

Communication with patients and those who are close to them: Facilitator Guidance and Recommendations

I. About the session

This online teaching session aims to engage students in thinking about the importance of good communication with patients and those who are close to them. This session incorporates the joint General Medical Council and Medical Schools Council student professionalism guidance, *Achieving Good Medical Practice* in clinical scenarios which medical students may encounter. This is a thought-provoking and interactive session which will challenge students to think about the multiple facets of communication and modern challenges such as PPE and video-calling.

II. Learning Objectives

- To raise awareness of the guidance set out by the GMC and MSC's in *Achieving good medical practice* on communication.
- To understand why good communication is an important part of professionalism.
- To recognise and discuss common barriers to communication, how to mitigate them and strategies to communicate effectively.
- To leave the session feeling more confident and comfortable with communicating effectively and safely to patients in a range of scenarios.

The three take home messages for students are:

- **Empathy and compassion:** Doctors must work in partnership with patients and good communication with the patient and those close to them is vital for success. (Domain 3.42 and 3.44)
- **Be aware of barriers:** Be aware of barriers to effective communication and how you can adapt to meet the patient's language and communication needs. (Domain 3.44)
- **Honesty and confidentiality:** Respect patients' dignity, confidentiality, and privacy whilst maintaining honesty and integrity. (Domain 3.44 and 3.55)

The take home messages will be on a slide at the end of the presentation; however, we encourage facilitators to emphasise these points throughout the presentation.

FACILITATOR INFORMATION

III. Preparation for the session

This online teaching session has been designed for 3-15 students and a facilitator to navigate and lead the session. Internet connection, webcam equipment, Zoom (video conferencing software) and PowerPoint shall be required. Video instructions on how to 'screen share' to show students the presentation is detailed here: <https://www.youtube.com/watch?v=YA6SGQIVmcA>

In the event where there are more than 15 students and more than one facilitator, it is recommended to create 'Breakout' rooms for the discussion portion of the session. This will allow for smaller groups and greater confidence for students to participate. Video instructions on how to create a breakout room are detailed here: <https://www.youtube.com/watch?v=jbPpdyn16sY>.

We ask facilitators to encourage students to volunteer their thoughts or ask questions either during the session or in the chat function provided in the video conferencing software. The chat function may allow students to privately message the facilitator, which the facilitator should encourage as an alternate option to speaking up during the presentation.

3-5 students are needed to role play in the session thus prior to the session, ask students via email if they would be willing to role-play short scenarios in the session. Send the script materials to the students volunteering to role play via email.

Timings for the session

Time Duration	Accumulated Time	Contents
1 min	1 min	Introduction and explanation of the session
1 min	2 mins	Learning Objectives
3 mins	5 mins	Communicating effectively
3 mins	8 mins	Barriers to communication – what do students think?
3 mins	11 mins	Barriers to communication
3 mins	14 mins	What the GMC expects from you
3 mins	17 mins	Scenario 1
4 mins	21 mins	Discussion and what the GMC says
3 mins	24 mins	Scenario 2
4 mins	28 mins	Discussion and what the GMC says
2 mins	30 mins	Take Home points and Q&A
		Further reading
Total: 30 mins		

IV. Lesson Plan with timings

a) Introduction and explanation of the session (1 min)

Share the PowerPoint slides with the students. Start at Slide 1 for the introduction.

Welcome everyone, briefly explain that this session will be focused on communication with patients and relatives and how there will be two role-play scenarios to provoke some ideas and thoughts. Encourage students to participate openly in the discussion and respect each other's opinions.

b) Learning objectives (1 min)

Read out the learning objectives in Slide 2.

c) Communicating effectively (3 mins)

This slide has three main points (in the pink textboxes) with further information alongside. Each of the textboxes appear with click, and the additional information will appear following the associated textbox.

Explain to students that this guidance has been taken from the *Achieving Good Medical Practice* handbook and this is what is expected from students with regards to "communicating effectively." Work through each of the pink boxes and explain the associated points below:

Points in the pink textboxes	Explanations
Sharing information, a patient may want or need, in a manner that is appropriate for them	Explain to students that there may be potential barriers to communication , that may reduce effectiveness of communication. An example of this is patient language/communication needs . This may be patients who may not be able to speak the language fluently, or patients who may have strong accents. Mention that we will be covering barriers in communication in more detail later on.
Supporting patients to make decisions for their treatment and their care	Explain to students the importance of honesty, even if students do not know the answer.

