



DALHOUSIE
UNIVERSITY

FACULTY OF MEDICINE

Communication Skills Program

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The Medical Interview

Calgary-Cambridge Guide

COMMUNICATION PROCESS SKILLS

INITIATING THE SESSION

Establish initial rapport

Greet patient

Introduce self and role; if applicable

Demonstrate respect, interest

Identify reason(s) for consultation

Use appropriate open questions to identify problems/issues

Listen attentively without interruption to opening statement

Confirm list & screen for more problems

Negotiate agenda, include needs of patient & doctor

GATHERING INFORMATION

Explore patient's problems

Encourage patient to tell story

Move from open-ended to closed questions

Listen attentively without interrupting

Facilitate patient's responses verbally & non-verbally

Clarify patient statements that are unclear

Avoid or explain jargon, use understandable language

Establish dates and sequence

Understand the patient's perspective - FIFE

Explore and acknowledge the pt's illness perspective

- **F**eelings – fears about their problem
- **I**deas – about what is wrong, cause, etc.
- **F**unctions – impact of problem on daily activities
- **E**xpectations – of the doctor & treatment

PROVIDING STRUCTURE

Make organization overt

Summarize at end of a line of inquiry

Signpost transition to next section of interview

Attend to flow

Structure interview in logical sequence

Attend to timing

BUILDING RELATIONSHIP

Use appropriate non-verbal behaviour

- eye contact, facial expression
- posture, position and movement
- vocal cues e.g. rate, volume, tone
- maintain focus on pt while writing/using computer

Develop rapport

Accept pt's views and feelings non-judgementally

Use empathy, acknowledging pt feelings

Provide support, offer partnership

Deal sensitively w/ embarrassment, disturbing topics, pain

Involve the patient

Share your own thinking as appropriate

Explain rationale re questions that seem unrelated

Ask permission & explain physical exam

EXPLANATION & PLANNING

Provide correct amount and type of info

Give info in manageable chunks, check understanding

Ask pt what info would be helpful

Avoid giving advice, explanation prematurely

Aid patient recall and understanding

Categorize: "There are 3 important things, 1st...2nd..."

Use repetition and summary

Avoid or explain jargon

Incorporate the patient's perspective

Elicit pt's beliefs & feelings re info, options, decisions

Relate explanations to pt's beliefs, concerns, expectations

Encourage pt to ask questions, express doubts

Share decision making & plans

Make suggestions rather than give directives

Explore management options

State own preference re: options

Check pt understanding & acceptance of plan

CLOSING THE SESSION

Forward plan

Contract with pt re next steps for pt and physician

For pt safety explain possible unexpected outcomes

Ensure appropriate closure

Summarize session – ask for corrections, additions

Final check if pt is comfortable with plan or has questions

THE MEDICAL INTERVIEW (CCG)

Providing Structure To the Consultation

Make organization overt

Attend to flow

Initiating the Session

- Preparation
- Establish initial rapport
- Identify reason(s) for consultation

Gathering Information

- Explore patient's problem to discover:
 - Biomedical perspective on disease
 - Patient's perspective on illness (FIFE questions)

Physical Examination

Explanation and Planning

- Provide correct amount and type of information
- Aid accurate recall and understanding
- Achieve shared understanding incorporating the pt's perspective
- Share decision making and plans

Closing the Session

- Forward plan with pt re next step
- Ensure appropriate closure:
 - Summarize
 - Check if pt has questions
 - Final questions/concerns

Building the Relationship

Use appropriate non-verbal behaviour

Develop rapport

Involve the patient

Adapted From:

Kurtz, S., Silverman, J., & Draper, J. (2005). *Teaching and Learning Communication Skills in Medicine* (2nd ed). Oxford: Radcliffe Publishing

Silverman, J., Kurtz, S., & Draper, J. (2005). *Skills for Communicating With Patients* (2nd ed). Oxford: Radcliffe Publishing