

- 1. What is IPP?
- 2. Criteria in general
- 3. Detailed look at this subject

What is IPP?

Understanding and Incorporate the Patient's Perspective

<u>Definition</u>: **Only technique:** Exploring a little bit how the patients feels and their opinion.

Perspective = feeling / opinion / point of view

How much do you know about Donald Trump is?

Yes [knowledge] What do you know about diabetes? [knowledge]

What do you think about Donald Trump?

He is a genius [opinion]
Can you tell me a little more about your condition?
How do feel about being diabetic?
How do you feel about your diabetic treatment?
How are you coping with your treatment?
How are you today? – natural for any conversion

In OET, you do this at the beginning of the cue card.

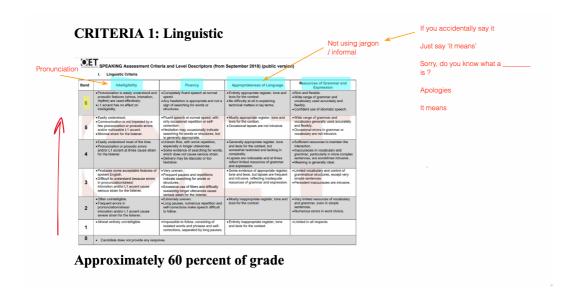
MORE IMPORTANT... Is this the only IPP technique?

This only 1.



There are 2 Speaking Criteria

'Criteria' means how they assess you: they will give numbers



CRITERIA 2: Clinical Communication Criteria

There are 5 of these:

- Relationship Building
- Information Giving
- Information Gathering
- Structure
- IPP

For each one you get a score out of 3



Extract / make them speak

B. Indicators of understanding & incorporating the patient's perspective				
B1	eliciting and exploring the patient's ideas/concerns/expectations			
B2	picking up the patient's cues			
В3	relating explanations to elicited ideas/concerns/expectations			

These techniques all depend on the situation. **So just be natural.** If it's not appropriate don't do it.

Useful language:

- How are you feeling at the moment?
- **EMPATHY** + Can you tell me a bit more about **that** / <what they said >?
- <u>Do</u> you have any idea what might be wrong with you?
- Could you tell me a bit more about that?
- Could you tell me what's worrying you?

After an explanation or a suggestion

How does that sound?



Knowledge question:

How can I help you today? – use this when it's a NEW situation / you don't know why they have come / first visit

What brings you here today?

Slightly informal so there no aux.?

Context: Im aware that... I can see from your from notes...



B2 & B3

Not all situations will require this

V		
*B2	Picking up the patient's cues	Patients are generally eager to tell us about their own thoughts and feelings but often do so indirectly through verbal hints or changes in non-verbal behaviour (such as vocal cues including hesitation or change in volume). Picking up these cues is essential for exploring both the biomedical and the patient's perspectives. Some of the techniques for picking up cues would include echoing, i.e. repeating back what has just been said and either adding emphasis where appropriate or turning the echoed statement into a question, e.g. "Something could be done?" . Another possibility is more overtly checking out statements or hints, e.g. "I sense that you are not happy with the explanations you've been given in the past"
В3	Relating explanations to elicited ideas/concerns/expectations	One of the key reasons for discovering the patient's perspective is to incorporate this into explanations often in the later aspects of the interview. If the explanation does not address the patient's individual ideas, concerns and expectations, then recall, understanding and satisfaction suffer as the patient is worrying about their still unaddressed concerns.

Deal with / answer

B2: signs of unhappiness	B3: address concerns
 You seem a little bit depressed down today – is anything worrying you? 	When the patient mentions a concern: "earlier on you mention that" then address
 I can see you are concerned about something? Is anything bothering/troubling you at the moment? 	"so, you mention earlier that"
ECHOING:	
Repeat it back as a question	
I don't want to see family	
You don't want to see you family?	