

## CALGARY - CAMBRIDGE GUIDE ONE – INTERVIEWING THE PATIENT

### 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?")
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 technique**, 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**

### PROVIDING STRUCTURE

#### 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**; 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, tone

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

## CLOSING THE SESSION (PRELIMINARY EXPLANATION & PLANNING)

33. **Gives any preliminary information** in clear well organised manner, avoids or explains jargon

34. **Checks patient understanding** and acceptance of explanation and plans; ensures that concerns have been addressed

35. **Encourages patient to discuss** any additional points and provides opportunity to do so (eg. "Are there any questions you'd like to ask or anything at all you'd like to discuss further?")

36. **Summarises session** briefly

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

### 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