ASSESSMENT OF GRADUATE CONSULTATION PERFORMANCE
LAP CODING SHEETS

Category H INTERVIEWING / HISTORY TAKING

COMPETENCE	Code	RECOMMENDED STRATEGY	Code
Introduces self to patients	**HA1**	Always ensure the patient knows who you are and why you are there	**HAR1**
Puts patients as ease	**HB1**	Welcome the patient, e.g. mention the patient's name, establish eye contact, give indication where to sit	**HBR1**
Allows patients to elaborate presenting problem fully	**HC1**	Start with open questions, e.g. "What can I do for you?" " How can I help?" "Tell me in your own words about ……"	**HCR1**
		Use prompts as appropriate	**HCR2**
		At this stage, resist the temptation to interrupt	**HCR3**
Listens attentively	**HD1**	Demonstrate to the patient that you are listening e.g. by eye contact, nodding etc.	**HDR1**
		Try to understand the message that the patient is trying to convey	**HDR2**
		Don't displace the listening task by formulating the next question	**HDR3**
Seeks clarification of words used by patients as appropriate	**HE1**	If you don't understand what the patient means, ask them to explain	**HER1**
		Don't assume the patient's use and understanding of medical or technical terms always correlates with your understanding of such terms	**HER2**
Phrases questions simply and clearly	**HF1**	Don't use jargon	**HFR1**
		Avoid using leading and / or double questions	**HFR2**
		Tailor questions to level of patient's understanding	**HFR3**
		Ensure the patient can hear you e.g. speak louder to patients with reduced hearing	**HFR4**
Uses silence appropriately	**HG1**	Try to tolerate the discomfort of appropriate silences, e.g. if the patient is having difficulty telling his story and / or is distressed, allow him time to compose himself	**HGR1**
Recognises patients' verbal cues	**HH1**	Be aware of, and sensitive to, apparently incongruous or mismatched language or behaviour by patients, e.g. patients may say one thing but their body language might indicate another; the infrequent attender with an apparently trivial presentation	**HHR1**
Recognises patients' non-verbal cues	**HH2**	Always consider the patient's demeanour and mood, e.g. happy or sad, tense or relaxed, angry or embarrassed	**HHR2**
Identifies patients' reasons for consultation	**HK1**	In every consultation you must be satisfied that you have established the patient's reason for the consultation. The answers to the following three questions need to be elicited: Why have you come? What do you think is wrong with you? What do you want me to do about it? Sometimes, you may have to ask these questions explicitly	**HKR1**
		Elicit the patient's ideas, concerns and expectations in every consultation: this may require gentle but persistent probing / questioning	**HKR2**
Considers physical social and psychological factors as appropriate	**HM1**	Always bear in mind the triple diagnosis	**HMR1**
		When satisfied that physical disease is present always consider its impact on the social and psychological well being of the patient	**HMR2**
		Consider the impact on the patient of other social and psychological factors in their family, job, etc.	**HMR3**
Elicits relevant and specific information from patients' records to help distinguish between working diagnoses.	**HP1**	Prior to the consultation always scrutinize the patient's record to elicit previous patterns of illness behaviour, individual and family circumstances, significant previous medical history, including current medication, and date and reason for most recent consultation.	**HPR1**

Elicits relevant and specific information from patients to help distinguish between working diagnoses.	**HP2**	Always clarify the presenting complaint(s) first, then seek relevant associated features	**HPR2**
		Consciously identify in your mind the key, i.e. diagnostic symptoms of each of your working diagnoses	**HPR3**
		Use focused questions to fill gaps in the information you are attempting to gather.	**HPR4**
Exhibits well-organised approach to information gathering	**HQ1**	Use the hypothetico-deductive model in a systematic way	**HQR1**

Category E PHYSICIAL EXAMINATION

COMPETENCE	Code	RECOMMENDED STRATEGY	Code
Performs examination and elicits physical signs correctly Performs examination sensitively	**EA1**	Improve technique to elicit physical signs (*specify which*) e.g. by reading about it, asking a tutor to demonstrate it and them practise it under supervision	**EAR1**
	EA2	Ask patient's permission to carry out the examination, especially 'intimate' examinations	**EAR2**
		Appropriately expose the part(s) to be examined with due sensitivity to the patient	**EAR3**
		Give an explanation of what you are doing to the patient	**EAR4**
Uses the instruments commonly used in a competent and sensitive manner	**EB1**	Familiarise yourself with instruments (*specify which*) and practise their use under supervision	**EBR1**

