Storyboard for E-learning Package: Communication

Storyboard Key:

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Theory</td>
<td></td>
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<tr>
<td>Multimedia Theory</td>
<td></td>
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<tr>
<td>JISC effective practice planner/PACT</td>
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<tr>
<td>Other</td>
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</tbody>
</table>
The e-learning module should take approximately 30 minutes to complete. The learner will be able to leave the module at any point and can return to the point they were at before by using the contents page. The e-learning module will pose questions to the learner and the learner will need to press a button to reveal the answers – the aim of this interactivity is to increase engagement and concentration.

Gagne principle 1: Gaining attention

All slides of the e-learning module will have audio narration.

The learner will be able to use buttons to move through the e-learning module at their own pace. The e-learning module will not contain any timed activities.
The learners will be advised of the best conditions to complete the e-learning module in (eg. quiet environment).

**Pretraining principle:** The learners may not know what the buttons of the e-learning module do. We will include a slide at the start that includes images of the navigation buttons and has labels explaining the function of each button.

**Spatial contiguity:** The images of the navigation buttons and the label explaining the function of each button are presented next to each other.

Microsoft PowerPoint will be used as it is compatible with both Windows and Mac. Learners will be advised to complete the e-learning module on a computer rather than a mobile phone.

**Gagne principle 5:** provide learning guidance

After it has been downloaded, the learners can complete the e-learning module offline.
The aim and learning objectives will be stated at the start of the e-learning module.

Signalling principle: The learning objectives will be included to highlight the content that will be covered in the e-learning module.

Gagne principle 2: informing learner of objectives

The e-learning module can be used without listening to the audio narration – audio narration will be activated on each slide by pressing a button. Audio narration is there to help those that are visually impaired. Record high quality audio narration (no background noise, clarity of expression, clear voice) so that it is easier to understand on low quality speakers.
All parts of the e-learning module are optional. For example, the learner can skip any slides that they do not want to view.

Signalling principle: A contents slide will be included to highlight the content that will be covered in the e-learning module.

For the contents slide, the text and corresponding images will be presented next to each other.

The dark blue colour used for the border throughout the e-learning module is the colour of the text of the GMC logo. The light blue and purple colours used throughout are the colours from the MSC logo.
The activities will be relatively simple and short. Most interactivity will be in a question and answer format.

Gagne principle 3: Stimulating recall of prerequisite learning.

Multimedia principle: Decorative images that are relevant to the slide content will be included, so that the slides don’t just contain words.
Coherence Principle: Audio narration will be optional. To hear the audio narration for each slide, the learner must press the ‘audio narration’ button.

Voice Principle: All audio narration will be recorded by one of the medical students creating the e-learning module. Therefore, the words will be spoken in a human voice, rather than a machine voice.

Signalling Principle: Questions that are posed to the learner will be highlighted in bold text.

Gagne principle 2: informing learner of objective

Gagne principle 4: presenting the stimulus material
Gagne principle 5: providing learning guidance

Temporal contiguity principle: There will be a video of a simulated consultation between a doctor and patient. The video will feature both graphics and narration.

Gagne principle 6: eliciting the performance
Multimedia principle: Decorative images that are relevant to the slide content will be included, so that the slides don’t just contain words.

Gagne principle 4: presenting stimulus material

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.

H e l l o

my name is...

Listen

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

- Good verbal techniques include the use of summaries, open-ended questions and continuers (e.g., “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 (e.g., palms exposed, avoid crossed arms or legs), leaning towards the patient and nodding your head.
Segmenting principle: There will be several questions posed on the same slide. However, there will be a separate button to reveal the answer for each question individually so that the learner will be able to reveal the answer to each question one at a time.
When creating patient cases, use names that are representative of different ethnic backgrounds to improve inclusivity. Where a generic image is needed, choose an image that is not specific to a certain race, culture or community.

Gagne principle 5: providing learning guidance

Gagne principle 6: eliciting the performance
Gagne principle 5: providing learning guidance

**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:*

- **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).”

Gagne principle 6: eliciting the performance
Gagne principle 4: presenting stimulus material

Segmenting principle: The answers to the questions posed will be presented in separate boxes. This means that the learner will be able to read them at their own pace.

Spatial contiguity principle: Words within the case example that are related to the term (e.g. blockage related to layman’s terms) will be underlined.

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?

- 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.

<table>
<thead>
<tr>
<th>Layman’s terms</th>
<th>Technical language</th>
</tr>
</thead>
<tbody>
<tr>
<td>“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.”</td>
<td>“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.”</td>
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</tbody>
</table>
Spatial contiguity principle: Words within the case example that are related to the term (e.g. blockage related to layman’s terms) will be underlined.
Barriers to communication

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.

