

Calgary-Cambridge Guides – Communication Process Skills*

INITIATING THE SESSION

COMMENTS

Establishing Initial Rapport

1. GREETES client & patient and obtains names
2. INTRODUCES self, role and nature of visit; obtains consent if necessary
3. DEMONSTRATES RESPECT and interest, attends to client's physical comfort

Identifying the Reason(s) for the Consultation

4. IDENTIFIES PROBLEMS LIST or issues client wishes to discuss, e.g., "What would you like to discuss? What questions did you hope to get answered today?"
5. LISTENS attentively to the client's opening statement without interrupting or directing client's response
6. CONFIRMS LIST AND SCREENS for further problems (e.g., "So that's updating vaccinations and Max seems more tired than usual; anything else?")
7. NEGOTIATES AGENDA taking both client's and own perspectives into account

GATHERING INFORMATION

COMMENTS

Exploration of Problem(s)

8. ENCOURAGES CLIENT TO TELL STORY of problem(s) from when first started to the present in his/her own words (clarifies reason for presenting now)
9. USES OPEN-ENDED AND CLOSED QUESTIONS, appropriately moving from open-ended to closed
10. LISTENS ATTENTIVELY, allows client to complete statements without interruption, leaves space for client to think before answering, go on after pausing
11. FACILITATES CLIENT'S RESPONSES VERBALLY & NON-VERBALLY (e.g., uses encouragement, silence, repetition, paraphrasing)
12. PICKS UP, RESPONDS TO VERBAL AND NON-VERBAL CUES (i.e., body language, facial expression); CHECKS OUT, ACKNOWLEDGES as appropriate
13. CLARIFIES CLIENT'S STATEMENTS that are unclear or need amplification (e.g. "Could you explain what you mean by light-headed")
14. PERIODICALLY SUMMARIZES to verify understanding of client's comments, invites client 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 Client's Perspective

17. Actively DETERMINES AND APPROPRIATELY EXPLORES:
 - CLIENT'S IDEAS (i.e., beliefs re: cause)
 - CLIENT'S CONCERNS (i.e., worries) regarding each problem
 - CLIENT'S EXPECTATIONS (i.e., goals, help client expects re: each problem)
 - EFFECTS ON CLIENT: how each problem affects the client's life
18. Encourages client to express feelings

Additional comments:

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

19. 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
20. PROGRESSES from one section to another USING SIGNPOSTING, TRANSITIONAL STATEMENTS; 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 - *Facilitating Client's Involvement***COMMENTS****Using Appropriate Non-Verbal Behavior**

23. DEMONSTRATES APPROPRIATE NON-VERBAL BEHAVIOUR
 - eye contact, facial expressions
 - posture, position, gestures & other movement
 - vocal cues, (e.g., rate, volume, tone, pitch)
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 CLIENT'S VIEWS and feelings; is not judgmental
27. USES EMPATHY to communicate understanding and appreciation of client's feelings or situation; overtly ACKNOWLEDGES CLIENT'S VIEWS & FEELINGS
28. PROVIDES SUPPORT: expresses concern, understanding, willingness to help; acknowledges coping efforts and appropriate self care; offers partnership
29. DEALS SENSITIVELY with embarrassing or disturbing topics and physical pain, including when associated with physical examination

Involving The Client

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

Additional comments:

Calgary-Cambridge Guides – Communication Process Skills (conti)*

EXPLANATION AND PLANNING

COMMENTS

Providing the Correct Amount and Type of Information

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

Aiding Accurate Recall and Understanding

- 37. ORGANIZES EXPLANATION: divides into discrete sections, develops logical sequence
- 38. 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...”)
- 39. USES REPTITION AND SUMMARIZING: to reinforce information
- 40. USES concise, EASILY UNDERSTOOD LANGUAGE, avoids or explains jargon
- 41. USES VISUAL METHODS OF CONVEYING INFORMATION: diagrams, models, written information and instructions
- 42. 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

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

Planning: Shared Decision Making

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

OPTIONS IN EXPLANATION & PLANNING

COMMENTS

IF Discussion Opinion and Significance of Problem

- 53. OFFERS OPINION of what is going on and names if possible
- 54. REVEALS RATIONALE for opinion
- 55. EXPLAINS causation, seriousness, expected outcome, short & long term consequences
- 56. CHECKS CLIENT'S UNDERSTANDING of what has been said
- 57. ELICITS CLIENT'S BELIEFS, REACTIONS AND CONCERNS (e.g. if opinion matches client's thoughts, acceptability, feelings)

IF Negotiating Mutual Plan Of Action

- 58. DISCUSSES OPTIONS (e.g. no action, investigation, medication or surgery, non-drug treatments, physiotherapy, walking aids, fluids, counseling, preventative measures)
- 59. PROVIDES INFORMATION on action or treatment offered
 - a) name
 - b) steps involved, how it works
 - c) benefits and advantages
 - d) possible side effects, risks
- 60. ELICITS CLIENT'S UNDERSTANDING REACTIONS AND CONCERNS about plans and treatments, including acceptability
- 61. OBTAINS CLIENT'S VIEW of NEED for action, BENEFITS, BARRIERS, MOTIVATION; accepts and advocates alternative viewpoint as needed
- 62. TAKES CLIENT'S LIFESTYLE, BELIEFS, cultural BACKGROUND and ABILITIES INTO CONSIDERATION
- 63. ENCOURAGES CLIENT to be involved in implementing plans, TO TAKE RESPONSIBILITY, and be self reliant
- 64. ASKS ABOUT CLIENT SUPPORT SYSTEMS, discusses other options

IF Discussing Investigations and Procedures

- 65. PROVIDES CLEAR INFORMATION ON PROCEDURES including what client might experience and how client will be informed of results
- 66. RELATES PROCEDURE TO TREATMENT PLAN: value and purpose
- 67. ENCOURAGES QUESTIONS AND EXPRESSION OF THOUGHTS
Re: potential anxieties or negative outcome

CLOSING THE SESSION

Forward Planning

- 68. CONTRACTS WITH CLIENT re: steps for client and veterinarian
- 69. 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

- 70. SUMMARIZES SESSION briefly and clarifies plan of care
- 71. FINAL CHECK that client agrees and is comfortable with plan and asks if any correction, questions or other items to discuss

Additional comments:

Calgary-Cambridge Content Guide – Veterinary Medicine

SIGNALMENT (animal ID, breed, age, sex, neutered, work history)

PATIENT'S AND/OR HERD, FLOCK PROBLEM LIST

PRESENT HISTORY - EXPLORATION OF PATIENT'S PROBLEMS (including flock/herd/etc. issues)

Veterinary Medical Perspective: disease/problem history

Sequence of events + Analysis of signs + Relevant systems review

Client's Perspective: experience re disease/problem(s)

- Ideas and beliefs
- Concerns and feelings
- Expectations
- Effects on life (of animal and client)
- Relationship between animal and client, family members, others (eg, farm employee)

BACKGROUND INFORMATION - CONTEXT

- Environment and life style (eg, living quarters, diet, exercise, daily routines, proximity of other animals, etc.)
- Past Medical History (illnesses, surgeries, reproductive history, trauma, preventive care)
- Current Medications, Adverse Drug Reactions, & Allergies (drug and other)
- Genetic and Familial Background
- Behavioral/Social History
- Review of Systems

