

**CONSULTATION ASSESSMENT AND IMPROVEMENT
INSTRUMENT FOR NURSES – CAIIN 2**

**RECOMMENDED STRATEGIES FOR
IMPROVEMENT**



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This booklet lists the categories of consultation competence and component competences of the CAIIN2. Alongside each competence are a number of recommended strategies. When a nurse is observed to be having difficulties with a particular competence the strategies suggest practical ways they can improve their performance in the future. In some instances only one strategy may be appropriate, in others several may be necessary.

Although the strategies are listed in the document against particular competences, they are not necessarily exclusive to these competences. If, in the view of an observer, a strategy from one competence might be the best way to address a difficulty in another, it can be so used. In some circumstances the observer may be able to suggest a specific strategy of their own if the document does not offer an appropriate one.

Whilst the document provides specific and practical suggestions as to how to perform differently it does not recommend the particular method of learning how to do so. A range of effective techniques for improving consultation performance exists. These include:

- Reflection
- Reading etc to fill identified knowledge gaps
- Self analysis of video-taped consultations
- Direct observation with feedback from a peer or mentor
- Stimulated recall with a teacher using video-taped consultations
- Group teaching with simulated patients

Please consult the Glossary if you are unsure about the meaning of terms used in these recommended strategies (see the 'Users' Guide' booklet).

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INTERVIEWING	
COMPETENCE TO BE IMPROVED	RECOMMENDED STRATEGY
Put patients at ease	If you have not met the patient before introduce yourself and explain your role.
	Welcome the patient e.g. by asking them what they prefer to be called, establishing eye contact, giving an indication where to sit etc.
	Review the patient's understanding of previous consultation(s) (if appropriate).
Enable patients to explain situation/problem fully	Resist the temptation to interrupt at the start of the consultation, although this may be necessary later if the patient becomes repetitive.
	Use open questions to begin with e.g. <i>"How can I help?"</i> ; <i>"How did you feel about that?"</i> .
	Use prompts as appropriate e.g. <i>"I see"</i> ; <i>"I understand"</i> ; <i>"Tell me more about that"</i> .
	If a significant statement is made and the patient stops, repeat the last statement made by the patient, with a questioning tone to your voice.
Listen attentively	Demonstrate to the patient that you are listening by using appropriate body language and maintaining eye contact.
	Avoid writing, or entering data on the computer, whilst the patient is talking to you.
	Don't stop listening to the patient whilst you think about the next question to ask.
Seek clarification of words used by patients as appropriate	If you don't understand what the patient means, ask them to explain/clarify.
	If the patient uses a medical or technical term (e.g. constipation) make sure you understand exactly what they mean by it.
Demonstrate an ability to formulate open questions	Use open questions such as <i>"How did that affect you?"</i> <i>"How do you think that happened?"</i> Avoid closing down the patient's explanation too early.
Phrase questions simply and clearly	Avoid using 'leading' questions, i.e. those that invite only one answer e.g. (<i>"Your baby doesn't have diarrhoea does he?"</i>).
	Don't use 'double' or 'nested' questions e.g. <i>"What is your pain like and how long have you had it?"</i> <i>"Is your appetite normal and have you lost weight?"</i> .
	Tailor the questions you ask to the level of the patient's ability to understand. Don't patronise or talk down to the patient.
	Don't use technical jargon.
Use silence appropriately	Try to tolerate the discomfort of appropriate silences. Resist the temptation to talk when the patient is thinking about their response.
	If the patient is having difficulty telling the story or is distressed, allow time for the patient to regain composure.

Recognise patients' verbal and non-verbal cues	Develop your awareness of words used by the patient that may indicate the need to probe further e.g. "My husband's at home all day now".
	Notice unusual words and/or surprising omissions and follow up on these.
	Be sensitive to behaviour that is incongruous e.g. the patient who laughs when stating something serious.
	Always consider the patient's demeanour and mood. Do they appear tense or relaxed, happy or sad?
Consider physical, social and psychological factors as appropriate	Always bear in mind that the patient's problem may have physical, psychological and social dimensions e.g. a female patient offered major cardiac surgery may be worried about how her family will run the home in her absence and may delay/decline surgery. An elderly man admitted for a hernia operation may be worried about his disabled wife at home.
Demonstrate a well-organised approach to information gathering	Have a clear plan for the interview but always address the patient's agenda.
	If the patient has several issues to be discussed deal with these in turn, indicating that you will return to each one.
	Avoid moving on to care planning/patient management until you are satisfied you have gathered all the information you need from the interview and examination.

