Education for Primary Care

ISSN: 1473-9879 (Print) 1475-990X (Online) Journal homepage: https://www.tandfonline.com/loi/tepc20

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To cite this article: Jan-Helge Larsen, Gunnar Nordgren, Joanna Ahlkvist & Johan Grafström (2019): Helping doctors to improve the 'Patient's Part' of consultation using the 'Macro-Micro Supervision' teaching method, Education for Primary Care, DOI: 10.1080/14739879.2019.1565926

To link to this article: https://doi.org/10.1080/14739879.2019.1565926

Published online: 20 Jan 2019.

EDUCATION FOR PRIMARY CARE
https://doi.org/10.1080/14739879.2019.1565926

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TEACHING EXCHANGE

Helping doctors to improve the 'Patient's Part' of consultation using the 'Macro-Micro Supervision' teaching method

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ABSTRACT

A doctor-patient consultation can be viewed as consisting of three parts: Patient's Part, Doctor's Part and Shared Part. Macro-Micro Supervision is a teaching method developed to train doctors in consultation techniques for the initial Patient's Part and to become more patient-centred. Doctors find the Patient's Part of our consultation method the most difficult. Macro-Micro Supervision is used when groups review video-recorded role-plays of real consultations or of simulated consultations, where participants alternate between playing doctor and patient. It can also be used in one-to-one supervision.

ARTICLE HISTORY
Received 9 November 2018
Accepted 4 January 2019

KEYWORDS
Consultation; feedback; supervision; video; role-play; communication

Introduction

Research has shown that on average doctors interrupt their patients 18–22 seconds into a consultation [1,2]. Why is this? After one or two sentences from a patient, the doctor starts to get the gist of the matter and interrupts with symptom-related questions. If, for example a patient describes a pain, the doctor immediately tries to classify the pain by questioning the patient for more details like 'Where does it hurt?' or 'When did it start?' This questioning interferes with the patient's prepared narrative, which they may never get the chance to tell.

Paradoxically, by avoiding questioning, the doctor can allow the patient to give even more relevant information. It has been shown over and over in role-plays that it is more effective to begin the consultation by encouraging the patient to deliver the narrative in his or her own way. In this paper we will describe how macro-micro supervision is used when groups review video-recorded role-plays of real consultations or of simulated consultations where participants alternate between playing doctor and patient and set it in the context of the five-card method in the Patient's Part of the consultation and the use of receipts [3–5].

The 5 cards

In our model there are five 'cards' to be played in the Patient's part [1]. Two of the cards pertain to the doctor – receipt and summary. The remaining three cards pertain to the patient – thoughts, worries and wishes (referred to in the English literature as ideas, concerns and expectations [6]). The doctor's use of receipts is an essential tool in the Patient Part of the consultation [4] (Figure 1). By 'receipts' we mean any response from a doctor that shows a patient that he or she is seen, heard, understood, approved and cared for. Receipt-giving facilitates the process of getting to the core of the consultation by establishing a trusting relationship with the patient. The use of receipts helps the doctor to avoid asking questions and reduces the transference of feelings from patient to doctor [5].

The main challenge for the doctor during the Patient's Part of the consultation is to allow the patient's narrative to unfold and to avoid interrupting the patient with symptom related questions. To support this process the doctor uses receipts and summaries. If they have any questions about the patient's thoughts, worries and wishes they should be preceded by a receipt. This makes the patient feel welcomed, accepted and listened to, so he or she can reveal the three cards of thoughts, worries and wishes [4].

