

**Course title: Essential Consultation Skills for FCPs****Delivered by: David Alderson****Course length:** 1 day**Course Outline:**

A one-day course which has relevance in all specialties of clinical practice but is focused on those in an FCP environment. Aimed at early stage/ moderately established FCP clinicians, it complements other MACP courses such as imaging and bloods.

The course will explore theoretical knowledge which underpins primary care practice, with specific focus on effective consultation. It will support clinicians to develop these skills and deliver care in a pragmatic way, emulating GP best practice.

**Style of teaching:** Can be delivered remotely but would be optimised in Face-to-Face delivery.

**Aims:** Provide an understanding of core consultation skills that are relevant in contemporary FCP practice

**Learning Objectives:**

- To understand the GP approach and the consultation techniques taught in their training
- To understand primary care consultation models and consider how we mould the Physio approach to best fit
- To use fine detail from the consultation (considering the unsaid whilst also utilising ideas, concerns and expectations) to demonstrate patient centred communication
- To be able to better appreciate and clinically reason in the face of complexity and cognitive bias

**Format:**

Highly interactive, evidence-based content, that will be delivered with a mixed approach of tutor delivery, group work and open discussion. Clinically relevant case studies will provide a context in which to apply the principles covered

**Structure:**

The course explores the development of skills specifically required in FCP/ primary care settings. The introduction will briefly cover the philosophy behind FCP and its role in healthcare. Learners will share thoughts on the unique challenges they face in their roles.

Due to the short and pressured nature of FCP, we will spend time on the execution of consultation, how this can shape the direction of travel in hypothesis building and how we can take inspiration from GP training to try to navigate this. Within this we will incorporate identification of overt and covert cues, managing 'Ideas, Concerns and Expectations' and use of summarising to aid clinical reasoning. This will be explored practically with the sharing of current practices, participation and peer feedback.

Due to the blurred lines in FCP, time will be spent on uncertainty in primary care and steps we can take to reduce its impact, while also considering common cognitive biases. We will also explore clinical case studies specific to primary care and the FCP role in conversations about wider health and other external factors when building a plan with our patient.

### **Proposed course Programme (with mid morning/ afternoon and lunch break) :**

#### *Morning – 1h25*

Introduction – The wonder of primary care and the NHS, but what do patients complain about?

Developing GP special techniques and increasing understanding of common (and not so common pitfalls in primary care) – For example, ‘Beware disease to please/ 3 strikes and you’re in/ clinician as a drug’

#### *Late morning - 1h25*

Consultation – How does a traditional Physio and FCP consultation compare? // How much information is enough? // How GPs train these skills// Examples // Observing for cues

Propose modified consultation approach

Practical – Developing consultation skills with case studies. Applying them practically with peers – golden minutes, open questioning, responding to cues, summarising, most likely cause

### **Lunch break**

#### *Early afternoon – 1h25*

Practical - Complete consultation structure with case studies. Applying them practically with peers – making ICE conversational// option sharing/ shared decision making of best available options

#### *Late afternoon – 1h25*

Considering barriers, Mental health and wider health – starting conversations but including risk and where MSK FCP fit

Tolerating uncertainty – navigating cognitive biases, Clinical reasoning and the role for safety netting

Close 430pm

*Questions, reflections and home*

### **Resources**

Presentation including references - including signposting to further self-driven reading. Further signposting to other interesting resources

Case study booklet to complete and refer to

Participants as peer group, practice in small groups

**Biography:** David Alderson is currently a senior lecturer and course lead of the Advanced MSK practice MSc at Sheffield Hallam University (SHU) and lectures on MACP modules. He now splits his time between the university and working part-time for a large Primary care network in York. Prior to this, David worked full time and was fundamental in the initial group that established the FCP service. He was part of the first round of Roadmap supervisors and is now integral in the ongoing development of new FCP's as their lead MSK Specialist.

David also works as a medical tutor and tutor developer for the Football Association. This has required F2F delivery of medical courses to learners from grassroots to elite level support staff. In addition, as a tutor developer, he provides pedagogical support for 25 medical tutors in delivering and maintaining high quality educational experiences



Learning Outcome	Delivery method (s)	Referenced MSK CCF	FCP Roadmap	Cross referenced IFOMPT
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Understand GP approach and the consultation techniques taught in their training	Study day – Taught content and resources	C1. C2. B3. C6. C7	Demonstrate advanced critical understanding of the processes of verbal and non-verbal communication, clinical documentation, and the common associated errors of communication e.g. use of inappropriate closed questions, appropriate use of lay and professional terminology.	D7. K1. K2. K3
		A1. A2		D8. S10
		A2	Demonstrate advanced use of interpersonal and communication skills in the effective application of practical skills for assessment, diagnosis, and management of individuals with MSK conditions	D10. S2. D10. S10.
			Demonstrate an advanced level of effective, direct, person-centred approach to practice, responding and rapidly adapting the assessment and intervention to the emerging information and the patient's perspective e.g.	

			enabling individuals to make and prioritise decisions about their care, exploring risks, benefits, and consequences of options on their MSK condition and life, such as paid/unpaid work, including doing nothing.	
Understand primary care consultation models and consider how we mould the Physio approach to best fit	Study day – Taught content, resources	A2	Demonstrate comprehensive advanced knowledge of the influence of the clinician’s behaviour on a patient’s behaviour and vice versa.	D4. K5
		A1	Demonstrate effective advanced communication skills when applying behavioural principles e.g. modifying conversations based on an individual’s levels of activation and health literacy, providing appropriate and accessible information and support to ensure understanding of the MSK condition’s	D4. S2
		A2		D6. S3

			current and potential future impact on their lives.	
			Demonstrate advanced use of clinical reasoning to integrate scientific evidence, clinical information, the individual's perceptions and goals, and factors related to the clinical context and the individual's circumstances e.g. using clinical outcome measures such as pain, function, and quality of life to progress meaningful goals, and offering regular appointments to monitor other healthcare needs associated with MSK long-term conditions and co-morbidities.	
Using fine detail from the consultation (For example what goes unsaid or utilising ideas, concerns and expectations) to		A1. A2	Demonstrate an advanced level in the ability to enhance and promote the rights of a person to actively participate in	D1. S7

maximise patient centred communication		A1. A2.	their healthcare management through shared decision making by taking into consideration the patient's wishes, goals, attitudes, beliefs, and circumstances.	D8. S10
		A1	Demonstrate advanced use of interpersonal and communication skills in the effective application of practical skills for assessment, diagnosis, and management of individuals with MSK conditions.	D7. S2
			Demonstrate efficient and effective use of advanced active listening skills throughout the individual's encounter e.g. both are involved in an active, two-way process.	
Be able to better appreciate and clinically reason in the face of complexity and cognitive bias		A1.	Demonstrate advanced self-awareness to mitigate against the impact of a clinician's own values, beliefs, prejudices, assumptions, and stereotypes when	D7. S3. D7. A4
		B3. B4. B5		D5. K2

			interacting with others.	
		B3. B4. B5	Demonstrate comprehensive advanced knowledge of the theoretical basis of the assessment of the MSK system and interpretation of this assessment towards a clinical diagnosis.	D6. K5
			Demonstrate advanced evaluation of common clinical reasoning errors.	