

Speak Up, We Can Hear You!

*A teaching session for medical students on speaking up
Lesson Plan for Facilitators*



LESSON PLAN:

| | |
|-------------------------|----------------|
| INTRODUCTION..... | 1 MIN |
| SECTION 1..... | 10 MINS |
| SECTION 2..... | 3 MINS |
| SECTION 3..... | 15 MINS |
| TAKE-HOME MESSAGES..... | 1 MIN |
| TOTAL..... | 30 MINS |

Foreword:

This teaching session is written with the aim of helping medical students understand the importance of speaking up with relation to their own health and wellbeing. This teaching plan has many references to *Achieving good medical practice: guidance for medical students* and is therefore a recommended reading prior to the session. Speaking up either for yourself or for others are no doubt difficult undertakings, however it is an essential part of professional development of medical students. Even in the 21st century, health and wellbeing are still stigmatised topics, especially amongst the healthcare professionals who are often expected to go above and beyond. The aim of the session is therefore to help students understand when to speak up - for themselves, for their peers and for patient safety.

Materials needed

- Post-its
- Whiteboard
- Projector and projector screen
- Lesson plan
- Presentation

Before the session:

- Prepare for the session by familiarising yourself with the lesson plan and presentation.
- Check that you have all the materials required for the session.
- Arrange seats and tables in a manner that facilitates discussion such as in clusters or in a horseshoe formation.

Introduction

Allocated time: 1 minute

- Introduce yourself.
- Explain that the aim of the session is to delve into a topic of professionalism with relation to medical students.
- Session will include activities, discussions and case-based scenarios and will last around 30 minutes.

Section 1

Allocated time: 10 minutes

Distribute post-its to students. Draw table on whiteboard as shown:

| WHAT | HOW | WHY |
|------|-----|-----|
| | | |
| | | |
| | | |

Explain the term 'wellbeing'.

- Explain that 'wellbeing' is used in the definition of health as "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity" (1)
- 'Wellbeing' therefore is a condition that needs fulfilling to obtain a 'healthy' life.

Explain to the students that there are many aspects of wellbeing and you have roughly divided it into four types – physical, emotional, economic and social. You may fill in the four rows below 'WHAT' with the four types of well-being whilst explaining. The table should now look like this:

| WHAT | HOW | WHY |
|-----------|-----|-----|
| PHYSICAL | | |
| EMOTIONAL | | |
| ECONOMIC | | |
| SOCIAL | | |

Follow-up on the different aspects of wellbeing as defined, by asking the students how they would achieve the different types of well-being. Students should be given two minutes to write the answers on the post-its.

Collect the post-its. Read out each answer in turn and stick them on the appropriate rows under the heading 'HOW'. It is important to acknowledge here that there are many different ways to achieve a state of wellbeing, each unique to the individual.

Now divide students up into four groups based on their seating positions. Allocate them an aspect of wellbeing and get them to discuss why it is important. Give them two minutes. Get each group to feedback their answers. You should fill in the table appropriately with the answers given.

Below is an example of what the table should resemble:

| WHAT | HOW | WHY |
|-----------|---|---|
| PHYSICAL | <ul style="list-style-type: none"> - Exercise - Heathy eating | <ul style="list-style-type: none"> - To perform daily functions - To maintain self-care |
| EMOTIONAL | <ul style="list-style-type: none"> - Healthy coping mechanisms - Taking a break | <ul style="list-style-type: none"> - To meet the stress demands of life - Happiness |
| ECONOMIC | <ul style="list-style-type: none"> - Wise spending habits - Budgeting | <ul style="list-style-type: none"> - To sustain an achievable standard of living |
| SOCIAL | <ul style="list-style-type: none"> - Maintaining good relationships - Engaging in social activities | <ul style="list-style-type: none"> - Gratitude and satisfaction from social interactions with loved ones |

Section 2

Allocated time: 3 minutes

Ask students rhetorically why the above activity is important and how it relates to the professional duties of a medical practitioner. For example, ‘You may wonder what the purpose of this activity was, and what it has to do with professionalism.’