By giving receipts the doctor places themself in the non-judgmental and open position of exploring what the patient's lifeworld feels like [7]. This focuses the doctor's attention on the patient as a fellow human, rather than a carrier of various symptoms and diseases to be explored. Spontaneous compassion is evoked in a doctor when a patient describes the background to his symptoms and reveals his thoughts, worries and wishes. The patient can usually sense this, probably with the help of mirror neurones [8,9]. By receiving

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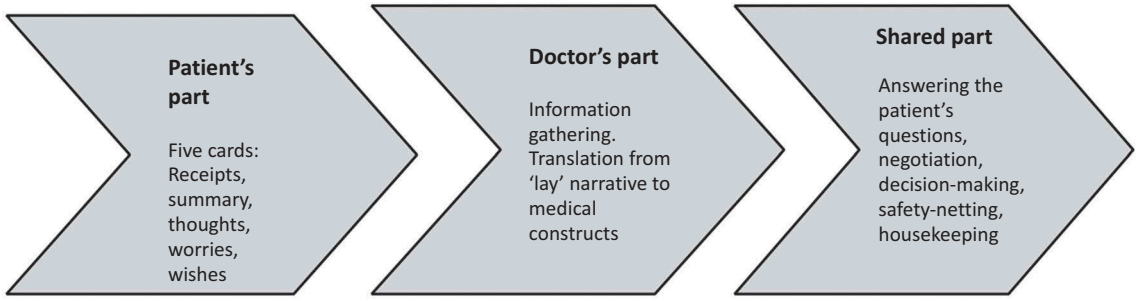

Figure 1. The consultation in three parts.

emotional receipts he feels encouraged to reveal the crucial points of his story and overcome any shame, guilt or anxiety.

As one course participant said three months after the course (see below): 'Receipts are fantastic – patients tell you more and more, you receive valuable information when you use receipts … If you then summarize, the patients figures out for themselves what is missing, and can fill in the missing information' [10]

The discovery of the power of receipts led to a desire to convey these skills to doctors and speed up the learning process. This in turn led to the development of Macro-Micro Supervision.

The consultation laboratory

On the island of Kalymnos, Greece, we have developed a consultation laboratory to refine consultation techniques. Here we teach one-week consultation courses and we have so far educated 3500 doctors. Teaching the Five Card method makes use of experiential learning where groups of eight doctors are led by a teacher in the use of consultation role-plays. All the participants including the teachers are doctors. There are no actors, real patients or administrative staff; rather, participants alternate between the roles of 'doctor', 'patient' and 'secretary'. In this article when we refer to the 'doctor' we mean a doctor playing the role of 'doctor' in a role play, 'patient' means a doctor playing the role of 'patient' in role play and 'secretary' is a doctor in an administrative role who collates feedback for the 'doctor' on a proforma. Role-plays are video recorded and subsequently watched by the group. Agreement about confidentiality regarding information pertaining to both participants and real patient cases is a prerequisite for participation.

Away from the stresses of life back home, the warm climate and quiet surroundings of Kalymnos are relaxing and conducive to the playfulness, curiosity and concentration required of participants in order to learn the method. Initially the teacher establishes an accepting atmosphere in the group by leading a session where participants share their life stories. This allows participants to experience connectedness to the group. At this stage a preliminary contract about learning goals is agreed.

All participants get to practise being the 'doctor' and using the Five Cards in role-plays [4]. When the roles are reversed participants get to play the part of one of their own real-life patients. When participants evaluate our courses they say that the most powerful learning experience is derived from playing one of their own patients. 'Patient' responses can be tested according to different suggestions from group members.

The group's analysis of the role-plays is done on the basis of the video recordings. One of the challenges of the situation is the complexity of the interaction. Even a video of two minutes contains an enormous amount of information and it can be difficult to give accurate and action-oriented feedback to participants because of the sheer number of words.

When a participant receives feedback from the group most individuals can only take in one or two reflections before they start becoming self-critical, even if the comments are positive. Subsequently participants tend to perceive suggestions as criticism, which impedes learning. To overcome these difficulties and to give a precise feedback the Macro-Micro Supervision method was developed.

Video supervision – macro

Working with consultation technique is challenging as participants often perceive their consultations as highly personal. Special care is required in maintaining the integrity of the 'doctor' when giving feedback. The teacher strives to maintain a good relationship with the 'doctor' whilst making sure that the 'doctor' gets sufficient help with their consultations.

