

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*

<p>1. Chunks and checks: gives information in manageable chunks, checks for understanding, uses patient's response as a guide to how to proceed</p> <p>2. Assesses patient's starting point: asks for patient's prior knowledge early on when giving information, discovers extent of patient's wish for information</p> <p>3. Asks patients what other information would be helpful e.g. aetiology, prognosis</p> <p>4. Gives explanation at appropriate times: avoids giving advice, information or reassurance prematurely</p>	
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AIDING ACCURATE RECALL AND UNDERSTANDING

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

<p>5. Organises explanation: divides into discrete sections, develops a logical sequence</p> <p>6. 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.")</p> <p>7. Uses repetition and summarising to reinforce information</p> <p>8. Uses concise, easily understood language, avoids or explains jargon</p> <p>9. Uses visual methods of conveying information: diagrams, models, written information and instructions</p> <p>10. Checks patient's understanding of information given (or plans made): e.g. by asking patient to restate in own words; clarifies as necessary</p>	
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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*

<p>11. Relates explanations to patient's perspective: to previously elicited ideas, concerns and expectations</p> <p>12. Provides opportunities and encourages patient to contribute: to ask questions, seek clarification or express doubts; responds appropriately</p> <p>13. Picks up and responds to verbal and non-verbal cues e.g. patient's need to contribute information or ask questions, information overload, distress</p> <p>14. Elicits patient's beliefs, reactions and feelings re information given, terms used; acknowledges and addresses where necessary</p>	
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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*

<p>15. Shares own thinking as appropriate: ideas, thought processes, dilemmas</p> <p>16. Involves patient:</p> <ul style="list-style-type: none"> - offers suggestions and choices rather than directives - encourages patient to contribute their own ideas, suggestions <p>17. Explores management options</p> <p>18. Ascertains level of involvement patient wishes in making the decision at hand</p> <p>19. Negotiates a mutually acceptable plan</p> <ul style="list-style-type: none"> - signposts own position of equipoise or preference regarding available options - determines patient's preferences <p>20. Checks with patient</p> <ul style="list-style-type: none"> - if accepts plans, - if concerns have been addressed 	
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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 2nd Edition. Radcliffe Publishing (Oxford)

Silverman JD, Kurtz SM, Draper J (2005) Skills for Communicating with Patients 2nd 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