Nursing Standard

CPD/nurse-patient relationships

COMMUNICATION

~~Collaborative communication in advanced nurse practitioner consultations~~

Collaborative communication: learning from advanced clinical practice patient consultations

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Julian Barratt

University of Wolverhampton

Correspondence

Julian.barratt@wlv.ac.uk **[Q Please confirm if it is okay to publish this email address for correspondence purposes]. Yes, that is fine – please note lower case 'j' at the beginning instead of upper case 'J'.**

Conflict of interest

None declared

Peer review

This article has been subject to external double-blind peer review and checked for plagiarism using automated software

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Abstract

Nurses working as advanced nurse practitioners, or those aspiring to this role, are required to understand how to communicate effectively and on a collaborative basis with patients and carers during consultations, with the aim of enhancing positive outcomes

such as improved patient satisfaction and enablement. This article explores collaborative communication during consultations, including the optimal approach ~~and the challenges~~ for advanced nurse practitioners to use when communicating with patients. [Q I'm not sure the article does this?]. The optimal approach to achieve collaborative communication presented in this article is derived from the author's doctoral observational research based on the findings of a mixed methods observational study of communication in advanced clinical practice patient consultations.

advanced clinical practice, collaborative communication, consultation, nurse practitioner, nurse-patient relations, patient-centred care, patient engagement, shared decision-making

Aims and intended learning outcomes

The aim of this article is to enable nurses to understand the role and value of collaborative communication within advanced practice patient consultations. After reading this article and completing the time out activities you should be able to:

- ✓ Understand the role and value of collaborative communication within advanced practice patient consultations.
- ✓ Compare and contrast the biomedical versus patient-centred interaction styles in consultations.
- ✓ Recognise the importance of a patient-centred and shared decision-making approach to advanced practice patient consultations.
- ✓ Describe the five interaction phases that underpin and provide structure to advanced practice patient consultations.

Relevance to The Code

Nurses are encouraged to apply the four themes of The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives to their professional practice (Nursing and Midwifery Council (NMC) 2015). The themes are: Prioritise people, Practise effectively, Preserve safety and Promote professionalism and trust. This article relates to The Code in the following ways:

- Nurses are enabled to practise effectively by improving their understanding of the role of collaborative communication generally in healthcare, and specifically in advanced practice patient consultations.
- A collaborative approach to advanced practice patient consultations, which is patient-centred and encompasses shared decision-making assists in ensuring that nurses meet The Code's requirement to listen to people and respond to their preferences and concerns.
- The Code states that nurses should act in partnership with those receiving care, assisting them to access relevant information and support when they need it. The article encourages nurses to consider and practice collaborative communication within advanced practice patient consultations.
- The Code indicates that nurses must focus on promoting well-being and preventing ill health. By working in partnership with patients and carers, a clear understanding of personal healthcare needs can be achieved, and individual and appropriate goals set.

Introduction

Effective communication during consultations with patients and carers in hospitals and primary care settings is central to healthcare practice and to optimise positive outcomes such as enhanced patient satisfaction, improved ability to self-manage healthcare needs and improved adherence to care plans. The frequency of advanced practice patient consultations has increased over the past 20 years as a result of the continually expanding workload demands associated with healthcare and health policy initiatives supporting the ongoing development of advanced clinical practice (Health Education England 2017), such as the advent of nurse independent prescribing with full formulary access (Courtenay and Carey 2008).

Advanced nurse practitioners are increasingly expected to deliver both initial contact and ongoing healthcare for patients, to bridge the gap between workload demands and service provision (Bonsall and Cheater 2008, Hill 2017). Inherent in this provision is a need for advanced nurse practitioners to direct clinical consultations, akin to those conducted by medical doctors, whereby a person presents with a health issue, which is autonomously assessed and managed by the advanced nurse

practitioner (Barratt 2005). **It is imperative that advanced nurse practitioners prioritise how they communicate with patients during those assessments so as to enhance positive patient centred outcomes. [Q This paragraph seems disconnected. What is the result of this? Are these nurses; therefore, required to develop particular skills such as collaborative communication to ensure effective consultation that are associated with improved patient outcomes? A link needs to be made here to connect this paragraph with the purpose of the article]. Yes I agree, so I have added the sentence above.**

It should be noted that the approach to collaborative communication presented in this article, is derived from the author's doctoral observational research based on the findings of a mixed methods observational study of communication in advanced practice patient consultations (Barratt 2016).

