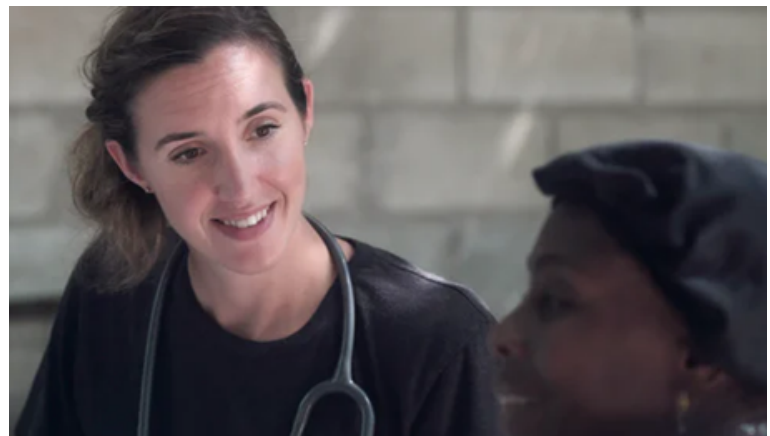


Centred & Connected Consultations

This is a description of a consultation model that Dr Bhatia created to help people consult well. It is aligned with principles of the [Humble organisation](#) and approved by the [British Holistic Medical Association](#). [Here is a link to a video description](#) of the model.

Consultations are about people (a “person” seeking help and a “practitioner” offering support), coming together to create a healing space and positively change the direction of their lives.



A new language. We deliberately use the word “person” in preference to “patient” (one who waits /suffers - Latin) because it does not define someone solely by their problems, thus recognising their holistic beauty and potential. Also it does not call the practitioner a



“prescriber” (someone who assumes authority, stands unchanged on the side-lines or may not need care themselves). This allows the healing space to be nourishing and empowering for the person, practitioner and their system too. Similarly we rename the “waiting room” the “ready room” as a space where we are getting ready.

Centred and connected consultations. The centred and connected model is really simple because it only has two requirements: It values being centred in presence (attentive to the present moment) and connected in care (a shared purpose and process).

“In practice as a GP, which playfully means Gentle Presence to me, I endeavour to simply “show up”, centre myself and connect with another. This invites a healing space, which when combined with other consultation skills (that the person and practitioner bring), is profound. It values the quality of relationship in the moment and the results we are aiming for” - Dr Bhatia

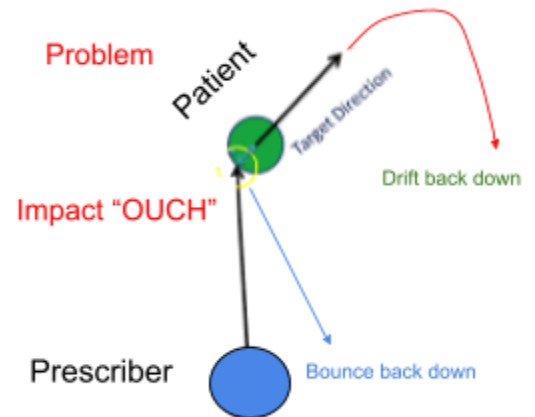


Being Humble helps

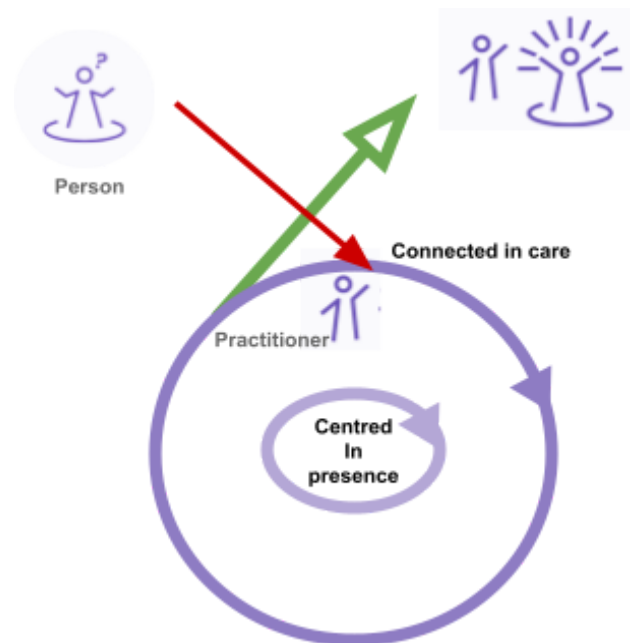
Humility helps because we all make mistakes and our connection naturally oscillates on the consultation journey. Being humble also helps because it means we are willing to learn together.

