

## OVERVIEW OF THE EXTENDED CONSULTATION MODEL. EXTENDED HISTORY

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**ABSTRACT**

**In the usual medical consultation, history taking, physical examination, and investigations lead us to a diagnosis list from which management ensues. When the patient's problems need further exploration of the mind, we can extend the medical consultation beyond the biomedical to include psychosocial dimensions. The usual clinical methods of history, examination and investigation may be extended by various tools. History is extended by the use of three tools: the time-line of events in the patient's life, the family genogram including recent changes, and the Johari windows. Examination of the patient physically may be extended by reflective communication. Just as we investigate the body by various tests, we also investigate the patient's thinking processes using Socratic inquiry techniques. Based on the information collected, we arrive at a 4P's formulation of the patient's reason(s) for encounter. We can then integrate one or more of the 4P's of psychosocial work into the usual management.**

**Keywords:** Psychosocial dimension; time-line; Family genogram; Johari window; Socratic inquiry; Formulation.

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**INTRODUCTION**

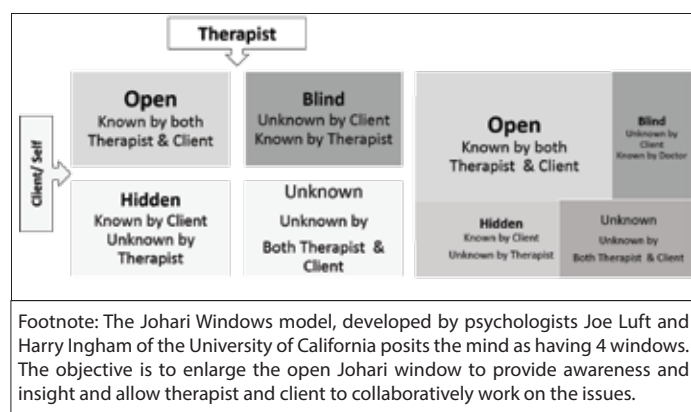
In the usual medical consultation, history taking, physical examination and investigations lead us to a diagnosis list from which management ensues. When the patient's problems need further exploration of the mind, we may need to extend the consultation. The extended consultation uses psychosocial tools to probe the patient's mind to arrive at a formulation of biopsychosocial issues for the reason for encounter.

**HISTORY — USUAL AND EXTENDED**

In usual history taking, we explore the patient's symptoms based on the presenting complaints. We often also take the family and social history. Based on this, we deduce the probable diagnosis, examine relevant parts of the body, investigate certain bodily functions, and imaging.

In extended history taking, to understand what is troubling the patient, we extend the time-line of history to include the totality of information gained from exploring psychosocial dimensions. This may include constructing a genogram of the patient because changes in family structure and relations are often at the root of the patient's problems.

The four Johari windows is a useful way to look at issues that come up. In the consultation, it may be clear that there are things the patient does not know — this is the "blind" window. Information that the patient chooses not to bring up is "hidden". The aim is to bring issues into the "open" window to allow them to be addressed.

**Figure 1: The Johari Windows Model**

We should also be aware of **ICE-ICE interactions**. The ideas, concerns and expectations of both doctor and patient, and their interactions should be explored because of the potential impact on the doctor's recommendations and the patient's response.

It may be useful to engineer a shift of **therapeutic roles**. The traditional role of the doctor being the comforting, emotionally detached expert may need to be varied in some consultations, and he may have to shift his role from comforting to challenging, from being detached to being engaged, and from expert to collaborator.

**EXAMINATION — USUAL AND EXTENDED**

In a usual physical examination, we elicit information about the human body using sight, touch, hearing, and at times smell in a systematic way. For example, in examining the heart, we use sight and touch in inspection and palpation, followed by hearing when we auscultate at pre-determined sites of the chest. Based on our understanding of pathophysiology, we deduce the functioning of the heart from the information gathered.

In an extended examination, we broaden the examination beyond the physical body to address the patient's mind. To do this, we need tools of reflective communication to explore the

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patient's thoughts, feelings, and behaviours. Just as physical examination is systematic, communicating with the mind should be too, with careful documentation of responses reflected. Reflective communication is also known as active listening. It describes the face-to-face interactive processes between doctor and patient involving active, strategic communication.

## INVESTIGATION — USUAL AND EXTENDED

Investigations, as the next step after history and examination, involves focused testing of specific aspects of the body where function is impaired. We augment our senses by using technology to analyse body fluids and to image the body. For example, we can investigate the heart by using ultrasound to see the heart in motion or ECGs to study the electrical pathophysiology.

In an extended investigation, we examine the mind for departures from normal — just as when we do investigations for the physical body. Socratic inquiry can be used, and will be elaborated on in Unit 3. By probing the patient's thinking, feelings, and behaviour, we gain further psychosocial information from the patient's responses.