Defining an advanced nurse practitioner

To fully understand the context of advanced nursing roles within consultations, it is important to define the advanced nurse practitioner. In the UK, the Royal College of Nursing (2012) view an advanced nurse practitioner as a registered nurse who is practising nursing at a level beyond that for which their initial training has prepared them, and who has been further prepared via a university-based programme of advanced clinical practice education. Typically, education programmes for advanced clinical practice in the UK comprise clinical academic modules pertaining to advanced clinical practice, such as health assessment, pathophysiology, clinical reasoning and applied pharmacology. These **~~educational~~ ~~programmes~~ clinical academic modules [Q Education programmes or clinical academic modules for consistency of terminology? Yes, I agree it should clinical academic modules]** are specially designed to develop the full range of competencies required for advanced clinical practice, as described in the competencies of practice for advanced nurse practitioners published by the RCN (2012). The successful completion of this preparation means that qualified advanced nurse practitioners possess a unique mix of medical and nursing knowledge, which enables them to conduct clinical consultations and to **~~see~~ assess[Q Assess? Yes, it can be assess instead, 'see' is a synonym informally used by clinicians]** patients with undifferentiated and undiagnosed medical issues. They can make assessments of the patient's healthcare needs and provide any required treatment or onward referral, on much the same basis as medical doctors, with similar levels of autonomy and vicarious liability (Griffith 2008).

In the UK, while policy initiatives support the development of advanced clinical practice (Department of Health 2010, Health Education England 2017), statutory regulation of advanced nursing practice has not yet occurred, which is in contrast to the regulation of advanced nursing practice in several other countries across the world, **such as the United States of America, Canada, and Australia [Q It would be useful to list some of these countries. Yes, I agree]** (Pulcini et al 2010). At present in the UK, any registered nurse can refer to themselves as a 'nurse practitioner' or 'advanced nurse practitioner' because these titles are not protected, with the only regulatory requirements being to record their nurse prescribing qualification with the NMC (2006), and participating in the NMC's (2017) revalidation process for renewal of registration, which all UK registered nurses, regardless of their level of practice, must undertake every three years. In relation to the regulation of advanced nursing practice in the UK, the RCN (2017) provides a mechanism for credentialing advanced level nursing practice, although their credentialing scheme does not have any statutory links to the NMC's register, since there is no legislation to enable this**~~,~~ [remove preceding comma]** at present.

TIME OUT 1

Investigate how advanced nursing practice is defined and regulated worldwide, including the associated educational underpinning. Compare and contrast this to the country in which you practise. You may wish to access a variety of resources to support this activity, such as Pulcini et al (2010).

Defining a consultation

Alongside defining an advanced nurse practitioner, it is important to define a consultation. In simple terms, a consultation can be understood as a '…meeting between practitioner and patient…[and accordingly is] the fundamental activity of clinical

practice', as without that meeting it is difficult to reliably ascertain what problem(s) a patient has, what they want to do about the problem(s), and what clinically needs to be done to help them (Hastings et al 2003) **[Q Please check for clarity. Why does the reference not appear directly after the quote? The reference should appear directly after the quotation mark ends. The first part of the sentence up to the second quotation mark is directly from Hastings et al 2003, whilst the second part is paraphrased from the same Hastings et al 2003 source]**. A consultation can specifically be defined as: a health-related interview involving an interpersonal relationship, whereby a person with a health or social care concern or concerns, presents or is presented to a clinician, seeking either an explanation and/or possible improvement or review of the identified concern or concerns (Barratt 2015, 2016).

