Great Explanations

Bolton GP ST3 Seb Pillon & Kat Rothwell



Good Medical Practice

- Patients must be fully informed about their care.
 When discussing care options with patients, you must discuss the risks as well as the benefits of the options.
- You or an appropriate person must give the patient **clear, accurate information** about the risks of the proposed treatment or care, and the risks of any reasonable alternative options, and **check that the patient understands**.
- You should **discuss risks** that occur often, those that are serious even if very unlikely, and those that the patient is likely to think are important.

RESPECT model

• See th	ect on a social level ne patient's point of view iously suspend judgment
	nize and avoid making assumptions
• Empothy	emember the patient has come to you for help Inderstand the patient's rationale for their behaviours & illness 'erbally acknowledge and legitimize the patient's feelings
	about and understand the barriers to care, and overcome ssure the patient you will be available to help
• Partnership	Be flexible Negotiate roles when necessary
•Explanations	Check often for understandingUse verbal clarification techniques
 Cultural Competence Understand that the patient's views of you may be defined by ethnic & cultural stereotypes (and vice versa) Know your limitations in addressing health issues across cultur Understand your personal style and recognize when it may not be working with a given patient 	
	cognize that self-disclosure may be difficult for some tients; Consciously work to establish trust

Teach-Back Method

- **Explain** the concept to the patient, avoiding medical jargon.
- Assess the patients' understanding by asking them to explain the concept in their own words.
- Clarify anything my patients did not understand and reassess their understanding.
- If the patient still does not understand, find a new way to explain the concept.
- Repeat the process of explaining and assessing for understanding until the patient can accurately state their understanding.

Steps to good explanations

- 1. Be attentive
- 2. Ask open questions
- 3. Be curious
- 4. Summarise throughout
- 5. Involve friends and family
- 6. Use the right tone
- 7. Be aware of your patient's situation
- 8. Get help from colleagues

- 9. Be aware of bias
- 10. Communicate in different ways
- 11. Adopt shared decision making
- 12. Try active listening
- 13. Watch yourself back
- 14. Speak up
- 15. Keep records
- 16. Share your notes with patients

Cultural Competence











used risks attant with remain and	server first at a star and the star
ALL PROPERTY AND ADDRESS FOR ADDRESS FOR	INCOMENTATION OF CONCERNMENT
his security and a second providence of the second	and 10 discount of the lot of a press
Color Market William Statement Statement (Statement Statement)	and the second
he iii	Time of Photor Salaria Area and Ar
Annual Contraction of	1223 (2011) HE
11.000	Summer Avenue and Table 192
Band and the state of the state	Summer or strengthing from Sarth
THE NAME AND DOOD DOOD DOOD	AND ADD ADD ADD ADD ADD ADD ADD ADD ADD
1 August to Detail of manager parts 4.4 or C	
Arrent a scheduce to second i ha to	
The default is had dependent in the prove. The The restort also best and an efficient of the sectors. We	Conference -
Take of party play	Contraction of the local division of the loc
D BOT DO IN COMPANY IN THE OWNER WATER OF	the state of the second second second second second
The second s	and the second sec
Protocol Association (Second Second S	NAMES AND ADDRESS OF TAXABLE PARTY.
these produces are to the table of the	standard in the state difference of the location in the state in the location in the state of th
C San a supplication incluse is allow 179 m he is family filteration processing.	Or Det settlement memory page
and the second party of the second seco	2200 Mar 1997
Man 4, No. of the Adverse Descent in Series Treatment	and the state of the Date of the sec.
A restriction protonence seeing the intervent placement	Contraction of the second s
And a state of the	an anna
"And inter they have been been by a designed of the second real	
	AN A
and a set of the set o	A DAMES IN COLUMN TWO IS NOT THE OWNER.
	and allow Delivery and the D to D
	An Include Diversion of the Diversion of
- Speice de	
 Second state of the second state 	1
E His far her of search and a best His second	in Distance d
P Contactor Prove par	ing Distances
A CLOWPHENER	
E Diar manhat laboration	A REAL PROPERTY AND A REAL
For provide a failling rate industry of terms (and	and Demant Property and Processors, Takes or
10ge and 11 million 11 million	Contract of the second se
and the second	The Divisity into a scalar.
STEL ADDA	
Serie Annual Series	A Design of the second s
SIL: ment acarato	The second second second

Time

- 12 minute SCA cases
- 10-15 minute clinic slots
- Multi-problem consults



S	Situation: I am (name), (X) nurse on ward (X) I am calling about (patient X). I am calling because I am concerned that (eg blood pressure is low/high, pulse is XX, temperature is XX, Early Warning Score is XX)
B	Background: Patient (X) was admitted on (XX date) with (eg MI/chest infection) They have had (X operation/procedure/investigation) Patient (X)'s condition has changed in the last (XX mins) Their last set of observations were (XX) Patient (X)'s normal condition is (eg alert/drowsy/confused, pain free)
A	Assessment: I think the problem is (XXX) And I have (eg given O ₂ /analgesia, stopped the infusion) OR I am not sure what the problem is but patient (X) is deteriorating OR I don't know what is wrong but I am worried
R	Recommendation: I need you to Come to see the patient in the next (XX mins) AND Is there anything I need to do in the meantime? (eg stop the fluid/repeat the observations)

Building Blocks Method

can see what you think or feel?' • 'Have you heard of anything about x?.' • 'Do you already know about x?' Starting • 'What do you already know?' Point • Weaving: include what they have told you so far into your explanation as much as possible. • Flexibility: keep checking what the patient already knows so that you can then Building continue to build on that • **Explain** to level patient wants; use patient's own words; "chunk 'n' check"; repetition; summarising Help to • Use visual media and leaflets if they help Remember

• Signpost that you're going onto the explanation and state your diagnosis briefly.

• 'Is it okay if I take a moment to explain what I think may be going on and then we

5 Levels



- Wired 5 Levels series
 - Neuroscientist explains the Connectome
 - https://youtu.be/opqla5Jiwuw?si=Tr3TY9yTe_YNVVsH
 - Biologist explains CRISPR
 - <u>https://youtu.be/sweN8d4_MUg?si=gpi3F1eJPdBOiEvO</u>
 - Sleep scientist explains sleep
 - https://youtu.be/OB61yG8WDyU?si=7rF75rG7uInHe8gJ

Explanation Practice

Case Scenarios

Explanation Practice



Assume:

- ID checked, history taken, examination done & diagnosis confirmed
- No hidden ICE the patient wants/needs an explanation alone

Explair

• Defined issue/treatment – no need to consider other aspects

Patients

• Be agreeable, lenient and compliant; the goal is to agree on good explanations, not act out realistic patients.

Observers

- Good phrases
- Practice alternate methods