Explanation And Planning
In The Medical Interview

*Calgary-Cambridge Guide*

**COMMUNICATION PROCESS SKILLS**

**PROVIDE THE CORRECT AMOUNT & TYPE OF INFORMATION FOR THE INDIVIDUAL PATIENT**

**Initiate:** summarize to date; determine patient's feelings, ideas, function and expectations (FIFE); set the agenda

**Assess patient’s starting point:** ask for patient’s prior knowledge early; discover extent of patient’s wish for information

**Chunk and check:** give information in small chunks; check for understanding; use patient’s response as a guide on how to proceed

**Ask patient what other information would be helpful:** (e.g. causation, predicted outcome)

**Give explanation at appropriate times:** avoid giving information or reassurance prematurely; avoid merely giving advice
AID ACCURATE RECALL & UNDERSTANDING

Organize explanation: divide into discrete sections; develop logical sequence

Use explicit categorization or signposting: “There are three important things that I would like to discuss. First, I want to tell you what I think is wrong, second, what tests we should do, and third, what the treatment might be. First, I think you have…”

Repeat information and summarize: reinforce information… “So just to recap, we have decided to treat this as a fungal infection with a cream that you’ll apply…and if it’s not better in one week, you’ll come back to see me again.”

Language: use concise, easily understood statements; avoid or explain jargon

Use visual methods of conveying information: e.g. diagrams, models, written information and instruction

Check patient’s understanding of information given or plans made: ask patient to restate in own words; clarify as necessary… “I’ve given you a lot of information and I’m concerned that I might not have made it very clear – it would help me if you tell me in your own words what we’ve agreed on so far so I can make sure we are on the same track.”

INCORPORATE THE PATIENT’S PERSPECTIVE: ACHIEVE A SHARED UNDERSTANDING

Relate explanations to patient’s illness framework: to previously elicited feelings, ideas, function and expectations (FIFE)… “You mentioned earlier that you were worried this pain could be a heart attack…I can see why you might have thought that, but in fact, I think it’s more likely to be a muscular pain… let me explain why.”
Provide opportunities & encouragement for patient to contribute: to ask questions, seek clarification or express doubts; respond appropriately... “Yes, that’s an important question and I’m glad you asked it. I’ll try to answer it for you.”

Acknowledge patient’s success and praise appropriately: small changes are often the foundation for larger ones. They should be recognised.

Pick up and respond to verbal & non-verbal cues: (e.g. information overload, distress, need to contribute information or ask questions)... “You look unhappy – is it about the possibility of having surgery?”

Elicit patient’s beliefs, reactions and feelings: about information given, decisions, terms used; acknowledge and address where necessary... “I’m not sure how that news has left you feeling.”

ENGAGE IN SHARED DEcision MAKING & PLANS

Share own thinking: ideas, thought processes and dilemmas... “There are two possibilities here which might explain your symptoms – either an ulcer or gallstones. It’s not clear from just examining you which it is. I’m trying to decide between two ways forward - we can either just treat it as if it’s an ulcer, or we could do some tests first to get a more definite diagnosis.”

Involve the patient: offer suggestions and choices rather than directives; encourage sharing of patient’s ideas and suggestions... “Given what you’ve said, I think there are two choices available that we ought to consider together...”

Explore management options: include information about risks and benefits.
Ascertain level of involvement that patient wishes: regarding decision making… “There are several options in the treatment of …, when to start therapy, which drugs to use, whether to see a specialist. Some patients like to be involved in these decisions and I welcome that – some prefer the doctor to take the lead. What is your preference at the moment?”

Negotiate a mutually acceptable plan: signpost own position of equipoise or preference regarding options; determine patient’s preferences… “In this particular instance and from a purely medical standpoint given your family history and risk factors, I personally would recommend that you start medication to reduce your blood pressure. But we also need to take your views into account here. How do you feel about…?”

Check with patient: have plans and concerns been addressed? “Now, can I just check that you are happy with the plan?”

Managing Patient-Doctor Disagreement

The patient’s views about perceived benefits, barriers and motivations need to be fully elicited if a shared decision is to be reached.

The physician’s views about perceived benefits or lack of benefit, risks, barriers and motivations need to be fully explained to the patient.

- Identify points of commonality and difference
- Ensure there is shared understanding of the patient’s disease/illness
- Explore a range of potentially acceptable options; signpost your own position of equipoise or preference; offer rationale for this
- Refer to national and international treatment protocols or standards as appropriate