This definition of a consultation acknowledges its interpersonal nature, recognises that patients may either attend on their own or else may be ~~**presented**~~ **accompanied** by a carer **[Q What is meant by this? do you mean the patient's case is presented by the carer? Also this can't be ascertained from the definition above unless the 'person' you refer to is either the patient or the carer, if so, perhaps this needs to be included in brackets. By this I mean that the carer brings the patient for the consultation, such as when a child is taken for a consultation, or a person with learning difficulties requiring advocacy is brought by a carer. I think this discrete difference can be ascertained from the definition above as the definition says a person either "…presents or is presented…". In making this assertion I'm trying to capture the triadic context of some consultations (nurse, patient, and carer). To clarify I've replaced 'presented' with 'accompanied', which is probably the simplest amendment to make here]**, and that multiple health and/or social concerns can be the focus of a consultation. Furthermore, the medical diagnosis and treatment can often be interpreted as flexible components dependent on the needs and preferences of the patient or their carer.

It is acknowledged that consultations occur in a diverse range of settings, including clinics, patients' homes, hospitals and public spaces. Also, it must be noted that a meeting with a patient in different settings is not necessarily always called a consultation, particularly when considering nurse-patient meetings, where a variety of alternative terminologies are often used, such as completing an 'admission', when a patient is admitted to a ward (Redsell 2006). This article focuses on the face-to-face nurse-patient meetings, where advanced nurse practitioners have comparable levels of ~~**vicarious**~~ **clinical** responsibility **[Q Vicarious liability for consistency of terminology? I've removed 'vicarious' and added 'clinical' to focus on responsibility]** to that of medical doctors in terms of assessing, diagnosing and treating the medical issues that patients present with.

TIME OUT 2

Reflect on a patient consultation you undertook recently. How did it compare to the collaborative communication approach described in this article? [Q Suggest placing this time out activity elsewhere since the collaborative communication approach to consultations has not been fully discussed as yet? **Yes, I have put this TO later in the article once that approach has been discussed.**] **What specific actions could you take achieve this approach? It may be of value to discuss this with a colleague** [Q With a colleague? **Yes, I agree**] **where there are opportunities to reflect on your practice, such as in clinical supervision or when discussing your role with your manager, mentor or another practitioner undertaking similar consultations.**

Biomedical versus patient-centred interaction styles in consultations

Social interactions in consultations can be divided into two broad categories of talking: 'care' talk, comprising socio-emotional patient-centred interactions, which foster a therapeutic relationship; and 'cure' talk, compromising biomedical task-focused interactions related to the clinical assessment of health issues (Greenhalgh and Heath 2010). Research on communication in advanced practice patient consultations has shown that advanced nurse practitioners beneficially communicate with patients and carers in a hybrid style **[Q Not clear on the meaning here. Do you mean that effective communication between advanced nurse practitioners and patients and carers involves a hybrid style? By this I mean a hybrid style of communication, combining discussion of objective medical information with subjective everyday life information has benefits for patients. I have made some minor amendments to convey this message more clearly]**,

~~involving~~ combining analysis of objective biomedical information ~~alongside~~ with discussion of subjective information from everyday life (Barratt 2005, Paniagua 2011). This patient-centred approach may include 'exploring the patient's illness experience and the disease, understanding the whole person, finding common ground, incorporating health promotion and prevention, enhancing the participants' relationship and using resources realistically' (Pawlikowska et al 2012), which in turn may enhance positive patient outcomes such as enhanced patient satisfaction, improved ability to self-manage healthcare needs and improved adherence to care plans (Agosta 2009, Pawlikowska et al 2012).