Agreeing on a form of preliminary contract with the 'doctor' about expectations is a way of building an alliance (See Box 1). The teacher encourages group members to write down significant parts of the dialogue. This allows them to use examples to offer concrete feedback and maybe later practise ideas in a new role-play with the 'patient'. Another participant is given the role of 'secretary' to the 'doctor', summarising the points that have been made during the supervision process.

After the role-play is performed, filmed and replayed from beginning to end, the teacher can embark on Macro Supervision. Macro Supervision allows the 'doctor' to observe his consultation as a spectator, in the same way as the rest of the group.

After viewing the Patient Part of the consultation, the teacher will check again with the 'doctor' as to what he or she needs help with. Using what we call the Windows Method, we follow boxes one to four of the summary proforma below: what feelings did the patient evoke in the doctor and the colleagues? what went well? Both the 'doctor' and the group are asked to focus on these questions (see Figure 2) [11].

Here, the purpose of verbalizing emotions is to become more aware of them. When the 'doctor' becomes aware of which feelings have been transferred to him not only can he assess more accurately how the patient is feeling, and empathize, he can also choose to give a receipt and thus free himself from the pressure of unwanted emotions [5].

The windows method of supervision is described in detail in Neighbour & Larsens paper [11]. The term 'windows' refers to ten stages the discussion goes through in sequence, each one opening a different viewpoint or window on the case.

The purpose of describing what works well is to identify specific, well-functioning elements that the 'doctor' may not be aware of, and to create a secure relationship between 'doctor', the other participants and the teacher. This tends to dampen the self-criticism experienced by the 'doctor'. A particular focus is to identify the 'doctor's' best skills, especially in giving receipts, summarizing and elucidating the patient's three cards [4].

Positive feedback from group members is encouraged but should be very specific and precise. The teacher should block statements from group members if they:

- Comment on what the 'doctor' should not have done or said.
- Make comparisons like 'I would have asked more/less…'
- Make suggestions like 'You could/should …'.
- Ask the 'doctor' questions.

Presenting doctor's name_____

Brief summary of patient / case _____

Doctor's initial learning agenda_____

Macro

Doctor	**Group**
1. What emotions has the 'patient' evoked in me?	2. If I put myself in the doctor's situation, what emotions would the patient have evoked in me?
3. I think it went well when I …	4. I think it went well when the doctor …

Micro

5. Doctor: Here I will say …	6. Teacher: If it had been me on a good day, I might say …
7. What I take away from this session is …	8. Group: What do I take away from this session is …
9. Now I am feeling …	10. Group: Now I am feeling …

Figure 2. Windows method – summary proforma for macro-micro supervision.

INFORMATION BOX 1. Steps in the Macro-Micro Supervision in doctor/patient role-plays.

(1) The contract with the 'doctor' gives a safe framework for feedback in the group. The 'doctor' is asked to assist the group by making their doctor-patient role-play available as a teaching aid.
(2) The Patient's Part of the role-play is recorded on video.
(3) The doctor and the rest of the group review the video. Feelings and good points are commended on according to the Windows method, Windows 1–4.
(4) The contract of what the 'doctor' wants help with is renewed. The summary proforma is filled in by the 'secretary'.
(5) The video is viewed again (Micro). Only the 'doctor' and the teacher can stop the video. Focus is on giving receipts and avoiding questioning the 'patient'.
(6) At points where the film is stopped, firstly the 'doctor' and then the teacher try to suggest appropriate receipts that could have contributed to the 'patient's' experience. They can maybe try these out in a quick new role-play with the 'patient'.
(7) After a few stops the teacher checks the balance of the 'doctor's' emotional account.
(8) The tutorial ends when the 'doctor' has received adequate assistance according to the contract – one or two focus areas.
(9) The teacher checks what the 'doctor' - and then the group - takes with them. Important messages are written on a big sheet of paper - a learning log for the group.
(10) Check how the 'doctor' and group members are now feeling. The teacher thanks the 'doctor' and the 'patient' for their generosity in contributing to the group's learning. Tutorial ends.

