Communication

Achieving Good Medical Practice: Communicating with patients and those close to them
How to use this e-learning module

Who should use this e-learning module?

Any medical student studying in the United Kingdom.

How do I use this e-learning module?

This e-learning module should take approximately 30 minutes to complete. Ideal conditions for undertaking this module are: 1) in a quiet environment; 2) on a computer with the browser on full screen; 3) with the ability to play audio narration.

There are a few buttons that allow you to navigate through the e-learning. Throughout the e-learning, click on the buttons to activate the actions described below:
Aim and learning objectives

Aim

The purpose of this e-learning module is to discuss what the Achieving Good Medical Practice guidance (published by the General Medical Council and Medical Schools Council) says about communication with patients and those close to them.

Learning objectives

By the end of this e-learning module, you should be able to:

1. Argue why good communication is an important aspect of professionalism for medical students
2. Reflect on the qualities that make a doctor a good communicator
3. Identify elements of poor communication and discuss how poor communication can be improved in a healthcare setting
4. Describe how communication style may be adapted depending on the audience in a healthcare setting
5. Recognise potential barriers to communication, including in consultations involving Personal Protective Equipment or telecommunications, and suggest possible solutions to these barriers
6. Explain when a remote consultation is and is not appropriate in a healthcare setting
7. Explain the principles of confidentiality and recall when information can be shared, with who and where in a healthcare setting
8. Recall the do’s and don’ts of social media use as a doctor
Good communicator

No two people are the same, and because of this, we require the ability to adjust our communication for different individuals or groups.

Why is good communication an important aspect of professionalism for medical students?

Effective communication training during formative years will greatly improve skills as future practitioners. It is crucial that students learn, observe and practice communicating in different situations to enhance their abilities to form strong doctor-patient relationships.

Communication is more than handling information; it is about trust and confidence. Beck et al (2000) identified that good communication helps contribute to better patient outcomes, a positive therapeutic effect and overall satisfaction. These in turn increase the quality of patient-centered health care.
To provide patients with the best quality care, good communication skills are vital. Reflect on the qualities that make a doctor a good communicator.

- Introduce yourself
- Good listener
- Be polite to patients and their carers/relatives/friends AT ALL TIMES
- Work in partnership with patients
- Respect patients’ dignity, confidentiality and privacy
- Individualised care – information provided tailored to each patient’s unique needs
- Treat patients fairly regardless of your opinions about their life choices/beliefs
- Honest
- Address patient concerns
- Recognise patients’ communication needs
Watch the following video by clicking on it. Identify which elements of good communication are missing and consider how instances of poor communication could be corrected/improved.

Which elements of good communication were missing from the video?

- Introduce yourself
- Good listener
- Address patient concerns
- Work in partnership with patients

Good communicator
Good communicator

How could instances of poor communication from the video be corrected/improved?

Introduce yourself

Doctors/medical students should always introduce themselves to patients, stating their full name and role.

To encourage this to occur during all doctor-patient interactions, the ‘hello my name is...’ campaign was established in 2013 by Dr Kate Granger after she experienced poor communication whilst in hospital as a terminal cancer patient. The aim of the campaign and use of an introduction is to improve the therapeutic relationship and build trust between doctor and patient.

# hello my name is...

Good listener

Good listening can be demonstrated by both verbal and non-verbal means.

• Good verbal techniques includes the use of summaries, open-ended questions and continuers (eg. “go on”, “hmm”, “tell me more”) and ensuring that you do not interrupt the patient.

• Good non-verbal techniques include maintaining eye contact with the patient, ensuring your facial expressions are responsive to their comments, using open body language (eg. Palms exposed, avoid crossed arms or legs), leaning towards the patient and nodding your head.
Good communicator

How could instances of poor communication from the video be corrected/improved?

Address patient concerns

The ‘ICE’ (ideas, concerns, expectations) model is a good way to determine a patient’s concerns during a consultation by asking patients directly about their beliefs about the cause of their illness, worries about the problem and their expectations of what will happen. This helps doctors to understand the patient perspective, including the emotional burden and psychological impact of illness, as well as the patient’s priorities. In turn, this information can be used to negotiate an agenda for the consultation and provide treatment based on the patients’ values - a key element of individualized care (itself a core component of good communication).