While patient-centredness is central to healthcare, the extent to which it occurs or is enabled in clinical consultations has been debated (Pilnick and Dingwall 2010). Pilnick and Dingwall (2010) recognised the practical necessity for clinicians to exert their clinical and experiential knowledge when consulting with patients to ensure effective and safe treatment of the presenting issues. This power balance in favour of clinicians means that there are boundaries or limitations to the extent to which patients can participate in clinical decision-making during consultations. For example, a degree of passivity of participation occurs even among healthcare professionals when they themselves require medical care. Self-prescribing of prescription-only medicines is prohibited for nurse prescribers, and is strongly discouraged for medical doctors, and while a clinician attending a consultation for their own care can make suggestions of what medicine they think they require, the ultimate, accountable arbiter of that decision is the clinician they are consulting with (NMC 2006, General Medical Council 2013). Therefore, it is reasonable to surmise that similar levels of passivity, if not more, occur in lay consultations, which do not necessarily negate patient-centredness, but do limit it.

TIME OUT ~~3~~ 2

Undertake further reading around the biomedical versus patient-centred interaction styles in consultations, perhaps using the reference list in this article. How would you explain the advantages and disadvantages of each interaction style to a student or junior member of staff?

Five interaction phases of consultations

Social interactions in consultations can be conceptually categorised into five main interaction activity phases as identified by (Roter 2011): opening (opening of the consultation), where the patient and clinician greet each other and establish agendas; history (history taking), where the patient tells their story and the clinician clarifies that story and analyses relevant biomedical information; examination (clinical examination), where the patient is examined by the clinician; counsel (diagnostic and /[Q Please write / out in full: And/or, and, or? 'and' inserted, forward slash removed] therapeutic decision-making), where differential diagnoses and treatment planning are discussed by the clinician and patient; and closing (closing of the consultation), where arrangements for return or review are confirmed, and farewells made.

Opening phase

Observational research of communication processes and social interactions in consultations has shown that patient-centred style interactions are used significantly more frequently in the opening phase of the consultation **than biomedical style interactions** [Q Than in any other phase? What is the comparative?] (Barratt 2016). The typical types of interaction occurring in the opening phase are personal remarks or social conversation and open-ended questions, used by advanced nurse practitioners to establish the agenda of the consultation. Multiple agendas can be elicited by advanced nurse practitioners using open-ended questions, such as 'How can I help?', reinforced by attentive listening or encouragement when patients speak. This encourages patients to raise any issues that they wish to discuss and ensures that advanced nurse practitioners are prepared and receptive to patients' concerns (Kleiman 2004).

The opening phase is also an important time for those participating in the consultation to establish a social affinity with each other, such as remembering and commenting on previous meetings, if applicable. It has been noted that when advanced nurse practitioners remember patients on a personal level, there is a sense of coordinated continuity of care, with a supportive relationship and trust being developed over a period of time (Kleiman 2004, Brykczynski 2012)[Q Please provide a

reference to support this assertion]. This assists in ensuring a sustained shared understanding of the patient's perspective (Brykczynski 1989, Johnson 1993).

History phase

Observational research of advanced nurse practitioner consultations has shown that patient-centred style interactions occur more frequently than biomedical style interactions in the history phase of consultations (Barratt 2016). Advanced nurse practitioners used patient-centred style interactions significantly more frequently than patients did (Barratt 2016). Examples of such patient-centred style interactions used by advanced nurse practitioners included showing agreement or understanding and attentive listening or encouragement, all of which are communication strategies used to encourage the patient to continue speaking (Barratt 2016). This ~~strategy~~ patient –centred style of interaction**[Q Patient-centred style of interaction?]** is particularly important ~~to clinicians~~ for **advanced nurse practitioners [Q Advanced nurse practitioner for consistency of terminology?]** in the history phase of consultations, when attempting to elicit a coherent history from patients or their carers. Encouraging patients to speak allows them to fully relate information about their presenting issue (Launer 2002).

The history phase is also a time when patients should be given space to raise multiple agenda items that they may wish to discuss in a consultation. In response to eliciting multiple agenda items in the opening phase of consultations, patients will often use biomedical style interactions more frequently in the history phase than advanced nurse practitioners; mainly to provide information about their medical conditions and related medicines (Barratt 2016).

