Dealing with Difficult Discussions

Lesson Plan

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ABOUT THE SESSION

This is a 30-minute interactive online teaching session, designed to make students familiar with the GMC guidance for medical students, *Achieving Good Medical Practice*. The session will take students through a scenario regarding prejudice in the workplace and the consequences of both good and bad communication. This session is to be undertaken by students individually in a time and location convenient for them, therefore making it an appropriate method of delivery in these current times.

MATERIALS

- Laptop or mobile device
- PowerPoint slides – to be emailed out to the participants prior the session
- Lesson plan
HOW IT WORKS (2 minutes)

The medical students are presented with an opening slide which explains to them how the interactive session will work. The interactive session features a ‘choose your own path’ format, where students are presented with a scenario followed by a set of options to choose from. Once the student makes a choice, they will be offered explanations for whether it is the correct/incorrect choice followed by relevant parts of the guidelines. The student will then see the scenario play out in real life for the correct options, highlighting aspects of good communication from the medical student, which should help further reinforce the learning points.

LEARNING OBJECTIVES (1 minute)

- To recall the principles on communication set out by the GMC in Achieving Good Medical Practice
- To demonstrate the ability to communicate with doctors and patients in a respectful and honest manner
- To develop communication skills by applying the messages learnt from the guidance
- To be confident in addressing unconscious bias in the workplace

SCENARIOS (25 minutes)

The Situation (1 minute)

You are a medical student shadowing the consultant on the ward. One of the patients is visibly distressed; he is an international student from China and English is not his first language, so he is unable to verbalise his concerns.

You feel that this is not properly acknowledged by the consultant.

<table>
<thead>
<tr>
<th>Duration/min</th>
<th>Description</th>
<th>GMC Guidance</th>
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<tbody>
<tr>
<td><strong>Scenario 1</strong></td>
<td><strong>Domain 2, Item No. 22</strong> Raise any concerns you have about patient safety, dignity or comfort promptly</td>
<td></td>
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<tr>
<td>2-4</td>
<td>This is the first time that you have seen this patient. You are concerned about him, but you know that the consultant is very experienced.</td>
<td><strong>Domain 2, A Legal or a Moral Duty?</strong> Neither the GMC nor placement providers can legally require students to raise concerns... However, medical students have a moral responsibility to raise concerns about patient safety, dignity and comfort. Professionalism is not about doing the minimum – it is about doing what is necessary to protect patients.</td>
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### Domain 3, Item No. 55
As a medical student, you'll learn how to develop a partnership with patients. Therefore, you must...respect patients’ dignity, confidentiality and privacy.

### Domain 3, Item No. 58
Many improper disclosures are unintentional. You must not share identifiable information about a patient where you can be overheard, such as in a public place.

#### Scenario 2

| 2-4 | The consultant takes you to the doctor's office where it is more private. You mention the patient you are concerned about and ask why more was not done for him. The consultant says he is "annoying" and there is nothing physically wrong with him. He says the NHS "cannot afford beds to babysit patients". You are surprised to hear the consultant make such a comment. How do you respond? |

**Domain 3, Item No. 47**
You must treat your colleagues with respect. This includes your fellow students, clinical and non-clinical teachers, and those responsible for the administration of your course.

**Domain 3, Item No. 48**
Understand that your own behaviour can influence how well a team works and be prepared to adapt your behaviour to achieve the goals of the team.

**Domain 4, Item No. 69**
…you mustn't let your own opinions or views affect the way you treat patients or the information you give them.

**Domain 2, Item No. 22**
You must raise any concerns you have about patient safety, dignity or comfort promptly.

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#### Scenario 3

| 2-4 | After trying to discuss the issue with the consultant, he denies any wrongdoing. |

**Domain 2, Item No. 23**
…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…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.

**Domain 2, Item No. 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... 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.
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<tr>
<th>Scenario 4</th>
<th>Domain 2, Item No. 25</th>
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<tr>
<td>You decide to escalate the issue in line with the medical school’s policy on raising concern.</td>
<td>It can be difficult for organisations to deal with anonymous concerns, because it’s more difficult to investigate the situation if they don’t know who made the complaint. Therefore, you should avoid raising concerns anonymously wherever possible. Remember that, although your medical school will know who raised the concern, they won’t necessarily need to name you as the source of concern when they investigate.</td>
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<tr>
<th>Scenario 5</th>
<th>Domain 3, item 44</th>
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<tr>
<td>You make your way back to the ward. The patient is still visibly distressed. He recognises you from the ward round and approaches you for advice. His English is broken but he tries his best to communicate.</td>
<td>When communicating with patients you must: Be honest when you don’t know something. As a student, you are 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.</td>
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<tr>
<th>Scenario 6</th>
<th>Domain 3, item 44</th>
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<td>The patient keeps repeating a phrase which you do not understand as it is in a different language. The patient is still visibly distressed.</td>
<td>When communicating with patients you must: Take into account the patient’s language and communication needs and other potential barriers to effective communication (for example, pain or anxiety and ask for support to help you communicate effectively if necessary.</td>
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<th>Scenario 7</th>
<th>Domain 3, item 53</th>
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<td>After your attempt to consult the patient, you understand they require more senior help.</td>
<td>As a senior medical student, it is likely you’ll be expected to look after patients, under supervision. When you are transferring the care of a patient, you must make sure you transfer care to an appropriate person and that you share relevant information with them. If you have any concerns about this process, you should ask a senior colleague for help.</td>
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Scenario 8

Domain 3. Item 55
As a medical student, you’ll learn how to develop a partnership with patients. Therefore, you must:
- Respect patients’ dignity, confidentiality and privacy

Domain 3, item 58
Many improper disclosures are unintentional. You must not share identifiable information about a patient where you can be overheard, such as in a public place or on social media, or include it in any work or logbooks you submit.

Domain 3, Social Media DOs and DON'Ts
Don’t:
- Post complaints about your placement providers, medical school, teachers or trainers.

The Reflective Practitioner – Guidance for Medical Students
Medical students are expected to be able to ‘develop a range of coping strategies, such as reflection’ to demonstrate awareness of the importance of their personal physical and mental wellbeing by the time they graduate… Reflection cannot, however, substitute or override other processes that are necessary to discuss, record and escalate significant events and serious incidents.

For those new to reflective writing, it may be useful to follow a simple but effective model based on three simple questions: What? So what? Now what? (Rolfe, Freshwater and Jasper 2001)

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<tr>
<th>What happened? Who was involved?</th>
<th>What is the most important/interesting/useful aspect of the event? How can it be explained</th>
<th>What have I learned? How can it be applied in the future?</th>
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TAKE HOME MESSAGES (2 minutes)..........................................................................................................

1. IDENTIFY UNCONSCIOUS BIAS
You should identify unconscious bias within yourself, as well in others. As a medical student, you have a moral responsibility to communicate concerns about prejudice and patient safety.

2. BE HONEST AND RESPECTFUL
As a medical student, you are not expected to know the answers to all of the patient’s questions, but you are expected to listen to them, be respectful and be honest when you don’t know
something. To work collaboratively as a team, you also need to treat your colleagues with respect despite differences in personal views.

3. OVERCOME COMMUNICATION BARRIERS

Always consider the patient’s language and communication needs and don’t be afraid ask for support to help you communicate effectively if necessary.

*End of session*

FURTHER READING ............................................................