

7 tips for strengthening your consultation skills as a clinician in training

There is always a lot to do when you are in training for a new role. You might need to learn about new conditions or treatments, keep on top of a training portfolio or prepare for exams. Regardless of the new clinical role you are training for, consulting skilfully with patients is a fundamental aspect of healthcare. Here are 7 tips for how to strengthen your consultation skills during your training.

1. Find good consultation skills resources to help you learn quickly

There are numerous consultation skills resources. Some are formal textbooks which summarise the evidence for particular skills, while others are more informal books based on one individual's experiences. There are also a growing number of online resources including blogs, e-learning packages and podcasts. Everybody learns in different ways and certain formats will be more appealing than others.

Try out a few different options, to see which work for you in terms of style and content. Hospital libraries, or your place of work, are good places to look. Your supervisor will probably have a favourite book that you could borrow to see if it suits you.

The TALC resources are fantastic to use when developing your consultation skills. There are short articles and podcasts covering all the elements of the consultation, with advice and tips for how to consult more effectively. The TALC materials include lots of links to other resources for when you want go and find out more.

2. Work closely with colleagues

We're told that 'practice makes perfect' but merely repeating the same thing doesn't mean that we will become good at it. Imagine the pianist who practices every day but has mixed up the black and white keys – the end result might not be too kind on the ears! Involving other people can guide you to identify which skills you need to develop.

The Johari window illustrates this. We all have a 'blind' area that we can't see, but others can. By inviting others to give feedback this blind area becomes 'open', enabling us to act upon it.

	Known to self	Unknown to self
Known to others	OPEN	BLIND
Unknown to others	HIDDEN	UNKNOWN

The Johari Window. Adapted from Luft and Ingham (1955).

Your supervisors are invaluable resources. They have an understanding of how to consult with patients in your particular field and also have been trained to help you develop these skills. There is more about this in the 'Making the most of time with your supervisor' section below.

Involving your peers also gives lots of benefits. You could review each other's recorded consultations or practice mock clinical cases. Make sure that feedback is focused on development. To achieve this, focus on what was done well AND what could be done differently ('even better if...'). Set some ground rules for the session where you all agree to be a 'constructive friend' (see 'Make sure you receive effective feedback' below).

3. Make the most of the time with your supervisor

Regardless of how often you see your supervisor, it is important to prepare for these meetings so that you will get the most out of them. Where possible try and plan the content of your supervisor meetings in advance and have a specific objective in mind.

There are many ways you can work with your supervisor to develop your consultation skills including:

- > Doing joint clinics
- > Reviewing your video consultations
- > Discussing challenging patient interactions

Perhaps the most helpful of these is reviewing pre-recorded consultations as this allows both of you to view (or listen to) the recording, spot skills and discuss the consultation together.

For example perhaps you want to develop your skills at ending your consultations more easily and effectively. Before your supervisor meeting you could read about that element of the consultation in your consultation skills resource (e.g. the corresponding TALC chapter) and identify skills to try out with patients. You could then record a clinic where you make a conscious effort to do these, and then review the recordings with your supervisor. Your supervisor can offer feedback about how you are using the skills and you can work together to decide how to develop those skills further. Discussing the impact of those skills on your consultations can be enlightening.

4. Get used to seeing yourself on video

Most people don't like watching or hearing themselves on recordings. Some of this is due to camera trickery. For example, hand gestures often look more exaggerated on video than they actually are, due to frame size effects. The strangeness of watching ourselves on video is also affected by our brains filtering out details we don't want to see because we are expecting something else (confirmation bias).

Start recording and reviewing consultations early in your training so that you get used to it. You may find that the more you watch or listen to yourself the more comfortable you become. If not, focusing on specific aspects (e.g. the patient's reactions or listening for specific phrases) can help to direct your attention away from yourself. Ultimately, remember that no-one else watching your consultations cares about how you look or sound. An observer's interest is in the content and on how you interact with the patient.

5. Don't be afraid to try things out... but not all at once

The only way to see if something works is to try it out. Practicing with others can be helpful to introduce you to a skill, and there is no substitute for trying things with patients and seeing their unprompted reactions.

It's important not to try and introduce too many new things at once. Trying to achieve too many things makes each one less likely to succeed. It takes time to develop skills and integrate them into daily practice.

Identify one aspect of the consultation you would like to work on, for example, setting an agenda with the patient. Make a conscious effort to practice the new skill in every consultation during a clinic. Make some brief notes afterwards about the impact including the new skill had on you, your patient and the consultation. You may decide to record your clinic and review these consultations (alone or with a supervisor). Once you have started to consistently include that new skill then pick a different area of the consultation to work on and repeat the process.

6. Make sure you receive effective feedback

Feedback is vital for consultation skills development. Some clinicians, however, dislike getting feedback. It may be that you have had a particularly negative experience of receiving feedback. You may find the way feedback is given to be off-putting or difficult for you to understand. It can also be hard to accept positive feedback. Poorly given feedback can prevent learning; affecting confidence, self-esteem and enthusiasm for development.

It can be helpful to think about how you prefer to receive feedback. Discuss this with your supervisor early in your training. Having these conversations helps to develop trust and can make feedback more effective.

Feedback should always be constructive and specific. If these aspects are missing then ask the person giving feedback to elaborate so that it is clear what could be improved and how that could be done. If you receive a generic statement (e.g. 'your explanation wasn't very good') ask your supervisor to explain specifically which aspects need developing, and how you might do this. After you have received feedback on your consultation you should be in a position to create an action plan for how to develop your skills further. If that has not happened, you have not received effective feedback.

7. Start preparing for any examination early on in training

Exams often seem a long way away, but they can quickly creep up on you. Think carefully about when you want to sit your exams if you have a choice of dates. This will help your preparation plans.

The best way to prepare for exams is to develop your clinical and consultation skills as you see patients in your daily work. Mock cases and practising with peers can be helpful for exams involving simulated patients or structured physical examinations, but this shouldn't replace clinical experience and feedback upon this.

Don't forget that the closer it gets to exams the more stressful a time it is. Your focus will probably shift from 'developing your skills' to 'passing your exam' and the immediate period before the exam is not the ideal time to be drastically changing your consultation style. Use the months leading up to the exam for skills development – you can then use the last month or so to hone your skills and work on other elements such as time management and refreshing clinical knowledge.