Patients should be encouraged to engage in a two-way conversation as opposed to consultations being history-taking sessions solely focussed on advanced nurse practitioners asking questions and patients providing answers. A two-way conversation can be encouraged through effective verbal and non-verbal communication. Active listening is particularly important since it demonstrates an interest in the patient and may encourage them to make revelatory comments. **Active listening can be demonstrated to patients by using encouraging body language signs such as head nodding and appropriate smiling, in conjunction with brief verbal indicators of sustained interest, attentive listening or encouragement when a patient is speaking, such as saying 'right', which sustains the conversation (Roter 2011). [Q I think it would be worth briefly adding a sentence or two on the importance of tone, body language and the use of open-ended questions rather than closed questions to encourage engagement and contribution. Thanks, yes, I agree and have added the sentence above]** Such communication strategies have been characterised in previous exemplars of advanced nurse practitioner practice as 'healing begins with listening' (Brykczynski 2012), in which patient assessments are attuned to patients relating what is occurring in their lives, with advanced nurse practitioners asking for clarification as required, instead of appearing to interrogate patients. Focusing on effective communication strategies in consultations as opposed to the sole application of medical knowledge, is central to promoting patient-**centred ~~focused~~ [Q Centred?]** consultations.

Examination phase

Observational research has shown that in the examination phase of consultations, advanced nurse practitioners and patients use similar frequencies of patient-centred style interactions, such as showing agreement or understanding (Barratt 2016). Advanced nurse practitioners; however, increasingly use biomedical style interactions in the examination phase, in particular providing orientation or instructions to guide patients during clinical examinations (Barratt 2016). These examinations are often concurrently supported by what is known as 'online commentary' (Mangione-Smith et al 2003) or 'integrated clinical reasoning' (Barratt 2016), whereby advanced nurse practitioners verbally report to patients what they are doing and what they identify during the physical examination. The reporting of negative examination findings, that is findings where minimal or no clinical signs are noted, may assist in reassuring patients (Barratt 2016). Providing reassurance~~, such as~~ through the use of **integrated clinical reasoning or** online commentary, **has been found to assist in the management of patients' expectations of their chances of receiving medications, particularly so in relation to more effectively countering patients' unrealistic expectations for receiving antibiotics [Q I'm not sure what is meant here. Please clarify or rewrite. I have made some minor amendments to clarify]** (Mangione-Smith et al 2003).

Integrated clinical reasoning can also be used by advanced nurse practitioners to verbalise their cognitive clinical reasoning to patients and carers by, for example, thinking out loud (Paniagua 2011) or sharing clinical uncertainties with patients (Brykczynski 1989). In this way, clinical reasoning can be used during consultations to improve the patient's understanding of **the imprecise nature of establishing differential diagnoses [Q What is meant by this? I have made some amendments to clarify],** which may be discussed with them, **so that they comprehend medical diagnoses can change and are not necessarily definitive**. It can also assist in reassuring the patient about medical conditions and treatment plans.

Counsel phase

In the counsel phase of consultations, where diagnosis, if required, and treatment planning occurs, patient-centred style interactions occur **overall** more frequently than biomedical style interactions (Barratt 2016). This typically involves advanced nurse practitioners and patients showing agreement or understanding, or personal remarks and social conversation. **In comparison to patients,** advanced nurse practitioners use biomedical style interactions more frequently in the counsel phase to provide information about medical conditions and treatments **[Q This seems contradictory to the first sentence which states that patient-centred interactions occur more frequently than biomedical interactions? Please clarify, or do you mean that ANPs use biomedical style interactions more frequently in the counsel phase than any of the other phases? I have made some minor amendments to clarify. I mean that overall in the counsel phase patient-centred interactions are used more frequently, but on comparison advanced nurse practitioners use biomedical interactions more frequently than patients]**, and counselling regarding therapeutic regimens, such as discussing a medicine to be prescribed (Barratt 2016).

