



National Healthcare
Communication
Programme

INITIATING THE CONSULTATION

CALGARY-CAMBRIDGE GUIDE



Making conversations easier

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Initiating the consultation

Preparation

Prepare yourself

- Be aware of your **personal appearance**, a professional approach is important.
- Make sure you have **completed any outstanding tasks** and that you are in the right frame of mind for the consultation.
- **Clarify** in your own mind the purpose of the conversation you are about to have. If delivering bad news remember this conversation may change this person's world.
- Remember you are doing very many consultations each day but for the patient and their loved ones this is a **unique and vital** conversation.

Prepare the environment

- It is important to establish a **therapeutic space** for your consultations.
- Where possible, put a sign on the door to your consultation area/space/room to ensure **privacy** and **avoid interruptions**. If you are at the hospital bedside, it is also important to take any possible steps to respect the patient's privacy.



Initiating the consultation

- Ensure that you have **switched off/turned to silent** your phone and any computer applications and notifications.
- Have a **pen, paper, healthcare record** and any necessary equipment to hand.

Prepare your information

- Are there records that you need to read before the consultation? **Read carefully** information from colleagues, test results, referrals and letters.
- **Summarise** what you know.
- Prepare a list of points to cover, and consider your **agenda** for the consultation. This will help to maintain momentum, and give you the basis for summarising the content of your conversation. But remember the patient will also have their own agenda which needs to be considered.

TIP

- Using skills carefully at the start of the consultation quickly builds trust and enables the rest of the consultation to flow more smoothly.



Initiating the consultation

Establish initial rapport

Greeting

- Your **greeting** should be warm yet professional. Avoid over-familiarity by using formal titles initially *“Hello, I am here to see (patient’s FULL name)?”*
- AFTER you have **confirmed you are speaking to the correct patient** or the patient has given permission to speak to a relative, start your consultation:
- **Introduce yourself:** Give your name (first and family name), your role within the healthcare team and how the consultation is going to work *“Hello – my name is Dr Grace – I’m one of the junior doctors on Dr Mannion’s team.”*
- **Check** how the patient prefers to be addressed. If s/he has a name which is difficult to pronounce, it's OK to ask how to do so. The patient will appreciate you taking the time to find out, and it's preferable to stumbling through an unsuccessful attempt at pronunciation.
- If there are others present, **ask their names and relationship** to patient.
- Establish that the patient can **hear and understand** you. Identify any language barriers.



Initiating the consultation

- **Demonstrate respect and interest** – (body language, eye contact, attend to the patient's physical comfort).
- Tell the patient what you have done to **prepare for the consultation**: *“I have read the letter from your GP”* or *“I have talked to Dr Murnane who saw you yesterday”*.
- **Don't rush** even if time is short – the patient needs time to ‘settle’ into the consultation and will quickly pick up on your non verbals if you appear rushed.

TIP

- Even if you have already met the patient/family, re-introduce yourself and explain who you are, your role, the team –. *“Hello my name is _____. I am part of the team of doctors who are working together to treat your mother.”*
- If more than one person, organise how you will run the consultation – *“first I'll talk with you James and then I'd like to hear what Mary has seen and is concerned about.”*



Initiating the consultation

Identifying the reasons for the consultation

- **Identify the patient's problems** or the issues that the patient wishes to address with appropriate opening question (e.g. *“What would you like to discuss today?”* or *“What questions did you hope to get answered today?”*).
- **Listen attentively** to the patient's opening statement, without interrupting or directing patient's response.
- **Confirm list and screen** for further problems (e.g. *“so that's headaches and tiredness; what else.....?”*)
- **Find out** what they know already and what they want to discuss. *“We wanted to meet to update you on your father's condition. I've read through the notes and examined your father this morning. Before I start, can you tell me what you know already about your father's illness and what you most want to discuss today?”*
- **Restate their concerns and summarise** shared agenda. *“So you have noticed that your husband is getting weaker and struggling to breathe (pause). That is also our main concern and we need to talk about what the next steps are for his treatment (pause)”*



Initiating the consultation

- **Negotiate the agenda** taking both the patient's and your needs into account:
“That’s quite a list to get through, and I don’t think we’ll have enough time to get through all of it today? Can I suggest...? How does that sound...?” etc.
- Ask patient/family to stop you if you use language they don't understand. *“It’s my job to explain things clearly. If I use language that sounds confusing, please stop me so I can explain things better.”*

SLOW DOWN

- Although you will feel time is short, slow down – patients and their loved ones need time to process what you are saying. If they can do this it will save you time overall.
- Keep the chunks of information small –
“Jim we’ve noticed you’re getting weaker – pause - And this is probably because the disease is spreading – pause - We need to consider what further treatment is in your best interests.”

This Guide is the work of Paul Kinnersley of EACH (the International Association for Communication in Healthcare) and Cardiff University & Winifred Ryan of HSE (Health Service Executive) with the help and support of Peter Gillen, Eva Doherty, Jonathan Silverman and many others in EACH.

