Page 1 of 2 PLAB2Cases.com

Consultation Checklist ~ Dr Hashim

1.	GRIF	os estados esta	
	(i)	Greet	
		 Hello (waits for a response before continuing). 	
	(ii)	Rapport	
	(iii)	Introduce self / Identity check	
		 My name is Dr I'm one of the junior doctors in X department / the GP surgery. 	
		May I know / could you confirm your name and age? Name preference Nice to meet	you.
	(iv)	Purpose	
		■ <u>Blind Consultation</u> :	
		How can I help you today? / What's brought you in today?	
		 Orientated Consultation (Follow up / Admitted / Presenting complaint known) (3 P's): 	
		▶ Position: I understand that you are here for follow-up / have been in hospital for X a	lays ,
		have had some troubles with [symptom].	
		Paraphrase task: I've been asked to Is that okay with you?	1
		Prior Understanding / Presenting Complaint: So we're on the same page, can you to	
		me through what's happened so far? (follow up, admitted) / Could you take me throwhat's been going on? (symptom) / Could you take me through what happened?	ougn
		(incident)	
	(11)	Smile ©	П
	(۷)	Sinile (a)	
2.	Focu	used History Taking	
	(i)	P₃MAFTOSA / PMAF	
		Presenting Complaint / History of Presenting Complaint	_
		Open Question: Tell me more about this [symptom].	
		SOCRATES (pain) / FODIPARA / Incident History	
		<u>Differential Diagnosis</u>	
		➤ Risk Factors Red Flags Relevant Systems Review □ □	
*		posting: A few <u>standard</u> general health / women's health / sexual health questions Some of th	nese
	ques	stions might seem a bit personal, but they might be related to your condition.	<u></u>
		2. <u>P</u> ast Medical History	
		3. <u>(Personal History (5P's of Women's Health 6 P's of Sexual Health Drug Abuse)</u>	
		4. <u>M</u> edication History	
		5. <u>A</u> llergic History	
		6. <u>F</u> amily History	
		7. <u>(T</u> ravel History)	
		8. <u>(O</u> ccupational History)	
*	Sign	posting: A few questions now about your social habits and life situation	
		9. <u>Social History (SADES): Smoking Alcohol Diet Exercise Stress Home Work Driving </u>) 🗀
	,	10. Anything Else: Is there anything else you'd like to tell me?	Ш
	(ii)	ICE (throughout consultation, respond to cues)	
		Ideas: Have you had any thoughts about what might be going on?	
		<u>Concerns: Is there anything in particular that is worrying you the most?</u>	
		<u>Expectations – Was there anything in particular you were hoping I could</u>	
	,	help you with today? (Check again at end of consultation).	_
	(iii)	Effects (ADLs Work/School Relationships Sleep Mental health Reading Leisure activities)	П
	/:. A	How has this affected you? Has it stopped you from doing anything in day-to-day life?	
	(IV)	Summary Lat's recap what you have told me so far. Is that correct?	
		Let's recap what you have told me so far Is that correct?	ш



Page 2 of 2 PLAB2Cases.com

3.	Examination			
4.	 Thank you very much Miss X for answering my questions. I'd now like to Basic Observations Specific Examinations Bed-side tests Would that be okay? (obtains verbal consent) Provisional Diagnosis			
	 From what you've told me and from my examination I suspect that you may have ▶ Checks current understanding: Is that something you've heard of before? ▶ Offers explanation: Shall I explain it a bit further? ▶ Gives targeted explanation based on understanding. Chunks & checks. No jargon. 			
5.	Management			
	 (i) Key Decisions e.g. Admit, Refer, Treat, Reassure, Other - start with these before running out of the My recommendation would be to stay in hospital to allow us to I will make an urgent/2WW/very urgent/emergency referral to (if routine just say referral) I do think you would benefit from some treatment e.g. antibiotics. It usually resolves on its own without treatment in a few days/weeks/months. [Plus any other decisions that address key issues in the case]. 	time.		
	 (ii) Investigations I would need to confirm the diagnosis by / I would also like to do Routine Blood Tests (FBC U&Es LFTs Glucose CRP and ESR) Special Blood Tests Imaging studies Specimen collection and analysis Invasive procedures / biopsies (iii) Treatment (involve patient in decision and come to mutually agreed treatment plan) If confirmed, we can give you/ there are a few different options (e.g. conservative, med surgical)It may also be that you requireI would advise/recommend that you Did you have any particular thoughts or preference about this? 			
	If referring to a specialist, include both what you would do in the meantime in the GP setting as well as what the specialist will do:			
	1) Assessment 2) Specialist Investigations 3) Specialist Treatments			
	 (iv) Aftercare (FSL) ■ Follow-up: I'd like to see you again in X weeks' time to check how you're getting on. ★ Safety netting: Please come back / dial 999 / alert a member of staff if ★ Leaflet: Before you go, I'll bring you some reading information about (v) Anything else? 			
	Double check Expectations (ICE)- Is there anything else you were hoping I could help you with today?			
	(vi) Manners • It was nice meeting you ©			