As with the examination phase of consultations, the counsel phase often incorporates integrated clinical reasoning, particularly when advanced nurse practitioners overtly discuss their clinical reasoning related to differential diagnoses with patients and carers (Barratt 2016). The counsel phase should also include negotiation regarding treatment plans, rather than advanced nurse practitioners dictating what needs to be done. For example, in an observational study of advanced practice patient consultations, one patient referred to the negotiations she engaged in with one of the advanced nurse practitioners regarding delaying taking a statin for the treatment of hyperlipidaemia in favour of alternative therapies and lifestyle interventions (Barratt 2016). Such negotiation strategies are important to encourage patient participation, **and subsequent adherence to selected treatment regimens [Q And adherence to selected treatment regimens?]**, and rely on the advanced nurse practitioner's~~'~~ **[move apostrophe]** ability to make patients feel at ease and comfortable to express their ideas, concerns and expectations in consultations (Pendleton et al 2003). ~~**Patients feeling comfortable when interacting with advanced nurse practitioners has similarity with the theme of 'connection', noted by Kleiman (2004) where, in her phenomenological study, patients and advanced nurse practitioners being comfortable with each other facilitated effective communication in their consultations. Patient participation can be further facilitated through putting patients at ease, by using friendly interaction styles and encouraging question-asking, which encourages two-way negotiations over care planning, such as joint decisions on medicines management, clinical investigations and onward referrals (Barratt 2016)**~~ **[Q Suggest deleting as much of this has been previously discussed and due to word and space limitations. I agree]**.

The main aim of a clinical consultation is advanced nurse practitioners and patients to engage in collaborative communication and shared decision-making that benefits the patient. This can be achieved through shared clinical reasoning, negotiation and explanation (Barratt 2016). Clinical reasoning can also assist patients to understand differential diagnoses and the nature of their presenting condition. In addition, clear explanations can improve the patient's knowledge and understanding of their medical conditions and related treatments, **thus enabling them to make informed decisions [Q Thus enabling them to make informed decision?]** (Barratt 2016).

Closing phase

Observational research indicates that in the closing phase of consultations and as with the opening phase, patient-centred interaction styles predominate (Barratt 2016). Such patient-centred interaction styles include personal remarks or social conversation related to friendly gestures and goodbyes (Barratt 2016). Some biomedical style interactions should still occur in

the closing phase, particularly those related to advice regarding medical conditions and treatments, follow-up, and worsening and persisting symptoms, **and when and where to seek further advice [Q And where and when to seek further advice?]** (Neighbour 2005, Barratt 2016).

TIME OUT ~~4~~ **3**

The five interaction activity phases of a consultation identified by Roter (2011) represent a simple but useful framework. How does this framework compare to your approach to consultations? Do you think the approach you currently use is better? If so, why? If you feel you would like to use the phases described in this article, reflect on what has motivated you to make this decision.

Facilitating shared decision-making in consultations

The features of advanced nurse practitioner communication and social interaction styles discussed in this article can be compared with the process of shared decision-making in clinical practice, based on the government health policy 'No Decision About Me, Without Me' (**Coulter and Collins 2011**, Department of Health 2012) **[Q What is the Department of Health's position or process of decision-making highlighted in No Decision About me Without me? The quotes that follow do not originate from the DH, so there appear a disconnect in the text. I have added Coulter and Collins to the citation above. Coulter and Collins provided the King's Fund response to the Government's consultation on 'No Decision About Me, Without Me', which was then incorporated in the final version of that policy published by the Department of Health in 2012 following the consultation]**. Shared decision-making is 'a process in which clinicians and patients work together to select tests, treatments, management or support packages, based on clinical evidence and the patient's informed preferences' (Coulter and Collins 2011). Shared decision-making requires a consulting style that emphasises '…partnership and support…[and is] curious, supportive, [and] non-judgemental' (Coulter and Collins 2011). A shared decision-making consulting style involves: 'developing empathy and trust; negotiated agenda-setting and prioritising; information sharing; re-attribution (if appropriate); communicating and managing risk; supporting deliberation and summarising and making the decision' (Coulter and Collins 2011).

