INITIATING THE SESSION

Establishing Initial Rapport

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

Identifying the Reason(s) for the Consultation

4. **Identifies** the patient’s problems or the issues that the 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 “What questions did you hope to get answered today?”)
5. **Listens** attentively to the 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 go on after pausing
11. **Facilitates** patient’s responses verbally and non-verbally (e.g. use of encouragement, silence repletion, paraphrasing, interpretation)
12. **Picks up** verbal and non-verbal **cues** (body language, speech, facial expression, affect); **checks out 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?”)
14. Periodically **summarizes** to verify own understanding of what the patient has said; invites patient to correct interpretation or provide further information
15. **Uses** concise, easily understood **questions and comments**, avoids or adequately explains jargon
16. **Establishes dates and sequences** of events
Addional Skills for Understanding the Patient’s Perspective

17. 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, what help the patient had expected for each problem
   • Effects: how each problem affects the patient’s life

18. Encourages patient to express feelings

PROVIDING STRUCTURE TO THE CONSULTATION

Making Organization Overt

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

Attending to Flow

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

BUILDING RELATIONSHIP

Using Appropriate Non-Verbal Behaviour

23. Demonstrates appropriate non-verbal behaviour
   • Eye contact, facial expression
   • Posture, position & movement
   • Vocal cues e.g. rate, volume, intonation

24. If reads, writes notes or uses computer, does in a manner that does not interfere with dialogue or rapport
25. Demonstrates appropriate confidence

Developing Rapport

26. Accepts legitimacy of patient’s views and feelings; is not judgmental
27. Uses empathy to communicate understanding and appreciation of the patient’s feelings or predicament, overtly acknowledges patient’s views and feelings
28. **Provides support:** expresses concern, understanding, willingness to help; acknowledges coping efforts and appropriate self care; offers partnership

29. **Deals sensitively** with embarrassing and disturbing topics and physical pain, including when associated with physical examination

**Involving the Patient**

30. **Shares thinking** with patient to encourage patient’s involvement (e.g. “What I’m thinking now is……”)

31. **Explains rationale** for questions or parts of physical examination that could appear to be non-sequiturs

32. During **physical examination**, explains process, asks permission

**EXPLANATION AND PLANNING**

**Providing the Correct Amount and Type of Information**

*Aims: to give comprehensive and appropriate information to assess each individual patient’s information needs to neither restrict or overload*

33. **Chunks and checks:** gives information in assimilatable chunks, checks for understanding, uses patient’s response as a guide to how to proceed

34. **Assesses patient’s starting point:** asks for patient’s prior knowledge early on when giving information, discovers extent of patient’s wish for information

35. **Asks patients what other information would be helpful** (e.g. aetiology, prognosis)

36. **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*

37. **Organizes explanation:** divides into discrete sections, develops a logical sequence

38. **Uses explicit categorization or signposting** (e.g. “There are three important things that I would like to discuss. 1st “…” “Now, shall we move on to…”)

39. **Uses repetition and summarizing** to reinforce information

40. **Uses concise, easily understood language,** avoids or explains jargon

41. **Uses visual methods of conveying information:** diagrams, models, written information and instructions

42. **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 and plans that relate to the patient’s perspective to discover the patient’s thoughts and feelings about information given to encourage an interaction rather than one-way transmission

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

Planning: Shared Decision Making
Aims: to allow patients to understand the decision-making process to involve patients in decision making to the level they wish to increase patients’ commitment to plans made

47. **Shares own thinking as appropriate:** ideas, thought processes and dilemmas
48. **Involves patient:**
   - offers suggestions and choices rather than directives
   - encourages patient to contribute their own ideas, suggestions
49. **Explores management options**
50. **Ascertains level of involvement patient wishes** in making the decision at hand
51. **Negotiates a mutually acceptable plan**
   - signposts own position of equipoise or preference regarding available options
   - determines patient’s preference

52. **Checks with patient**
   - if accepts plans,
   - if concerns have been addressed

CLOSING THE SESSION

Forward Planning

53. **Contracts** with patient re: next step for patient and physician
54. **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

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

OPTIONS IN EXPLANATION & PLANNING (Includes Content and Process Skills)

**IF Discussing Opinion and Significance of Problem**

57. Offers opinion of what is going on and names if possible
58. Reveals rationale for opinion
59. Explains causation, seriousness, expected outcome, short and long term consequences
60. Elicits patient’s beliefs, reactions, concerns re: opinion

**IF Negotiating Mutual Plan of Action**

61. Discusses options e.g., no action, investigation, medication or surgery, non-drug treatments (physiotherapy, walking aides, fluids, counseling), preventive measures
62. Provide information on action or treatment offered: name steps involved, how it works, benefits and advantages, possible side effects
63. Obtains patient’s view of need for action, perceived benefits, barriers, motivation
64. Accepts patient’s views, advocates alternative viewpoint as necessary
65. Elicits patient’s reactions and concerns about plans and treatments including acceptability
66. Takes patient’s lifestyle, beliefs, cultural background and abilities into consideration
67. Encourages patient to be involved in implementing plans, to take responsibility and be self-reliant
68. Asks about patient support systems, discusses other support available

**IF Discussing Investigations and Procedures**

69. Provides clear information on procedures, (e.g. what patient might experience, how patient will be informed of results
70. Relates procedures to treatment plan: value, purpose
71. Encourages questions about and discussion of potential anxieties or negative outcomes

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