

## CALGARY - CAMBRIDGE GUIDE TWO – 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*

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| <ol style="list-style-type: none"> <li>1. <b>Chunks and checks:</b> gives information in manageable chunks, checks for understanding, uses patient's response as a guide to how to proceed</li> <li>2. <b>Assesses patient's starting point:</b> asks for patient's prior knowledge early on when giving information, discovers extent of patient's wish for information</li> <li>3. <b>Asks patients what other information would be helpful</b> e.g. aetiology, prognosis</li> <li>4. <b>Gives explanation at appropriate times:</b> avoids giving advice, information or reassurance prematurely</li> </ol> |  |
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### AIDING ACCURATE RECALL AND UNDERSTANDING

*Aims: to make information easier for the patient to remember and understand*

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| <ol style="list-style-type: none"> <li>5. <b>Organises explanation:</b> divides into discrete sections, develops a logical sequence</li> <li>6. <b>Uses explicit categorisation or signposting</b> (e.g. "There are three important things that I would like to discuss. 1st..." "Now, shall we move on to.")</li> <li>7. <b>Uses repetition and summarising</b> to reinforce information</li> <li>8. <b>Uses concise, easily understood language,</b> avoids or explains jargon</li> <li>9. <b>Uses visual methods of conveying information:</b> diagrams, models, written information and instructions</li> <li>10. <b>Checks patient's understanding</b> of information given (or plans made): e.g. by asking patient to restate in own words; clarifies as necessary</li> </ol> |  |
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### 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*

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| <ol style="list-style-type: none"> <li>11. <b>Relates explanations to patient's perspective:</b> to previously elicited ideas, concerns and expectations</li> <li>12. <b>Provides opportunities and encourages patient to contribute:</b> to ask questions, seek clarification or express doubts; responds appropriately</li> <li>13. <b>Picks up and responds to verbal and non-verbal cues</b> e.g. patient's need to contribute information or ask questions, information overload, distress</li> <li>14. <b>Elicits patient's beliefs, reactions and feelings</b> re information given, terms used; acknowledges and addresses where necessary</li> </ol> |  |
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### 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*

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| <ol style="list-style-type: none"> <li>15. <b>Shares own thinking as appropriate:</b> ideas, thought processes, dilemmas</li> <li>16. <b>Involves patient:</b> <ul style="list-style-type: none"> <li>- offers suggestions and choices rather than directives</li> <li>- encourages patient to contribute their own ideas, suggestions</li> </ul> </li> <li>17. <b>Explores management options</b></li> <li>18. <b>Ascertains level of involvement patient wishes</b> in making the decision at hand</li> <li>19. <b>Negotiates a mutually acceptable plan</b> <ul style="list-style-type: none"> <li>- signposts own position of equipoise or preference regarding available options</li> <li>- determines patient's preferences</li> </ul> </li> <li>20. <b>Checks with patient</b> <ul style="list-style-type: none"> <li>- if accepts plans,</li> <li>- if concerns have been addressed</li> </ul> </li> </ol> |  |
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## CLOSING THE SESSION

### Forward planning

21. **Contracts** with patient re next steps for patient and physician

22. **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

23. **Summarises session** briefly and clarifies plan of care

24. **Final check** that patient agrees and is comfortable with plan and asks if any corrections, questions or other issues

### **Additional comments**

#### References:

Kurtz SM, Silverman JD, Draper J (2005) *Teaching and Learning Communication Skills in Medicine* 2<sup>nd</sup> Edition. Radcliffe Publishing (Oxford)

Silverman JD, Kurtz SM, Draper J (2005) *Skills for Communicating with Patients* 2<sup>nd</sup> Edition. Radcliffe Publishing (Oxford)

Kurtz S, Silverman J, Benson J, Draper J (2003) *Marrying Content and Process in Clinical Method Teaching: Enhancing the Calgary-Cambridge Guides* *Academic Medicine*;78(8):802-809