Typical “bounce” type consultations can cause a sense of impact (ouch) as we bounce off each other like balls (see image of bounce type consultations). Being focused on problems and bouncing off each other may seem like a “quick fix “ way of changing direction but the impact can:

1. **Insult** the “patient” by disempowering and defining people by their problems..
2. **Injure** the “prescriber” who may not be nourished by the interaction.
3. **Debilitate** them both by moving them off in unpredictable directions without changing the dis-ease (force of gravity) in the system that draws them back down again.



What makes the Centred and Connected model different to other consultation models (that are problem, patient, practitioner or service centred) is that it centres on and revolves around our presence, the one thing we all share whether we care or not. This is a revolutionary relationship because rather than traumatically bouncing like balls, it spirals much like a satellite changes direction as it orbits the earth with ease. This spiral may seem to take a bit more time but like a slingshot it is effective because it enables reliability and sustainability in the new direction (see image of revolutionary relationship slingshot).



Revolutionary

“The act of revolving, or turning round on an axis or a centre like a planet or wheel.”

“The act of causing a profound change.”

Relationships

“The way in which two or more things are connected, or the state of being connected.”

“The way in which two or more people or groups regard and behave towards each other.”

Oxford online dictionary

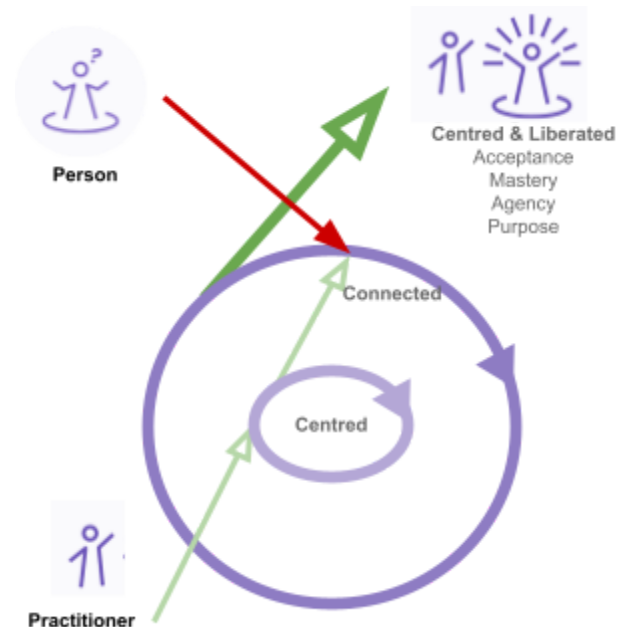
The technical bit

Before, during, and after the consultation

The Centred and Connected Model has an appreciation of four stages:

- Dispersed (before the consultation)
- Centred (on being present)
- Connected (in care, during the consultation)
- Liberated (free after the consultation)

Rather like a wheel, all parts need to be present for the system to function well and for person, practitioner and system to be nourished by their encounter. The hub represents the centred presence. The spokes are opportunities to re-centre between the different phases of the consultation.



The 4 Stages

Dispersed

This is before the consultation, when the person and practitioner are not in touch. The person may be facing a challenge or have a goal to achieve, similarly the practitioner may have just been involved in another consultation. They may be feeling un-centred and unprepared for their interaction and may not even be aware of this.



