MODULE 2: CORE CONSULTATION SKILLS

2

SOS Ie Wini Summary Talks

National Healthcare Communication Programme

Module 2

Contents

This document brings together the SOS le Wini talks for Module 2: Core Consultation Skills. It is intended as a quick reference for staff, highlighting the reflections that support gathering information, structuring the consultation, explanation and planning, shared decision-making, and closing the session.

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WEEK 15: SUMMARY

Gathering Information: Opening the Patient's Story

LEARN

Before we move into detailed, checklist-style questions, there is an important step in gathering information: opening the door and inviting the person's story in their own words. When we begin with an open invitation, allow a little time without interruption, and resist narrowing too quickly, people often share what matters most to them early on. We hear their concerns, ideas and expectations more naturally, and they feel like a person rather than a "case" to be processed.

DO

Today, choose one consultation or conversation – with a patient, relative, or colleague – where you will consciously start by opening the door to their story. Begin with one simple, open invitation in your own words (for example, "Tell me, in your own words, what's been going on," or "Can you start wherever feels most important to you?"). Then, let them speak a little longer than you usually would before you move into more focused questions.

SAY

Use one open, welcoming phrase to invite their story, and then wait:

- "Tell me, in your own words, what's brought you here today?"
- "I'd like to hear a bit about what's been going on for you."
- "Please start wherever feels most important to you..."

If you feel the urge to jump in, silently remind yourself: "I'm opening the door – I can organise the details later."

REFLECT

At the end of the day, take a few moments to recall that interaction. Ask yourself:

- What happened when I opened the door and let the story begin in their own words?
- What did I learn that I might have missed if I had started with narrow questions?
- How did it seem to affect their sense of being heard?

Over time, these small experiments can make information-gathering feel more person-centred, accurate, and human for both of you.

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(10 mins approx.)

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WEEK 16: SUMMARY

Gathering Information: Deepening the Patient's Perspective

LEARN

Beneath every symptom story is a person's perspective: their ideas, concerns and expectations, their hopes and fears, and their own way of making sense of what is happening. In the Calgary-Cambridge Guide, this is often described as ICE and the patient's explanatory model. When we gently ask what people think is going on, what they are worried about, and what they are hoping for, we make hidden questions visible. This helps us avoid assumptions, meet people in their own story, and plan care that feels more respectful, relevant and shared.

DO

Today, choose one consultation or conversation with a patient, relative or colleague, and intentionally explore at least one deeper layer of their perspective. Ask one or two simple questions about their ideas, concerns, expectations, or how they make sense of what is happening. Hold your own story lightly and be open to being surprised by theirs.

SAY

Use one or two gentle, curious phrases:

- "What do you think might be going on?"
- "Is there anything in particular you've been worried this might be?"
- "What were you hoping we might be able to do today?"
- "How do you make sense of what's been happening?"

If you notice yourself jumping to conclusions, silently say: "That's one story — let me check," and ask: "What's this like from your side?"

REFLECT

At the end of the day, take a few moments to recall one interaction where you explored the person's perspective more deeply. Ask yourself: What did I learn that I might otherwise have missed? Did checking my assumptions, or honouring their view, change the tone of the conversation or our sense of partnership? Over time, these small moments of curiosity can turn parallel stories into shared understanding, strengthening both trust and safety in care.

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WEEK 17: SUMMARY

Gathering Information: Clarity, Focus and Safety

LEARN

After we open the story and explore the person's perspective, we also need enough structure for clarity and safety. The Calgary–Cambridge Guide supports this balance: moving gently from open listening into focused clarification, summarising what we've heard, and signposting more detailed questions. We can gather key details, ask about sensitive or safety-critical topics, and prioritise what matters most when time is short – while still protecting dignity, partnership and humanity.

DO

Today, choose one consultation or conversation where you will consciously move from story to structure. After listening openly, offer a brief summary, then signpost that you'd like to ask some more specific questions and why. If appropriate, use a normalising phrase when asking about a sensitive or safety-related topic. On a busy day, prioritise the questions that matter most for safety, and keep one or two small human actions in place.