Category M PATIENT MANAGEMENT

COMPETENCE	Code	RECOMMENDED STRATEGY	Code
Formulates management plans appropriate to findings and circumstances	**MA1**	Remember to apply RAPRIOP	**MAR1**
		Remember to provide preventive advice relating to the presenting problem	**MAR2**
Formulates management plans in collaboration with patients	**MB1**	Try to reach a share understanding of the nature of the problem and what can be done about it	**MBR1**
		Focus on areas of the patient's responsibility and what they can and / or should do	**MBR2**
Demonstrates understanding of the importance of reassurance and explanation Uses clear and understandable language	**MC1**	Provide every patient with a basic explanation of your thoughts then try to reach a shared understanding of the nature of the problem and what can be done about it. Whenever possible, link back to the patient's reasons for Consultation	**MCR1**
	MC2	Don't use jargon	**MCR2**
		Tailor explanation to the level of the patient's understanding	**MCR3**
		Provide information in 'small packages' particularly if it is distressing / complex	**MCR4**
Makes discriminating use of drug therapy	**MD1**	Be consciously aware of the reasons for anything you prescribe	**MDR1**
		Always consider the major side effects and / or interactions	**MDR2**
		If in doubt, don't guess, consult the BNF	**MDR3**
		Provide adequate explanation to patients how prescribed items should be taken and expected impact; include principal side effects to be expected	**MDR4**
Makes discriminating use of referral	**ME1**	Remember to consider need for referral and consciously be aware of the reasons for and against any potential referral whether to hospital, other members of the Primary Health Care Team etc.	**MER1**
Makes discriminating use of investigations	**MF1**	Remember to consider the need for investigation and consciously be aware of the reasons for and against any potential investigation	**MFR1**
Is prepared to use time appropriately	**MG1**	When the clinical picture is uncertain, it is sometimes appropriate to choose to defer decision making until the	**MGR1**

		clinical picture clarifies. (Sometimes the correct thing to do is to apparently do nothing)	
Checks patients' level of understanding	**MH2**	Sometimes it may be appropriate to ask the patient to tell you their understanding of the management plan and what hey are to do. You may have to ask the patient "Have you understood what I said?" or "Is there anything else you would like to ask about what I have said?	**MHR1**
Arranges appropriate follow-up	**MJ1**	Make clear if and when the patient should return, indicating the likely course of the illness	**MJR1**
		Remember the application of open follow-up	**MJR2**
Attempts to modify help-seeking behaviour of patients as appropriate	**MK1**		**MKR1**

Category A ANTICIPATORY CARE

COMPETENCE	Code	RECOMMENDED STRATEGY	Code
Acts on appropriate opportunities for health promotion and disease prevention	**AA1**	Consider specific preventive interventions that could be made in any patient of the particular age and sex of the consulting patient	**AAR1**
		Always scrutinize the patient record to seek potential opportunities for preventive interventions in an individual patient	**AAR2**
		During consultations be alert for preventive cues, either verbal or non-verbal, e.g. nicotine-stained fingers/smell of alcohol	**AAR3**
		Remember there may be circumstances in the consultation or about a particular patient that might make a preventive intervention harmful even though otherwise indicated	**AAR4**
		Having identified legitimate preventive opportunities, be selective; normally restrict yourself to only one preventive action per consultation	**AAR5**
		Always establish the patient's motivation, i.e. readiness to change	**AAR6**
Provides sufficient explanation to patients for preventive initiatives taken	**AB1**	In initiating your choice of preventive action, always provide the patient with an opening explanatory statement	**ABR1**
		Elicit patient's response (including their level of awareness) and react accordingly	**ABR2**
		Be prepared then or later to provide evidence-based information on the reasons for the interventions	**ABR3**
		There is no point in continuing to try to alter the view of an informed patient who rejects the intervention	**ABR4**
Sensitively attempts to enlist the co-operation of patients to promote change to healthier life-styles	**AC1**	Try to agree a specific behaviour modification plan with the patient which may include planned follow-up	**ACR1**
		Identify agreed targets: this may involve a series of interim targets	**ACR2**
		Throughout any preventive initiatives undertaken be positive about benefits: be prepared to be supportive and to provide reinforcement	**ACR3**
		Offer continuing support and review of progress through follow-up	**ACR4**

Category R RECORD KEEPING

COMPETENCE	Code	RECOMMENDED STRATEGY	Code
Made accurate record of doctor-patient contact	**RA1**	Make accurate record of doctor-patient contact	**RAR1**
Made legible record of doctor-patient contact	**RA2**	Make legible record of doctor-patient contact	**RAR2**
Made appropriate record of doctor-patient contact	**RA3**	Make appropriate record of doctor-patient contact	**RAR3**

