



## Work experience in general practice

### Facilitator notes: Consultation and patients records

Overleaf is an example of a GP consultation. Following each consultation, GPs must type up notes into the patient's digital record. One method some doctors use to ensure their records are thorough is to follow the SOAP model.

<b>S</b> ubjective	What symptoms did the patient present with?	<i>Itchy, sore rash - both hands, inside of arms and on back of knees. 14 days</i>
<b>O</b> bjective	What does the GP find through investigation?	<i>Confirmed dry and flaky rash, same in all locations</i>
<b>A</b> ssessment	What is the GPs diagnosis?	<i>Eczema?</i>
<b>P</b> lan	What does the GP suggest/prescribe?	<i>Betnovate cream applied twice a day for one week. Return in one week if not improved</i>

### Tasks:

1. Read the example scenario overleaf.
2. Complete the patients record using the SOAP model. Think about how to keep this brief but ensure that it is thorough. To do this underline the elements that make up the patient consultation. For example, determining family history. **Possible answers at bottom of the page.**
3. Consider and complete the following questions:

**What does person-centred care mean?** Empowering individuals to take an active role in managing their own health and well-being, working alongside the GP's medical expertise and that of other professionals. In practice this includes considering how conversations are approached with patients – instead of 'what is the matter with you' it is 'what matters to you', it may include social prescribing, shared decision making and determining the patients' health literacy.

**Why do you think it is important that a patient's record is completed fully by their GP following a consultation?** In the future the same GP or a different GP can refer to the record for medical history. The patient is unlikely to remember all details in the future. It is evidence of what occurred, to protect the GP if the patient complains. Analysing all GP consultation records it is possible to determine if there has been an increase in particular conditions. This can improve prevention, safety, care, and dictate finance. It is a legal document and should be completed contemporaneous i.e. at the time of the consultation. Some practices are offered incentives to complete NHS Health checks these include a cardiovascular risk assessment for all adults aged 40–74 years (every 5 years) designed to prevent or delay onset of diabetes, heart and kidney disease and stroke. To gain the necessary funding practices must present records of these checks.

### The different elements of the consultation which could be underlined include:

The history of the present complaint, when did it start? Has it changed? Past medical history, medication & allergens, family history, investigation. What does the patient think it is? Diagnosis & explanation. Shared decision making. Treatment: guidance, prescription, what to do if doesn't improve.

## Example GP consultation

- GP:** Welcome, thank you for waiting, do take a seat. What can I do for you today?
- Patient:** \*Holds out hands\* Hi doctor I have a really itchy rash, it's so sore, I am not sure what it is.
- GP:** How long have you had the rash for?
- Patient:** About two weeks I think.
- GP:** And has it changed during that time?
- Patient:** Yes, it started out dry and scaly but now it is red, sore and itchy.
- GP:** Have you experienced anything like this in the past?
- Patient:** No, never, my brother had eczema as a kid though.
- GP:** Does anyone else in your family have a history of eczema or any skin conditions?
- Patient:** No, not that I know of.
- GP:** OK and is it anywhere else, or just on your hands?
- Patient:** It is also on the inside of my elbows and the back of the knees.
- GP:** OK. \*Typing notes in patient record\* Are you currently taking any medications?
- Patient:** No, nothing.
- GP:** Do you mind if I take a look? I would like to see if there are any differences between each occurrence.
- GP:** \*Looks closely at each rash.\* Do you have any ideas of what may have caused this rash? It is often very useful for me to ask patients this.
- Patient:** No, I am sorry doctor I really don't know, I haven't eaten anything differently and I am not using any different washing products. It is so itchy, I am not sleeping very well and it looks awful, I don't want anyone to see my hands.
- GP:** OK and I imagine you have already had some thoughts about what we might need to do about this today, can you tell me a little of what you would like to happen now?
- Patient:** Well I am not keen on taking tablets and I don't think it requires tests or anything, I am not that worried about it. If there is an option for some kind of cream, particularly to relieve the itching, that would be great and I guess overtime I would like to understand what has caused it but I don't think that is possible immediately.
- GP:** Yes you are right. From what you have told me, where it is and what I can see I think that it is eczema and eczema can occur randomly; it is not always possible to determine its cause. But we can certainly try to work this out if it reoccurs or continues. I would like to prescribe you betnovate cream which you can apply to the areas twice a day. This is a topical corticosteroid cream which is typically used for cases of eczema like what you have described. If it doesn't improve within a week do get another appointment. In the meantime, try to avoid taking hot showers or using any additional products which could aggravate it, wears gloves when you wash up things like that. Does that sound OK?