Achieving good medical practice: summer break competition 2020
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INTRODUCING THE SESSION

THE ‘ART’ OF COMMUNICATION

This session focuses on how the medical student should strive to communicate with the patient, and those close to the patient. Teaching is through virtual platform with PowerPoint presentation and role play.

SESSION BACKGROUND

“Good communication works for those who work at it – John Powell”. It is not always realised that communication is an active skill that is continuously shaped and learnt throughout our lifetimes. To a physician, communication is as vital a tool as their stethoscope. Studies show strong correlations between good communication and improved patient outcome, satisfaction and decreased claims of malpractice.

This virtual teaching session aims to create an active learning experience that will enhance medical student confidence towards, raise awareness of the factors involved, and challenges associated with, patient communication. The session encompasses, and is shaped around, the professionalism guidance (https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/student-professionalism-and-ftp) published by The General Medical Council and Medical Schools Council.

The teaching session detailed is designed using a model based on groups of 9 students that are overseen by one facilitator. The session is enabled through the video conference platforms: Microsoft teams or Zoom. More details on using said platforms follows later in this guide. We appreciate the use of either e-platform may be dependent upon university guidance/preference. We feel our group sizes will best allow the session to fit within a 30 minute time frame, and too, create a comfortable “small-groups” environment for virtual discussion. We, however, would like to note that this session could be manipulated as desired (i.e. increasing teaching time) to allow larger groups of students.
Once the session has commenced on the desired e-platform of choice, it will be the role of the facilitator to guide students through the PowerPoint presentation (through screen-sharing technology), introducing the session contents, learning outcomes and key takeaway points. Once the presentation element has ended, students will use the remainder of the class time to engage in interactive role play. This will allow students to apply knowledge and engage with the content covered. Detailed guidance for you as a facilitator follows within the relevant sections.

### LEARNING OBJECTIVES

*Students should be able to...*

- Understand that communication forms an important element of professionalism for medical students.
- Gain an awareness of the joint guidance set out by the GMC and MSC in Domain 3; concerning communication with patients and those close to them.
- Identify key factors that contribute to good communication with patients and those close to them. This should include (but is not limited to) honesty, respect, punctuality, sensitivity, forming partnerships and communicating at an appropriate level that is tailored to each individual patient.
- Gain an understanding of the numerous issues that may arise when communicating with patients and those close to them. Understand ways in which to resolve these issues.
- Reference and utilise the guidance when participating in virtual scenarios.

We include the table below demonstrating the cross-mapping of this session’s targeted learning objectives to the specific guidance published governing the expectations for communication as a medical student. This guidance is derived from the General Medical Council and Medical School’s Council.
<table>
<thead>
<tr>
<th>Domain 3: Communication, partnership and teamwork</th>
<th>Learning Objectives</th>
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<tbody>
<tr>
<td>31. You must listen to patients, take account of their views, and respond honestly to their questions.</td>
<td>• Identify key factors that contribute to good communication with patients and those close to them. This should include (but is not limited to) honesty, respect, punctuality, sensitivity, forming partnerships and communicating at an appropriate level that is tailored to each individual patient.</td>
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<td>32. You must give patients the information they want or need to know in a way they can understand. You should make sure that arrangements are made, wherever possible, to meet patients’ language and communication needs.</td>
<td>• Gain an understanding of the numerous issues that may arise when communicating with patients and those close to them. Understand ways in which to resolve these issues.</td>
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<tr>
<td>33. You must be considerate to those close to the patient and be sensitive and responsive in giving them information and support.</td>
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<tr>
<td>46. You must be polite and considerate.</td>
<td></td>
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<tr>
<td>47. You must treat patients as individuals and respect their dignity and privacy.</td>
<td></td>
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<tr>
<td>48. You must treat patients fairly and with respect whatever their life choices and beliefs.</td>
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<tr>
<td>49. You must work in partnership with patients, sharing with them the information they will need…</td>
<td></td>
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<tr>
<td>50. You must treat information about patients as confidential…</td>
<td></td>
</tr>
<tr>
<td>52. You must explain to patients if you have a conscientious objection to a particular procedure. You must tell them about their right to see another doctor…</td>
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THE ROLE OF THE FACILITATOR

“A good tutor maximizes tutorial opportunities by being active in a variety of ways: in planning and preparing, in listening, in encouraging critical thinking, in enriching, in offering spoken and unspoken feedback, and is restrained in the transmission of information. The active tutor should have a plan for each tutorial, but rarely invoke it; should have knowledge, but not unload it; should have questions, but not feel compelled to ask them.” -Glick

TALK AS MUCH AS ANY STUDENT DOES.