Made accurate record of referral	**RA4**	Make accurate record of referral	**RAR4**
Made ligible record of referral	**RA5**	Make legible record of referral	**RAR5**
Made appropriate record of referral	**RA6**	Make appropriate record of referral	**RAR6**
nimum information recorded included date of consultation	**RB1**	When recording information include date of consultation	**RBR1**
Minimum information recorded included relevant history	**RB2**	When recording information include relevant history	**RBR2**
Minimum information recorded included examination findings	**RB3**	When recording information include examination findings	**RBR3**
Minimum information recorded included any measurement carred out (e.g. BP, peak flow, weight, etc.)	**RB4**	When recording information include any any measurement carried out (e.g. BP, peak flow, weight, etc.)	**RBR4**
Minimum information recorded included diagnosis/problem	**RB5**	When recording information include diagnosis/problem	**RBR5**
Minimum information recorded included diagnosis/problem ('boxed')	**RB6**	When recording information include diagnosis/problem ('boxed')	**RBR6**
Minimum information recorded included outline of management plan	**RB7**	When recording information include outline of management plan	**RBR7**
Minimum information recorded included investigations ordered	**RB8**	When recording information include investigations ordered	**RBR8**
When a prescription was issued, it included name(s) of drug(s)	**RC1**	When a prescription is issued, include the name(s) of drug(s)	**RCR1**
	RC2	When a prescription is issued, include the dose	**RCR2**
When a prescription was issued, it included the dose	**RC3**	When a prescription is issued, include the quantity	**RCR3**
When a prescription was issued, it included the quantity	**RC4**	When a prescription is issued, include special precautions intimated to the patient	**RCR4**
When a prescription was issued, it included special precautions intimated to the patient			

Category P PROBLEM SOLVING

COMPETENCE	Code	RECOMMENDED STRATEGY	Code
Generates appropriate working diagnoses or identifies problem(s) depending on circumstances	**PA1**	Where possible try to erect specific pathological, physiological and/or psychosocial diagnoses. If this is not possible, try to identify specific problem. Consider whether the pre-diagnostic interpretation and sieves could assist in generating appropriate hypotheses	**PAR1**
		Ensure diagnostic hypotheses match your pre-diagnostic interpretation	**PAR2**
		In erecting any single hypothesis consciously test it with information for and against, then try to identify and fill any gaps	**PAR3**
		Generate a justifiable list under headings of 'Most likely' and 'Less likely but important to consider': actively consider whether every diagnosis should be present	**PAR4**
		Be prepared to reject diagnoses for which there is little or no support	**PAR5**
		Do not 'close' too early, i.e. jump to premature diagnostic conclusion	**PAR6**
Seeks relevant and discriminating physical signs to help confirm or refute working diagnoses	**PB1**	Always assess whether the patient looks well or ill, particularly I children, and consider how this might influence your working diagnoses	**PBR1**
		Consciously ask yourself what are the diagnostic physical signs for each of your working diagnoses and focus your physical examination on them	**PBR2**
Correctly interprets and applies information obtained from patient records, history, examination and investigation	**PC1**	Take sufficient time to consider what the information you have gathered means and how you can apply it. Do not be afraid to indicate to the patient that this is what you are doing	**PCR1**
		Think about the use of (interim) summarizing	**PCR2**

		Be prepared to check with books, colleagues, etc., particularly for single items of information	**PCR3**
Is capable of applying knowledge of basic, behavioural and clinical sciences to the identification, management & solution of patients' problems	**PD1**	Remember you have a very substantial knowledge reservoir covering many subject areas. Before giving up try to extrapolate from your knowledge of the principles of basic, behavioural and clinical sciences	**PDR1**
		Consider whether 'sieves' might help you to access your knowledge store	**PDR2**
Is capable of recognizing limits of personal competence	**PE1**	Nobody knows everything. It is an excellent professional attribute to be able to recognize the limits of your competence	**PER**
Is capable of recognizing limits of personal competence and acting appropriately	**PE2**	When you recognize you have reached the limits of your competence, do not guess – seek appropriate help, e.g. colleagues, books	**PER2**

Category B BEHAVIOUR / RELATIONSHIP WITH PATIENTS

COMPETENCE	Code	RECOMMENDED STRATEGY	Code
Maintains friendly but professional relationship with patients with due regard to the ethics of medical practice	**BA**	Adopt friendly, professional behaviour and demeanour relevant to the circumstances of the individual patient and consultation	**BAR**
Conveys sensitivity to the needs of patients	**BB**	Try to consider what it would be like to be in the patient's shoes and respond appropriately within professional boundaries. Appropriate responses can include verbal and non-verbal acknowledgement of the patient's state, e.g. "I can see you are angry"; "I can understand that", "I can see why you are distressed about it"	**BBR**
Demonstrates an awareness that the patient's attitude to the doctor (and vice versa) affects management and achievement of levels of co-operation and compliance	**BC**	A doctor has to be able to tolerate uncertainty. However, on occasion they may need to convey certainty to the patient, with due regard to ethics, although aware that such certainty may not be fully justifiable or guaranteed	**BCR**

Extracted from Leicester Assessment Package by Professor Robin C Fraser, United Kingdom (with the permission from author)