunately your blood pressure recordings have been a little bit on the high side and they're really just a little bit too high for us to leave them with out doing something. So I think this is the next step to, as I say, bringing it all together and maybe start you on some treatment to control this blood pressure.
- Patient Erm so when you say they're a bit high is there something seriously wrong with me doctor or
- 39.00 Doctor I don't think there is something seriously wrong so maybe you should put that worry out of your mind erm what it means is that your blood pressure is simply running a little bit higher than what we'd like it too. Now we know statistically that if your blood pressure is left to run higher than we'd like it that you might put yourself at risk of illnesses later on in life, worst scenarios heart problems, strokes and I mention those are the worst scenarios and I mention them maybe to explain why we take so much interest in blood pressure. What we hope to do now is treat this blood pressure, get it under control and therefore reduce the risk of you developing these problems that we speak about.
- Patient So at the moment there is no concern and I haven't got a dickey heart or anything like that and I'm not gonna keel over one day or anything am I?
- Doctor The good news from the tests we done is that your heart is functioning great at the moment.
- Patient Thank god for that
- Doctor I can see you're getting worried about this and I think I can
- Patient Its plays on my mind a bit yeah
- Doctor I say that at the moment you'll almost certainly get no symptoms from your blood pressure other than the worry were giving you so maybe we can get rid of that worry now.
- Patient Brilliant
- Doctor Have you had a chance to think about it, your blood pressure being high, have you been worrying about other things?

TURN OVER

40.00 Patient Just worrying about what it is really, I never really understood what it means, you know, what happens (...) worst case scenarios and you tend to think that, I mean my grandmother.....

Doctor We're going to try and keep you away from those worst case scenarios

Patient And obviously I thought it might be my heart or something like that

Doctor Most causes of blood pressure its not anything you're doing its a combination of how you were born and so maybe we could look at your lifestyle a little bit. Do you smoke?

Patient Yes I'm afraid I do, I do smoke

Doctor Well that's one thing that we'll nag you about over the next few months and you know the nurse runs a smoking clinic here and maybe she'll be able to try and help you to try and cut down on the cigarettes, its one extra risk factors that we would like to take out of the scenario.

Patient Right

Doctor How about your alcohol intake

Patient Well I'm not a big drinker, I mean I have a few drinks at the weekend, just I'm a social drinker.

Doctor Ok, less than ten pints a week?

41.00 Patient Oh yeah

Doctor Fine well at the moment we'll say stay on that, we're not worried about that, that's quite safe for yourself. Do you do much exercise?

Patient Erm not a great deal, you know I'm not exactly Arnold Schwarzenegger I'm not built for er, you know.

Doctor We know that if you do some gentle exercise, that means simple walking erm, walking an extra bus stop is what people often say, I don't know how practical that is? A little bit of swimming if you like, a little bit of exercise walking, swimming exercises, great, fantastic, help your fitness levels and may even drop your blood pressure a little bit

Patient Right

Doctor Do you take much salt

Patient Erm, I put a bit on my dinner yeah, usually in the evening

Doctor Again the less the better probably, we do know again if you take a lot of salt it may contribute to having your blood pressure up so all these things you can do yourself and it may well bring it down a little bit we hope.

Patient So basically erm, so I'm gonna be okay that's, that's the main thing yeah

42.00 Doctor At the moment

Patient I'm thinking that.....

**TURN OVER**

Doctor At the moment there is no sign, there's nothing we've found to suggest at the moment there's anything serious

Patient Right

Doctor I don't trivialise your high blood pressure, I don't want to say "well that's it," its just some thing we've found 'cause I want to make it clear there's something that can be associated problems later on if we don't get on top of it but we intend to get on top of it. As well as these commitments to maybe altering your life style a little bit I think it's going to be necessary to start you off on some tablets to treat this.

Patient Right does that mean that I'm going to be on these tablets for the rest of my life or is it going to be for a few weeks

Doctor We'll monitor you closely, we'll be seeing you maybe 3, 4, 5 times a year, we'll be checking your blood pressure regularly

Patient So I'll have to come back?

43.00

Doctor You'll have to come back I'm afraid but for blood pressure checks and we'll check your body out looking for signs of any problems and a lot of people once they start blood pressure treatment are on it forever some people aren't. As I say we will check that closely. I've not seen you so worried.

Patient Yeah well you know, I've been going on a lot of different doctors poking around and looking at me (....) so erm, so I've got to go on this medication

Doctor That's right

Patient Cut back on the smoking

Doctor Cut back, stop, that would be fantastic

Patient I'll give it my best shot

Doctor We're good at nagging you about smoking so we'll keep having a go about that

Patient I mean these tablets, its not going to really affect my life, I can still drive and be able to function normally

Doctor You'll still be able to drive. Do you have any other problems? I've looked at your medical history and I can't see if you've any significant problems in the past

Patient No, I mean this is the first what I'd call major thing I'd say that's really ever happened to me I suppose.

44.00

Doctor Are you taking any other tablets or medicines?

Patient No nothing at all doctor no

Doctor Okay, well we'll use a blood pressure tablet that we think will give you limited side effects. All tablets if you're very unlucky can have side effects. We'll monitor for it, er, I think we'll choose a blood pressure tablet for yourself which isn't gonna have any problems so that all you'll have to do is remember to take it. You should feel okay, just remember to take the tablet that's all it will be.

Patient Fine, you keep me alive and I'll keep my side of the bargain too

**TURN OVER**

Doctor (laugh) well I accept that, I'll accept that

Patient Okay

Doctor Have you any other worry's

Patient No, no I mean at least I know where I stand now, at least I know I'm not gonna, I wasn't sure whether you was gonna come in and tell me when I came in that I was gonna keel over tomorrow or something

Doctor You're not going to do that

Patient So er, well I mean if its tablets for the rest of my life so be it you know, as long as I can still keep going that's the main thing really so er, I appreciate that

**45.00** Doctor Okay, we'll we'll erm, we'll start you off on something today

Patient Okay, I mean when will I have to come back and see you again?

Doctor I think it will be a good idea if you come back and see us, start off with two weeks, not because I'm worried simply so we can go through some of the things we've said again, gives you a chance when you get home to have a sit down and consider what was said and if you've got anything else that comes up, any other worries

**End of consultation**