

LEARNING GUIDE COMMUNICATION SKILLS: CONSULTATION

Introduction:

During the past 30 years, an extensive research literature has defined the skills that enhance communication between doctor and patient. This evidence demonstrates the essential role that communication plays in high-quality healthcare by enabling more accurate, efficient and supportive interviews, by enhancing patient and professional experience and by improving health outcomes for patients. The use of specific communication skills has been shown to lead to improvements in symptom relief, in clinical outcomes and possibly in medicine adherence.

In order to evaluate doctors' communication skills effectively, tools with solid theoretical grounding and good psychometric properties are required. Various rating scales exist to assess doctor-patient consultations, which vary widely in their setting, approach and in the published details of their psychometric properties. There was developed the Global Consultation Rating Scale (GCRS), based on the Calgary-Cambridge guide to the medical interview, to evaluate the communication effectiveness of an entire doctor-patient consultation, using the domain marking approach. The Calgary-Cambridge guide to the medical interview was developed by Silverman, Kurtz and Draper to delineate effective physician-patient communication skills and to provide an evidence-based structure for their analysis and teaching.

It has been used to teach communication in general practice and specialist environments, at undergraduate and postgraduate levels. Specific tools have been developed from the guide for the assessment of medical students, practising paediatricians, dentists, pharmacists and veterinary practitioners, as well as for specific components of the consultation such as explanation and planning in OSCE style examinations.

In the first term of year 1 the Introduction to primary care lecture includes an introduction to communication skills. This is followed by a small group session, facilitated by a trained tutor. This initial session generates the principles behind initiating a consultation, demonstrates the role of open and closed questions and allows the students to experience the importance of active listening. The aim is for students to become proficient at listening to patients and reflect on what they have heard with understanding and respect for different views and beliefs.

Scenario:

Mrs Fatimah, 24 years old, came today to your office for the consulted about breastfeed for her first baby girl.

Ceklis for Consultation (Breastfeeding consultation):

	Consultation	SCORE		
		1	2	3
A	Initiating The Session			
1	Great The patient and identify the patient			
2	Introduce your self			
3	Demonstrates respect and interest, attends to patient's physical comfort			
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			
B	GATHERING INFORMATION			
6	Encourages patient to tell the story of the problem(s) from when first started <ul style="list-style-type: none">to the present in own words (clarifying reason for presenting now)			
7	Uses open and closed questioning technique , appropriately moving from open to closed			
8	Listens attentively, allowing patient to complete statements without interruption and leaving space for patient to think before answering			

9	Facilitates patient's responses verbally and non-verbally e.g. use of encouragement, silence, repetition, paraphrasing, interpretation			
10	Picks up verbal and non-verbal cues (body language, speech, facial expression, affect); checks out and acknowledges as appropriate			
11	Clarifies patient's statements that are unclear or need amplification (e.g. "Could you explain what you mean by lightheaded")			
12	Periodically summarises to verify own understanding of what the patient has said; invites patient to correct interpretation or provide further information.			
13	Uses simple, easily understood questions and comments , avoids or adequately explains jargon			
14	Establishes dates and sequence of events Check whether your objective are legitimate.			
15	Encourages patient to express feelings			
	PROVIDING STRUCTURE			
16	Summarises at the end of a specific line of inquiry to confirm understanding before moving on to the next section			
17	Progresses from one section to another using signposting, transitional statements; includes rationale for next section			
18	Structures interview in logical sequence			
19	Attends to timing and keeping interview on task			
	BUILDING RELATIONSHIP			
20	Demonstrates appropriate non-verbal behaviour <ul style="list-style-type: none"> • eye contact, facial expression • posture, position & movement • vocal cues e.g. rate, volume, tone 			
21	If reads, writes notes or uses computer, does in a manner that does not interfere with dialogue or rapport			
22	Demonstrates appropriate confidence			

20	<ul style="list-style-type: none"> Accepts legitimacy of patient's views and feelings; is not judgmental 			
21	Uses empathy to communicate understanding and appreciation of the patient's feelings or predicament; overtly acknowledges patient's views and feelings			
22	Provides support: expresses concern, understanding, willingness to help; acknowledges coping efforts and appropriate self care; offers partnership			
23	Deals sensitively with embarrassing and disturbing topics and physical pain, including when associated with physical examination			
24	Shares thinking with patient to encourage patient's involvement (e.g. "What I'm thinking now is...")			
25	Explains rationale for questions or parts of physical examination that could appear to be non-sequiturs			
	EXPLANATION AND PLANNING			
26	Chunks and checks: gives information in manageable chunks, checks for understanding, uses patient's response as a guide to how to proceed			
27	Assesses patient's starting point: asks for patient's prior knowledge early on when giving information, discovers extent of patient's wish for information			
28	Asks patients what other information would be helpful e.g. aetiology, Prognosis			
29	Gives explanation at appropriate times: avoids giving advice, information or reassurance prematurely			
30	Organises explanation: divides into discrete sections, develops a logical sequence			
31	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.")			
32	Uses repetition and summarising to reinforce information			
33	Uses visual methods of conveying information: diagrams, models, written information and instructions			

34	Checks patient's understanding of information given (or plans made): e.g. by asking patient to restate in own words; clarifies as necessary			
35	Relates explanations to patient's illness framework: to previously elicited ideas, concerns and expectations			
36	Provides opportunities and encourages patient to contribute: to ask questions, seek clarification or express doubts; responds appropriately			
37	Picks up verbal and non-verbal cues e.g. patient's need to contribute information or ask questions, information overload, distress			
38	Elicits patient's beliefs, reactions and feelings re information given, terms used; acknowledges and addresses where necessary			
39	Shares own thinking as appropriate: ideas, thought processes, dilemmas			
40	Involves patient by making suggestions rather than directives			
41	Encourages patient to contribute their thoughts: ideas, suggestions and Preferences			
42	Negotiates a mutually acceptable plan			
43	Offers choices: encourages patient to make choices and decisions to the level that they wish			
44	Checks with patient if accepts plans, if concerns have been addressed			
	CLOSING THE SESSION			
45	Contracts with patient re next steps for patient and physician			
46	Safety nets , explaining possible unexpected outcomes, what to do if plan is not working, when and how to seek help			
47	Summarises session briefly and clarifies plan of care			
48	Final check that patient agrees and is comfortable with plan and asks if any corrections, questions or other items to discuss			

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