Developing trust and empathy involves advanced nurse practitioners asking open-ended questions to encourage patients and carers to discuss and share their stories, concerns and issues. Negotiated agenda-setting and prioritising involves advanced nurse practitioners being open to the patients' or their carers' agenda items**, or in other words the things they want to discuss. [Q in other words the things they want to discuss? Yes, I've added that for clarity, though most clinicians would know what 'agenda items' mean in relation to patient consultations]**. Information sharing involves asking patients what they already know about their conditions and what concerns them. This often involves using open-ended questions, and providing clear information about medical conditions. Re-attribution ascertains and realigns '…patients' beliefs about the cause of their condition or symptoms [that] may be unhelpful or incorrect (misattributed)…' (Coulter and Collins 2011) in the context of their presenting issue. A central aspect of the re-attribution process is eliciting patients' or carers' beliefs about medical conditions, which requires them to feel at ease and comfortable to make such disclosures. Communicating and managing risk engages patients in shared decision-making by ensuring patients have the information to make informed decisions and supporting them in their deliberation. By using integrated clinical reasoning, advanced nurse practitioners can involve patients in decision-making by sharing with them their thoughts on the likelihood of differential diagnoses and the relative merits of required treatments. This is as opposed to simply telling patients what to do. Supporting deliberation is concerned with discovering patients' and carers' ideas and concerns about medical conditions and their expectations for treatment. Open-ended questions can be used by advanced nurse practitioners to elicit such information, therefore encouraging patients to ask questions about treatment options. Summarising and making the decision occurs at the end of the consultation and involves summarising the main content to reinforce patients' understanding of their condition and required treatments.

When using a shared decision-making style in consultations advanced nurse practitioners can be confident that such communication styles do not necessarily extend consultation times, as observational research has shown that consultations using participatory shared decision-making do not take longer than consultations where clinicians mainly make the decisions (Barratt 2016).

~~**Advanced nurse practitioners can demonstrate features of a shared decision-making style in their consultations by listening to, and answering, the patient's questions, while also providing clear and coherent explanations of differential diagnoses and associated treatments and their benefits and risks. Furthermore, importantly, observational research has shown that consultations using participatory shared decision-making do not take longer than consultations where clinicians mainly make the decisions (Barratt 2016)**~~ **[Q Suggest deleting as much of this has been previously discussed and due to word and space limitations. I would like to keep some of this section as it conveys a key message, namely that patient-centred consultations are not necessarily longer than biomedical-focused consultations, so patient-centred interactions can be used without compromising the time available for a consultation. I have inserted an edited version of the section above]**.

TIME OUT ~~5~~ **4**

How does your consultation style compare to the collaborative communication approach described in this article? What specific actions could you take achieve this approach? It may be of value to discuss this with a colleague where there are opportunities to reflect on your practice, such as in clinical supervision or when discussing your role with your manager, mentor or another clinician undertaking similar consultations.

Applying collaborative communication styles in consultations [sorry I think I have inadvertently altered the heading formatting here]

Optimal communication in consultations can be summarised using the **structured** mnemonic 'O-P-E-N' (Barratt 2016). Advanced nurse practitioners should conduct their consultations with patients in a style which is: open (O) to the person and their agenda and questions (P **[Q What does the P stand for? Person**) corroborative everyday life expressions; expanded impressions of time; clear explanations with integrated clinical reasoning (E **[Q What does the E stand for? Everyday life expressions, expanded impressions of time, and clear explanations]**) and participatory negotiations (N) **[Q It is difficult to ascertain which letters relate to which words in the OPEN mnemonic. Perhaps it would be clearer to present this as a bulleted list. Yes, I agree does the box below help? I tried inserting a bulleted list and the paragraph formatting became strangely skewed. I've added dashes to 'OPEN' at the beginning of this paragraph to make it more evident it is a structured mnemonic]**.

