

# CALGARY-CAMBRIDGE GUIDE COMMUNICATION PROCESS SKILLS<sup>1</sup>

## 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

## **Additional 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. 1<sup>st</sup>..." "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

<sup>1</sup> Silverman J, Kurtz S, Draper J. Skills for Communicating with Patients. Oxon,UK : Radcliffe Publishing, 2005 (2<sup>nd</sup> edition).