Opinion exists that the facilitator should remain largely silent to facilitate natural group discussion. We see this as a flaw and believe that the tutor is an active group participant who should shadow the group. The tutor should make balanced decisions on when to interpose and when to hold back during the group discussion. We appreciate this can only be a situational judgement, of which tutor experience will largely influence.

LISTEN, GUIDE, CHALLENGE AND FEEDBACK.

The tutor should always consider how they can aid student learning. Listening remains the key skill herein as it allows assessment of the group’s competencies and ideas. Always steer the group as little as possible towards the desired thought process/outcome. Positively challenge and feedback on group discussion when appropriate to aid active learning.

RESTRAIN FROM INTERRUPTING PRODUCTIVE DISCUSSION.

Interruption can damage student confidence towards discussion and can detract from the positive learning environment. Productive discussion can exist regardless of accuracy or not and supports the tutor’s role in aiding the development of the group dynamic.
ENCOURAGE STUDENT DIRECTION OF THE CLASS.

Each group will be different and therefore have different desires and expectations from the tutorial. We encourage tutors to assess and allow for students to themselves, move the direction of the class, or discussion is applicable. This promotes natural student participation and engagement.
### SESSION PLAN BREAKDOWN

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time Range</th>
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<tbody>
<tr>
<td>Introducing the session; power-point and group discussion</td>
<td>0 - 10 minutes</td>
</tr>
<tr>
<td>Group activities/scenarios</td>
<td>10 - 25 minutes</td>
</tr>
<tr>
<td></td>
<td>(3 x 5-minute slots)</td>
</tr>
<tr>
<td>Key points and questions</td>
<td>25 - 30 minutes</td>
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#### Introducing the session; power-point and group discussion
- Welcome students to the virtual teaching session.
- Use the share-screen function to share the presentation. Take the students through the content on the slides.
- Draw emphasis towards the learning objectives of the session.
- Encourage questions and discussion of the material.

#### Group activities/scenarios
- Three scenarios are to be conducted in groups of three. Students will receive their chosen scenario prior. Each scenario will be role-played by two students in the group, while the remaining student is to share their feedback (the wider group may too, feedback).

#### Key points and questions
- Reiterate the learning objectives of the session and discuss key take-home messages (as per the power-point). We suggest the facilitator shares relevant power-point slides briefly during this part.
- Encourage parting questions and thoughts
- Refer students to their resource handouts they received.
As mentioned, the virtual session may be conducted on using the e-platforms Zoom and Microsoft Teams. It is preferable that the facilitator has some experience with either platform. Although desired, this is not necessary; as many resources exist that break down the process of using this software (see below and reading resources).

The facilitator or medical education office should assign the students to groups prior to the session. Students will be randomly allocated into groups of three and assigned one of three roles: doctor, patient/relative and observer. Each student should be emailed their grouping, with the use of a scenario sheet (below) and given their specific role. In the case of the patient/relative this email will be accompanied by a prompt sheet. The sheet will include ideas, instructions and phrases for the patient/relative in the scenario. It is suggested that students can implement or adapt upon these in their role-play. What we are trying to achieve in these encounters is that the student doctor in the role play group is unaware of the communication scenario they are about to face. This will create a real-life scenario and allow all students involved to begin to appreciate the impact of good communication and barriers that oppose it. The third individual in the group shall oversee the interaction and give feedback. Please note depending on time the general group may too give feedback.

Every student will receive a document (Scenario Information for Students) giving an overview of the session taking place and how the scenarios aim to be conducted.

We appreciate that co-ordinating these scenarios may be more challenging and time-consuming than traditionally due to the move from real life to digital form. However, we highly recommend that for the benefit of the students these steps are taken prior to the virtual session.
A NOTE ON THE ‘VIRTUAL SESSION’

Begin the session by introducing and giving a brief overview. Next, share your screen using the appropriate function so that you may go through the PowerPoint slides as the students watch on. There are notes underneath each slide for guidance which should be viewed prior to the session. Encourage questions and discussions during this segment. We would like to advise than all students are muted whilst you as the facilitator speak, and too when each individual group acts. This will ensure silence and minimise background noise.

STUDENT ROLEPLAY SCENARIOS

Each scenario is 5 minutes long, with 3 minutes for the role play and 2 minutes for the feedback. This allows maximum time for the role play. We feel that through watching the role play students can self-feedback as they observe the interaction. The acting patient and doctor will get feedback opportunity from the third member of the group once the acting has ended. We again advise that the general group can feedback if time allows.

Remember that whilst each student will receive ‘Scenario information for Students’, the scenario prompt document – ‘Patient Prompts for Students’ should only be forwarded to the student playing the patient/relative. This is to allow for a more spontaneous and engaging session for the general group.