FACILITATION INFORMATION

	Stress that students should seek to find answers to patients' queries or pass on the query to someone who is able to answer queries.
Listening and respecting patient's views	Stress to students the importance of being polite and considerate to patients , and anyone associated with patients (such as friends and family) at all times , and not only during consultations.

d) **Barriers to communication: can you think of any barriers to communication? (3 mins)**

Ask students to think about the potential barriers to communication in healthcare, to teams and to patients. You can ask students to discuss in small groups or to ask students to volunteer their thoughts either on the call or type on the online chat.

e) **Barriers to communication (3 mins)**

Explain to students that there are several factors which may cause failure in communication to patients. Some of these factors are listed below.

Click for the image of the brain and the title of "Personal factors" to appear. Explain to students about individual factors that may affect communication:

- **Individual factors:** these are the student or doctors' characteristics. This may include poor knowledge, emotion and emotional response (e.g. anxiety/anger/guilt/frustration), not being aware of the patients' level of knowledge or understanding.

Click for the title of "External factors" to appear. Explain to students the following factors below that may affect communication.

- **Patient factors:** these are characteristics of the patient such as age, sex, gender, socio-economic factors, language barriers and cultural differences. You should stress to students that under Domain 4 (Maintaining Trust) of *Achieving good medical practice*, the GMC states students must not discriminate against patients or colleagues on basis of lifestyle, culture, social or economic status, this also includes factors such as age, gender reassignment, sex, sexual orientation, disability, race, marriage/civil partnership, pregnancy and maternity, and religion or belief.

- **Staff workload:** time constraints.
- **Effectiveness of communication systems:** reiterate to students that communication extends beyond face to face consultations and may either be written, verbal or technological. This may include poor handwriting, poor communication between different services (such as hospitals and GPs/ or between departments), lack of written materials such as leaflets, limited resources with technology or difficult to use electronics (e.g. dated IT systems).
- **Communication systems:** doctors may focus more on typing up notes and may neglect eye contact or attention from the patient. This may disrupt flow in conversation.

The information about the factors mentioned above was taken from *A scoping review of evidence relating to communication failures that lead to patient harm* (Campbell et al, 2018). The factors above are not exhaustive.

With the climate of COVID-19, we have included Personal Protective Equipment, and online/telephone consultations as potential barriers that may have a significant impact to future healthcare delivery.

- Facial expression of the healthcare professional may be covered and therefore, effectiveness of communication with patients may be affected.
- Many services, such as GPs are offering online or telephone services, and with the NHS's Long-Term Plan highlighting better use of digital technology for the future, it would be appropriate for students to consider and reflect upon communication in these settings.

f) **What the GMC expects from you... (3 mins)**

This slide has the points from Domain 3: Communication, partnership and teamwork, point 55, arranged in coloured bubbles around an animation of a student. The aim of this slide is to reiterate to students what is expected from them by the GMC regarding developing a partnership with patients.

Each bubble has words missing, the missing word is identified by the underlining. With each click, the word will appear to complete the sentence. You may ask the students to guess the phrase that fits with each bubble.

FACILITATION INFORMATION

The text in the bubble and the missing words are written below, with the missing word highlighted:

- **Pink bubble:** Be *polite* and considerate at all times
- **Teal bubble:** Be clear with patients about the *role* you'll take in their care
- **Orange bubble:** Treat patients fairly, with respect no matter your own thoughts about their *choices* and *beliefs*.
- **Lilac bubble:** Listen and *respond* to patient's views and concerns
- **Yellow bubble:** Respect patient's dignity, *confidentiality* and privacy.

g) Scenario 1 (3 mins)

Explain to the students that we will now be going look at a scenario and explore and apply what we have learnt.

Present the scenario on Slide 8 to all of the students. Discontinue screen share and let the students role-play Scenario 1 as outlined in the Scripts.

h) Discussion of Scenario 1 (4 mins)

Continue Screen share of the PowerPoint, asking the questions on Slide 9 to challenge thinking and encourage students to discuss. It is important to discuss adaptability to changing circumstances as evidenced by changes in healthcare from COVID-19 and as stated in Domain 3, section 43:

“As a medical student, you'll learn how to communicate effectively in a variety of clinical, simulated and non-clinical settings and it is important that you apply your learning in your interactions with patients.”

Here is the GMC guidance relevant to Scenario 1 and how it is applicable:

What the doctor did	What the doctor should have done	What the GMC guidance says
Showed disinterest with no eye contact and continued clicking and typing.	Showed good communication through eye contact and an engaged body language.	Domain 3 Section 42 Doctors must work in partnership with patients and good communication is vital if they are to do this successfully.
Paternalistic style of communication by prescribing without working in	Have a mutuality doctor-patient relationship through shared decision making. Explored the patient's ideas,	Domain 3 Section 42 Working in partnership is about supporting patients to make decisions about their treatment

FACILITATION INFORMATION

partnership with the patient and dismissing the patient's ideas.	concerns, and expectations. Formulated a management plan with the patient using a patient-centred approach.	and care, by listening to and respecting their views about their health. Domain 3 Section 54 All registered doctors must establish and maintain partnerships with patients. This means being polite and considerate and treating patients as individuals. It also means respecting their dignity and privacy and treating patients fairly and with respect, whatever their life choices and beliefs.
Using complicated medical jargon without explanation	Limit use of medical jargon to make information accessible to patient's understanding.	Domain 3 Section 42 Working in partnership is also about sharing information patients want or need, in a way that is tailored to their needs.
Was oblivious to the patient's anxiety and showed a lack of empathy.	Showed empathy for the patient and could have reduced the patient's anxiety through validation, exploration and explanation.	Domain 3 Section 44 Take into account the patient's language and communication needs and other potential barriers to effective communication (for example, pain or anxiety)

i) **Scenario 2 (3 mins)**

Present the scenario on Slide 12 to all of the students. Discontinue screen share and let the students role-play Scenario 2 as outlined in the Scripts.

j) **Discussion of Scenario 2 (4 mins)**

Explain to students that we will exploring the second scenario.

Continue Screen share of the PowerPoint, asking the questions on Slide 13 to challenge thinking and encourage students to discuss.

Here is the GMC guidance relevant to Scenario 2 and how it is applicable.

FACILITATION INFORMATION

What the doctor did	What the doctor should have done	What the GMC guidance says
Treated the relatives with empathy and compassion.	N/A	Domain 3 Section 44 be polite and considerate to anyone close to the patient, such as relatives, carers and friends at all times – not just during a consultation.
The doctor was dishonest saying he has seen the patient but actually haven't.	The doctor should have reassured the relatives but with compassion and honesty.	Domain 3 Section 44 When communicating with patients you must: - be honest when you don't know something. As a student, you're not expected to know the answers to all questions a patient may have, but you are expected to listen to them and respect their views. You should do your best to find out the answers to the patient's questions yourself, or pass the query on to someone who will be able to help.
The doctor broke confidentiality, revealing the patient has cancer when the relatives didn't know.	The doctor should have found a quiet space to discuss with the relatives and not disclosed any information with the relatives before gaining consent from the patient.	Domain 3 Section 55 As a medical student, you'll learn how to develop a partnership with patients. Therefore, you must: <ul style="list-style-type: none"> · be polite and considerate at all times. · listen and respond to patients' views and concerns. · respect patients' dignity, confidentiality, and privacy.

k) Take home points and Q&A (2 mins)

We have written three take home points, which are based on the *Achieving good medical practice* guidance:

- **Empathy and compassion:** Doctors must work in partnership with patients and good communication with the patient and those close to them is vital for success. (Domain 3.42 and 3.44)
- **Be aware of barriers:** Be aware of barriers to effective communication and how you can adapt to meet the patient's language and communication needs. (Domain 3.44)
- **Honesty and confidentiality:** Respect patients' dignity, confidentiality, and privacy whilst maintaining honesty and integrity. (Domain 3.44 and 3.55)

1) Further reading

We have provided further reading ideas with the links, for students. We read these links when writing our presentation and had found it helpful and insightful.

The facilitator can send the PowerPoint Presentation to students as a resource which students can refer to in their self-directed learning.

v. References:

Campbell, P., Torrens, C., Pollock, A., Maxwell, M. 2018. *A scoping review of evidence relating to communication failures that lead to patient harm*. Available from: https://www.gmc-uk.org/-/media/documents/a-scoping-review-of-evidence-relating-to-communication-failures-that-lead-to-patient-harm_p-80569509.pdf [Accessed [26th September 2020].

General Medical Council and Medical Schools Council. 2016. *Achieving Good Medical Practice*. Available at: https://www.gmc-uk.org/-/media/documents/achieving-good-medical-practice-20200729_pdf-66086678.pdf [Accessed 26th September 2020]

General Medical Council. 2013. *Good Medical Practice*. [pdf] Manchester: GMC. Available at: https://www.gmc-uk.org/-/media/documents/good-medical-practice---english-20200128_pdf-51527435.pdf?la=en&hash=DA1263358CCA88F298785FE2BD7610EB4EE9A530 [Accessed 26th September 2020].

General Medical Council. 2019. *Understanding Communication Failures Involving Doctors*. [online] Available at: <https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/understanding-communication-failures-involving-doctors> [Accessed 26th September 2020].

National Health Service. 2019. *The NHS Long Term Plan*. Available at <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf> [Accessed 26th September 2020].