

Shares and uses ICE in plan

Green – Involves the patient in the management decision(s) by incorporating the patients' ideas and preferences

Red – Does not involve the patient in a management plan which may seem unrelated to patient preferences or concerns

Green – Involves the patient in follow up and safety netting plans using information already volunteered by the patient

Red – Does not involve the patient in follow up or develops safety-netting plans that may be unrelated to patient preferences or may cause anxiety or damage rapport

About this skill

Being able to share ideas about the options for management ensures that the patient is involved in, and endorses, the management plan. Unless the doctor is able to effectively share options for management, the patient can be left confused about what the doctor is proposing, and unable to move on to making a decision about their treatment.

Sharing ideas with the patient is closely linked with the three related skills of '*Verbalises diagnosis*', '*Negotiates and uses psychosocial information in plan*' and '*Supports in decision making*'. Being able to verbalise what he/she is thinking allows the doctor to share management options. Being able to share options allows the doctor to negotiate with the patient. Sharing and supporting are linked skills that enable the patient to come to the best possible management decision.

Effective sharing is characterised by the following features:

- If possible, is based on information that the patient has already provided - for example, from exploring the patient's ICE or their psychosocial background. Any particular expectations for management that the patient has already expressed are particularly important.
- It goes at the patient's pace and uses language that is understandable to the patient
- It is interactive - it feels like a conversation rather than a lecture. The term "*chunks and checks*" captures the conversational aspect of the process - the doctor presents small chunks of information about a particular option, then expects the patient to respond to that information
- It incorporates concerns expressed by the patient (both verbally and non-verbally) about the management options

Audio consultations

There is a natural tendency to be more prescriptive and didactic in audio consultations in comparison to face to face consultations. Audio consultations sometime have a less interactive 'feel', and it is harder to create a real partnership when consulting over the telephone. But it is just as important to share the decision-making process with patients when involved in an audio consultation and make the most of any information gained earlier in the consultation about patient preferences and concerns. This emphasises the importance of collecting information about ICE earlier in the audio consultation.

Educational Activities

Activity 1: Watch a series of your video consultations and write down the number of times you shared your thoughts about management with the patient? Do the same with your trainer's consultations and list the difference between your consultations and your trainer's consultations.

Activity 2: Ask yourself why sharing opportunities were missed. Consider the following possibilities:

- Lack of a range of options to share with the patient (this is a knowledge problem)
- Poor identification of cues or ICE or psychosocial context earlier in the consultation
- Poor use of information gained earlier in the consultation, particularly in the area of expectations
- Offering a range of management options without relating them to the patient's life
- Not explaining the pros and cons or evidence-base of the various options
- Using technical language that does not allow the patient to be part of the conversation

Activity 3: Now conduct a series of consultations where you specifically share more of your thoughts about management, using the information gained from Activity 2.

Activity 4: Practice checking patient understanding of management options, using a phrase that is comfortable for you. But do this in a selective way - focussing on situations when the consultation is complex, or the patient's has some disability that might impair understanding.

Activity 5: Don't forget discussion of safety netting and follow up - these need to be shared too. So review your consultations to see how you end consultations and plan follow up - is the patient involved in this process as much as in the process of agreeing a management plan?

Audio consultations

Review a series of your audio consultations and see whether you have discovered the patient's ICE and whether you have used this information to reach a shared management plan? Is there a difference between how often you ask about ICE in an audio consultation as compared to a face-to-face consultation? Why do you think this is the case?

Reflective Exercises

Exercise 1: Reflect on the difference that effective sharing of management options makes to the effectiveness of your consultations. Using either video or shared consultations, specifically discuss the benefit and harm of sharing thoughts about management with your trainer.

Exercise 2: How do you know that you have shared management plans effectively? Asking the patient is one way, but there are problems with this approach (see above). What other methods could be used?

Related tasks

Practicing and developing the skill of '*Shares and uses ICE in plan*' will allow you to achieve the following tasks more effectively:

- Makes a working diagnosis
- Offers a safe patient centred management plan
- Provides follow up/safety net

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