'O-P-E-N' mnemonic

Open to the **P**atient, their agenda and questions and corroborative **E**veryday life expressions, **e**xpanded impressions of time, clear **e**xplanations with integrated clinical reasoning and participatory **N**egotiations

Discrete features of the 'O-P-E-N' mnemonic approach:

Open to the Person, their agenda and questions

Openness to patients' agendas can be achieved by encouraging patients to report or discuss multiple presenting issues in the consultation and by positively responding to these issues, even if not all of them can be dealt with at the time of the consultation. Openness to patients can also be facilitated by advanced nurse practitioners showing an interest in patients as people. This may include patient-centred interactions such as personal remarks and social conversation, laughing, reassurance, encouragement and optimism, and showing agreement or understanding. Agreement and understanding are particularly important since they enable advanced nurse practitioners to empathise with patients.

Corroborative Everyday life expressions, expanded impressions of time, clear explanations with integrated clinical reasoning

Expanded impressions of time can be achieved by giving patients the impression of there being more time available for them, even when this time is not necessarily available, **as its conveys a sense they are important to the advanced nurse practitioner and are being listened to**. **[Q But how does this support an effective consultation? Does it give the patient a sense of importance and that they are being listened to? I have added an extra sentence. Also, might it make some patients upset if they think they have this time and then they do not? Most patients know they only have a certain amount of time for consultation. For example in the study this article is based on the available time for appointments was 10-15 minutes, so it's about making best use of that available time]**. Clear and coherent explanations of medical issues and treatments are an essential component of an effective consultation and can be supported by verbalised clinical reasoning, and the provision of verbal and written information. Clear explanations can also be supplemented by encouraging question-asking among patients to ensure that they understand what is being explained to them.

Participatory Negotiations

Participatory negotiations can be optimised through active patient participation, such as friendly conversation styles, and creating space for patients to speak and opportunities for self-disclosure. Another feature of negotiation and participation is allowing patients to make self-initiated requests for medical services or medicines in negotiation with advanced nurse practitioners and supported by question-asking about prospective treatment plans.

[Q I wonder if it would help to divide the text above in to sections under the relevant OPEN mnemonic? Yes, I agree and have inserted the headings and divided the text]

TIME OUT 5

Reflect on a recent patient consultation and consider how well you achieved the structured mnemonic O-P-E-N, as described in this article. Which areas would you say were weakest and strongest? Which areas do you think you need to improve on and what will you do to achieve this?

Conclusion

Collaborative communication in advanced practice patient consultations is essential to ensure optimal outcomes such as improved patient engagement, enablement, satisfaction and ultimately, adherence with care or treatment plans. Observational research has demonstrated a preference for patient-centred style interactions (Barratt 2016), although the optimal strategy involves a combination of patient-centred and biomedical styles of interaction used to engage, involve and support the patient, while ensuring accurate and appropriate delivery of clinical information around differential diagnosis, potential medical conditions and treatment plans. **[Q Conclusion has been reworked to the journal's style and in response to word and space limitations. Is this okay? Yes, this is fine]**

TIME OUT 6

Nurses are encouraged to apply the four themes of The Code (NMC 2015) to their professional practice. Consider how engaging in collaborative communication during consultations relates to The Code.

TIME OUT 7

Now that you have completed the article you might like to write a reflective account as part of your revalidation.

References

Agosta LJ (2009) Patient satisfaction with nurse practitioner-delivered primary healthcare services. Journal of the American Academy of Nurse Practitioners. 21, 11, 610-617. **[Q This reference appeared in the conclusion but was removed as we do not include new information or references here. Can the reference be used elsewhere? Yes, I have added it in the text above in another section]**

Barratt J (2005) A case study of styles of patient self-presentation in the nurse practitioner primary health care consultation. Primary Health Care Research and Development. 6, 4, 329-340.

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