

# Calgary-Cambridge Guides

## COMMUNICATION PROCESS SKILLS

### ■ GUIDE ONE: INTERVIEWING THE PATIENT

#### ■ INITIATING THE SESSION

##### Establishing initial rapport

1. **Greets** patient and obtains patient's name
2. **Introduces** self, role and nature of interview; obtains consent if necessary
3. **Demonstrates respect** and interest; attends to patient's physical comfort

##### Identifying the reason(s) for the consultation

4. **Identifies patient's problems** or the issues that patient wishes to address with appropriate opening question (e.g. 'What problems brought you to the hospital?' or 'What would you like to discuss today?' or 'How can I help you today?')
5. **Listens** attentively to patient's opening statement, without interrupting or directing patient's response
6. **Confirms list and screens** for further problems (e.g. 'So that's headaches and tiredness, anything else?')
7. **Negotiates agenda** taking both patient's and physician's needs into account

#### ■ GATHERING INFORMATION

##### Exploration of patient's problems

8. **Encourages patient to tell the story** of the problem(s) from when first started to the present, in own words (clarifying reason for presenting now)
9. **Uses open and closed questioning techniques**, appropriately moving from open to closed
10. **Listens attentively**, allowing patient to complete statements without interruption and leaving space for patient to think before answering or after pausing
11. **Facilitates patient's responses verbally and non-verbally** e.g. by use of encouragement, silence, repetition, paraphrasing, interpretation
12. **Picks up verbal and non verbal cues** (body language, speech, facial expressions); **checks and acknowledges** as appropriate
13. **Clarifies patient's statements** that are unclear or need amplification (e.g. 'Could you explain what you mean by light-headed?')
  - **Periodically summarizes** to verify own understanding of what patient has said; invites patient to correct interpretation or provide further information
14. **Uses concise, easily understood questions and comments**; avoids or adequately explains jargon
15. **Establishes dates and sequence** of events

##### Additional Skills for Understanding the Patient's Perspective

16. **Actively Determines and appropriately explores**:
  - **Patient's ideas** (i.e.; beliefs re cause)
  - **Patient's concerns** (i.e.; worries) regarding each problem
  - **Patient's expectations** (i.e.; goals, help patient expects re each problem)
  - **Effects on patient**: how each problem affects the patient's life
17. **Encourages patient to express feelings**

#### ■ PROVIDING STRUCTURE TO THE CONSULTATION

##### Making organization overt

18. **Summarizes at the end of a specific line of inquiry** to confirm understanding before moving on to the next section
19. **Progresses** from one section to another **using signposting, transitional statements**; includes rationale for next section

##### Attending to flow

20. **Structures** interview in **logical sequence**
21. **Attends to timing** and keeping interview on task

#### ■ BUILDING RELATIONSHIP

##### Using appropriate non-verbal behaviour

22. **Demonstrates appropriate non-verbal behaviour**:
  - eye contact, facial expression
  - posture, position, movement
  - vocal cues e.g. rate, volume, intonation
23. **If reads, writes notes** or uses computer, does **in a manner that does not interfere with dialogue or rapport**
24. **Demonstrates appropriate confidence**

##### Developing rapport

25. **Accepts legitimacy of patient's views** and feelings; is not judgmental
26. **Uses empathy** to communicate understanding and appreciation of patient's predicament; overtly **acknowledges patient's views** and feelings
27. **Provides support**: expresses concern, understanding, willingness to help; acknowledges coping efforts and appropriate self-care; offers partnership
28. **Deals sensitively** with embarrassing and disturbing topics and physical pain, including when associated with physical examination

##### Involving the patient

29. **Shares thinking** with patient to encourage patient's involvement (e.g. 'What I'm thinking now is...')
30. **Explains rationale** for questions of physical examination that appear to be non-sequiturs
31. **During physical examination**, explains process, asks permission

#### ■ CLOSING THE SESSION (Preliminary Explanation & Planning)

32. **Gives explanation at appropriate times** (avoids giving advice, information, opinions prematurely)
33. **Gives explanation in clear, well-organized fashion**
34. **Contracts with patient regarding: next steps** for patient and physician
35. **Checks patient's understanding and acceptance** of explanation and plans; ensures that concerns have been addressed
36. **Summarizes session** briefly
37. **Encourages patient to discuss any additional points** and provides opportunity to do so (eg. "Are there any questions you'd like to ask or anything at all you'd like to discuss further?")

## REFERENCES

1. Kurtz S, Silverman J, and Draper J (1998) **Teaching and Learning Communication Skill in Medicine**, Oxford, UK: Radcliffe Medical Press
2. Silverman J, Kurtz S, and Draper J (1998) **Skills for Communicating with Patients**. Oxford, UK: Radcliffe Medical Press.