- Explain that everybody has a slightly different interpretation of well-being but all of us can accept that being in this state allows us to have greater satisfaction, improved performance and even increased happiness.
- Emphasize that with all of us being in the medical field, it can be incredibly taxing on someone’s state of well-being. As such, it is important to be aware when we are no longer in a positive state of well-being, and when and how we can speak up and ask for help.
- Further elaborate that this relates not just to ourselves but also to our colleagues/peers, who may find speaking up about health and wellbeing difficult.
- Now bring in patient safety by clarifying that not being in a good state of well-being is not only a danger to ourselves, but also to the patients who are under our care. State that it is therefore our professional duty to recognise our boundaries and to speak up and seek help.
- Finally, tie this in with the learning objectives of the session. *For example, ‘therefore the learning objectives of this session are....’.*

Learning objectives:

- Understanding how maintaining a good physical and mental wellbeing relates to your professional duty as a medical professional in ensuring patient safety
- Be aware of the available ways to raise concerns about your peers
- Recognising when to seek help with regards to your own mental and physical health or wellbeing

Section 3

Allocated time: 15 minutes (5 minutes per case)

Below are three cases that illustrates how situations surrounding speaking up can manifest in daily lives. Read the cases out loud for the students and instruct them to pick the most appropriate course of action. Give the students 30 seconds to decide. After each case, explain the GMC guidance relating to each case and encourage a short discussion amongst the group.

Case 1 – Is this all in my head?

You are a fourth year medical student who has always been a high-achiever and is used to dealing with a lot of stress. Lately, you have noticed you have not been getting a lot of sleep and woken up tired and irritable. It is halfway through the year and you have been struggling trying to keep up with placement, taking care of yourself and having an active social life. You have noticed that you have gone down two belt notch sizes. You dismiss this as a 'normal part of medical school'. Choose the most appropriate course of action.

- Go home for the weekend and hope it gets better.*
- Look at what your friends are doing and mimic their habits instead.*
- Arrange a meeting with your personal mentor to discuss how you are feeling.*

Now expect some buzzing amongst the students after the case. Bring the room back together by explaining the following snippet of the GMC guidance. Facilitate a discussion amongst students.

The GMC's document *Achieving good medical practice: guidance for medical students* states that -

32. As a medical student, both during study and on a placement, you're likely to experience situations that will have an emotional impact on you. At times, you may experience stress and anxiety. This is completely normal and your medical school will support you with safe ways to share and reflect on difficult experiences. But if you are concerned about your levels of anxiety, you should seek help from your general practitioner (GP) and other appropriate sources (for example, helplines) to address any issues at an

early stage. This may include making adjustments to your training or practice, if necessary. (2)

Discussion points:

- Burn out is considered a work-related hazard amongst people-oriented professions such as healthcare. (3) Above are all plausible course of actions that have been undertaken by medical students when faced with stress and anxiety.
 - What is the role or responsibility of the wider profession and other healthcare organisations in supporting doctors and medical students?
 - What are signs of burn out? How do we recognise our own limitations? When do we know we have reached it?
 - What are other mental health conditions besides depression and anxiety that medical students are prone to developing? (Eating disorders are prevalent amongst female medical students)
 - What additional guidance are provided by the GMC regarding mental health conditions? (Answer: *Supporting medical students with mental health conditions*) (4)
-
-

Case 2 – A friend in need.

You are a final year medical student on the ward. You notice your friend from medical school, has missed three days of placement in a row. You have had to explain his absence to your consultants who are not pleased with his lack of commitment. You smell alcohol on his breathe even though you know he is taking anti-depressants for depression. You and another student have approached him once about seeking help and he has refused. Choose the most appropriate course of action.

- Sign him up for Alcoholics Anonymous meetings and inform his friends and family.*
- Follow your medical school's policy on how to formally raise concerns as you do not know else to do*
- Have another talk with him about his drinking habits and mental health state.*

Repeat as case above by again explaining the GMC guidelines. Below are possible points of discussion.

The GMC's document *Achieving good medical practice: guidance for medical students* states that -

23. We recognise that raising concerns about patient care can be difficult. As a medical student, you may not feel comfortable raising issues with supervisors who may be responsible for making assessments of your performance on the placement. You may also feel uncomfortable raising concerns with senior clinicians. This is why you should, wherever possible,

follow your medical school's formal policy on raising concerns, which will help you understand how to deal with difficult issues like these.

24. In exceptional circumstances, you may not feel comfortable following the medical school's policy (for example, because the person causing the concern is the person you have to raise it with), but you must still find another way to raise your concern. For example, you can talk to a member of staff with whom you have an ongoing relationship, such as your personal tutor, who can support you. If the concern arises while you are on a placement, you may also find it helpful to refer to the placement provider's raising concerns policy. (2)

As a facilitator, acknowledge students' concerns about any possible difficulty in raising concerns about their peers, however emphasize that this cannot be delayed as patient safety can be compromised.

