

'Time to Talk' Communication Teaching Video Transcript

SLIDE 1:

Hello.

Welcome to our short teaching session, 'Time to talk'.

In this video, we will cover how medical students can communicate more effectively in challenging clinical environments.

This lesson is based upon on the guidance stated in 'Achieving Good Medical Practice: A Guide for Medical Students', created by the General Medical Council and the Medical Schools Council.

SLIDE 2:

By the end of this video, we will cover these learning outcomes.

1. To gain an understanding of '*Achieving Good Medical Practice*' (GMC, MSC), in particular Domain 3: Communication, Partnership & Teamwork
2. To develop communication skills by introducing common situations that medical students may encounter
3. To understand how effective communication can positively change the outcomes of challenging scenarios for medical students

SLIDE 3:

We recommend optimising your environment – choose a quiet space with minimal disruption, and where you feel comfortable speaking out loud, and grab a pen and paper to jot down your ideas and thoughts. We also encourage you to engage with the activities as much as possible – getting involved will enable you to gain more from the session.

Finally, we urge you to utilise the post-session summary sheet to reflect upon the take-home messages of today's video, and to complete a 'Communication Diary' to consolidate your learning.

SLIDE 4:

'Achieving Good Medical Practice' has 4 domains, all of which link to communication in some way. For example, communication enhances patient safety, and also increases trust. However, in this presentation, our focus will be Domain 3 – Communication, partnership and teamwork.

Domain 3 encompasses numerous elements, listed on the right-hand side. Some of these include supporting patients to make decisions, working collaboratively with colleagues, and maintaining patient confidentiality.

We will cover these in more depth throughout our session, using a variety of case scenarios to allow you to see their application in real-life clinical situations.

SLIDE 5:

Almost all of us have felt, at some point in time, that we didn't know what to say to someone in a clinical environment, or how to approach a certain topic. This may have been with a patient, a relative, a health care professional, or someone else. Take a few seconds, and think about your experiences and how you felt at the time.

SLIDE 6:

Let's try a case scenario, based on difficult communication.

SLIDES 7 & 8:

Case one – Teaching Trouble.

Dr Brown, one of your clinical teaching fellows, has just delivered a session on the causes of right upper quadrant pain. You've always struggled with this, so you were really looking forward to it, however after the session has finished you still feel confused and you don't really think that it was pitched at the right level. Dr Brown stops you in the corridor and asks you for some feedback on her lesson.

What would you say to her? Take 30 seconds, and talk to virtual Dr Brown about her session.

SLIDE 9:

How did you find that? Did you find it awkward?

SLIDE 10:

How did you approach this situation?

- Did you say that the teaching session was great?
- Did you avoid the question and change the topic?
- Or did you say that it was bad and unhelpful?

Or...

SLIDE 11:

Did you utilise the 'sandwich' method?

Start with something positive. What did you like about the lesson?

Then, move to a constructive comment. What could Dr Brown have improved on?

Lastly, end with another positive element.

This is a very simple, yet useful method of providing feedback that is beneficial for both parties.

SLIDE 12:

Here is an example:

"Thank you so much for the effort you put into this session. I thought that the slides were concise and easy to read. One thing I would suggest would be to break down the content into bite-sized chunks so it is easier to follow, and include some SBA questions - I think this would be really beneficial to test our understanding. However, I really liked your anatomy drawings, they were really helpful! Thank you again."

Of course, this would be said in a more conversational format, as it is an informal request for feedback.

SLIDE 13:

From this case, it should be clear that honest and open communication, no matter how difficult, is key. This is something we want to reiterate throughout our presentation.

Feedback is necessary for personal and academic development, and it is vital for everyone in healthcare to receive valuable feedback to allow them to improve.

This directly relates to Domain 3, Subsection 51 of the 'Achieving Good Medical Practice' Guide, emphasising the importance of constructive and professional feedback.

Let's move on to another case, tackling a different area of communication.

SLIDE 14:

Case 2 – PPE Predicament.

This case is centred around Annie, an 83-year-old lady with Alzheimer's disease, who was admitted to the ward during the COVID-19 pandemic, with a urinary tract infection. You decide to go and have a chat with her, whilst wearing the appropriate PPE. However, whilst taking the history, Annie becomes distressed and points at your mask in confusion. Have a think about what could be the reasons for this.

SLIDE 15:

There are many possible reasons as to why Annie is distressed. It could be that she doesn't understand why you're wearing a mask, or that she can't hear you. Maybe she thinks that you have COVID-19, and that's why you're wearing a mask. Or, Annie could be in pain and she can't verbally express this. Maybe she has problems with her eyesight, or it could be something completely different.

SLIDE 16:

It could be for any of these reasons, or it could be none of them. You won't know, however, unless you communicate!

Have a watch of this next video, showing a possible approach to communicating with Annie.

SLIDE 17:

Video shows a medical student talking to Annie (behind the camera). Student demonstrates poor communication skills – closed body language such as folded arms and limited eye contact, and dismisses the patient's concerns and obvious cognitive deficit. Annie does not give out much information about her thoughts, and the conversation ends quickly without much input from the patient.

