

Attachment 1: Introductory slide for training sessions on doctor-patient communication

After Kurtz SM, Silverman JD, Benson J, Draper J. *Marrying Content and Process in Clinical Method Teaching: Enhancing the Calgary-Cambridge Guides. Academic Medicine* 2003; 78(8):802-809

Feedback: Perception – Effect – Suggestion

Providing Structure

- Time-framing
- Technique like waiting, repeating, mirroring, summarising
- Techniques like overt transitions & sign posting
- Use of questioning techniques
- Book metaphor
- Structure of a medical history

Initiating the session

- Greeting, introduction, naming of function and task
- Clarify and set the agenda
- Creation of a conversation setting that ensures confidentiality & privacy

Gathering information

- History taking
 - Acute medical history
 - Past medical history
 - Review of systems
 - Family history
 - Personal and social history
 - The patient's perspective
- Possibly: information from relatives
- Possibly: information from others in the health care sector

Physical examination

Explanation and planning

- Information/Explanation
- Breaking bad news
- Counselling
- Shared decision-making
- Follow-up checks
- Sharing information with colleagues

Closing the session

- Forward planning
- Ensuring appropriate point of closure

Building relationship

Patient-centered communication

- Respecting the patient's agenda & autonomy
- Dealing with emotions: NURSE (naming, understanding, respecting, supporting, exploring)
- Attentive listening
- Targeted use of silence and breaks
- Appropriate use of body, language and voice