Discussion points:

- It is important to note that the reason for acting to raise this concern to the medical school is not just for patient safety but also for your peer's mental health state which is also in jeopardy.
- In this situation, you have approached your friend and that approach has not worked. It is important to understand here your limitations and ability to intervene.
- Are there any other ways to raise concern? Who can you talk to about possible course of actions when faced with a difficult situation like this?
- What are the pros and cons of raising concerns anonymously? Should you always raise concerns anonymously? (*Answer: no, as it makes it more difficult to investigate the situation*)
- Are there any formal programmes in place in the NHS to facilitate whistleblowing? (*Answer: Yes, Freedom to Speak Up Programme which stemmed from Sir Robert Francis' independent review on the culture of the NHS*) (5)**

**Important point

Case 3 – Quick Thinking!

You are a final year medical student. Your housemate, also a final year medical student, has been engaging in unprotected intercourse with multiple individuals. You have noticed lately that they are exhibiting flu-like symptoms, fever, night sweats, muscle aches and mouth ulcers. They are due to start their surgical rotation in two weeks. Choose the most appropriate course of action.

- Schedule a meeting with student services and occupational health, informing them about the situation and the chances of them having HIV.*
- Sit down with your friend as soon as possible and discuss your worries with them in a sensitive manner and encourage them to get tested.*

c. *Speak to a mutual friend to get advice on what steps to take next.*

Repeat as case above by again explaining the GMC guidelines. Below are teaching points instead of discussion points. Take extra care in explaining the correlation between the case and the GMC guidance as explained below under teaching points.

The GMC's document *Achieving good medical practice: guidance for medical students* states that -

35. You must engage with the occupational health referral process if your health has deteriorated, or if there are concerns that your health may have an impact on your ability to study.

37. Doctors should, wherever possible, avoid treating themselves or providing medical care to anyone with whom they have a close personal relationship. They must seek independent medical advice on issues relating to their own health.

40. As a medical student, you must tell your medical school about any serious health problems, or any aspect of your health or personal circumstances that could affect your training (especially your placements) or your relationship with colleagues. This is so that your medical school can support you, and it can only do this if it knows that you have a problem. Telling your medical school shows you have insight into the impact your condition may have on patients, your fellow students and yourself. This is a crucial factor that medical schools consider in relation to health and fitness to practise. (2)

Teaching points:

- There is no available GMC guidance on a situation when there is no formal diagnosis on a potentially serious health condition. This case therefore requires more in-depth interpretation of the guidance and is more likely to reflect a real-life case instead of a textbook case scenario when the course of action is clear-cut.
 - In this case, it is important to note the sensitive nature of the circumstances and be clear that a HIV diagnosis has not been made. Jumping into conclusions can hold serious repercussions for the student, especially if this was reported directly to the school or mutual friend (stigmatisation, embarrassment).
 - It is however important to realise the moral duty here both to your friend and patient safety to get tested, as it could have potentially serious consequences.
 - The above GMC guidance should only be taken after a confirmed diagnosis of a serious health problem. Taking a step back and reading the situation before jumping into conclusion is important.
-
-

Section 4

Allocated time: 1 minute

As the session comes to a close, bring the students' attention back to the aim of this teaching session. The three take-home messages are as follow:

1. As a medical student, recognising that a good mental and physical well-being is a priority.
 2. You should raise concerns in an appropriate manner and in accordance with GMC guidance.
 3. Knowing your own limitations and when to seek help.
-

Recommended Reading:

1. Achieving good medical practice: Guidance for medical students. London: General Medical Council/Medical Schools Council; 2016.
2. Supporting medical students with mental health conditions. London: General Medical Council; 2013
3. Burnout. Burnout. Training Environments 2018. London: General Medical Council; 2018.

References:

1. Martino L. Section 3: Concepts of health and wellbeing [Internet]. Health Knowledge. 2017 [cited 29 September 2019]. Available from: <https://www.healthknowledge.org.uk/public-health-textbook/medical-sociology-policy-economics/4a-concepts-health-illness/section2/activity3>
2. Achieving good medical practice: Guidance for medical students. London: General Medical Council/Medical Schools Council; 2016.
3. Limb M. Whistleblowing training should be mandatory for medical students, BMA says. BMJ. 2015;;h2848.
4. Supporting medical students with mental health conditions. London: General Medical Council; 2013.
5. England N. NHS England » Whistleblowing [Internet]. England.nhs.uk. 2019 [cited 29 September 2019]. Available from: <https://www.england.nhs.uk/ourwork/whistleblowing/>