

## Clinical Communication: taken from students' resources

### Explaining – for HHW 4 – GP session Neurology

*Drawing on the information gathered and formulated, describe how to develop a shared understanding with the patient of their condition, its causes, and next steps.*

There are various points in the consultation that will require you to explain things to patients. You may explain:

- Your thinking during the consultation, especially what you think is going on: “Well, I don’t think it sounds like your symptoms indicate anything serious, but I think we are going to have to do some further tests to make sure.”
- Why you want to do something, such as an examination or get a blood test.
- The risks of a procedure to gain consent from a patient.
- How to do something, such as get a urine specimen
- What is likely to happen if you don’t do anything. An example is explaining the natural history of a condition. For instance, a viral sore throat typically resolves within a week.
- Different options for treatment including not treating.

Patients should understand what the pros and cons of different treatment options are, and where there is uncertainty.

Understand the patient perspective and ideas, concerns, and expectations.

Explanation is not just telling the patient what is going on or what the options are and expecting them to sit and listen, it is a two-way process. The explanations you give for any of the above depends on what you have already discussed. It is based on your understanding of the patient’s perspective.

Find out what the patient wants to know and decide what they need to know. Later on, when students learn more detail about various conditions it’s common to hear them launch into lengthy explanations about the patient’s problem before finding out what the patient wants to know.

Why should you find out what the patient wants to know: Suppose you are meeting a friend in town? You think you are nearly at the café you are meeting at, but you can’t quite remember if you need to turn left or right so you consult a map. A kindly passer-by stops and presumes you are a tourist and that you need to know where you should go next. They start telling you about Bristol’s road lay out, history and all the major landmarks you should visit and in which order. You can barely get a word in and feel a bit overwhelmed by all the information they give you. They leave and you realise you still don’t know where the café is because they didn’t ask what you needed to know.

A simple “Would you like me to tell you about...” or “I would like you to do a urine specimen, it’s important it’s done properly to avoid contamination, so can I talk you through how to do it?” works well. It gives the patient the opportunity to say if they don’t want/need the info. You never know, they might be a nurse on a urology ward and not need you to explain how to take a urine sample.

When you hear doctors give explanations to patients, listen to see if the doctor identifies the patient’s starting point. An example would be: “From what you’ve told me and from examining you I suspect you have something called irritable bowel syndrome...if I say irritable bowel syndrome what does that mean to you?”

There are also numerous examples in medical practice of information that the patient needs to know but doesn't know that they need. They need to have been told the risks of a procedure before they can consent. They need to know what to look out for if their condition gets worse, what to do, and where and when to get help. You might hear doctors use signposting before they give information: "Having talked with you and examined you I think it is very unlikely that you have appendicitis, which is something you were concerned about. However, early on it can be hard to tell, and we need to discuss what to look out for..."

### Remember to avoid jargon:

It's really important that you give explanations to patients in plain, straightforward language. Imagine you are talking to a family member who is not a doctor. Patient information leaflets such as those on [www.patient.co.uk](http://www.patient.co.uk) or patient support group websites for specific conditions are useful resources to look at to learn how to give simple explanations of sometimes quite complex problems. It can also be helpful to use the patient's own words.

### Chunking and checking:

How we give patients information is important. Firstly, we need to check what information the patient wants and what their current understanding is.

We want to give information in a way that they will understand and recall. Particularly when we give a lot of information or complex explanations it helps to break it down into smaller "chunks".

"I am going to tell you 3 things about....The first is"

Also start with a simple "chunk" of information and check the patient has understood it before moving on. Checking is really asking the patient if they have any questions about what they are being told. One way to check if a patient has understood what you've talked about is to ask how they would explain it to their family or friends.

This is key to patient safety, key to patients' understanding treatment options, and key to patients making changes to their behaviour and self-care. One of the ways in which you can do this is through a method called (variously) 'teach back' or 'closing the loop'.

