**Example 1**

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| **Greeting and introduction by name** | **Elicited patients problem (enough information obtained)** | **Formulation of plan (diagnosis advice or to be seen)** | **Check patient understanding – include safety net if appropriate** | **Did patient seem satisfied?** |
| *Yes full* | *Yes – earache in 3 yr old otherwise well* | *Yes – diagnosis of ear pain analgesia alone* | *Parent agreed with plan of action – advised contact own doctor if appropriate in next few days* | *Yes on listening to the recording parent happy* |
| *Yes* | *Yes longstanding abdominal pain in 45 year old man* | *No diagnosis – is awaiting specialist opinion pain no worse tonight – advised analgesia* | *I did not really safety net this consultation – I also seemed a bit irritated that he had called at 11pm about a problem that was present for 3 months* | *Not really – he actually said “no one seems to be able to give me an answer to this pain doctor” and I seemed to ignore this statement* |
| *Not completely – “hello Mrs X this is the doctor”* | *Yes – feverish child (aged 2)* | *Yes – elicited the fact that child reasonably well and that no anti-pyretic administered – advised paracetamol and cooling* | *Mum seemed to understand how to cool child and to ring back if fever worse or new symptoms* | *Yes partially – concerned re lack of obvious focus of infection but happy to try cooling measures* |
| *No – patient very short of breath and more concerned re onward referral* | *Yes – severe SOB in patient with diabetes and pre existing angina* | *Yes 999 ambulance* | *I stayed on the phone until the telephone operator had contacted the ambulance and confirmed a 5 minute ETA – carer present* | *Yes* |
| *Yes* | *Yes – 24 year old man with back pain of 2 hours duration – caused by lifting* | *Yes – analgesia I had to issue “stock” co-dydramol as pharmacy shut* | *No – I again seemed irritated with this patient as no analgesia taken before call made – no safety net (probably appropriate)* | *No – expected visit and “injection”* |
| *Yes* | *Yes - Nursing Home patient with cough, nurse requesting antibiotics* | *Yes – no prescription issued (12 midnight) advised symptoms (1 day cough) did not warrant intervention at present* | *Yes – advised to contact own doctor if patient became unwell in next few days* | *Sort of – came to agreement with the nurse but she felt antibiotic more appropriate despite lack of systemic upset* |
| *Yes* | *Yes – 6 month baby off food high temp and vomited x1* | *Yes – I asked appropriate questions to exclude serious illness and base appointment given for 1 hours time* | *Yes – I checked the mums understanding of the appointment and checked that she actually knew where the base was* | *Yes* |
| *No – again I called myself “the doctor”* | *No – difficult telephone call with patient obviously under the influence – not really sure why they rang* | *No – bit of garbled conversation which ended with “well I’m going to bed now” – the patient’s words not mine!* | *Not possible* | *No idea* |
| *Partially – I introduced my self and discovered that the caller was the patent’s sister but not her name* | *Yes – confusion and falling – had previously due to a chest infection reoccurred this evening* | *Yes – elicited no current danger to herself and no apparent injury – arranged mobile doctor to call semi-urgently* | *Yes sister aware that doctor would call within next hour or so* | *Yes – very relieved* |
| *Yes – recall from earlier – (see above 3rd case) this time I introduced myself but not before the patient asked “are you the doctor I spoke to as they didn’t give a name?”* | *Yes fever worsening no effect with paracetamol and bathing. I elicited a full history of red flag signs (all negative)* | *Yes – to be examined – base consultation very hard as on her own with 2 other children – mobile doctor to visit* | *Yes understands doctor will call later* | *Yes* |