The scenarios are as follows;

1. DOCTOR CALLING A PATIENT’S RELATIVE OVER THE PHONE REGARDING THE PATIENT’S BAD/WORSENING CONDITION.
2. PATIENT CONSULTATION WITH PPE.
3. PHONE CALL CONSULTATION WITH A HARD OF HEARING PATIENT.
We would advise students to make as much use of the scenarios as possible and actively engage in the session for the best experience.

Again, all students apart from those in the scenario should be ‘muted’ – with microphones and camera functions switched off. Depending on the scenario those acting may also have to turn their cameras off i.e. telephone consultation.

Before each scenario you as the facilitator should announce to the group a rough overview of what will take place. This is twofold, it will ensure scenario anonymity and make it clear who is in the acting group, and who is playing each role.

*EXAMPLE:* “This is scenario one in which a doctor calls a patient’s relative over the phone regarding the patient’s condition. The doctor is..., the patient/relative is..., the observer is....”

*We have elaborated on the scenarios below:*

**SCENARIO 1**

1. **DOCTOR CALLING A PATIENT’S RELATIVE OVER THE PHONE REGARDING THE PATIENT’S BAD/WORSENING CONDITION.**

As we have seen from the COVID-19 pandemic, oftentimes doctors may not be in the position where they are able to break bad news face-to-face. This makes a hard situation harder for many reasons. Telemedicine is something that will remain in our new-found health model for the duration of this pandemic, and likely into the future. In this scenario we will ask the students participating in the role play to turn off their cameras and keep their microphones on to simulate a real phone consultation. Everyone else should remain silent and observe. We aim to let students view the challenges to good communication during an already emotionally challenging talk.
SCENARIO 2

2. PATIENT CONSULTATION WITH PPE.

We have been taught to look out for cues for body language, especially facial expressions from the beginning of our training whilst we assess and diagnose during the history taking. Now we are in a world where infection prevention must mean that the face is obscured using a covering or mask. Additionally, masks dampen sound and cause issues for those hard of hearing/deaf, or with poor English. We would ask both students participating to wear a masks or face covering (this can be anything at hand including a scarf or tissue). Students must adapt their communication tactic for the needs of a patient who does not speak English as their native language, and further struggles to understand with the barrier of PPE.

SCENARIO 3

3. PHONE CALL CONSULTATION WITH A HARD OF HEARING PATIENT.

As consultations move largely to phones, challenges arise. A predominant issue is with patients who are hard of hearing/deaf. Such individuals rely on lip-reading and expression to help them navigate the speaking world. In person a doctor may deal with such a barrier by utilising paper and pencil or an interpreter (amongst many other things). These interventions can mostly not be translated to use over the traditional phone-call. In this scenario all students should have their cameras switched off. Students will appreciate the need to speak loudly, clearly, and at an appropriate level with the patient.
FEEDBACK

After each scenario is over and the group observer has given feedback - ask the ‘doctor’ how they felt. Was it awkward? Upsetting? In a similar sense ask the ‘patient/relative’, how did they felt. Did they feel like good communication and understanding was achieved? Did they feel listened to? Finally ask the general group if time allows what they thought of the scenario. Did they notice anything interesting? Did the doctor communicate excellently or was there something to be desired? What would they do differently? Ask what the students have taken from the scenario and what they believe the overarching message was. This again may be difficult to complete with the time constraints. Feel free to focus as facilitator on what you believe was most important in that particular scenario.

TAKE-AWAY POINTS

THE THREE MAIN TAKEAWAY POINTS AS THE SESSION ENDS ARE:

1. PRACTICE MAKES PERFECT

Reinforce for students that communication is a malleable skill and this is why teaching around it starts early. Communicating is something students will have their entire university experience to perfect, and too, their professional career.

2. BARRIERS CAN BE PASSED

Barriers will come into nearly every communication situation that students face with patients and patient friends/family. It is important to remember that these are normal and
should be expected. Barriers once recognized can always be overcome through adaptation and improvisation.

3. THE PATIENT IS A PERSON

If all else fails remember the patient is a person! Common sense perhaps - or so we would have thought. As a medic is remains ever easy to get tangled in a web of science and diagnostic thought. Remember the person you are talking to is a mother, a father, an aunt, a brother, a friend, a sibling. How would you like to be communicated with, or expect your loved ones to be communicated with by a medical professional?
ADDITIONAL READING RESOURCES

1. Developing the role of the tutor/facilitator –


3. Essentials of CBL Tutoring –
   https://cdn.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/departments/core-units/cpd/FacDev/cbl_tutor_training_guide_part1.pdf

3. Welcome to Microsoft Teams –

4. Zoom: getting started-