Calgary-Cambridge skill framework

Adapted from the Calgary-Cambridge Guide, with permission

There are five areas:

1. Preparation
2. Openings
3. Exploration, gathering information
4. Explanation and planning
5. Closing the session

1 Preparation

- Reading the patient's record/ correspondence
- Environment - heat, privacy
- Room layout
- Housekeeping - physical and mental preparation e.g. go to the toilet, clear your mind of last task etc

2 Openings

Initial rapport

- Greets patient and obtains patient's name
- Introduces self, role and nature of interview; obtains consent if necessary
- Demonstrates respect and interest, attends to patient's physical comfort

Identifying the reason(s) for the consultation

- The patient's agenda. Consider asking: "What would you like to discuss today?"
- Check the patients agenda – Birth the lambs. Consider asking: "Do you have some other concerns you would like to discuss today?"
- Any clinician agenda items?
- Agenda setting - negotiate.

3 Exploration, gathering information

Exploration of problems

- Encourage patient to tell the story of the problem(s) for when first started (clarifying reason for presenting now)
- Spectrum of prompts (start open, finish closed)
- Active listening. Don't interrupt opening statement
- Facilitation (Clinician helps story come out)
- Picks up verbal and non-verbal cues, checks our and acknowledges as appropriate
- Clarifies patient's statements that are unclear or need amplification (e.g. could you explain what you mean by light headed") (of clinician's language)
- Uses concise, easily understood questions and comments, avoids or adequately explains jargon
- Clarification (of important points in story)

Understanding the patient's perspective

- Ideas (i.e. beliefs re cause)
- Concerns (i.e. worries) regarding each problem
- Expectations (i.e. goals, what help the patient had hoped for, for each problem)
- Thoughts
- Effects (how each problem affects the patient's life)
- Feelings (encourage the patient to express)
- Cues (non-verbal and para-verbal signals)

Providing structure to the consultation

- Summarisation
- Signposting (showing where we are and where we going)
- Sequencing (Doing things in a logical and efficient order)
- Timing (Controlling the time budget)

Developing rapport

- Non-verbal and para-verbal behaviour
- Clinicians use of notes and computer (in a way that does not interfere with dialogue or rapport)
- Accepts legitimacy of patient's views and feelings; is not judgemental
- Empathy and support. Acknowledge the emotional content of what is shared: "Wow, that sounds hard."
- Provides support: expresses concern, understanding, willingness to help; acknowledges coping efforts and appropriate self care; offers partnership
- Deals sensitively with embarrassing and disturbing topics and physical pain, including when associated with physical examination

Involving the patient

- Shares thinking with patient to encourage patient's involvement (e.g. "What I'm thinking now is…")
- Explains rationale for questions or parts of physical examination that could appear to be non-sequiturs
- During examination – explains process, asks permission, gathers more data

4 Explanation and planning

The correct amount and type of information

- If the patient wants any explanation
- Ask patient what information would be helpful
- Assess patient's starting point
- Chunks and checks (Small amounts and check the patient is with you)
- Gives explanation at appropriate times (avoid premature reassurance)

Aiding accurate recall and understanding

- Organises explanation
- Uses explicit categorisation or signposting (e.g. There are 3 important things that I would like to discuss. First…." "Now, shall we move on to …"
- Uses repetition and summarisation to reinforce information
- Uses concise, easily understood language, avoids or explains jargon
- Uses visual methods to convey information (pictures, text)
- Checks patient and understanding e.g. by making the patient restate in own words

Shared understanding including patient perspective

- Explanation related to patient's perspective: to previously elicited ideas, concerns and expectations
- Provides opportunity/ encourages patient to contribute
- Picks up and responds to cues (Verbal, para verbal and non-verbal) e.g. patient's need to contribute information or ask questions, information overload, distress
- Elicits patient's beliefs, reactions and feelings to information/ explanation given

Planning: Shared decision-making

- Clinician shares own thoughts as appropriate: ideas, thought process and dilemmas
- Clinician makes suggestions rather than issuing orders
- Encourages patient to contribute their own ideas, suggestions
- Offer choices
- Negotiates a mutually acceptable plan
- Checks with patient if accepts plans, if concerns have been addressed

5 Rounding off

Closing

- Contracts with patient re next steps for patient and physician
- Safety nets, explaining possible unexpected outcomes, what to do if plan is not working, when and how to seek help
- Summarise the session briefly and clarifies plan of care
- Final check that the patient agrees and is comfortable with plan and asks if any corrections, questions or other issues

References:

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