

Calgary-Cambridge Guides – Communication Process Skills*

INITIATING THE SESSION	COMMENTS
<p><u>Preparation</u></p> <ol style="list-style-type: none"> 1. PUTS ASIDE LAST TASK, attends to self-comfort 2. FOCUSES ATTENTION and prepares for this consultation <p><u>Establishing Initial Rapport</u></p> <ol style="list-style-type: none"> 3. GREETs client & patient and obtains names 4. INTRODUCES self, role and nature of visit; obtains consent if necessary 5. DEMONSTRATES RESPECT and interest, attends to client's and patient's physical comfort <p><u>Identifying the Reason(s) for the Consultation</u></p> <ol style="list-style-type: none"> 6. IDENTIFIES PROBLEM LIST or issues client wishes to address with appropriate OPENING QUESTION (e.g. 'What would you like to discuss?' or 'What questions did you hope to get answered today?') 7. LISTENS attentively to the client's opening statement without interrupting or directing client's response 8. CONFIRMS LIST AND SCREENS for further problems (e.g. 'So that's updating vaccinations & Max seems more tired than usual; anything else?' or 'Do you have some other concerns you'd like to discuss today?') 9. NEGOTIATES AGENDA taking both client's and own perspectives into account 	

GATHERING INFORMATION	COMMENTS
<p><u>Exploration of Problem(s)</u></p> <ol style="list-style-type: none"> 10. ENCOURAGES CLIENT TO TELL STORY of problem(s) from when first started to the present in own words (clarifying reason for presenting now) 11. USES OPEN AND CLOSED QUESTIONING technique, appropriately moving from open to closed 12. LISTENS ATTENTIVELY, allowing client to complete statements without interruption and leaving space for client to think before answering or go on after pausing 13. FACILITATES CLIENT'S RESPONSES VERBALLY & NON-VERBALLY, e.g. by using encouragement, silence, repetition, paraphrasing 14. PICKS UP VERBAL AND NON-VERBAL CUES (e.g. body language, facial expression); CHECKS OUT AND acknowledges as appropriate 15. CLARIFIES CLIENT'S STATEMENTS that are unclear or need amplification, (e.g. 'Could you explain what you mean by light-headed?') 16. PERIODICALLY SUMMARIZES to verify understanding of client's comments, invites client to correct interpretation or provide further information 17. USES concise, EASILY UNDERSTOOD QUESTIONS AND COMMENTS; avoids or adequately explains jargon 18. ESTABLISHES DATES AND SEQUENCE OF EVENTS <p><u>Additional Skills for Understanding the Client's Perspective</u></p> <ol style="list-style-type: none"> 19. ACTIVELY DETERMINES AND APPROPRIATELY EXPLORES: <ul style="list-style-type: none"> • Client's IDEAS (beliefs regarding cause) • Client's CONCERNS (worries) regarding each problem • Client's EXPECTATIONS (goals, help client expects for each problem) • EFFECTS - how each problem affects the client's life 20. ENCOURAGES CLIENT TO EXPRESS FEELINGS 	

PROVIDING STRUCTURE TO THE CONSULTATION**COMMENTS****Making Organization Overt**

21. SUMMARIZES AT END OF A SPECIFIC LINE OF INQUIRY (e.g. HPI) to confirm understanding & ensure no important data was missed; invites client to correct
22. PROGRESSES from one section to another USING SIGNPOSTING, TRANSITIONAL STATEMENTS; includes rationale for next section

Attending to Flow

23. STRUCTURES interview in LOGICAL SEQUENCE
24. ATTENDS TO TIMING and keeping interview on task

BUILDING RELATIONSHIP - *Facilitating Client's Involvement***COMMENTS****Using Appropriate Non-Verbal Behavior**

25. DEMONSTRATES APPROPRIATE NON-VERBAL BEHAVIOUR
- eye contact, facial expressions
 - posture, position, gestures & other movement
 - vocal cues (e.g. rate, volume, intonation, pitch)
26. IF READS, WRITES NOTES or uses computer, does so IN A MANNER THAT DOES NOT INTERFERE WITH DIALOGUE OR RAPPORT
27. DEMONSTRATES appropriate CONFIDENCE

Developing Rapport

28. ACCEPTS LEGITIMACY of client's views and feelings; IS NOT JUDGMENTAL
29. USES EMPATHY to communicate understanding and appreciation of client's feelings or situation; overtly ACKNOWLEDGES CLIENT'S VIEWS & FEELINGS
30. PROVIDES SUPPORT: expresses concern, understanding, willingness to help; acknowledges coping efforts and appropriate self care; offers partnership
31. DEALS SENSITIVELY with embarrassing or disturbing topics and physical pain, including when associated with physical examination

Involving The Client

32. SHARES THINKING with client to encourage client's involvement (e.g. 'What I am thinking now is...')
33. EXPLAINS RATIONAL for questions or parts of physical examination that could appear to be non-sequiturs
34. When doing PHYSICAL EXAMINATION, explains process, findings

Additional comments:

