

What everyone needs to know about improving their consultation skills

Powerful approaches to help you improve your skills

Would you like to improve your clinical accuracy, improve your relationships with patients, improve their clinical outcomes and reduce your risk of stress and burnout?

Then the TALC resources have tried and tested methods for achieving all this! Here's how:

Learning new skills means changing the way that things are being done already, trying new approaches and working with feedback from other people, especially experienced educators or trainers. Working through the Modules in TALC will help you understand the new skills, learn how to use them and learn how to get better feedback from others.

The best way forwards is to:



Choose the module that interests you most (or work through them systematically).



Choose a chapter to focus on.



Read the PDF which introduces the specific skills.



Listen to the podcast/**Watch** the video which explores the skills.



Practice those skills in a consultation.



Get feedback about how it went. This can be from an educator or from a peer who understands the skill and can use one of the checklists. Reflecting on the consultation afterwards and how the new skill went can also be a useful form of feedback.

The materials in TALC are divided into modules and broadly follow the Calgary Cambridge Framework (described below). Each module covers a different aspect of the consultation and contains several chapters which explore the skills you need in detail.

In each chapter there are also specific suggestions for effective teaching methods, to help clinicians to develop their skills. Working through the modules, and trying things out will help to improve your consultation skills, whatever level you are starting at.

To ensure your improvement in consultation skills is rapid and enjoyable, remember:

1. There are a variety of tasks in each consultation, each of which requires different skills.
2. Improving consultation skills is possible, via practice and feedback, skills being honed and improved with repeated tries.
3. Learning new skills always involves challenges.
4. Considerable research and evidence provide firm backing for these crucial skills.

Each of these factors is explored in the next part of this introduction.

1. There is a variety of tasks in the consultation, each of which requires different skills

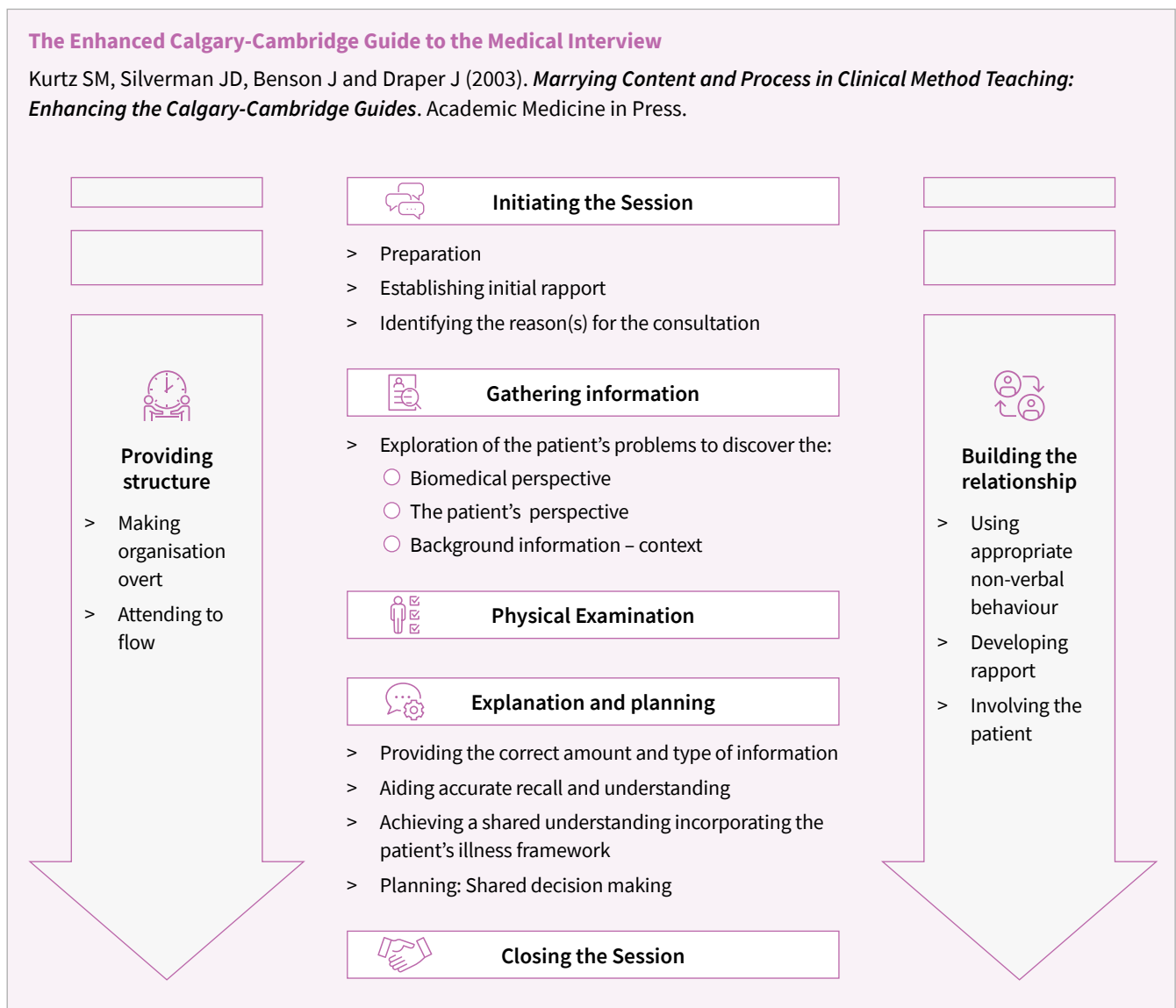
The TALC resources are based on a framework for the consultation which is shown in the diagram below. Aim to learn skills systematically, bit by bit, practising each part of the consultation until it comes naturally to use the skills described. The Calgary Cambridge Process Guide is a suitable curriculum and systematic map of the SKILLS that enable the TASKS of the consultation to be completed effectively. You will find copies of the framework and guide in the [Library](#) module.

This framework divides the consultation into a series of related tasks, each of which needs some distinctive skills. Some skills, such as active listening are used throughout. There are two threads running through the whole of the consultation: **Building the relationship with the patient**, includes demonstrating care and concern, while understanding each patient’s own unique perspective on things.

Providing Structure helps the consultation to flow logically and smoothly through the various tasks and helps to ensure nothing is missed out.

The skills needed are listed in the Calgary Cambridge Guide to the consultation, which can be accessed in the [Library](#) module or [here](#), and the overall framework can be accessed [here](#).

There are a lot of skills listed in the Calgary Cambridge Guide, so it is important to realise that they are not all needed in every consultation. Rather the clinician will employ the skills most needed for a particular issue. Throughout these TALC modules, the chapters are directly linked to the skills identified in the Calgary Cambridge Guide. See Reference 1 – *Skills for Communicating with Patients* for full details, and for the underlying research.



1 *Skills for Communicating with Patients* – Kurtz, Silverman and Draper.

2. Improving consultation skills is possible, via practice and feedback, skills being honed and improved with practice

Learning new skills always involves repeated practice (think of learning to play a new musical instrument or a new sport perhaps). However, practice does not make perfect. Practice makes permanent. Things we do over and over again become habits. Therefore, to improve skills we also need accurate and frequent feedback, so that the right skills are practiced and develop into good habits. Feedback is what makes perfect.

There is more information about this in the module [TALC EFFECTIVE METHODS FOR TEACHING CONSULTATION SKILLS](#) in the chapter called [AM I NEARLY THERE YET? SKILLS FOR RECEIVING AND GIVING EFFECTIVE FEEDBACK](#). Everyone who wants to improve their consultation skills needs to learn how to receive and act on feedback, as well as how to give feedback to others.

3. Learning new skills always involves challenges

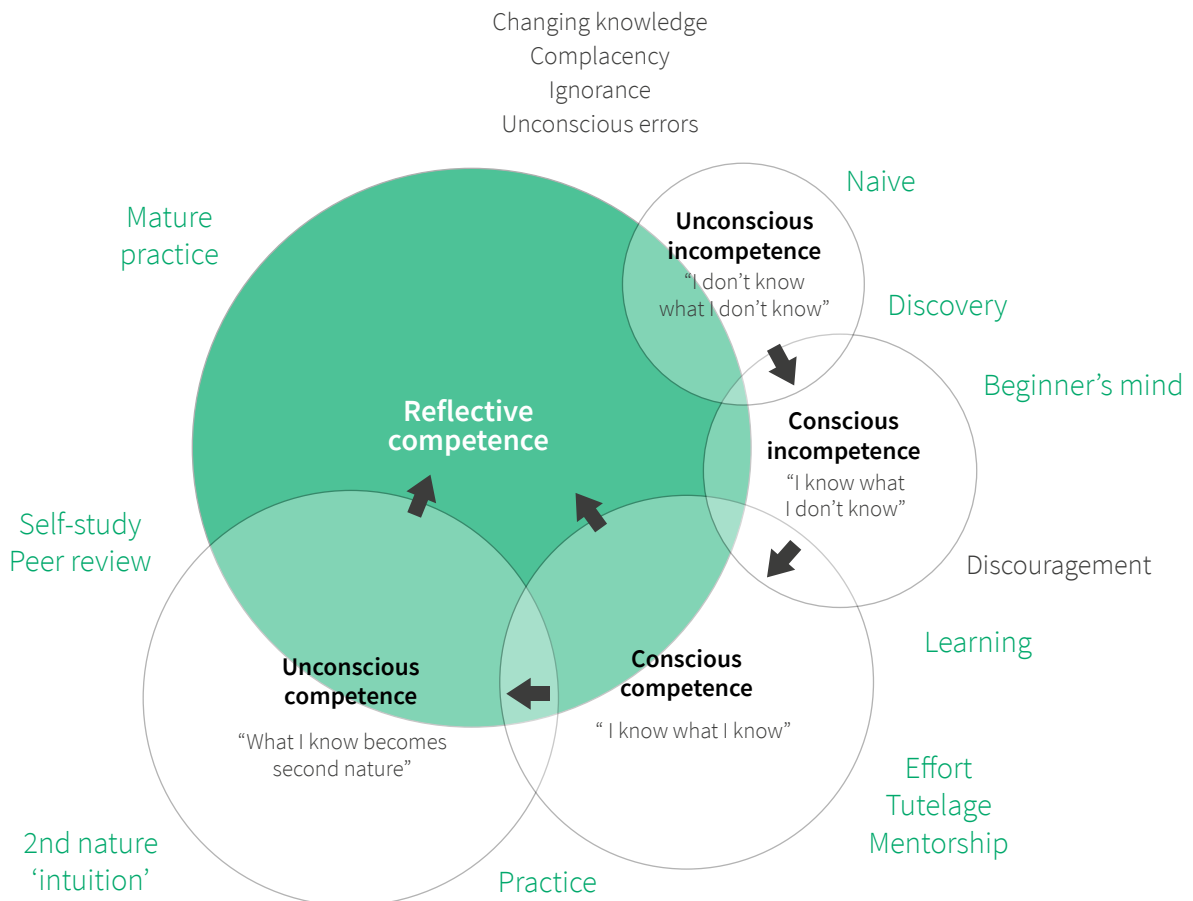
Realistically, learning new skills is always challenging. When clinicians begin to work seriously on improving their skills, consultations may be a bit longer and some skills more ‘clunky’. However, when clinicians improve their skills so that they really pay attention and listen properly to the patient, less time is wasted in consultations in the end. Sometimes, new skills fail to become routine, so that clinicians default to less effective consultation styles when under stress, when the situation is complex or when they feel they are no longer being observed by examiners or educators.

