**Providing the Correct Amount and Type of Information**

_Aims:_ to give comprehensive and appropriate information
to assess each individual patient’s information needs
to neither restrict or overload

1. **Chunks and checks:** gives information in manageable chunks, checks for understanding, uses patient’s response as a guide to how to proceed
2. **Assesses patient’s starting point:** asks for patient’s prior knowledge early on when giving information, discovers extent of patient’s wish for information
3. **Asks patients what other information would be helpful** e.g. aetiology, prognosis
4. **Gives explanation at appropriate times:** avoids giving advice, information or reassurance prematurely

**Aiding Accurate Recall and Understanding**

_Aims:_ to make information easier for the patient to remember and understand

5. **Organises explanation:** divides into discrete sections, develops a logical sequence
6. **Uses explicit categorisation or signposting** (e.g. “There are three important things that I would like to discuss. 1st...“ “Now, shall we move on to.”)
7. **Uses repetition and summarising** to reinforce information
8. **Uses concise, easily understood language,** avoids or explains jargon
9. **Uses visual methods of conveying information:** diagrams, models, written information and instructions
10. **Checks patient’s understanding** of information given (or plans made): e.g. by asking patient to restate in own words; clarifies as necessary

**Achieving a Shared Understanding: Incorporating the Patient’s Perspective**

_Aims:_ to provide explanations and plans that relate to the patient’s perspective
to discover the patient’s thoughts and feelings about information given
to encourage an interaction rather than one-way transmission

11. **Relates explanations to patient’s perspective:** to previously elicited ideas, concerns and expectations
12. **Provides opportunities and encourages patient to contribute:** to ask questions, seek clarification or express doubts; responds appropriately
13. **Picks up and responds to verbal and non-verbal cues** e.g. patient’s need to contribute information or ask questions, information overload, distress
14. **Elicits patient’s beliefs, reactions and feelings** re information given, terms used; acknowledges and addresses where necessary

**Planning: Shared Decision Making**

_Aims:_ to allow patients to understand the decision making process
to involve patients in decision making to the level they wish
to increase patients’ commitment to plans made

15. **Shares own thinking as appropriate:** ideas, thought processes, dilemmas
16. **Involves patient:**
   - offers suggestions and choices rather than directives
   - encourages patient to contribute their own ideas, suggestions
17. **Explores management options**
18. **Ascertains level of involvement patient wishes** in making the decision at hand
19. **Negotiates a mutually acceptable plan**
   - signposts own position of equipoise or preference regarding available options
   - determines patient’s preferences
20. **Checks with patient**
    - if accepts plans,
    - if concerns have been addressed
## CLOSING THE SESSION

<table>
<thead>
<tr>
<th>Forward planning</th>
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<tr>
<td>21. <strong>Contracts</strong> with patient re next steps for patient and physician</td>
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<tr>
<td>22. <strong>Safety nets</strong>, explaining possible unexpected outcomes, what to do if plan is not working, when and how to seek help</td>
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### Ensuring appropriate point of closure

| 23. **Summarises session** briefly and clarifies plan of care |
| 24. **Final check** that patient agrees and is comfortable with plan and asks if any corrections, questions or other issues |

### References: