Table 1a. Communication Skills Used to Create Strategies as part of the Framework for Outcomes in Clinical commUnication Services (FOCUS)

Communication skills categories[a]	Description of skills and processes	Hypothesized to influence patient experience, changes and health
Building rapport (i.e., establishing a professional relationship and mutual respect) [1, 5–7, 10]	• Ask how the patient prefers to be addressed (use their own language and words if appropriate) • Attend to the patient's physical comfort and other needs • Place yourself on the same level as the patient, with no barriers between you • Be sincere, respectful, & culturally responsive (e.g., use person-first or identity-first language) • Avoid interruptions and remain flexible in altering your approach to meet patient's needs • Open up two-way communication (patient is given opportunities and encouraged to talk, ask questions, voice concerns, discuss options, and share information with the provider) • Engage in active listening (e.g., maintain eye contact (in Western cultures), lean forward, attend to verbal and non-verbal cues, restate what the patient says to confirm understanding of the patient's perspective) • Take an empathic, non-judgmental, and genuine approach • Demonstrate unconditional positive regard and appreciation of patient strengths • Consider how provider's own personal experiences/attitudes could impact communication • Recognize that provider's self-disclosure or intense emotional responses can shift the focus away from the patient • Maintain professional boundaries and objectivity	• Meet patient needs/expectations • Perception of patient-provider relationship • Perceptions of information provided
Mutual agenda setting (i.e., contracting) [1–4]	• Elicit patient's expectations, goals, and reason for the visit • Summarize patient's perspective • Explain or clarify health provider's goals & understanding of the reason for the visit • Prioritize patient's goals and needs and develop a mutually agreed upon agenda • Manage patient expectations – (If patient's needs/expectations cannot realistically be met, explain why & provide alternative means by which patients may meet their needs) • Reassess the patient's needs throughout the encounter	• Meeting patient needs and expectations • Perceptions of patient-provider relationship • Perceptions of information provided
Gathering medical and psychosocial information	• Gather medical records and/or ask patient questions about health history (e.g., symptoms, pregnancy history, family history, developmental history, and/or health behaviors). • Use open-ended questions and reflections to elicit patient needs, concerns, perspectives, values, health beliefs, and psychological/social context	• Meeting patient needs and expectations • Perceptions of patient-provider relationship • Accurate diagnosis

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Responding to emotions [1, 3–7, 9, 11, 14–16]	• Elicit, clarify and acknowledge patient's emotions (e.g., express empathy by reflecting patient's thoughts/feelings, develop or reduce emotional intensity) • Provide emotional support (e.g., supportive comments, encouragement, or validation; normalize, limit liability, give positive feedback)	• Perception of patient-provider relationship • Empowered to make decisions • Empowered to cope with emotions
Educating and checking for understanding [1, 2, 5–8]	• Elicit patient's beliefs about the condition/risks while listening for inaccuracy • Assess patient education level, health literacy level and information preferences • Modify the level of information and amount of detail provided to align with patient's education/literacy/numeracy levels and preferences • Use plain language and avoid complex terms or jargon (be clear, concise and specific) • Use visual aids; organize and "chunk" information • Provide accurate information in a manner that is sensitive to cultural beliefs and values • Check patient understanding (e.g., use the "teach back method"; ask patients to describe what the information means for them personally and/or their family and how they plan to use the information or not) • Summarize, clarify and highlight key points and take home messages	• Perceptions of information provided • Patient knowledge • Feeling informed • Perceived severity of condition • Attitudes, beliefs, feelings about options and anticipated outcomes • Quality health decisions
Communicating risk [3, 4, 8, 9]	• Review relevant medical history, family history, and test results with the patient • Provide personalized risk information based on genetic, environmental, and lifestyle risks • Discuss risk implications for both the patient and their family members (if appropriate) • Use natural frequencies, round numbers, and common denominators to decrease numeracy demands • Assess and re-assess patient's risk perceptions • Clarify risks	• Perceptions of information provided • Perceived risk and susceptibility • Patient knowledge • Feeling informed • Empowered to make decisions • Risk communication among family members
Communication framing and format [10–13]	• Present risks as both the chance the patient will have the condition and chance the patient will not have it to reduce framing bias • Present balanced information: include "best case", "worst case", and "most likely" scenarios • Focus on the "most likely" outcome. Highlight the most effective or feasible options. • Explain all versus a subset of anticipated signs and symptoms of the disease/condition • Disclose (or not) scientific uncertainty regarding risks and anticipated outcomes • Use authority (or not) in explaining the available medical evidence and what actions are anticipated to achieve optimal health outcomes	• Perceptions of information provided • Patient knowledge • Feeling informed • Perceived severity and risks associated with the condition • Attitudes, beliefs, feelings about options and outcomes • Empowered to make a

