STRUCTURE OF THE CONSULTATION PART 5:



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 nor overload

Chunking and checking is a vital skill throughout the explanation and planning phase of the interview to:

- gauge the correct amount of information to give the patient
- aid accurate recall
- achieve a shared understanding

The doctor gives information in small pieces, pausing and checking for understanding before proceeding and being guided by the patient's reactions to see what information is required next.

So, given the symptoms you have described....... feel reasonably confident that you haveand we should consider giving you some treatment for it.

Does that make sense so far?

Am I making sense?

How does that sound to you?

Does that sound reasonable to you?

Just to recap what we have decided

I have given you a lot of information today so it would help me if you could repeat what we have agreed so I can make sure we are on the same track.

Assessing the patient's starting point is important so the doctor knows at what level to pitch the information.

I don't know how much you know about already?

It would be helpful for me to understand a little of what you already know so I can fill in the gaps for you.

There's a lot more information that I'd be happy to share with you aboutHow much information would you yourself like?

Asking patients what other information would be helpful

Are there any other questions you'd like me to answer or any points I haven't covered?

Is there anything else that springs to mind?

Have you any further questions at this time?

STRUCTURE OF THE CONSULTATION PART 5:



Explanation and Planning

Aiding accurate recall and understanding

Aim: to give information to the patient that can be more easily remembered and understood.

Categorisation: the doctor forewarns the patient about which categories of information are to be provided and then presents the information category by category. Doctors need to use "markers" such as "first, second, next, finally."

There are three important things I want to explain. First I want to tell you..., second....

It is very important that you remember this...

Use visual methods to convey information Many studies have shown the use of diagrams, models, written information and instructions can improve patient knowledge and adherence. (Ley, 1988)

Tips to using visual information:

- written material should not be substituted for interaction with the doctor
- introduce, follow-up and personalise the material for the patient
- create opportunities for patients to ask questions after they have looked at the material
- be aware of patient's level of literacy

Check patient's understanding of information given.

Can you explain to me what how you take this medication?

Can you tell me what steps we are going to take...

Just to check we are on the same track, can you tell me in your words what we are going to do?

Let me know in your words what you understand about...

Achieving a shared understanding: Incorporating the patient's perspective

Aims: to provide explanations that relate to the patient's perspective of the problem

to discover the patient's thoughts and feelings about the information given to encourage an interaction rather than a one-way transmission

Relate explanations to patient's illness framework

R2.23

STRUCTURE OF THE CONSULTATION PART 5:



Explanation and Planning

You mentioned earlier that you were concerned that you might haveI can see why you might have thought that, but I think it's more likely to be..... Let me explain why.

Provide opportunities and encourage the patient to contribute their thoughts and feelings about the information you are now in the process of giving.

What questions does that leave you with?

Is there anything I haven't covered or explained?

How does that fit with your thinking now?

Yes, that's an important question. I'll try to answer it for you.

Pick up on verbal and non-verbal cues

You look unhappy- is it about the possibility of surgery

Elicit patient's beliefs, reactions and concerns

I'm not sure how that news has left you feeling...

Does that leave you with any concerns or doubts?

How are you feeling about that?

Does that raise concerns for you?

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

Doctor shares own thoughts offers several advantages in a collaborative approach.

- Uncertainty is reduced and mutually understood common ground is established
- Encourages patients to contribute their views
- It forces you to order your information giving.

There are two possibilities here which might explain your symptoms - either X or Y. I'm trying to decide between two ways forward - we can eitheror we could do some more tests and.....

Involve the patient by offering suggestions and choices rather than directives.

R2.23

STRUCTURE OF THE CONSULTATION PART 5:



Explanation and Planning

Given what you have said I think there are two choices that we ought to consider - first...., and second.....

Considering what we know ...there are two possibilities. We could or a second option is

Encourage the patient to contribute their ideas and suggestions as the patient may have options that the doctor hasn't considered.

You have probably thought about this a lot too. Are those the choices as you see it?

What are your own thoughts about this?

Would it help if I ran through the risks and benefits of each course of action now?

There are several courses of action we could take. Have you any clear preference?

Negotiate a mutually acceptable plan

Signpost your own preference:

In this particular instance I personally would come down on this side.

Overall I don't have a strong preference either way.

In this type of case I generally prefer....

Establish the patient's preference:

What do you think overall?

What would be you preference? What I've makes sense to me, but tell me what you feel about it?

How does that strike you?

Check with the patient

Now, can I just check that you are happy with the plan?

Does the plan sound ok to you?

Does that sound workable for you?