FREE CONSULTATION TEMPLATE

The "Master" SCA 12-Minute Consultation Template

Free to download and share for personal study.

Core Philosophy:

- 1. **Patient's Part (Story/Impact/ICE):** They talk, you guide.
- 2. **Doctor's Part (Data):** You take charge, fill gaps, check safety.
- 3. **Shared Part (Plan):** You think out loud, offer options, and agree on a way forward.

Hard Rule: You **must** be moving to the Shared Part (Management) by **6:30–7:00**, even if you feel you don't have every medical fact.

0:00 – 0:30 THE SETUP

Goal: Establish rapport, confirm ID, and set the strict time agenda.

- **Intro:** "Hello, I'm Dr [Name]. I can see from my list you are [Patient Name], is that correct?"
- **The Opener:** "How can I help you today?"
- **The Contract (Crucial for control):**

> "We've got 12 minutes together today. I'll start by listening to get the full story, then I'll ask a few specific questions to check for safety, and finally, we'll agree on a plan. Does that sound okay?"

0:30 – 3:30 PATIENT'S PART (Golden Minute & Story)

Goal: Gather the narrative, the impact on life, and their agenda (ICE).

1. The Story (Open Questions & "Receipts")

- Action: Lean in, listen actively. Use verbal "receipts" to show you are present.
- **Scripts:**

> "Tell me about it from the beginning."
>
> "Go on..." / "I see..." / "Right..." / "That sounds tough."
>
> "What happened next?"

2. The Impact (Psycho-social context)

- Note: You must find out how this affects their function.
- **Scripts:**

> "How is this affecting your work or day-to-day life?"

"What can't you do now that you normally can?"

"How is this affecting the people around you?"

3. I.C.E. (Ideas, Concerns, Expectations)

- Note: Do not move on until you have these. They drive the management plan.
- **Ideas:** "What do you think is going on?"
- **Concerns:** "Is there anything specific you are worried this might be?"
- **Expectations:** "What were you hoping we could do today? (e.g., scan, antibiotics, reassurance)"

4. The Pivot (Summary & Steer)

- Action: Summarize to prove you listened, then use the "Green Arrow" to take control.
- **Script:**

"So, let me check I've got this right: You've had [symptoms], it's stopping you from [impact], and your main worry is [concern]. Is that a fair summary?" "That's really helpful. **I'm going to ask a few focused questions now to make sure we're safe and I'm not missing anything.**"

3:30 – 6:30 DOCTOR'S PART (Data Gathering)

Goal: Rule out red flags, refine the diagnosis, and check background context. **(Do not let this drag on).**

1. The Medical Details (SOCRATES)

- Use this checklist for Pain/Symptoms:
  - **S**ite: "Where exactly is it?"
  - **O**nset: "When did it start? Sudden or gradual?"
  - **C**haracter: "Describe the feeling (sharp, dull, ache, burning)?"
  - **R**adiation: "Does it move anywhere?"
  - **A**ssociated Symptoms: "Any other symptoms with it? (e.g., vomiting, fever, dizziness)"
  - **T**iming: "Is it constant or does it come and go? Worse at night/morning?"
  - **E**xacerbating/Relieving: "Does anything make it better or worse?"
  - **S**everity: "On a scale of 1-10?"

2. Verbal Observations (Crucial for audio-only)

- Since you cannot examine, you must verbalize what you hear/see.

3. Red Flags (Safety) "I'm going to ask a few quick safety questions relevant to this symptom."

- Select only relevant systems. Don't ask all.
  - **General:** Weight loss, night sweats, fevers, lumps/bumps.

- **Neuro:** Weakness, numbness, visual changes, loss of bowel/bladder control.
- **Mental Health:** Risk to self, risk to others, hopelessness.
- **Cancer:** Persistent cough, changing moles, blood in stool/urine, dysphagia.

4. Context (PMH / Meds / Social)

- **PMH:** "Any other medical conditions?"
- **Meds/Allergies:** "Any medication? Allergies?"
- **Social:** "Who is at home? Smoking/Alcohol?"

5. Patient Safety + Feasibility (RESTORED)

- Why: To ensure your plan will actually work for this person.
- **Scripts:**

> "What have you tried already?"
>
> "What has worked or not worked so far?"
>
> **Barriers Check:** "Are there any difficulties—like work, childcare, costs, or personal beliefs—that might make it hard for you to follow a treatment plan?"

