



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

Adapted From:

Silverman, J., Kurtz, S., & Draper, J. (2013). *Skills for Communicating With Patients* (3rd ed). Oxford: Radcliffe Publishing.