Work in partnership with patients

A shared decision-making model should be adopted when discussing management plans so that patients are empowered to make decisions about their own care. During a consultation, the patient and doctor should have a conversation about the pros and cons of treatment options, explore the patient’s views and have the doctor provide recommendations based on clinical knowledge. After this, the patient and doctor should come to a joint decision about the final treatment and follow-up for the patient.
Good communicator

Doctors communicate with many people within the work environment, including patients, their carers/relatives/friends and other healthcare professionals. Doctors need to be able to adapt their communication style depending on who they are interacting with.

For the following case, how would you describe the diagnosis to:

Mr Singh, a 55 year old male, presents to A&E with sudden onset, central crushing chest pain that radiates to their left arm.

An ECG is performed which shows ST elevation in leads II, III and aVF.

The patient and carer/relative/friend

“Unfortunately, our investigations show that there is a blockage in one of the arteries of your heart. It is likely that you are having a heart attack.”

A healthcare professional

“I have a 55 year old male patient presenting with sudden onset, central crushing chest pain. His ECG shows an inferior myocardial infarction, suggesting an occlusion of the right coronary artery.”
Good communicator

Doctors communicate with many people within the work environment, including patients, their carers/relatives/friends and other healthcare professionals. Doctors need to be able to adapt their communication style depending on who they are interacting with.

For the following case, how would you explain the definitive management to:

Mr Singh, a 55 year old male, presents to A&E with sudden onset, central crushing chest pain that radiates to their left arm.

An ECG is performed which shows ST elevation in leads II, III and aVF.

After cardiology review, it is decided that he is suitable for the gold-standard treatment for patients that present within 120 minutes.

The patient and carer/relative/friend
“To treat your heart attack, we think that the best option is PCI. This is a procedure where a balloon is inserted to stretch the narrowed blood vessels of the heart. A small tube, called a stent, is inserted to allow blood to flow freely.”

A healthcare professional
“The cardiologist has recommended that Mr Peters undergoes a percutaneous coronary intervention (PCI).”
Unfortunately, our investigations show that there is a blockage in one of the arteries of your heart. It is likely that you are having a heart attack.

In what ways was the use of language different when the doctor communicated with the patient and their carer/relative/friend in comparison to the healthcare professional?

Used technical language with the healthcare professional.
Avoided the use of jargon with the patient and their carer/relative/friend, choosing to use layman’s terms instead.

**Layman’s terms**

“Unfortunately, our investigations show that there is a blockage in one of the arteries of your heart. It is likely that you are having a heart attack.”

**Technical language**

“I have a 55 year old male patient presenting with sudden onset, central crushing chest pain. His ECG shows an inferior myocardial infarction, suggesting an occlusion of the right coronary artery.”
Good communicator

Doctors communicate with many people within the work environment, including patients, their carers/relatives/friends and other healthcare professionals. Doctors need to be able to adapt their communication style depending on who they are interacting with.

In what ways was the use of language different when the doctor communicated with the patient and their carer/relative/friend in comparison to the healthcare professional?

Assumes there is the same level of health literacy between the doctor and the healthcare professional. Assumes there is a difference in health literacy between the doctor and the patient.

<table>
<thead>
<tr>
<th>Difference in health literacy</th>
<th>Similar health literacy</th>
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Verbal and non-verbal communication are important in the doctor-patient relationship. Only 7% of our communication is verbal whereas non-verbal communication encompasses 93% of communication. Non-verbal communication consists of body language, tone of voice, gestures, posture and eye-contact.

Can you think of any barriers to communication?

- **Language**: Patients who speak a different language than their doctors are more likely to experience adverse events during hospitalisation. Lack of professional interpreters can also be a challenge.

- **Level of education**: Patients with health literacy challenges found it difficult to understand their diagnoses and report lower quality of care in terms of communication.

