



# The House of Discovery: work out what matters

## To the patient



Working out what matters is the first of two key objectives in every consultation, and this involves a coming together of what both the patient and the doctor bring to the problem.

The patient will bring their symptoms, but also their concerns and the context of the illness within what is happening in their life.

The patient will have priorities that the doctor will not know until they listen to the story, and only if they ask the right questions.

The doctor needs to learn how the problem is affecting the patient and its social impact (eg at work, on family, anxiety it might be creating, strain on finances, fears for the future etc).

## To the doctor



The doctor needs to listen to what matters to the patient, but also to bring their medical knowledge and acumen to the problem.

Are there symptoms to be concerned about? What might need to be done to establish a diagnosis? Is a diagnosis even possible?

The doctor has to apply their medical understanding of what matters, while always remembering that the patient is at the centre of what really matters, and that the doctor's knowledge must always be used to empower and enable the patient and not to ambush them.

## What to look out for in the *House of Discovery*



### Finding Dry Rot

Dry rot is where the doctor finds something of concern that may be bad news for the patient. This may be something the patient was half expecting, or may be quite a shock; it may relate to passing on abnormal test results, or something in the history or examination that raises the doctor's concern, ie a red flag

### The Basement

The basement is where the patient may hide areas of shame, eg alcohol use, debt, domestic abuse. The doctor may need to explore the basement, but only with care.

### Tools for the toolbox



Every consultation is enhanced if the right tools are used at the right moment. These will be questions, phrases or non-verbal forms of communication that help the consultation to be effective, and we need to fill our toolbox with them!

Example phrases, questions or techniques will be included in this section as a resource to add to your own toolbox, or adjust to suit your own style.

### Popping the Bubble

Patients may be reluctant to explore what matters and want to demand a certain plan – an early agreement that this plan is at least possible can help diffuse tension.

### Tending the Garden

The garden is where we look with the patient at lifestyle and chronic disease management. Like a garden, this area of medicine needs constant attention and maintenance. There may be monitoring requirements, or a need to look back at lifestyle choices, and these depends on the problem we are looking at at the time.

### Foundations

Every consultation requires some foundational knowledge and not just good consultation skills. This knowledge will depend on the problem we are dealing with, but needs to be a 'working understanding' of the condition rather than a precise 'right' or 'wrong' ability to recall facts.

If we need exact facts (such as the dose of a drug with a particular level of renal impairment) we can always look this up.

Foundations are there to help support the consultation, therefore, rather than something that must be learnt for the sake of precise recall.



# The House of Decision: decide together what to do

## Rooms to look out for



### Optional rooms

All rooms in the House of Decision include tests, treatments or decisions that can be made. Optional rooms are where the decision can be taken or left – eg pain killers. Explore if the patient is interested, but don't waste time there if they are not.

### Empty Rooms

Empty rooms are tests or treatment options that the patient hopes will be useful, but in reality are of little value – such as antibiotics for a viral cough, or an MRI scan for mechanical back pain. The key to these rooms is to explore them with the patient and share the disappointment that they have little to offer.

### Locked Rooms

Like empty rooms, although they do contain something that would have been useful, but is unavailable or contraindicated, eg the combined pill in someone with focal migraines.

### Hidden Rooms

Hidden rooms are the opposite of empty rooms – there is a useful treatment that the patient is not aware of, or has not considered, eg inhalers for a cough. When you encounter an empty or locked room, look for a hidden room to help the patient so that they are not left disappointed for too long.

### Room 101

This is a room that the patient should not avoid, but which they may dread entering. Eg the need to be admitted to hospital, or to start high dose steroids. These are not optional rooms that can be quickly bypassed, but nor should we bully our patients into them. We need to have sensitive skills to approach these rooms and to help the patient across the threshold, and so it helps to anticipate where we might encounter them.

## Key decisions in the *House of Decision*



Each problem will have its own key decisions regarding investigation or treatment. Key to this is achieving a shared understanding of the problem and so the decisions that need to be made.

The most important question to ask is whether the patient is looking to gain better understanding of their problem, or is looking for a solution, or both. The patient and doctor must be in tune on this.

## The High Tech Room



Navigating the High Tech Room is part of every consultation and involves the explanation of the problem and the passing on of medical knowledge to the patient.

For each problem we are faced with we need to decide how much information to pass on, and how to do this effectively and in a way that is understood.

### Tools for the toolbox



Each room in the House of Decision requires its own set of phrases and questions in order to navigate it effectively. Examples will be included here that can be tried out and refined.

The use of visual imagery can be very powerful in the High Tech Room, but also a knowledge of what the patient wants to know and the level of detail they find helpful – don't overload!

Jargon can be used, but should be explained and should empower the patient, not belittle them.

### Foundations

The decisions we make will need to be based on sound medical knowledge and understanding, which is usually underpinned by guidelines.

The important fundamentals of each condition will be included in the foundations section of each guide, but it is important that guidelines are always used effectively and for the benefit of the patient in front of us, with their own unique set of priorities, beliefs and values.

We should always remember that guidelines are not tramlines and while we they are important in preventing doctors from behaving as mavericks, or patients demanding treatments that are not based on good medical evidence, patients are certainly permitted to reject orthodox medical advice.