SAY

Use simple phrases that combine structure with respect:

- "So, just to check I've understood…"
- "You've told me a lot of important things. I'd like to ask some more detailed questions now so we don't miss anything – is that okay?"
- "There's something I ask everyone because it can affect health and safety…"
- "Sometimes when people feel as low as you've described, they can have thoughts of harming themselves. Has that been happening for you?"
- "We don't have as long as I'd like today, so I'm going to focus on the most important things for your safety, and then we can plan what to come back to."

REFLECT

At the end of the day, take 30 seconds to recall one interaction where you practised this balance of openness and structure. Ask yourself: What changed when I summarised and signposted before moving into details? How did it feel to explain why I was asking questions, especially sensitive or safety-related ones? On a pressured day, what small human actions did I still manage to keep? Over time, these choices can help even time-limited, safety-focused encounters feel more coherent, respectful and safe.

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WEEK 18: SUMMARY

Structuring the Consultation: Building a Shared Agenda

LEARN

People often arrive with several concerns at once. Building a shared agenda helps us focus on what matters most to them, what is clinically important, and what is realistic in the time available. This means listening to the opening story, exploring ideas, concerns, expectations and values, naming limits with kindness, and agreeing on a clear plan for today.

DO

In one conversation today, pause after the opening story and ask what would be most helpful to focus on. Explore one idea, concern, expectation or value, be honest if time is limited, and agree together what you will cover today.

SAY

- "You've mentioned a few important things. What would be most helpful for us to focus on today?"
- "What, in particular, are you worried about?"
- "What were you hoping we could do today?"
- "We may not be able to cover everything today, but let's agree on what would be most useful to focus on now."
- "Does this feel like we've worked on the right thing for today?"

REFLECT

At the end of the day, think of one interaction where you tried to build a shared agenda. Did it help clarify what mattered most? Did naming time or checking alignment make the conversation feel more focused, realistic or collaborative?

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WEEK 19: SUMMARY

Structuring the Consultation: Signposting and Flow

LEARN

A consultation often feels safer and calmer when it has a clear shape. Holding a simple internal map, signposting where the conversation is going, and using gentle transitions between topics can help people feel oriented, included and less anxious. These small structuring skills also help us as clinicians feel more grounded, more organised and better able to respond with empathy. Structure is not about being rigid; it is about creating a steady frame that supports both safety and human connection.

DO

In one conversation today, pause before you begin and quietly name a simple structure for yourself. As the consultation unfolds, try using one signpost to explain what will happen next and one transition to move smoothly between topics. Notice whether this helps the conversation feel clearer, steadier or easier to follow for both of you.

SAY

- "First I'd like to hear what's been happening, then I'll ask a few more questions, and after that we can think together about next steps."
- "You've told me about the main problem. I'd like to ask now about your medical history so I can get the full picture."
- "The next step is for me to examine you, and then we'll talk through what I've found."
- "We've covered what's been happening. Let's move on now to what this might mean and what we can do next."
- "Before we finish, let's just make sure the plan feels clear."

REFLECT

At the end of the day, think of one interaction where you paid attention to structure, signposting or flow. Did having a simple map in mind help you feel steadier? Did the person seem more oriented or less anxious when you signposted what was coming next? Was there a moment that felt smooth or jerky, and what might you try next time to help the conversation flow more clearly?

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WEEK 20: SUMMARY

Explanation and Planning: Making Sense Together

LEARN

People are more likely to understand and remember information when we begin from their starting point, explain things in small manageable pieces, use plain language, and check whether our explanation truly fits with their experience. Supporting understanding is not about giving more information. It is about making information easier to take in, easier to relate to, and easier to carry away.

DO

In one conversation today, pause before explaining and ask what the person already knows and what they would most like to understand. Then try giving information in 2–3 small chunks, using plain everyday words as much as possible. Before finishing, check whether your explanation makes sense to them and fits with their experience.

SAY

- "What have you been told so far about this?"
- "What would you most like to know or be clearer about today?"
- "Let me explain this in a few steps, and we can pause as we go."
- "The medical word for this is…, which means…"
- "How is that sounding so far?"
- "How does this explanation fit with what you've been experiencing?"