6. The "Anxiety Check"

- **Script:** "Is there anything else, no matter how small, that you wanted to mention before we plan what to do?" (If "No" → **STOP DIGGING**).

7. Steering Line 2 (Hard Stop ~6:30)

- **Script:** "Right — I think I've got enough to move us onto what we can do about it."

3) SHARED PART (The 5 Boxes of Management)

6:30 – 12:00

"Thinking Out Loud"

Box 1 — Name the Problem + Link to ICE

- Action: Explain the diagnosis using **"Thinking Out Loud"** logic.
- **Script:**

> "This fits best with **[Diagnosis]**. I say that because of [Symptom X]. I hear your main worry was **[Concern]**, but I don't think it is that because **[Reasoning/Lack of Red Flag]**. And regarding your hope for **[Expectation]**, we can look at that..."

Box 2 — Options (2–3 Max)

- Action: Outline the choices clearly.
- **Script:**

"We've got a few sensible options..."

- **Option A:** (Most appropriate - e.g., treatment)
- **Option B:** (Reasonable alternative - e.g., wait & see)
- **Option C:** (Review later) "Given your situation, which feels most acceptable to you?"

Box 3 — Make it Happen (Clear Actions)

- Action: Be concrete about the Logistics.
- **Treatment:** "I will prescribe X. Take it 3 times a day with food. It takes 2 days to work."
- **Self-care:** "Keep well hydrated / Rest."
- **Investigations:** "I will order the blood test. Please book it at reception."
- **Referral:** "I am sending a referral. It is a 2-week wait / routine."
- **Fit Note/Work:** "Do you need a note for work?"

Box 4 — Safety-Net (Specific, Not Generic)

- Action: Give specific triggers for return.
- **Script:**

"I expect this to improve in [Timeframe]. However, if you develop **[Specific Red Flag A]** or **[Specific Red Flag B]**, or if it gets worse in **[Y Timeframe]**, you must call us back or go to A&E."

Box 5 — Check Understanding + Close

- Action: Teach-back to confirm safety.
- **Script:**

"Can I just check what you'll do when you leave today, just to be sure we're on the same page?" "Is there anything I've missed or you want to clarify?" "I'll document the plan and arrange that for you. Take care."

KEY "MENTAL CHECKLISTS" TO MEMORIZE

For the Doctor's Part (Context):

- **P**ast Medical History
- **A**llergies / Meds
- **S**moking / Alcohol
- **S**ocial (Home support/Job)
- **O**TC meds tried

For the Shared Part (Management Options):

- **Investigation:** (Bloods, X-ray, Stool sample)

- **Conservative:** (Rest, fluids, lifestyle change, physio exercises)
- **Medical:** (Prescription, OTC advice)
- **Referral:** (2-week wait, routine, acute admission)
- **Information:** (Leaflets, reassurance, explanation)

THE "SCA GOLD" MICRO-PHRASES (MEMORISE)

To keep structure

"I'll listen first, then a few focused questions, then we'll agree a plan."

"That's helpful — I'm going to ask some specific questions now."

"I've got enough to move onto what we can do."

To show patient-centredness fast

"What matters most to you about sorting this today?"

"What's your biggest worry?"

"What were you hoping I could do?"

To show shared decision-making

"There are a couple of reasonable options — shall I talk you through them?"

"Which option best fits your situation?"

To show safety + professionalism

"I want to rule out a few serious possibilities quickly."

"If X happens, that's a same-day urgent contact."

THE 12-MINUTE TIME MAP (SIMPLE)

- **0–4 min:** Patient's part (story/impact/ICE)
- **4–7 min:** Doctor's part (targeted + red flags)
- **7–12 min:** Shared part (options → plan → safety-net → close)

If you only remember one rule: **be in management by 7 minutes**.

ONE-PAGE "SCA SCRIPT SKELETON" (COPY/PASTE)

Open: “How can I help? … We’ve got 12 minutes: listen → questions → plan.”
Story: “Tell me what’s been happening.”
Impact: “How is it affecting you?”
ICE: “What do you think it is / worries / hoping for?"
Summary: “So you’ve had… and you’re worried about…”
Steer: “I’ll ask a few focused questions to keep you safe.”
Doctor Qs: targeted + red flags + PMH/meds + what tried
Checkpoint: “Anything else before we plan?”
Steer: “Let’s move onto options.”
Explain: “Most likely…; I also want to exclude…”
Options: A/B (max 2–3)
Plan: actions + timelines
Safety-net: red flags + timeframe + what to do
Close: teach-back + confirm follow-up