Centred

This describes the axis of presence in which the consultation revolves. Like the hub of the wheel it provides stability and integrity throughout the consultation process. The spokes of the wheel are opportunities when the person and practitioner can pause, tune in, be present and re-centre. In practice these can be times when:

- a person is preparing in the waiting room (or as Dr Bhatia calls it, the “Ready Room”)
- a practitioner completes their notes and integrates their thoughts
- a practitioner takes a sip of water between consultations
- both might take a few breaths in silence during the conversation
- when washing hands both before and after the examination

A helpful revealing question can be “How can I be ready?”

Connected

This describes the care which creates a “healing space” of a consultation in which person and practitioner interact. Much like the rim of a wheel it is where their inner and outer worlds meet. A helpful and revealing question can be “How can we be a team?”

The connected stage of the consultation journey can be described as having 5 phases which will be explored in more detail during this section:

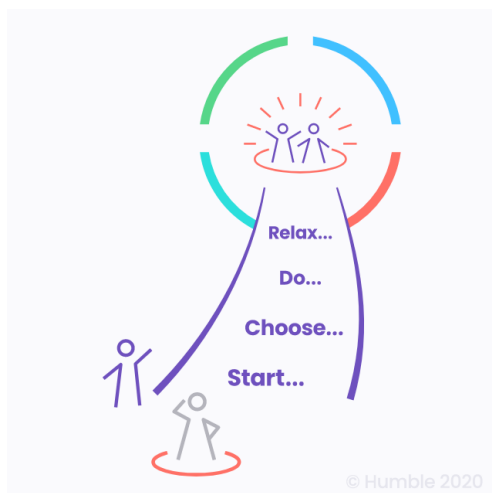
The 5 phases of the Connected stage:

- **Connecting** – establishing rapport, empathy and understanding as well as a space in which healthy transformations can take place.
- **Focusing** – starting where you are, gathering insights about the persons perspective, their predicament, their place and their ‘powers’. This could combine the conventional medical consultation with holistic elements such as a lifestyle assessment.
- **Harmonising** – choosing what really matters, aligning, activating and enabling the patient and practitioners’ purpose and process. This builds on the previous stage and often requires elements of negotiation.
- **Transforming** – doing what really helps the process of changing by planning, practising, adapting and performing well.
- **Releasing** – the process of ending the consultation well.



Parallel paths.

Whilst Practitioner & person travel together it is worth considering that they have parallel paths with different perspectives on their journey. The diagram below shows some of the different language used. Image :1 on left Perspectives of a person *in the red ring*. 2 on the right possible language of a *practitioner*



Liberated

This describes the space and time beyond the consultation in which the practitioner and person transcend their roles in the consultation and live. To quote a yogic phrase “we practise on our mat and live off it”. One strategy that can help is the ‘Four S’s’ shown below.

Summarising at this stage is a powerful practice because it allows us to reflect on events, confirm shared understandings, reveal misunderstandings and to correct our course before departure. It also offers an opportunity to affirm the progress made during the interaction. These affirmations are very effective in improving performance, especially if they occur in the golden ratio of approx 3:1 (at least three affirmations to one challenge)***REF.**

Stating next steps is a great way of describing what could happen and clarifying the plan. One strategy for achieving this is rehearsal. Rehearsal is the art of practising before a performance. It harnesses our capacity to imagine a desired response to a situation and transforms our performance through cognitive and physical processes of adaptation. This is especially useful in entraining new habits because it enables us to find solutions to potential challenges that we have not met yet.

Safety netting can be defined as a consultation technique to communicate uncertainty, provide information on ‘red-flag’ symptoms, and plan for future appointments to ensure timely re-assessment. Safety-netting advice may include information on the natural history of the illness, and specific information on how and when to seek help. In addition to advice within the consultation, safety netting includes follow-up of investigations and hospital referrals. (1)

Satisfied is simply a way of releasing the interaction with a mutual sense that WE WIN (are working effectively on what's important now), and that it's ok to move on.