REFLECT

At the end of the day, think of one interaction where you focused on supporting understanding and recall. Did starting with their knowledge or questions change where you began? Did chunking, plain language, or a simple image help the explanation land more clearly? Did checking whether it fit with their experience reveal anything you might otherwise have missed?

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WEEK 21: SUMMARY

Explanation and Planning: Shared Decisions and Realistic Plans

LEARN

Shared decision-making is not about handing over responsibility. It is about bringing together two kinds of expertise – clinical knowledge and the person's knowledge of their own life – to make decisions and plans with people. This means: being clear when there is more than one reasonable option, talking through risks and benefits, exploring what matters most to the person, and checking both willingness and feasibility. Even when choices are limited by safety or system constraints, we can still preserve dignity and agency by being honest about the limits and looking together for where some choice still exists.

SAY

- "There are a couple of ways we could approach this. I'd like us to decide together what's best for you."
- "When you think about these options, what matters most to you?"
- "What are you most hoping to avoid, and what are you most hoping to achieve?"
- "How do you feel about this plan? Is it something you would want to do?"
- "Thinking about your usual day, does this feel realistic?"
- "I'm afraid the guidelines mean we can't offer that option here, but within those limits there are still some things we can decide together."

DO

In one conversation today where a decision or plan is needed, explicitly invite the person into the decision. Briefly outline 2–3 realistic options and their main pros and cons, then ask what matters most to them as you decide together. Before agreeing the plan, check both how they feel about it and whether it is realistic in their daily life. If choices are limited by guidelines or the system, name this honestly and then look together for any areas where you can still offer choice or tailoring.

REFLECT

At the end of the day, think of one interaction where you focused on shared decisions and realistic planning. Did naming that there were options – and asking what mattered most – change the direction of the decision? Did checking willingness or feasibility lead you to adjust the plan? If choices were constrained, did acknowledging the limits and then looking for small areas of choice affect how heard and involved the person seemed to feel?

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WEEK 22: SUMMARY

Explanation and Planning: Supporting Understanding and Recall

LEARN

People may leave a conversation having heard the words, but not fully understood, remembered, or felt able to use what was discussed. Stress, pain, tiredness, uncertainty, and information overload can all affect what someone takes in.

Supporting understanding and recall is not about testing people or repeating ourselves unnecessarily. It is about communicating in a way that is respectful, safe, and usable in real life. When we use teach-back, invite questions, adapt to health literacy needs, layer verbal information with simple written support, and end with both hope and realism, we make it more likely that plans will stay with people once they leave us.

SAY

- "Just so I know I've explained this clearly, could you tell me in your own words what the plan is?"
- "This is a lot of information — what questions does it bring up for you?"
- "What feels unclear or worrying now that we've talked it through?"
- "I will go over the key points in a simpler way."
- "I'm going to write down the main things I'd like you to remember."
- "So, to summarise, this is the plan for now…"
- "There are still some uncertainties, but we'll take this step by step."
- "If you're worried before we review things again, here's how you can get help."

DO

In one conversation today, after explaining a plan or important information, pause to notice what has landed. Invite the person to tell you in their own words what they understand, ask what feels unclear or worrying, and, if needed, simplify or repeat the key points.

Where possible, write down 2–3 important take-home points or next steps. Before finishing, summarise the plan clearly and make sure the person knows what to look out for and how to seek help.

REFLECT

At the end of the day, think of one interaction where you focused on supporting understanding and recall.

Did asking the person to say things back in their own words reveal anything important? Did inviting questions bring out any hidden confusion or worry? Did writing down key points or ending with a clear summary make the plan feel more usable and supportive?

What, if anything, helped the conversation feel more collaborative and supportive?

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WEEK 23: SUMMARY

Explanation and Planning: Working with Emotions

LEARN

Information in healthcare never lands in a neutral space. Test results, options, risks, and plans are often received in the midst of fear, grief, anger, uncertainty, or shock. When emotion is strong, people may find it harder to take in, remember, or use what we are saying. Working with emotion in explanation and planning is not about stepping away from clarity or avoiding difficult facts. It is about noticing the emotional impact of information, making space for feelings, pacing the conversation carefully, and framing plans in ways that feel supportive rather than fixed. When we do this, people are more likely to feel understood, steadier, and more able to think with us about what comes next.