Gagne principle 4: presenting stimulus material

Segmenting principle: The answers to the questions posed will be presented in separate boxes. This means that the learner will be able to read them at their own pace.
Barriers to 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.
- Patients may find it difficult to recognise you in PPE.
- Masks can muffle verbal communication and hide facial expressions.

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.
- Make sure you use clear gestures alongside your verbal communication to help patients with visual cues.
- Take your time speaking to patients and check their understanding frequently.

Multimedia principle: Decorative images that are relevant to the slide content will be included, so that the slides don’t just contain words.

Gagne principle 4: presenting stimulus material
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Gagne principle 4: presenting stimulus material.

Barriers to 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 telecommunication?

**Challenges of telecommunication**
- Verbal communication can be broken by poor signal (telephone or WiFi)
- Eye contact can be difficult to maintain when looking at video
- Difficult to perceive body language through the phone and 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
Spatial contiguity principle: The answer for which facial expression the individual is doing will be presented directed underneath the photo.

**Barriers to communication**

*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.*

- Smiling
- Angry
- Sad

*How did you find this activity?* Facial mimicry can improve understanding of the emotions of others (also known as empathy). A study by Borgomaneri et al (2020) showed that blocking the expressions of the lower face resulted 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.
Segmenting principle: There will be several questions posed on the same slide. However, there will be a separate button to reveal the answer for each question individually so that the learner will be able to reveal the answer to each question one at a time.

Gagne principle 4: presenting stimulus material

Coherence Principle: A summary table will be used to summarise the different types on remote consultations and ensure that the information provided is concise.
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).

Segmenting principle: The answers to the questions posed will be presented in separate boxes. This means that the learner will be able to read them at their own pace.

Gagne principle 4: presenting stimulus material
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Gagne principle 4: presenting stimulus material
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Gagne principle 4: presenting stimulus material

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.
Gagne principle 5: providing learning guidance

Confidentiality

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.

Gagne principle 6: eliciting the performance

Gagne principle 4: presenting stimulus material
Gagne principle 4: presenting stimulus material

Gagne principle 5: providing learning guidance

Gagne principle 6: eliciting the performance

Spatial contiguity principle: The text boxes including an explanation of where the twitter profile is inappropriate according to GMC guidelines will be presented next to the part of the profile they are referring to, and arrows will be used to enhance clarity.
### Social media

**What are the do's and don'ts of social media use as a doctor? Click on the icons to find out more information.**

<table>
<thead>
<tr>
<th>☑️ Do</th>
<th>☎️ Don't</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Check your privacy settings and keep in mind that social media cannot guarantee confidentiality whatever privacy settings you use.</td>
<td>- Remember that once information is published on social media you may not be able to control how it is used by others.</td>
</tr>
<tr>
<td>- Remember that the apps you may use may link to your social media profile.</td>
<td>- Don't post complaints about placement providers, medical school, teachers or trainers.</td>
</tr>
<tr>
<td>- Maintain boundaries by not engaging with patients or others about a patient's care on social media platform. If appropriate, use a separate professional platform or profile to respond.</td>
<td>- Don't misrepresent your skills or level of training to others.</td>
</tr>
<tr>
<td>- Use social media to express your views but do not engage in a derogatory manner and don't post discriminatory content.</td>
<td>- Don't share identifiable information about a patient.</td>
</tr>
<tr>
<td>- Think carefully about how others particularly patients both present and future might perceive your content.</td>
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**Gagne principle 4: presenting stimulus material**
Gagne principle 6: eliciting the performance

For the quiz, feedback will be provided on the same slide as the question to ensure that the contiguity principle is not violated.

Gagne principle 7: providing feedback about performance correctness

Gagne principle 8: assessing the performance

Quiz - Q1
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

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

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

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

C: Try to convince the patient to change their mind

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

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

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

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

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
- Make sure they have enough information to arrange to see another doctor
- Inform the patient they have the right to discuss treatment with another practitioner who does not share your belief
- "You must not obstruct patients from accessing services or leave them with nowhere to turn."
Gagne principle 6: eliciting the performance

Gagne principle 7: providing feedback about performance correctness

Gagne principle 8: assessing the performance

Quiz - Q2

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 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.
Gagne principle 6: eliciting the performance

Gagne principle 7: providing feedback about performance correctness

Gagne principle 8: assessing the performance

Quiz - Q3

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.

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

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.
The email address of an appropriate point of contact within the General Medical Council will be included at the end of the e-learning module so that the learners can contact them if they have any queries.
A QR code/link to a feedback form will be included at the end of the e-learning module.

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
A list of references used for the information in this learning resource is provided.

References