## ■ GUIDE TWO: EXPLANATION AND PLANNING

### ■ EXPLANATION & PLANNING

#### Providing the correct amount and type of information

(Aims: to give comprehensive & appropriate information; to assess each individual patient's information needs; to neither restrict nor overload)

1. **Initiates:** summarizes to date, determines expectations, sets agenda
2. **Assesses patient's starting point:** asks for patient's prior knowledge early on when giving information; discovers extent of patient's wish for information
3. **Chunks and checks:** gives information in assimilable chunks; checks for understanding; uses patient's response as a guide to how to proceed
4. **Asks patient what other information would be helpful** e.g. aetiology, prognosis
5. **Gives explanation at appropriate times:** avoids giving advice, information or reassurance prematurely

#### Aiding accurate recall and understanding

(Aims: to make information easier for the patient to remember and understand)

6. **Organizes explanation:** divides into discrete sections; develops a logical sequence
7. **Uses explicit categorization or signposting** (e.g. "There are 3 important things that I would like to discuss. First..."; Now, shall we move on to....?")
8. **Uses repetition and summarizing** to reinforce information
9. **Uses concise, easily understood language;** avoids or explains jargon
10. **Uses visual methods of conveying information:** diagrams, models, written information and instructions
11. **Checks patient's understanding of information given** (or plans made) e.g. by asking patient to restate in own words, clarifies as necessary

#### Achieving a shared understanding: incorporating the patient's perspective

(Aims: to provide explanations & plans that relate to patient's perspective; to discover the pt's thoughts & feelings about the information given; to encourage an interaction rather than 1-way transmission)

12. **Relates explanations to patient's perspective:** to previously elicited ideas, concerns and expectations
13. **Provides opportunities and encourages patient to contribute:** to ask questions, seek clarification or express doubts; responds appropriately
14. **Picks up and responds to verbal and non-verbal cues** e.g. patient's need to contribute information or ask questions, information overload, distress
15. **Elicits patient's beliefs, reactions and feelings** re information given, terms used; acknowledges and addresses where necessary

#### Planning: shared decision making

(Aims: to allow patient to understand the decision-making process; to involve patient in decision making to the level they wish; to increase patient's commitment to plans made)

16. **Shares own thinking as appropriate:** ideas, thought processes and dilemmas involves patient:
  - offers suggestions and choices rather than directives
  - encourages patient to contribute own ideas, suggestions
17. **Explores management options**
18. **Ascertain level of involvement patient wishes** in making the decision at hand
19. **Negotiates a mutually acceptable plan:**
  - signposts own position of equipoise or preference regarding available options
  - determines patient's preferences

20. **Offers choices:** encourages patient to make choices/decisions to level they wish

21. **Checks with patient:**
  - if accepts plan and if concerns have been addressed

### ■ OPTIONS IN EXPLANATION AND PLANNING (includes content and process skills)

#### If discussing opinion and significance of problem

22. **Offers opinion** of what is going on and names if possible
23. **Reveals rationale** for opinion
24. **Explains** causation, seriousness, expected outcome, short and long-term consequences
25. **Checks patient's understanding** of what has been said
26. **Elicits patient beliefs, reactions, concerns** regarding opinion

#### If negotiating mutual plan of action

27. **Discusses options** e.g. no action, investigation, medication or surgery, non-drug treatments (physiotherapy, walking aids, fluids, counseling), preventive measures
28. **Provides information on action or treatment offered:** names, steps involved, how it works, benefits and advantages, possible side effects
29. **Elicits patient's understanding reactions and concerns:** about plans and treatments, including acceptability
30. **Obtains patient's view of need for action,** perceived benefits, barriers, motivation
31. **Accepts patient's lifestyle, beliefs, cultural background and abilities** into consideration
32. **Encourages patient to be involved in implementing plans,** to take responsibility and be self-reliant
33. **Asks about patient support systems;** discusses other support available

#### If discussing investigations and procedures

34. **Provides clear information on procedures** e.g. what patient might experience, how patient will be informed of results
35. **Relates procedures to treatment plan;** value, purpose
36. **Encourages questions about and discussion** of potential anxieties or negative outcomes

### ■ CLOSING THE SESSION

#### Forward Planning

37. **Contracts with patient's next steps** for patient and physician Safety nets, explaining possible unexpected outcomes, what to do if the plan is not working, when and how to seek help
38. **Safety nets,** explaining possible unexpected outcomes, what to do if plan is not working, when and how to seek help

#### Ensuring appropriate point of closure

39. **Summarizes session briefly** and clarifies plan of care
40. **Final check that patient agrees and is comfortable with plan** and asks if any corrections, questions or other issues.

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