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	• Restate a situation in a more favorable light (reframing) • Tailor information to the patient • Use narratives (stories) to promote understanding or to elicit emotions • Use appropriate decision aids and visual aids (e.g., graphs, tables, pictographs)	decision • Empowered to cope with emotions • Risk communication among family members
Mobilizing patient strengths, resources, support [1, 4, 8, 9, 15]	• Encourage patient self-reflection • Point out specific patient strengths (praise, affirmation) • Elicit how the patient dealt with other difficult situations or medical issues before and identify what strengths, skills, and support the patient drew upon • Help the patient define his/her current support network • Explore whether coping mechanisms have resulted in positive or negative outcomes • Encourage positive appraisal of the patient's situation (reframing, re-appraisal) • Describe positive coping mechanisms that other patients may have used and why they were helpful (if the patient desires this information)	• Empowered to cope with emotions • Empowered to access resources • Empowered to make decisions
Engaging patient in decision making [1, 3, 4, 7, 10, 11, 15, 16, 18]	• Assess patient decision-making style; encourage participation, while respecting patient's preferred level of involvement • Determine who else in their life may be important to their decision making process and include them if the patient desires or encourage the patient to verbalize what they believe the other(s) would want them to do and why • List options and allow patient to overtly express pros and cons related to them • Explore patient's cognitive and emotional responses to options • Assess patient's outcome expectations; help align expectations with the most likely outcomes or range of possible outcomes; provide anticipatory guidance • Explain the reasons why some patients tend to choose various different options • Recognize and acknowledge ethical challenges and/or uncertainties related to the decision • Help the patient clarify his/her values and underlying beliefs or emotions • Align options with patient's values and goals	• Perception of patient-provider relationship • Perceptions of information provided • Empowered to make decisions • Attitudes or perceptions about options action plan and anticipated outcomes • Adherence / self-management • Quality health decisions
Supporting patient autonomy [1, 9, 11, 16–18]	• Ask patients what they want to achieve and encourage exploration and questions • Evoke the patient's own reasons for wanting to take action • Elicit (or provide if patient desires) several options for achieving the patient's goal(s) • Remind them they have choices & you are there to help them figure out what is best for them • Give patient time to consider choices and allow them time to provide input • Explore patient's ambivalence about taking action or committing to a decision; acknowledge the patient may not be ready; normalize ambivalence and decision making difficulty	• Perception of patient-provider relationship • Empowered to make decisions • Empowered to access support • Empowered to cope with emotions

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	• Use autonomy-supportive phrases rather than controlling language (e.g., "here are some things that may help" instead of "do this for me, or you must…") • Get permission before providing advice • Affirm patient's competence and confidence • Refrain from judgment or evaluation	
Action planning [15–18]	• Summarize what is most important to the patient and evoke their possible next steps • Assess patient's readiness to: implement their decision, take the next step toward their goal, or follow a medical recommendation • Help patient identify barriers and facilitators that may influence their ability to take action • Engage patient in solution finding to overcome barriers and elicit what would work for them • Support patient in developing a detailed plan for achieving their goal, including how and when they plan to complete the next step • Create contingency plans if needed (i.e., alternatives); assure patient you will help if things don't work according to plan • Help patient strengthen their commitment and identify ways to monitor their progress	• Empowered to make decisions • Empowered to access support • Adherence / self-management
Skill-building [8, 10, 11, 15]	• Engage the patient in coping skills exercises or interventions • Help the patient identify and challenge negative self-talk • Teach problem-solving strategies/critical thinking skills • Model ways the patient can communicate and disclose information to others • Practice or role play relevant scenarios • Teach self-management skills	• Empowered to access resources • Empowered to cope with emotions • Coping and psychological outcomes • Adherence /self-management • Risk communication among family members
Care coordination and provision of resources [19]	• Coordinate testing • Ensure appropriate testing is ordered • Determine insurance eligibility for testing or medical care • Help the patient navigate the health care system (e.g., provide referrals, schedule medical appointments, help them enroll in a clinical trial) • Communicate directly with the patient's other healthcare providers (with patient's permission) • Identify and provide informational materials (e.g., decision aids, handouts, brochures, patient letters, family letters) • Help patients find appropriate services and resources • Provide contact information for support/advocacy groups	• Accurate diagnosis • Empowered to cope with emotions • Empowered to access resources • Risk communication among family members • Accessed appropriate care

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- Assist in arranging follow-up appointments
- Medical documentation to ensure accuracy and completeness
- Test results tracking, follow-up and disclosure

a. Communication skills can be combined to create a strategy for achieving patient and provider goals and positively influencing patient experiences, patient changes, patient health, and/or family changes.

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