SLIDE 18:

Take 30 seconds to have a think about what happened in this encounter, and what could be improved.

SLIDE 19:

Some of the things that you could have picked up on include:

- The fact that they did not introduce herself properly or introduce themselves
- Ignoring patient concerns and abrupt manner
- Not giving clear explanations
- Closed body language
- Limited eye contact and focused on writing notes

Now let's watch another video showing a different approach to the same situation.

SLIDE 20:

Video shows a medical student talking to Annie (behind the camera). Student demonstrates good communication skills – open body language and use of hand gestures, maintaining eye contact with patient, eliciting Annie's concerns (including her fear of surgery), thorough explanation of reasons for wearing her mask, and use of visual aid (note to remind her).

SLIDE 21:

In the second chat, the medical student asks more clearly what is concerning the patient and why is she pointing at the mask? The student uses open body language and non-verbal communication to help with this. She also gives a clearer explanation of the current situation and why she is actually wearing a mask. Clear delivery, speaking slightly louder, and using more simple language due to the added barriers of the mask, background noise of the hospital and the cognitive difficulties of the patient proved more successful. It would also be appropriate in this situation to get senior advice - for example, asking the doctors to explain Annie's management plan to her in further detail.

SLIDE 22:

The take home message of this scenario is that when faced with challenges to your usual approach, you should carefully think about how you can adapt your communication to overcome these. Each individual has different communication needs, and it is important that you tailor your approach to the patient. This allows you to get across as much information as possible, and ensure that they understand by using simple measures such as non-verbal communication and visual aids if necessary.

Let's move on to our final case.

SLIDE 23:

Case 3 - Reasoning with a Relative

You are a medical student on the haematology Ward. You've been asked by the doctor to take a collateral history on the phone from the daughter of a patient that is currently admitted on the Ward.

Let's have a listen to part of the phone call, and whilst doing so, have a think about the difficulties that are present here.

SLIDE 24:

Video shows a medical student on the telephone to a patient relative, specifically the patient's daughter. The daughter insists that she is coming to visit her father this afternoon, however due to COVID-19 restrictions visiting is not permitted and the medical student tries to explain this. The daughter becomes frustrated at this situation.

SLIDE 25:

What difficulties or barriers can you think of?

SLIDE 26:

Hopefully you were able to spot some of the difficulties in this scenario. These include the fact that the conversation is over a telephone, which negates the use of non-verbal communication to calm the relative down. Another problem is the fact that the relative is obviously very annoyed at the situation and as a medical student there is only so much that you can do before requiring senior help. In addition, the COVID-19 pandemic means that there is no way the relative is able to visit and exceptions should not be made just because she is angry, as visiting could increase risk to patients and break social distancing guidelines.

SLIDE 27:

How would you approach this situation?

Firstly, it is important to explain exactly why the procedures have changed on the ward. For example, you could emphasise how it is very important for patient safety, including the safety of the relative's father (i.e. the patient).

You should also find out exactly why she is frustrated, and acknowledge Susan's worries.

Finally, you could ask Susan if there is anything else that may help with the situation. This may include asking Susan if she would like to speak to her father on the phone, if possible, or to receive more regular updates about her father's clinical condition.

SLIDE 28:

Hopefully, this scenario has demonstrated to you the importance of eliciting the concerns of patients and relatives early, to ensure your communication is appropriate and personalised.

As a student and continuing on further in our careers, we should try our best to ascertain the reasons behind a relative's or patient's emotions, and to acknowledge their feelings. There will always be senior help available should you need it – don't be afraid to communicate with the rest of the team.

This directly relates to Domain 3, subsection 44 of 'Achieving Good Medical Practice'.

SLIDE 29:

The guidance directly relates to us as medical students in numerous ways. For example, as a student on placement you will come across many patients with different needs, so you will need to adapt your communication appropriately to tailor to everyone.

It is also crucial to communicate your competencies to the MDT whilst asking what you can do to help in a clinical environment – this will not only promote a partnership with the rest of the team, but will also ensure patient safety as you should not be asked to attempt things beyond your abilities.

SLIDE 30:

The three key messages to take away from this session are:

1. Honest and open communication, no matter how difficult, is key.
2. When faced with barriers carefully think about how you can adapt your communication to overcome these.

And finally, 3. Eliciting the concerns of patients and relatives early is vital to ensure that your communication is appropriate and personalised.

These key points summarise the lessons that should be learnt from this session and demonstrate important qualities needed for both medical students and healthcare professionals when in clinical environments.

SLIDE 31:

Some resources that we recommend to further develop your communication skills would be:

The 'Good Medical Practice' guide created by the GMC, which builds upon 'Achieving Good Medical Practice: Guidance for medical students', which was the focus of today's session. We would also recommend looking at 'Good Medical Practice in action' also made by the GMC, as well as specific communication-based resources created by your medical school.

SLIDE 32:

Thank you for watching and engaging with this presentation. COVID-19 has only increased the importance of effective communication in clinical practice, so we hope that you found this session useful. To build on your learning, remember to read and fill out our post-session summary sheet.

Get in touch with your medical school, if you have further questions or concerns.