Ideally, the 'doctor's' emotional bank account should show a healthy credit before switching to Micro Supervision [6]!

Video supervision – micro

Subsequently the video is reviewed again, but this time the teacher and the 'doctor' can stop the recording at any time (See Box 1). When one of them stops the video, suggestions can be made and maybe tested with the 'patient'. Consultation lab sessions have repeatedly shown that what happens in the first seconds or first minute of a consultation is crucial for the rest of the consultation. Micro Supervision focuses especially on how to apply the 'micro-skills' of giving receipts in response to crucial phrases from the patient.

The Micro Supervision allows everyone to re-view the beginning of the consultation with the knowledge of hindsight. The 'doctor' sees his consultation twice and can thus develop a more objective perspective of the events. The fact that the 'doctor' is at liberty to pause at anything noteworthy allows him to take more control of the supervision/learning process.

When the teacher stops the recording and makes suggestions, the feedback should be delivered in approximately the following manner:

'On a good day when the patient said X, I might say Y' .

This type of feedback is unthreatening and the 'doctor' can choose to take it or leave it.

Practising giving receipts after every sentence the 'patient' says – a form of exaggeration – is particularly useful for understanding the method of establishing a good relationship. The 'patient' can decide on the accuracy and effect of the suggestions. Counterintuitively the use of multiple receipts tends to shorten the Patient's Part of the consultation (See Box 2).

The teacher must frequently check what the 'doctor' takes away from the session and if they are feeling okay. Their emotional account balance should still be in the plus. Interestingly too many 'good ideas' cause the 'doctor's' account to shift inevitably into minus. Overload can lead to feelings of paralysis and inferiority, which inhibit learning. Needless to say, the teacher should intervene before this point, which has the positive side effect of shortening the length of the supervision (See Box 3).

This type of supervision allows the teacher – and the group – to be extremely results-focused. As well as leading the supervision the teacher can also illustrate their points by entering into role-play with the 'patient'. The use of receipts is particularly suited to this kind of demonstration. Learning points and take-home messages that the 'secretary' has collated are written on the summary proforma and are handed to the 'doctor' after the supervision has ended.

It is important to remember that even though the Five Cards method is relatively simple in theory, applying it in practice requires considerable effort and training. After participating in one of our courses a doctor needs to practise it over and over, for example by taking part in a supervision group [12].

Addendum

When the Macro-Micro Method is used in one-to-one supervision and when teaching others to teach the method the teacher will utilise all the windows in the right column of the summary proforma above.

Discussion

The challenge of teaching the Macro-Micro Supervision is checking and being aware of how the participants are feeling and to limit the number of suggestions made to the 'doctor'.

Courses using Macro-Micro Supervision have been evaluated extremely positively by participants [10]. After the course, participants testify to substantial improvements in their consultations and many experienced doctors express regret that they did not learn about our consultation technique many years earlier.

Conclusion

Macro-Micro Supervision is a dynamic version of the Windows method for video supervision. It focuses on the micro-skills of receipt-giving and summary that the doctor can use especially at the start of a consultation. The method recognises that participants are only psychologically receptive to one or two items of feedback in one session. The Macro-Micro Supervision contributes to faster and more focused learning and creates the opportunity for more directed practice.

INFORMATION BOX 2. Pedagogical methods incorporated in Macro-Micro Supervision.

- Repetition
- Exaggeration
- Perspective shift
- Role-play
- Verbalisation of feelings
- Group dynamics
- Experiential learning

INFORMATION BOX 3. Advantages with Macro-Micro Supervision.

- Prevents overload
- Quick
- Specific learning objectives
- Focus on practising the techniques
- Encourages playfulness
- Reduces resistance to learning consultation technique

Acknowledgment

We thank Roger Neighbour for comments

Disclosure statement

No potential conflict of interest was reported by the authors.

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