## DIAGNOSES AND FORMULATION IN THE EXTENDED CONSULTATION

In patients who require an extended consultation, we need to go beyond a list of biomedical diagnoses, because there are issues related to the mind that need to be addressed. Information is analysed using time-lines and the genogram. If the case involves enmeshed family and social matters, the tool of **ROADS** (relationships, order, agency, development, and self or family identity) is also applied. This is described in Unit 4.

We use the **4P's** framework to analyse predisposing, precipitating, perpetuating, and protective factors for the reason for encounter. If the case is complex or chaotic, the **SBAR** tool can be added to organise the information collected. SBAR is the acronym for situation, background information, assessment, and recommendations, and is useful when handing over information from one caregiver to another. These tools are useful to summarise the many vital issues contributing to the complex or chaotic situation, and give the physician a bird's eye view of the case.

## MANAGEMENT IN THE EXTENDED CONSULTATION

Finally, having made the assessment of diagnoses and formulations, we survey the psychosocial interventions available. We can work on the patient's maladaptive situations using **problem** work, on problem-saturated stories using **pattern** work, or on unhealthy psychosocial states using **presence** work. A healthy life stance can be nurtured in every patient using **positive** work. The four work interventions can be remembered as the 4P's work in response to the 4P's psychosocial issues. Figure 2 is an aide memoire to the extended

consultation model.

Socratic inquiry is often used in problem work, whilst reflective communication is used in presence work, and both tool-sets in pattern work.

Two other features of the extended consultation should be mentioned. Firstly, unlike the usual consultation that proceeds linearly from history, examination, investigation, and diagnosis to management, the extended consultation may proceed in a non-sequential, recursive and iterative manner.

Secondly, the tools used in biopsychosocial interventions to gather information may also help the patient gain insight into his situation, hence enlarging the open Johari window.

## CONCLUSIONS

The extended consultation should be considered in a patient who requires further inquiry into his reason for encounter.

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## EXTENDED HISTORY

When a complete understanding of the reason(s) for encounter is not achieved from the usual history taking, extended history taking is required. Additional history is obtained from the active interactions between the doctor and the patient throughout the extended consultation. Details on the time-line of events and the genogram changes can be useful in helping to widen the Open Johari Window; information that is hitherto blind to the patient and information that is hitherto hidden from the doctor may have opportunities to be brought into the Open Window to allow them to be addressed.

In the extended history also, the ideas, concerns and expectations (I.C.E.) of both the doctor and the patients as regards the reason(s) for encounter can be better understood, through these ICE-ICE interactions. Based on the extended history thus obtained, the doctor will be in a better position to decide on his/her required therapeutic role. To remain therapeutic, the doctor may have to extend his role from Comforting to Challenging, from Detached to Engaged and from Expert to Collaborator. The traditional roles played by doctor of being comforting, detached (emotionally) and expert needs to be varied in some consultations.

**Figure 2: Aide Memoire Of The Extended Consultation Model**

<b>EXTENDED CLINICAL METHODS (TOOLS)</b>		
<b>Extended History</b>	<b>Extended Examination</b>	<b>Extended Investigation</b>
<b>Interactive Roles toolset</b>	<b>Extended Communication toolset</b>	<b>CAR-ACE toolset</b>
<b>ICE-ICE Interactions</b>	Modes, phases, channels Unusual grammatical forms Discrepancies & disruptions	Clarifications Assumptions Reasons
Ideas Concerns Expectations		
<b>Therapeutic Roles</b>	<b>Extended Reflections tool-set</b>	Alternatives Consequences Experiencing
Comforting - Challenging Detached - Engaged Expert - Collaborative	Validation, Tracking, Pacing Affirmation, Empathy, Sympathy Mirroring, Modelling, Metaphors	
<b>FORMULATION STRATEGIES</b>		
<b>Assessment tool-set</b>	<b>4Ps Formulation tool-set</b>	<b>SBAR Formulation tool-set</b>
Time-line of salient events Genogram R.O.A.D.S. Readiness to Change	Predisposing Precipitating Perpetuating Protective	Situation Background Assessment Recommendation
<b>4 Ps PSYCHOSOCIAL WORK</b>		
<b>Problem Work on Situations</b>	<b>Pattern Work on Stories</b>	<b>Presence Work on States</b>
Cognitive Behavioural work Problem solving work	E.A.R. to past E.A.R. to future	Now in Time H.E.R.E. in Space
<b>Positive Work on psychosocial Stances</b>		
Pleasant, Good & Meaningful life; Positive spin to Pattern, Problem & Presence; Positive hygiene		

**LEARNING POINTS**

- **We can extend the medical consultation beyond the biomedical to include psychosocial dimensions.**
- **The clinical methods of history, examination and investigation may be extended by various tools.**
- **History is extended when we use the ICE of doctor and patients to navigate therapeutic roles.**
- **The patient assessment may be extended beyond the diagnosis list to arrive at a 4P's formulation for the reason of encounter.**
- **We can then integrate one or more of the 4P's of psychosocial work into the usual management.**