Why is it so hard to learn and embed new skills? The answer may partly lie in understanding the process of learning a new skill, and the best approach that clinicians can take to developing their skills.

Learning a new skill is really part of a cycle. Understanding this cycle as a necessary part of learning can help to speed up the acquisition of new skills and make it feel easier. The cycle is summarised in this diagram:

Reflective competence model

William Taylor, 2007.



Unconscious incompetence is where learning begins.

Initially, a clinician may not be aware that a skill even exists or is necessary. For example, a clinician may not be aware that there is a skill that really helps in getting consultations off to a good start, a skill called agenda setting (see [TALC SKILLS FOR BEGINNING CONSULTATIONS EFFECTIVELY – HOW IS A CONSULTATION LIKE A BUSINESS MEETING?](#))

Conscious incompetence is the next stage in the cycle, when the clinician does realise that there is a new skill to be learned, and also recognises that they do not yet have this skill. This realisation may come from feedback from someone else, or as a result of reading and becoming aware of new skills.

Conscious competence happens as the clinician starts to learn and practice new skills. The skill is there, but needs to be consciously thought about and is not yet routine, intuitive or natural. Think about learning to change gear when learning to drive. At first, even when a learner driver can change gear, it may feel awkward and clunky.

Unconscious competence happens when the new skill is embedded fully, it becomes so easy and intuitive that the skill is hardly noticed and seems effortless to an observer. Thinking about driving again, experienced drivers hardly notice when they change gear, it has become an unconsciously competent thing to do whenever needed.

With continuous development of skills, we gradually move towards expertise and mastery beckons. However, continuing to develop means going back to the stage of conscious incompetence again, as new possibilities and new skills come into awareness. Some clinicians find this stage uncomfortable, so they avoid finding out about the new skills they still need to develop. However, the effective and self-aware clinician will always be keen to seek out new skills, and will return to the stage of conscious incompetence repeatedly. This is called REFLECTIVE COMPETENCE. See Reference 3 for more information about this cycle of learning.

4. Considerable research and evidence provide firm backing for these crucial skills

Talking to patients in a clinical setting is an extension of the communication that we have with others throughout our lives. Humans are mostly pretty good communicators. However, sometimes clinicians who are good at communicating in daily life, feel that they will automatically communicate effectively in a clinical setting. Of course, they have a flying start, and humans are expert communicators.

However, there are specific skills needed in consultations with patients, which for most people, need to be learned and developed consciously over time. The skills required have been subject to numerous research studies, in many different settings. The skills described in the TALC modules have been chosen for their effectiveness, usefulness and all are supported by research. Using some of the skills can seem counter intuitive at times (habits are hard to change), so clinicians should bear in mind that the skills described and recommended in the TALC modules are all tried and tested ways to have more enjoyable and more effective consultations.

3 <https://www.businessballs.com/self-awareness/conscious-competence-learning-model>

There is a lot of interesting detail here for anyone wanting to understand more about how we learn new things.