DO

In one conversation today, pay attention not only to the information you are giving, but also to the emotional landscape in which it is landing. If you notice signs of distress, pause and acknowledge what may be happening before continuing with more facts. Try gently naming a feeling, allowing a little space or silence, and adjusting the pace of the conversation if needed. Where a plan is being made in an emotionally intense moment, frame it as the best plan for now, while making clear that it can be reviewed if feelings, understanding, or circumstances change.

SAY

- "I can see this is a lot to take in."
- "It makes sense that this might feel overwhelming."
- "Let's pause for a moment before we go on."
- "You seem worried — does that feel right?"
- "I'm wondering if there's some fear or sadness here as we talk about this."
- "We can take this step by step."
- "Would you like me to slow down, or is this enough for now?"
- "This is our plan for now, based on what we know today."
- "If things feel different later, we can come back to this and review it together."

REFLECT

At the end of the day, think of one interaction where emotion was present alongside explanation or planning. Did you notice the feeling and make space for it, or did the conversation move quickly back to the facts? Did naming emotion, pausing, or adjusting the pace change how the person responded? If a plan was made, did framing it as something open to review help the conversation feel more supportive and less pressured? What helped the person feel both held and guided?

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WEEK 24: SUMMARY

Closing the Session: Endings that Heal

LEARN

How a consultation ends can shape how the whole encounter is remembered. Even when time is short, a thoughtful ending can help people leave, feeling clearer, steadier, and more supported. Healing endings are not about saying the perfect thing. They are about bringing a few moments of intention to the close of the conversation — noticing the pull to rush, checking for anything important left unsaid, naming clear next steps, affirming a person's strengths, and using the last moments to leave a trace of safety.

DO

In one consultation today, pay attention to the ending. Before you finish, pause for one steady breath and ask yourself how you want this conversation to end, for this person. Offer a brief final check, summarise the next steps clearly, and, where appropriate, name one genuine strength or support you have noticed. Use the last few moments to help the person leave with clarity, encouragement, and a sense of what comes next.

SAY

- "Before we finish, is there anything important we haven't talked about today?"
- "Just to summarise, the plan from here is…"
- "If you need support or things change, here's what to do…"
- "I can see how much thought and effort you've already been putting into this."
- "You've done so well to come in and talk this through today."
- "We've made a plan for now, and we can build from here."

REFLECT

At the end of the day, think of one consultation where you paid attention to the ending. Did pausing before you closed, change the tone of the final moments? Did a final check, a clear summary, or a word of affirmation help the person seem more settled or supported? What, if anything, helped the conversation end in a way that felt more complete for both of you?

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WEEK 25: SUMMARY

Closing the Session: Continuity and Handover

LEARN

In busy and changing healthcare systems, continuity is not only about seeing the same person every time. It is also about creating a felt thread of understanding and care across encounters. People are more likely to feel safe and supported when they sense that their story is known, their concerns are carried forward, and there is a clear plan for what happens next. Continuity can be supported through small acts: recalling key parts of someone's story, handing over with respect, offering clear safety-netting, inviting feedback, and paying attention to the whole arc of the consultation from first greeting to final goodbye.

DO

In one interaction today, choose one way to strengthen continuity. Before the consultation, take a brief moment to recall a key detail from the person's story or from a previous conversation. During the interaction, link today's conversation to what has happened before or what will happen next. If you are handing over, speak about the person with respect and include what matters to them as well as the clinical facts. Before finishing, make sure they know what to do if things change and who to contact if they need support.

SAY

- "Last time we spoke, you mentioned…"
- "I can see from your notes that this has been an important concern for you."
- "What matters most for us to keep in mind as we plan from here?"
- "The patient finds it helpful if we explain things step by step."
- "Most likely, things will go this way — and if they change, here's what to do."
- "If you're unsure, it's always okay to ring and check."

REFLECT

At the end of the day, think of one interaction where you tried to strengthen continuity. Did recalling part of the person's story change how the conversation began? Did your handover feel both accurate and respectful? Did clear safety-netting or a feedback question help the person seem more confident about what would happen next? What small act helped create a sense of continuity, so the person felt known, supported, and clear about what would happen next?

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