

BEFORE THE SURGERY

ITEMS	EXTRA NOTES
1. Put a notice on your door	A notice to say that you are doing recorded consultations & DO NOT DISTURB.
2. Educate Reception working that day to help you	Advise your admin staff what sorts of things to book and what sorts of things note to book. (eg. no simple consultations like hayfever, stye of eye, otitis media)
3. Get reception to prep the patient? (to help with time efficiency)	For example: (i) Consent (ii) photos for rashes (iii) T-shirt and shorts for MSK probs (iv) Find a private room (v) Somewhere to prop up the phone (vi) reminder - this is a 10 min consultation. In terms of items ii-vi, get a practice system in place - it will be good for the other doctors too! Get reception staff to do this not you - but train them up so they do it adequately. Why the reception staff? Because RCA examiners want to ensure you have not had too much prior contact with the patient and "briefed them up". Besides, it saves you time.
4. Educate working doctors that day to help you	Again, tell them type of cases you are looking for. New presentations not reviews. No simple ones. Will they be happy for you to swap one of your easy ones for their more complex ones (I can't see them saying no).
5. Look at on-call list. Select good cases.	Look at on-call list. Select NEW Cases. Do NOT pick follow-ups or reviews. Select challenging cases not simple ones.

10-15 mins BEFORE THE CALL

ITEMS	EXTRA NOTES
1. Differentials & Clinical Avenues	If there is an idea of what the call is about → think about differentials and clinical avenues to explore.
2. Look up on CKS or GPNotebook (Don't spend too long here: 5-10 mins)	Skim-read things like.. <ul style="list-style-type: none"> • Differentials or Clinical Systems to explore • Essential Hx for above • Red flags not to miss • Latest Guidance (CKS/GPN)
3. Blank A4 - jot up to SIX 1-2-3-word notes (e.g. "their job", "PSO", "don't forget meningitis", "suicidal risk assessment")	<ol style="list-style-type: none"> 1. To help organise your mind OR 2. To help you remember things you might forget. <p>Don't make your notes too wordy or list'y. Keep very brief – one or two words is best. Not sentences. Otherwise, you will focus on your notes sheet rather than the consultation, and your consultation flow will be ruined, and you will miss essential bits of the talk as the patient speaks (i.e. you will miss verbal and non-verbal cues). And use a new sheet of A4 for each patient. Don't clutter the next patient with the previous patient's notes!</p>

2 mins BEFORE THE CALL

1. Timer	Set the timer or clock on your desk. At 5-6 mins, move to Clinical Management!
2. Scan medical record.	(i) consultations (ii) DH (iii) PMH (iv) Letters & Results
3. Look at your jotted-notes again.	Quick reminder of things not to forget or to structure your thinking.
4. Psychological Tip A: Wear a telephone headset.	This will enable you to talk with your body and hands freely (even if the patient can't see you). Speaking with your body and hands affects the way you speak.
5. Psychological Tip B: Think of something nice.	Think of a person you love, a favourite place/holiday for 5 seconds. Smile. Now place the call. (Makes you positive and welcoming).

BEGINNING THE CALL

1. Opening statement:	"Hello my name is Dr XXXX. I am one of the GP trainees nearly at the end of my training. I want to thank you for agreeing to this recording which is for my final assessment. Before we start, I just want to let you know that I have a bit of a speech problem – I stammer, so please bear with me"
2. Consent if not done automatically by 14F	

DURING THE CALL

Only look at the clock occasionally. Move from Data Gathering (DG) to Clinical Management (CM) at roughly 7 min mark for 12 min consultations (8 min if granted extended time of 14 mins). HOWEVER, don't wait for this point to arrive, though. Instead, start wrapping up the DG a minute before (i.e. 6 min for 12 min, 7 min for 14 min) AND THEN move over at the 6 min mark (12 min consultations) or the 7 min mark (14 min consultations).

Follow Ram's RCA Consultation Model <ol style="list-style-type: none"> ROLA The Story & then Clinical History PSO & ICE Any preliminary examination worthwhile doing on phone/video? Verbalise diagnosis/differentials Further Clinical Ex & Ix Mx plan – drugs, referrals etc vi. FU & Safety Net (Ram's EDF) 	<p>ROLA = Rapport (be nice, smile), warm Opening, Listen, (set the) Agenda</p> <p>The Pivotal Moment: at around 6 mins for 10 min consultations (7 mins for 12 min consultations), move away from data gathering, state your impression, and move onto clinical Mx. Phrases like...</p> <ul style="list-style-type: none"> • "I'll tell you what I'm thinking....." • "My recommendation is..." <p>Ram's RCA Consultation Model available from www.bradfordvts.co.uk/mrcgp/rca</p>
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