- **Pain and anxiety**: Patients who are suffering from pain may find it difficult to communicate and express how much pain they are in. This can lead to inadequate pain relief.

- **Cultural barrier**: Different cultures may have their own perception of what healthcare is like.

- **Physical disabilities**: 44% of deaf patients in the UK found their last contact with their healthcare provider difficult or very difficult. The lack of sign language interpreters is a major barrier of communication.
COVID-19 has introduced many more challenges to communication, increasing the barrier between doctors and patients. How do you think communication between doctors and patients is affected during this pandemic regarding PPE?

**Challenges of Personal Protective Equipment**

- Touch is an important means of communication e.g. when comforting patients. Distancing and PPE hinders this.
- Masks can muffle verbal communication and hide facial expressions.
- Patients may find it difficult to recognise you in PPE.
- Patients may rely on lipreading and visual cues which may be difficult in PPE.

**Solutions for tackling these challenges**

- Introducing yourself when you are speaking to the patient and make your role clear.
- Meet patients’ communication needs e.g. hearing aids.
- Take your time speaking to patients and check their understanding frequently.
- Make sure you use clear gestures alongside your verbal communication to help patients with visual cues.
COVID19 has introduced many more challenges to communication, increasing the barrier between doctors and patients. How do you think communication between doctors and patients is affected during this pandemic regarding telecommunication?

**Challenges of telecommunication**
- Verbal communication can be broken by poor signal (telephone or WiFi)
- Difficult to perceive body language through the phone and video
- Eye contact can be difficult to maintain when looking at video
- Postures and gestures may not be visible in telephone and video consultations

**Solutions for tackling these challenges**
- Simple questions such as “Can you hear/see me?” and encourage patients to speak up if they cannot hear/understand you
- Let the patient know what you are doing e.g. typing notes
- Ensure that your camera is positioned appropriately e.g. allow the patient to see hand gestures
- Make eye contact by looking at the camera rather than your screen
Due to COVID19, masks have become a compulsory part of everyday living. Can you identify what facial expression this individual is making? Click on the photo to reveal their facial expression.

How did you find this activity? Facial mimicry can improve understanding of the emotions of others (also known as empathy). Blocking the expressions of the lower face can result in difficulty recognising facial and body expressions. If both doctors and patients are wearing masks, it can make it difficult to perceive facial expressions and form a relationship.
Remote consultations

Due to COVID19, many consultations are now conducted remotely. For example, in July 2020, 61% of GP appointments were conducted by telephone, 6% by SMS/email and 4% by online video (Royal College of General Practitioners, 2020).

What are the different types of remote consultations?

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<th>Synchronous</th>
<th>Asynchronous</th>
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<tbody>
<tr>
<td>Simple</td>
<td>Telephone</td>
<td>Email, SMS/text messaging, WhatsApp</td>
</tr>
<tr>
<td>Augmented</td>
<td>Video call</td>
<td>Email with photos/audio/video/investigation results attached</td>
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When is a remote consultation appropriate?

- Patient’s clinical need or treatment request is straightforward
- Doctor has access to the patient’s medical records
- Doctor does not need to examine the patient
- There is a safe system in place to prescribe
- Patient can be provided with all information required about their treatment options
- Patient has capacity to decide about treatment
Remote consultations

Due to COVID-19, many consultations are now conducted remotely. For example, in July 2020, 61% of GP appointments were conducted by telephone, 6% by SMS/email and 4% by online video (Royal College of General Practitioners, 2020).

When is a remote consultation NOT appropriate?

- Patient has complex clinical needs or is requesting high risk treatment
- You are not the patient’s usual doctor and they have not given consent to share their information – an issue for treatment follow up or monitoring
- Do not have access to the patient’s medical records
- Doctor needs to examine the patient
- Doctor is unsure of the patient’s capacity to decide about treatment
- Patient cannot be provided with all information required about their treatment options
- Doctor is prescribing injecting cosmetic products (e.g. Botox, Dysport, Vistabel)
Remote consultations may need to follow a slightly different format to face-to-face consultations. **What should happen:**

**Before a consultation?**
Patient to be notified whether it will be a telephone or video call and what date and time it will occur. The doctor should read any available information about the patient, ensure their technology is working and that they know how to use the online platform (eg. adjust sound level). They should ensure that they will not be interrupted during the call. If a video call, they should dress professionally, choose a suitable background and ensure they are framed well.