**CHECK** Identify and elicit the current situation before you proceed with the actual explanation.

a) your knowledge of the situation and information to be shared. Do you know what the result is and what that means clinically?

b) the patient's understanding of the condition/situation - what does your patient already know?

c) the patient's perception of the situation (ICEIE). Maybe they thought they might have cancer and being something else (however serious) could be a huge relief. Or maybe it will be devastating - they're an ice-cream taster and have a new diagnosis of a dairy allergy. Maybe they phoned and had the result already read out to them by an administrator?

d) the patient's ability to understand. This is key and will affect how you explain.

e) the patient's desire for information. For instance in some settings, some patients may actually not want excessive detail.

**CHUNK.** Here is where you actually explain the test result to the patient.

a) deliver the information in appropriate-sized chunks of information that the patient can grasp

b) do mini checks of understanding

c) avoid technical language that most patients will not understand

d) speak at a rate, pitch and volume that aids and at least does not discourage understanding

e) try and weave into your explaining anything you picked up in the ICEIE.

**CHECK.** Here is where you check whether you have reached a shared understanding, based on your explanation.

a) encourage the patient to ask questions, e.g. "was there anything that I said that you didn't quite understand?" or "could I clarify anything for you?"

b) address any particular concerns divulged in ICEIE - e.g. "you told me you were worried about cancer - how are you doing with those worries now?" (notice use of open question).

c) you could use teach back techniques here

## Teach back:

In a non-blaming way, asking patients to repeat in their own words what they need to know or do. This is NOT a test of the patient, but of how well you explained a concept. A chance to check for understanding and, if necessary, re-teach the information. For more information see:

<http://www.teachbacktraining.org/using-the-teach-back-toolkit>

## Shared understanding

When we talk about "shared understanding" with patients we are usually talking about shared decision making, helping patients understand their options and deciding together on the best way to proceed. All the way through an interview with a patient you want to check you are both "on the same page" i.e. you understand what the patient means, they understand what you mean, and that you encourage the patient to contribute or ask questions. The medical history is a meeting, not an interrogation! Part of a shared understanding is eliciting the patient's perspective and relating your explanations back to their understanding of the situation. It is also being sensitive to the patient's verbal and non-verbal reactions as you talk and checking in with them:

"I can see you look a bit puzzled. Have I confused you?" "Hmmm, I sense there is still something bothering you. Am I right?"

## Use of visual aids and leaflets

Sometimes it helps to look at something together when giving explanations. A chart such as a Body Mass Index (BMI) chart clearly shows what is considered a healthy BMI and what isn't. It can be easier to show the patient where they are on the chart rather than verbal explanations alone.

Discussing stool consistency with patients can be helped by using the Bristol stool chart see here:

[https://www.bladderandbowel.org/wp-content/uploads/2017/05/BBC002\\_Bristol-Stool-Chart-Jan-2016.pdf](https://www.bladderandbowel.org/wp-content/uploads/2017/05/BBC002_Bristol-Stool-Chart-Jan-2016.pdf) Likewise, patient information leaflets such as healthy diet sheets can be gone through

together to back up your explanations.

## Motivating patients to make lifestyle changes

Another reason we might give explanations to patients is to motivate them to make changes in their life. If patients understand that their nutrition, habits, or lifestyle are causing some of their symptoms or puts them at future risk they may be more motivated to make changes.

## Observation tool for explaining

Gp teachers, if you are feeling brave, the students could observe any explanations you give to patients! The students also have this in their OneNote online. You could later reflect for CPD purposes.

Skill	Yes	Comment
<b>CHECK</b>		
The person who is doing the explaining: understanding of what is to be explained (nature and impact).		
Patient's <i>current understanding</i> of what is going to be explained (ICE IE)		
Patient's likely <i>ability</i> to understand		
Patients <i>desire</i> to understand		
<b>CHUNK</b>		
Deliver in appropriately sized <i>chunks</i> of information (leave gaps), using the voice well (tone, volume, breath)		
Use <i>language</i> the patient is likely to understand - avoiding jargon		
Speak at an appropriate <i>pace</i> - neither too fast nor laboriously slow		
Weave in aspects of patient's prior perspectives (? metaphor)		
Uses appropriate visual and other aids to understandings		
<b>CHECK</b>		
Offer patient opportunity to <i>ask questions</i>		
Enquire over any <i>specific concerns</i> (raised in ICEIE)		
Ask patient to <i>rehearse</i> their understanding		