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EXPLANATION AND PLANNING

COMMENTS

Providing the Correct Amount and Type of Information

35. CHUNKS AND CHECKS: gives information in manageable chunks; checks for understanding; uses client's response as a guide on how to proceed
36. ASSESSES CLIENT'S STARTING POINT: asks for client's prior knowledge early on when giving information; discovers extent of client's wish for information
37. ASKS client WHAT OTHER INFORMATION WOULD BE HELPFUL, e.g. aetiology, prognosis
38. GIVES EXPLANATION AT APPROPRIATE TIMES: avoids giving advice, information or reassurance prematurely

Aiding Accurate Recall and Understanding

39. ORGANIZES EXPLANATION: divides into discrete sections; develops logical sequence
40. USES EXPLICIT CATEGORIZATION OR SIGNPOSTING: (e.g. 'There are three important things that I would like to discuss. 1st...Now we shall move on to...')
41. USES REPTITION AND SUMMARIZING: to reinforce information
42. USES concise, EASILY UNDERSTOOD LANGUAGE, avoids or explains jargon
43. USES VISUAL METHODS OF CONVEYING INFORMATION: diagrams, models, written information and instructions
44. CHECKS CLIENT'S UNDERSTANDING OF INFORMATION GIVEN or plans made (e.g. by asking client to restate in own words; clarifies as necessary)

Incorporating the Client's Perspective - Achieving Shared Understanding

45. RELATES EXPLANATIONS TO CLIENT'S PERSPECTIVE: to previously elicited beliefs, concerns, and expectations
46. PROVIDES OPPORTUNITIES/ENCOURAGES CLIENT TO CONTRIBUTE: to ask questions, seek clarification or express doubts, responds appropriately
47. PICKS UP, RESPONDS TO VERBAL AND NONVERBAL CUES (e.g. client's need to contribute information or ask questions, information overload, distress)
48. ELICITS CLIENT'S BELIEFS, REACTIONS AND FEELINGS: re: information given, decisions, terms used; acknowledges and addresses where necessary

Planning: Shared Decision Making

49. SHARES OWN THOUGHTS: ideas, thought processes and dilemmas
50. INVOLVES CLIENT
 - offers suggestions and choices rather than directives
 - encourages client to contribute their own ideas, suggestions
51. EXPLORES MANAGEMENT OPTIONS
52. ASCERTAINS level of INVOLVEMENT CLIENT WISHES re: decision making
53. NEGOTIATES MUTUALLY ACCEPTABLE PLAN
 - signposts own position of equipoise or preference re: available options
 - determines client's preferences
54. CHECKS WITH CLIENT
 - if accepts plans
 - if concerns have been addressed

CLOSING THE SESSION

<p><u>Forward Planning</u></p> <p>55. CONTRACTS WITH CLIENT re: steps for client and veterinarian</p> <p>56. SAFETY NETS, explaining possible unexpected outcomes, what to do if plan is not working, when and how to seek help</p> <p><u>Ensuring Appropriate Point of Closure</u></p> <p>57. SUMMARIZES SESSION briefly and clarifies plan of care</p> <p>58. FINAL CHECK that client agrees and is comfortable with plan and asks if any correction, questions or other items to discuss</p>	
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OPTIONS IN EXPLANATION & PLANNING

COMMENTS

<p><u>IF Discussion Opinion and Significance of Problem</u></p> <p>59. OFFERS OPINION of what is going on and names if possible</p> <p>60. REVEALS RATIONALE for opinion</p> <p>61. EXPLAINS causation, seriousness, expected outcome, short & long term consequences</p> <p>62. ELICITS CLIENT'S BELIEFS, REACTIONS AND CONCERNS (e.g. if opinion matches client's thoughts, acceptability, feelings)</p> <p><u>IF Negotiating Mutual Plan Of Action</u></p> <p>63. DISCUSSES OPTIONS (e.g. no action, investigation, medication or surgery, non-drug treatments, physiotherapy, walking aids, fluids, counseling, preventative measures)</p> <p>64. PROVIDES INFORMATION on action or treatment offered</p> <ul style="list-style-type: none"> a) name b) steps involved, how it works c) benefits and advantages d) possible side effects, risks <p>65. OBTAINS CLIENT'S VIEW of NEED for action, BENEFITS, BARRIERS, MOTIVATION; accepts and advocates alternative viewpoint as needed</p> <p>66. ACCEPTS client's views; advocates alternative viewpoint as necessary</p> <p>67. ELICITS CLIENT'S UNDERSTANDING, REACTIONS AND CONCERNS about plans and treatments, including acceptability</p> <p>68. TAKES CLIENT'S LIFESTYLE, BELIEFS, cultural BACKGROUND and ABILITIES INTO CONSIDERATION</p> <p>69. ENCOURAGES CLIENT to be involved in implementing plans, TO TAKE RESPONSIBILITY, and be self reliant</p> <p>70. ASKS ABOUT CLIENT SUPPORT SYSTEMS, discusses other options</p> <p><u>IF Discussing Investigations and Procedures</u></p> <p>71. PROVIDES CLEAR INFORMATION ON PROCEDURES including what client might experience and how client will be informed of results</p> <p>72. RELATES PROCEDURE TO TREATMENT PLAN: value and purpose</p> <p>73. ENCOURAGES QUESTIONS AND EXPRESSION OF THOUGHTS Re: potential anxieties or negative outcome</p>	
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Additional comments: