The art of conversation
Using innovative qualitative methods to understand the GP/patient conversation in primary care

Dr Georgia Black

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Study objectives

To develop recommendations to improve communication about potential cancer symptoms within consultations, with the view to improve patient experience and timely diagnosis of cancer.
METHODS

Patient interviews (n=20)

Filmed consultations (n=200)
men and women aged 50 and over

Thematic analysis

GPs interviews (n=7)
*Patients were interviewed despite their videos had been switched off for an examination, one of them as the only patient presenting with a new problem to this particular GP; †Patient had been interviewed based on an earlier, less refined definition of a "new presenting problem" (=no diagnosis yet); *Symptoms included (a) persistent cystitis, (b), persistent infection (flu), and (c) persistent fatigue
significance
misalignment

patient significance

realignment

GP significance
My hair is falling out and it’s really distressing and strange

I can’t see any bald patches – it looks OK to me

My phlegm is thick and yellow – that seems serious

It shows that your body’s been fighting the infection, white blood cells are dying, new one’s have been generated, and so the right things are happening in your body
I just wanted to double-check, my parents both died very young, and I don’t have a history of whether there was any cancer. The main thing we look out for is change in your waterworks, and as men get older they do get up at night more, that doesn’t mean they all got prostate cancer. [...] you do have some symptoms but I’d be happy enough if you didn’t do it.

I don’t want to waste anyone’s time because it’s been like that for ten years... I take your advice, it’s NHS money. Sometimes it’s difficult to make the right decision... I wouldn’t lose sleep if you didn’t, but it’s reasonable to do it... let’s do it.

Do you think it’s worth doing it?

The difficulty is that if it does come back slightly raise then we’re obliged to pursue it and we end up with a biopsy and it’s a whole chain of events which can do harm.

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Bowels are feeling better now.

Bowels still loose.

Do not want testing – life is difficult at the moment.

Tests are necessary.

Yes, bowels are still loose.

I have actually tried to make myself sort of more regular and disciplined this, it does seem to have made a difference.

Yeah, I think what I am trying to say is I’m very reluctant to have any operations and procedures unless I absolutely have to... I’m not very keen on that.

Unresolved misalignment.

I think one of the things to do indeed they will need to look inside... obviously there is a possibility with this the change here... it hasn’t settled has it?

Tests needed.

So you’re still on the loose side... that needs to be checked out. There could be something else going on.

But it has [settled] really... I’m still on the loose side... it’s not unusual for me.

And you say you’re passing wind and still losing a little bit then?

False agreement.

Bowels still loose.
The impact of misalignment on early diagnosis of cancer

- Non-attendance
- Loss of trust
- Change doctor
**Recommendations** to improve communication about potential cancer symptoms

- Find better ways of eliciting concerns
- Awareness of ‘false’ agreement
- Work on GP training needs around resolving patients' concerns
Project team

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