

INITIATING THE SESSION

Establishing initial rapport

1. **Greets** patient and obtains patient's name
2. **Introduces** self, role and nature of interview; obtains 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
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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, repetition, 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 **summarises** 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 sequence** 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**
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PROVIDING STRUCTURE TO THE CONSULTATION

Making organisation overt

19. **Summarises** 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
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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
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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. **Organises explanation:** divides into discrete sections, develops a logical sequence
38. **Uses explicit categorisation 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 summarising** 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. **Ascertain 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 preferences
 52. **Checks with patient**
 - if accepts plans,
 - if concerns have been addressed
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CLOSING THE SESSION

Forward planning

- 53. **Contracts** with patient re next steps 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. **Summarises** 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
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OPTIONS IN EXPLANATION AND 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, counselling), preventive measures
- 62. Provides 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, eg, 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