EXAMINATION, DIAGNOSTIC TESTING AND PRACTICAL PROCEDURES	
COMPETENCE TO BE IMPROVED	RECOMMENDED STRATEGY
Elicit physical signs correctly and sensitively	Improve technique to elicit physical signs by reading about it or observing a recording of the technique.
	Appropriately expose the part(s) to be examined with due sensitivity to the patient.
	Ask for a demonstration and then practise under supervision.
Use instruments in a competent and sensitive manner	Familiarise yourself with (<i>relevant</i>) instrument and practise its use under supervision.
Perform technical procedures in a competent and sensitive manner	Ask patient's permission to carry out the procedure.
	Give an explanation of what you are doing to the patient.
	If the procedure is likely to be uncomfortable perform it gently but efficiently.
	Do not undertake any procedure you may have doubt about your ability to perform.

CARE PLANNING/PATIENT MANAGEMENT	
COMPETENCE TO BE IMPROVED	RECOMMENDED STRATEGY
Formulate and follow appropriate care plans	Formulate care plan to address the needs of an individual patient.
	Provide sufficient explanation to enable the patient to make informed decisions about their care.
	Think about how the patient can actively participate in decisions about their care and how they can help themselves.
Reach a shared understanding about the problem with patients	Give the patient an explanation of your ideas about their problem tailored to their reason for consulting. If there is disagreement try to resolve this through discussion.
	Ask the patient whether they have understood what you have said and give them sufficient opportunity to question you.
	When appropriate ask the patient to relate what you have agreed.
	If appropriate use leaflets and good quality internet information to reinforce your explanation and advice.
Negotiate care plans with patients	Before discussing what to do about the problem ensure you have a shared understanding of the problem.
	Discuss with the patient your recommendations and ensure they have sufficient information to make informed decisions.
	Allow patients to take an active role in their care planning, ensuring you have explained the risks/benefits of each strategy.
Use clear and understandable language	Do not use technical jargon.
	Tailor your explanation to the level of the patient's understanding.
	Provide information in small portions particularly if it is distressing or complex.
Educate patients' appropriately in practical procedures	Demonstrate the procedure and allow the patient supervised practice as appropriate.
	Provide written information for the patient to take away with them.
	Allow time to clarify areas of misunderstanding.
Make discriminating use of referral, investigation and drug treatment	Remember to consider the need for referral and be aware of the reasons for and against any potential referral, whether to a hospital consultant or other members of the multidisciplinary team.
	Consider the need for investigation, and be aware of the reasons for and against any potential investigation.
	Think about the reasons for and against prescribing a particular drug.
	Always consider the major side effects and/or interactions.
	If in doubt about whether or what to prescribe, don't guess, consult written information sources or a colleague.
	Ensure the patient understands how prescribed items should be taken, the expected impact and the principal side effects to be expected.

Arrange appropriate follow-up	If the problem is likely to resolve use 'open' follow up. Let the patient decide whether they need to return, but give guidance as to the circumstances when appropriate.
	If follow up is necessary indicate the time during which likely changes will take place.
	Ensure the patient understands when/where the next appointment will take place and the nature and purpose of that appointment.
	Provide contact name and number, as appropriate.

PROBLEM SOLVING	
COMPETENCE TO BE IMPROVED	RECOMMENDED STRATEGY
Access relevant information from patients' records	Scrutinise the key features of the patient's history before you see them, as appropriate. As a minimum, review the summary card/screen, current medication and last consultation.
	During the consultation re-examine the record whenever this is likely to contain information you require, particularly if the patient is unsure of factual details.
Explore patients' ideas concerns & expectations about their problem(s).	In every consultation you must be satisfied that you have established the patient's reason(s) for the consultation. Even when the appointment is for review of a continuing problem ensure you have understood their ideas about it.
	Ensure you know what the patient's main concerns are. This may require direct enquiry about their view of the nature of the problem, its cause and possible effects.
	If it has not been established ask the patient what they hope you can do for them.
	Although you consistently asked about the patients' ideas concerns and expectations, at times this was unnecessary, as the patients had already stated them. It would have been better to reflect back remarks patients had made to confirm their true concerns.
	Consider when is the most appropriate time to ask about a patient's expectations for treatment. If there is still a significant element of diagnostic uncertainty it is probably better to wait until you know what the problem is and how you think you are going to manage it, before exploring what the patient wishes to be done.
Elicit relevant information from patients	Identify the key/important features of the patient's problem and concentrate your questions on these.
	Use focused questions to fill the gaps in the information you are gathering
Seek relevant clinical signs and makes appropriate use of clinical tests	Ask yourself which physical signs will help you to decide between competing diagnoses of the patients' problem.
	Consider what question will be answered by the result of a 'clinical' test. Only conduct it, if you know a useful course of action for a positive and a negative result.