**During a consultation?**
Introduce yourselves, confirm caller identity and agree agenda of the call. Take a history from the patient and agree an appropriate management plan. Be conscious of barriers to communication and try to address these (eg. ensure only 1 person is talking at time so that they are not cut off). Safety net and consider if face-to-face consultation is needed.

**After a consultation?**
Record a detailed entry in the patient’s medical notes, including safety-netting measures.
Confidentiality

All patients have a right to expect that their doctors will hold information about them in confidence. It is important that confidentiality is maintained as it is central to the trust between doctors and patients.

Is confidentiality absolute?

No. Appropriate information sharing is essential to the efficient provision of safe, effective care. Information may be shared with the team caring for the patient, with others if the patient consents or sometimes, the disclosure of personal information about patients is required by law or is in the public interest.

Can you share information with anyone that works at the hospital?

No. You can only share information with those caring for the patient. You must never share confidential information about a patient with anyone who is not directly involved in their care without the patient’s permission.

Can you share information with the patient’s carer/relative/friend?

You can only share confidential information with a carer/relative/friend if the patient has agreed and given consent for that to happen.
Confidentiality

Sometimes on clinical placement you will see unusual medical conditions, adverse outcomes or other cases that you would like to discuss with someone else. You must ensure that confidentiality is maintained during your discussions.

**In what location is it never acceptable to discuss a patient?**

Where you can be overheard, such as a public place or on social media

**Why is it not acceptable to discuss a patient in those locations?**

Someone nearby/online might know the patient that is being discussed

**If you want to talk to a colleague, friend or supervisor about a case, what location would be appropriate for the discussion?**

A private place, such as an empty office. You should not identify the patient by name during the discussion unless the clinician is directly involved in the patient’s care.
Confidentiality applies to written, as well as verbal, communication.

Whilst on GP placement, you clerk a patient and discuss the case with your supervisor as part of a workplace-based assessment. To evidence this, you scan the medical notes you wrote. What is wrong with including the entry shown below in your logbook?

You arrive home and realise that you have the medical notes you wrote in your bag. Why is this inappropriate?

It includes identifiable information about the patient (name, DOB, address) which must NOT be in any work or logbooks you submit.

You must follow medical school/placement provider policies on disposal of personal information – documents with identifiable information should not be taken home.
Social media is a powerful communication tool, but it must be used responsibly. Identify why the profile below is inappropriate according to GMC guidelines.

Don’t misrepresent your skills or level of training to others

Don’t share identifiable information about a patient.

Don’t post complaints about placement providers, medical school, teachers or trainers.

Remember that once information is published on social media you may not be able to control how it is used by others.

Disclaimer: This is not a real profile. Image source by Austin Distel and Hugues de Buyer-Mimeure on Unsplash.
What are the do’s and don'ts of social media use as a doctor? Click on the icons to find out more information.

- **Check your privacy settings** and keep in mind that social media cannot guarantee confidentiality whatever privacy settings you use.
- **Remember that once information is published on social media you may not be able to control how it is used by others.**
- **Use social media to express your views but do not begave in a derogatory manner and don’t post discriminatory content.**
- **Think carefully about how others particularly patients both present and future might perceive your content.**

- **Don’t post complaints about placement providers, medical school, teachers or trainers.**
- **Don’t misrepresent your skills or level of training to others.**
- **Don’t share identifiable information about a patient.**
You are a doctor working in a GP surgery. The next patient comes to see you to discuss her positive pregnancy result. After a long discussion, the patient concludes she would like to have an abortion. You conscientiously object to abortion on the grounds of your faith. What is the best option for communicating this to the patient? Click on the box you think is the answer.

