

# Great Explanations

Bolton GP ST3

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# 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

- **Rapport**

- Connect on a social level
- See the patient's point of view
- Consciously suspend judgment
- Recognize and avoid making assumptions

- **Empathy**

- Remember the patient has come to you for help
- Understand the patient's rationale for their behaviours & illness
- Verbally acknowledge and legitimize the patient's feelings

- **Support**

- Ask about and understand the barriers to care, and overcome
- Reassure the patient you will be available to help

- **Partnership**

- Be flexible
- Negotiate roles when necessary

- **Explanations**

- Check often for understanding
- Use 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 cultures
- Understand your personal style and recognize when it may not be working with a given patient

- **Trust**

- Recognize that self-disclosure may be difficult for some patients; 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



uDNA CPR

uDNA CPR



# 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<sub>2</sub>/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

## Signposting

- 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 can see what you think or feel?'*

## Starting Point

- *'Have you heard of anything about x?.'*
- *'Do you already know about x?'*
- *'What do you already know?'*

## Building

- **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 continue to build on that

## Help to Remember

- **Explain** to level patient wants; use patient's own words; "chunk 'n' check"; repetition; summarising
- Use visual media and leaflets if they help

# 5 Levels



- **Wired 5 Levels series**
  - Neuroscientist explains the Connectome
    - [https://youtu.be/opqla5Jiwuw?si=Tr3TY9yTe\\_YNVVsH](https://youtu.be/opqla5Jiwuw?si=Tr3TY9yTe_YNVVsH)
  - Biologist explains CRISPR
    - [https://youtu.be/sweN8d4\\_MUg?si=gpi3F1eJPdBOiEvO](https://youtu.be/sweN8d4_MUg?si=gpi3F1eJPdBOiEvO)
  - 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

## Explain

- 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