Correctly interpret information gathered	Take sufficient time to consider what the information you have gathered means and how you can apply it. Explain to the patient that you are taking 'time out' to think about their problem.
	To help organise your thoughts summarise, and reflect back to the patient, what you have been told. This has two benefits; it will confirm to the patient that you have understood the problem, and it will clarify your thoughts.
	Be prepared to check with books; 'on-line' sources; colleagues; particularly for single items of information.
	Avoid over interpretation of features in the history that might support a diagnosis or conclusion you have reached prematurely.
	If you recognise a pattern of symptoms and signs that nearly fits a diagnosis, consider very carefully any feature that does not fit.
Apply clinical knowledge appropriately in the identification and management of the patients' problem	If in doubt about the nature of the problem, stop and reconsider it from a different angle. It may help to use your knowledge of anatomy (e.g. a pain in the leg might come from a muscle, blood vessel or nerve) or pathology (e.g. could this problem be caused by infection or a tumour).
	Improve your awareness of the key features of particular problems/diagnoses.
	Utilise information sources to enhance your management/care plans
Recognise limits of personal competence and act accordingly	Nobody knows everything. It is an excellent professional attribute to be able to recognise the limits of your competence.
	Do not be afraid to tell the patient that you do not know something. They will usually appreciate your honesty.
	When you recognise you have reached the limits of your competence, do not guess - seek appropriate help by asking a colleague, or consulting information sources.

BEHAVIOUR/RELATIONSHIP WITH PATIENTS	
COMPETENCE TO BE IMPROVED	RECOMMENDED STRATEGY
Maintain friendly but professional relationship with patients	Adopt friendly, professional behaviour and demeanour relevant to the circumstances of the individual patient and consultation.
	Be sensitive to the needs of individuals from different cultural groups.
Convey sensitivity to the needs of patients	Try to consider what it would be like to be in the patient's shoes and respond appropriately within professional boundaries. Appropriate responses can include verbal (e.g. "I can see you are angry"; "I can understand that", "I can see why you are distressed about it") and non-verbal acknowledgement of the patients state.

Be able to use the professional relationship in a manner likely to achieve mutual agreement with the care plan.	Try to reach a shared understanding with the patient about the problem. If there is uncertainty about its nature you may need to explain the process by which you have reached your conclusions.
	The patient's views about the problem and management should be explicitly acknowledged and decision-making shared, as appropriate.

HEALTH PROMOTION/DISEASE PREVENTION	
COMPETENCE TO BE IMPROVED	RECOMMENDED STRATEGY
Act on appropriate opportunities for health promotion and disease prevention	Consider specific preventive interventions that could be made in any patient of a particular age and gender.
	During consultations actively look for life style issues alluded to by the patient or non-verbal cues e.g. nicotine-stained fingers, smell of alcohol.
	Remember there may be circumstances that might make a preventive intervention harmful, even though otherwise indicated.
	Having identified legitimate preventive opportunities, be selective and prioritise these according to the evidence for their effectiveness and the circumstances of the particular patient.
	Always establish the patient's motivation to change before giving advice. Be sensitive to patient circumstances and beliefs.
Provide appropriate explanation to patients for preventive initiatives suggested	In initiating your choice of preventive action, always provide the patient with an opening, explanatory statement. Ascertain what the patient has tried previously before 'launching in'.
	Elicit patient's response (including their level of awareness) and react accordingly.
	Be prepared to provide evidence for the reasons for the intervention.
Work in partnership with patients to encourage the adoption of a healthier lifestyle	There is no point in continuing to try and alter the behaviour of an informed patient who rejects the intervention.
	First establish the level of motivation of the patient then negotiate an action plan with the patient. Do not preach or dictate.
	Identify agreed targets; this may involve a series of interim targets.
	Throughout any preventive initiative undertaken be positive about benefits. Adopt a supportive approach and provide encouragement and reinforcement.
	Offer continuing support and review of progress through follow-up.

Category RECORD KEEPING	
COMPETENCE TO BE IMPROVED	RECOMMENDED STRATEGY
Make an appropriate and legible record of the consultation	The minimum information set is: date, summary of key features in history; significant examination findings; a diagnosis or problem definition (which should be coded if using computer records).
	Information recorded should be with patient consent.
Record care plan to include advice, prescription and follow up arrangements as appropriate	Note the advice given. Be careful to include agreed targets when the problem is to be reviewed.
	When a prescription is issued note the drug, dose, quantity and specific information about major side effects.
	Note the investigations requested.
	Indicate the follow up arrangements agreed with the patient
Enter results of measurement in records	Note down numerical values, such as weight, blood pressure immediately. Use a 'jotting' pad if necessary to avoid the need to search the record or computer for a specific card/screen.
	Review the record you have made once the patient has left the consultation to ensure important measurements have been noted.
Provide the name(s), dose and quantity of drug(s) prescribed to patients together with any special precautions	Record the generic name of any drugs prescribed Note any special precautions conveyed to the patient e.g. "alcohol is not permitted with this medication" and their reaction to that advice.