A: Explain to the patient why you believe abortion to be wrong, and refuse any more involvement with the patient

B: Explain to the patient why you believe abortion to be wrong, but ensure she is handed over to a colleague to continue care

C: Try to convince the patient to change their mind

D: Explain to the patient that you cannot be involved in her care due to your faith and that she should seek help from another doctor

E: Explain to the patient that you are unable to be involved in her care due to your faith, ensure she is handed over to another colleague and that she understands this process

Incorrect. You should never impose your own beliefs onto the patient and abandon their healthcare needs entirely.

Incorrect. Whilst handing over to another colleague is appropriate, you should never impose your own beliefs onto the patient.

Incorrect. The patient is entitled to make their own decision, ensuring they have understood all information discussed.

Incorrect. It is your responsibility to find a colleague to continue her care.

Correct. You should inform the patient of your need to step away from her care without imposing your views or making the patient feel guilty and explain that you will ensure her care is continued with a colleague, checking she understands the situation. This is in line with GMC guidance on the next slide.
Quiz – Conscientious objection

The GMC states the following:

"You may choose to opt out of providing a particular procedure because of your personal beliefs and values, as long as this does not result in direct or indirect discrimination against, or harassment of, individual patients or groups of patients."

Patients have the right to information and options available. If you have a conscientious objection, you must:

- Inform the patient without implying any judgement
- Inform the patient they have the right to discuss treatment with another practitioner who does not share your belief
- Make sure they have enough information to arrange to see another doctor

"You must not obstruct patients from accessing services or leave them with nowhere to turn."
For the following scenario, decide if you think the patient is suitable for a remote video consultation.

Mr Patel, an 89-year-old male, is undergoing follow up for localised bladder cancer. He has check-ups every 3 months and is due a routine appointment. His latest biomarkers and cystoscopy are all stable. Mr Patel lives alone, and English is his second language. Click on the box you think is the answer.

Appropriate for remote consultation

Not appropriate for remote consultation

Explanation:
It may be tempting to consider Mr Patel appropriate due to the stable nature of his most recent monitoring tests, thinking that the conversation will be straightforward. Mr Patel, however, is 89 years of age, and may find it difficult to use video consultation technology. The stem also states that English is not his first language, implying this could be a barrier to communication.
You are an F1 on the medical ward round. One patient expresses they are not happy with some aspects of their care whilst in hospital, including their dislike of the hospital food and access to nursing staff to aid them to the toilet. Rank the following options in response to this situation, 1 being most appropriate and 5 being least appropriate. Click on the icon on the left to show the correct answer.

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
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<tbody>
<tr>
<td>A.</td>
<td>Advise the patient to write a formal complaint</td>
</tr>
<tr>
<td>B.</td>
<td>Revisit the patient after the ward round and listen to their concerns to see if you can solve any issues</td>
</tr>
<tr>
<td>C.</td>
<td>Ask the patient if they would like to move to a different ward or be more respectful</td>
</tr>
<tr>
<td>D.</td>
<td>Advise the patient contacts the Patient Advisory Liaison Service (PALS)</td>
</tr>
<tr>
<td>E.</td>
<td>Remind the patient of how stretched the NHS service is</td>
</tr>
</tbody>
</table>

**Correct order: B, D, A, E, C.**

The first step should always involve listening to the patient's concerns and try to come to a local solution. If this cannot be arranged, PALS is the most suitable service before a formal complaint and can deal with the problem faster. You should avoid being rude or threatening the patient.
The 3 important takeaway messages are:

1. Effective communication is a vital skill to learn in medical school and students should make the most of any opportunities to observe or practice their communication with patients.

2. It is important to recognise barriers to good communication and understand ways in which these barriers can be overcome. This is especially relevant as medicine becomes increasingly integrated with technology and remote consultation services, as well as within the current COVID-19 pandemic environment.

3. Students should appreciate the importance of patient confidentiality and trust within communication, and recognise when breaking confidentiality is or is not appropriate.

If you have queries about the e-learning module, please contact X@gmc.co.uk
It would be greatly appreciated if you could please complete the feedback form for this e-learning module.

It can be accessed via the QR code or this link: https://bit.ly/2ZZeaam
References