For example at the end of a consultation, I take a minute to tidy my notes, and a few breaths with my eyes closed to relax, pause and breathe deeply. Feeling re-centred I revitalise myself by moving consciously and looking out the window; connecting with “myself, space, story and glory” *ref* before looking at the next person's booking notes.

Example Practitioner *"As we close please can you summarise what we achieved in our consultation?"*

Person *"Today we chatted about how sleeping well can improve my mental health and I learned how looking at my phone in bed makes it worse. I've decided to put my phone to charge in the kitchen in the evening, so when I get home I will move the charger".*

Practitioner *"What's your plan if you might still struggle?"*

Person *"I will look at that sleep app and see what's next on the list of sleep tips"*

Practitioner *" Sounds great. How do you feel about closing our consultation?"*

Person *"Really good, thank you"*

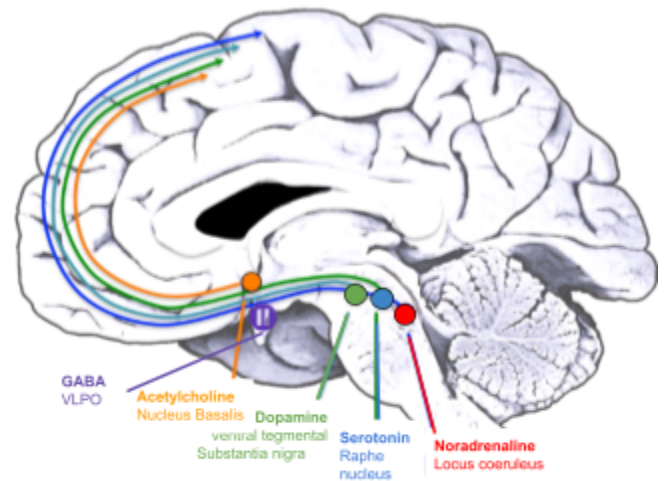
Practitioner *"Great, thank you. Bye for now"*

Working with our neurobiology

Underlying our experiences and behaviours is a symphony of biological interactions within the networks of our nervous systems including electrical, chemical, mechanical and quantum biological factors (ref *The Coming of Age of Quantum Biology* by Jim Al-Khalili).

One set of instruments are the neuromodulators (GABA, Noradrenaline, Acetylcholine, Dopamine and Serotonin), which when understood can be harnessed to facilitate the flow of a consultation. Each of the phases above have a predominant neuromodulator, which has many functions, but much like an instrument in a performance of music, there are times when they may take the lead .

Colour coding Noradrenaline"Red alert" Acetylcholine amber Dopamine green for Go Serotonin blue for serenity and GABA is purple pause button



Noradrenaline – associated with alertness. It predominates in the **Focusing** phase early in the consultation when someone may present with a frustration or “problem” and feel emotionally excited. Noradrenaline is necessary for neuroplasticity, our ability to learn and change. However if prolonged or unsupported by modulators it can cause agitation, anxiety, fatigue and giving up.

Acetylcholine – is associated with meaning. It predominates in the **Harmonising** phase of the consultation when someone feels a sense of alignment with their purpose (what they want) and ability in their process (how they want to achieve it). Another name for this is “activation”.

Dopamine– associated with drive, movement and a sense of progress and of ‘more’. It predominates in the **Transformation** phase of the consultation when someone feels a sense of pursuit and progress. Dopamine is also an essential part of changing habits. It’s worth considering that after a dopamine high often follows a dip in which a re-equilibration occurs. This can feel uncomfortable so pausing to reset can smoothe this process of transformation.

Serotonin – associated with serenity and stimulation. It occurs in the **Release** phase of the consultation, when someone feels a sense of satisfaction, achievement and ability to move on.

GABA – is an important neuromodulator in the **Transition** between phases. It is helpful in creating a pause to recentre and redirect the flow of a consultation. It is also helpful in dampening regulating emotional distress (amygdala overactivation) that may otherwise feel overwhelming during a consultation.

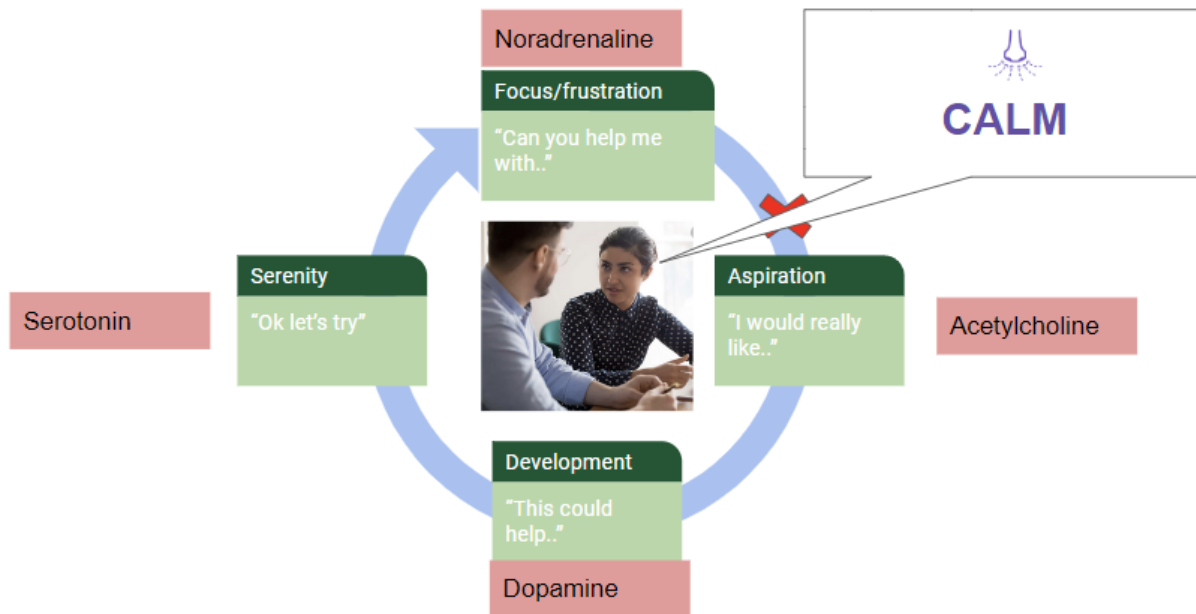
Understanding the neurobiology underlying the consultation and how to facilitate (rather than manipulate) transitions, can enable and ease the flow through states that are helpful in the different stages of the consultation. Examples include cognitive skills such as Motivational Interviewing and behavioural practices such as postural, eye gaze, touch and breath practices.



These are some of the advanced consulting skills that Dr Bhatia teaches in the “Humble Guides training”. (ref [Avery MC., Neuromodulatory Systems and Their Interactions., Front Neural Circuits. 2017 Dec 22;11:108](#))

In practice

In reality a consultation is a creative, unpredictable and beautiful thing. However having A MAP (see below) with landmarks and ways of overcoming pitfalls, like in the diagram below, can help navigate the process.



In this diagram the person and practitioner are centred in presence and connected with a shared sense of care. During the consultation journey, examples of the person's words are shown in the light green boxes. The emotional states in the dark green boxes and the associated neuromodulator in red boxes. The red cross indicates a sticking point when frustration may become overwhelming. Harnessing an understanding of the neurobiology of stress, and how a CALM nose breath combined with mindset processes can ease those feelings and help the consultation flow.

A MAP is an acronym for Acceptance, Mastery, Agency and Purpose. These are 4 factors associated with a “wonderful life” that can be found during the consultation journey for the person, practitioner in their system.

This is just a taster. To find out more about how centred and connected consulting do get in touch. www.humble.info

Resource

1. Here is a link to a video in which Dr Bhatia introduces the centred and connected consultation model <https://youtu.be/pi4twoRM09o>
2. [Avery MC., Neuromodulatory Systems and Their Interactions., Front Neural Circuits. 2017 Dec 22;11:108](#)

