

## How to counsel

- Start
  - Introduction and explain why you are there
  - Build a rapport before launching into the explanation
  - Ask if the patient knows why they are here. Ask them to talk about what has happened up to this point.
  - Assess their **prior knowledge** – it is imperative to ask **what** they know about the condition/ treatment already
  - Describe what you are going to talk about (i.e. your structure) and if that would be helpful and ask if they want to add anything or discuss anything else
- Middle
  - Consider **diagram**
  - **Chunk and check!!** This is the most important thing – explain small bits at a time and check that they understand the information and ask if they have any questions. Pause after each section.
  - Speak slowly and clearly and be sympathetic and listen for/to patient concerns
- End
  - **Summarise** what you have talked about and make a **plan**
  - Check they've **understood** everything
  - Always **offer something** e.g. a leaflet, website, specialist nurse contact, follow up appointment

## How to structure explanations

- Explaining a disease
  - Normal anatomy/physiology
  - What the disease is
  - Cause
  - Problems it causes and complications
  - Management
- Explaining a procedure (see OSCEstop notes on [explaining scope procedures](#))
  - Explain what it is
  - Reason for it
  - Explain procedure details (before, during, after)
  - Risks and benefits

If you are asked to also get consent: thoroughly check their understanding, get them to weigh up the pros and cons and ask them why they chose their answer (see OSCEstop notes on [consent](#))
- Explaining a treatment (see OSCEstop notes on [common drugs requiring patient counselling](#))
  - First, briefly check for any contraindications to the treatment
  - Check condition understanding
  - How treatment works
  - Treatment course & how it's taken
  - Side effects

The mnemonic **ATHLETICS** may help (Action, Timeline, How to take, Length of treatment, Effects – time before, Tests, Important SEs, Complications, Supplementary advice)

## Tips

- Let the patient guide the consultation and decide what they want to talk about
- Follow cues and ask what they want to know and their worries
- Don't forget Ideas, Concerns and Expectations!
- Empathise
- Avoid ALL medical jargon
- Always be aware that you may be breaking bad news without realising it! Use a SPIKES approach if so.