

## The First Time

Sport teams prepare their "set pieces" with repeated practice and trying out new and varied strategies to try and outwit the opposition, in soccer, the corner, the free kick and in rugby the scrum and line out for example.

In theatre and film "set pieces" are elaborate sequences where one action builds on another leading to an ultimate climax, the care chase scene, that bit in Star Wars where they blow up the Death Star (sorry, spoiler alert!)

In General Practice our "set pieces" are the consultations we can prepare and strategise for - NZ Health Surveys tell us that most people go to the GP for either a check up, or for management of short term illnesses, followed by management of longer term conditions, such as cardiovascular disease, respiratory and musculoskeletal conditions, and for issues like contraception, immunisation, and mental health conditions.

Australian health surveys suggest that around 40% of a GP's time is taken up with managing one of 23 different disorders, including hypertension, asthma, URIs, sprains, back pain, osteoarthritis, depression, skin rashes, heart failure, gynaecological issues, and heart failure.

What you consider a set piece may vary according to your practice style and population but the lifestyle change consultation, telling bad news, admitting to an error of judgement or omission, and the common clinical situations, the respiratory tract infection, hypertension, asthma, arthralgia, the contraception consultation, back pain, and the off work certificate might be good starting places.

For most patients this may be the first and only time they come to talk to a GP about an issue, but for you as a GP these consultations can be the bread and butter of your day, or should I say the carrots and quinoa in these more enlightened and healthier eating times.

One of the joys of General Practice is that every person's cold is different, the way it is effecting them, the consequences, their fears ideas and expectations. Drawing these out and addressing them in the consultation is one of the things that separates health professionals from computer generated diagnostic tools.

(Check out <http://symptoms.webmd.com> and <http://www.myelectronicmd.com/> for an idea of where the future may take us if we don't see the value in these "simple" consultations.)

However even though every consultation is different, there is great value in preparing your "set pieces" to help you to use the patient centred method, and to enable everything to be fitted into the fifteen minutes allotted.

Frameworks really help, but whenever you are applying template be aware that "the opposition" (if we can call the patient such) may have a different plan in mind and be prepared to adapt.

## The four question framework

1. "What's going on?"
2. "How do we test our ideas?"
3. "What are we going to do now?".
4. "How will we know if things are getting better?"

### What's going on?

I like John Murtagh's framework for considering "what is going on?" he suggests first to think "probability" - what is the most likely diagnosis? He then reminds us to consider the pitfalls that we often miss, (drug and alcohol misuse for example) and the things that should not be missed - could this be a tumour or a manifestation of HIV?

He then describes what he calls "the common masquerades" - conditions that have lots of symptoms and can present in a number of ways, he lists depression, diabetes, drugs, anaemia, thyroid function, spinal dysfunction, and UTI. We also need to think if the patient is trying to tell us something.

### How do we test our ideas?

and

### What are we going to do now?

Proving the diagnosis usually means tests, but often a trial of therapy, or applying tincture of time and seeing how things develop is the ideal course of action and can be part of addressing "what are we going to do now?" Remember that patients sometimes just want to be heard, to share the burdens of life and know that someone else is not concerned about the funny looking lump on the side of their foot.

### How will we know if things get better?

Planning with the patient "how will we know if things get better?" Roger Neighbour describes in terms of "safety netting", answering the "what if questions" - "if the lump gets bigger we should see each other again, if it stays the same we should relax unless it is causing you some functional problem, if it shrinks and goes away I would be surprised and like to have another chat with you about it..."

Although you still meet the odd doctor who thinks that medicines alone make people better, in my experience it is unusual to be able to say with certainty "take this course of tablets and it will all be better by next week."

## The Set Piece Consultation Framework

### Aim:

What is the nub of this consultation? Identify the issue in a sentence.

### Strategies:

What you need to do to address the key issues in this consultation in a few sentences.

**Tools available:**

What models, resources, processes are there available to help?

**Process description:**

Describe the application of a tool in a few sentences that sum up what you would do.

**Treatment plans:**

Describe the treatment plans that you think are likely / potential.  
Give take away information.

**Follow up:**

"Can we talk about this again sometime?"

Make a note in your "task list" to follow things up.

Make sure your notes contain a record of the discussion so that another practitioner can follow this up.

Detail if there is a required follow up e.g. in depression.

Remember "first you save yourself" , you don't have to do it all, use you whole team, planning your "Set Pieces" is a great "in house" educational tool, it can save everyone time and make sure everyone is "singing from the same song sheet."

For example...

## **Set Piece for the Lifestyle Consultation**

**Aim:**

To get the patient to change their way of life - stop smoking, eat well, exercise regularly.

**Strategies:**

To understand what the patient's priorities are, to understand what motivates the patient, to empower the patient to make an improved choice, to encourage the patient to continue making that choice.

**Tools available:**

The motivational interview, regular follow up, a good therapeutic relationship

**Process description:**

Motivational interviewing.

"Of all the lifestyle things you know that effect health, what is the most important thing for you to deal with at the moment?"

"On a score of 1 to 10 where 10 is very successful, how successful do you think you will be in dealing with that issue in the next 12 months?"

"What will be the barriers to you being successful?"

"What will be the things that will help you?"

"Is there anything you think I could do to help?"

**Treatment plans:**

Smoking - local and national support programmes, nicotine replacement, zyban, champix.

Health eating / Obesity- local and national support programmes, diet advice resources (online and handouts)

Exercise - local and national support programmes, exercise advice and resources (online and handouts)

Plan for other issues that might come up - gambling, alcohol consumption, anger management, depression, financial difficulties.

**Follow up:**

"Can we talk about this again sometime?"

Make a note in your "task list" to follow things up

Make sure your notes contain a record of the discussion so that another practitioner can follow this up "I see you spoke to the nurse about your smoking..how are things going?"