

Communication Skills Annual Report 2018- 2019

Key Changes 2018 – 2019

There has been a change in the leadership teams as from 1st December 2018, following the retirement of Mike Moher and a new direction for Helen Salisbury writing a weekly column for the BMJ. Huge thanks to Helen for her inspiring and enabling leadership. We are very grateful she continues with a significant role going forward

The overall lead for the undergraduate Primary Health Care teaching course is now Julian Hancock. Communication skills teaching sits within the Primary Health Care course. Ruth Wilson is now overall lead for teaching, development and delivery of the communication skills course. Helen continues in a development role and is co leading the PPI undergraduate work and leading on remediation.

The course in its current format sits mainly with year 4 – the first clinical year and continues to run smoothly. Development work has been around making more cross curricular links and the course becoming more of a thread throughout the clinical years

Developments to date:

- **A 'death and dying' day - cross curricular teaching with palliative care and ethics.**
This is a practical session around filling in forms (death certificates, cremation forms, DNACPR) as well as some experiential teaching around challenging conversations in end of life care. This was run as a year 5 pilot – feedback was overall very positive from the students although many felt this was best placed in year 6. There is a current plan to run the day in the preparation for doctor course year in July 2019
- **Behavioural change- cross curricular with Public Health**
This session is run in the year 5 community block and looks at current models of enabling behavioural change and a chance to practise with actors as simulated patients
- **Reflective practice groups co run with graduate entry team**
We have run one pilot group for early clinical year's students. The groups aim to offer a space for a student led exploring the emotional impact of clinical care. More are planned for this year.

Key development work 2019 – 2020:

- Overall review of current provision and alignment with 'outcomes for graduates' GMC 2018
- Overall review of PPI in teaching provision to ensure the actor as patient provides an authentic voice of the patient and the 'voice' remains an important part of student learning with
- Continuing development of reflective practice through 'Narrative Professionalism Reflection' (written reflection) and reflective practice groups. Schwartz rounds for undergraduate teaching
- Developing teaching around learning disability using learning disabled actors
- Cross curricular work – currently with psychiatry around communicating with patients with mental health problems
- Interdisciplinary learning and teaching

Curriculum design, content and organisation –year 4 course

Aims:

To help the students explore and experiment with their own individual style of consulting
To learn specific techniques when dealing with complex communication issues
To learn how to work in groups, give supportive and constructive feedback as well as sharing difficulties.

Learning objectives:

Be able to establish an effective relationship with the patient
Be able to take history which includes the patient's thoughts ideas and worries as well as a medical structure which will inform diagnosis and management
Be able to explain clearly management plans in a patient centred way to include the patient own preferences, knowledge and ideas

Method

The course as it currently stands sits in year 4 and runs as a thread throughout the year

The sessions are based around experiential learning – using actors as simulated patients – we role play different scenarios around themes listed below. The teaching is in small groups and facilitated by an experienced clinicians

Listening and Patient centred consultation
Explanations and shared decision making
Communication with patients with dementia – this is a cross curricular development with teratology and psychiatry for the elderly
Feedback
Breaking bad news
Anger and aggression
Communication and diversity

Assessment

This is formative and as such attendance is important. A note is made of attendees and absences are followed up by our admin staff. The attendance will be monitored in line with the medical schools policy of a mandatory 80% attendance.

Formative assessment is provided by feedback based on the learners need (agenda led outcome) but framed around a structure of the learner giving feedback on themselves first

There is a summative assessment in the year 4 OSCE which aligns with the learning objectives
There are 2 stations – one an explanation and one a shared station looking at specific communication skills

Examiners are tutors who deliver the course and have a regular annual update and training to support and inform tutors in this role.

Student support and guidance

The students have the opportunity to discuss anything that have been challenging or rewarding on the wards irrespective of whether this relates to the subject content for the day. Sometimes students are triggered and find the role plays difficult. Group de brief is always encouraged but tutors also can individually de brief if needed

The struggling student

Helen Salisbury and an actor provide 1-1 input for students who are struggling and have been identified as needing some remediation

Student learning resources

The students are given a handbook of role plays and relevant materials. It is hoped if a bid is successful for iPad that these would be available electronically

They are asked to look at short video clips from health talk on line to ensure the patient narrative is captured

Quality management and enhancement

- Admin support is provided by Emma Wiley and Maria Luque Arrabal.
- Ruth Wilson and Helen Salisbury are very accessible to admin staff and tutors and provide support and overview for the quality of the course. New actors and tutors observe sessions and the actors are rehearsed before the sessions
- There is an annual training day for tutors involving an update and focused learning event
- Students are required to give feedback on the sessions before they leave. This feedback is collated at the end of the academic year and passed on to tutors for their own reference. The lead tutor for the session will feedback to Helen Salisbury and Ruth Wilson any more immediate concerns
- We continue to offer peer observation and feedback as a method of ensuring quality as well as providing tutors with individual feedback
- PPI , we work closely with Ben Clyde PPI co coordinator for undergraduate medicine. Helen Salisbury is the co-lead for PPI development He will be observing our sessions this year to provide feedback on how we can ensure the authentic patient voice is central to our learning. The actors in role of patients provide feedback to students. The students are encouraged to
- Equality and diversity – we are constantly challenging ourselves to ensure curriculum content is modified to ensure it represents various experiences. We welcome students approaching us to discuss this – Most recently the LGBTQI and BME reps from Osler. We also welcome PPI input.

Additional courses for 2018 – 2019 – still in pilot delivery stages

Death and dying day

This was piloted in year 5 but this year will be delivered in the preparation for doctor course in Year 6

This is a cross curricular collaboration between ethics and law, palliative care and general practice

Aims and learning objectives

- A chance to re visit the legal and ethical aspects of end of life care
- A chance to explore professional and personal challenges around death and dying
- Practical skills in completing certification including DNACPR
- PPI partnership with funeral directors describing process after death
- Practise communication skills around end of life events

Behavioural change

Aims and learning objectives

- To inform the student of current models of enabling behavioural change
- Students to understand their role as health professional in facilitating change
- To practise with actor as simulated patients understanding behavioural change

Reflective practice groups

Aims and learning objectives

To help the students reflect on their experience of clinical placements in a safe environment with a senior clinician.

- Allow the students to learn to construct their own clinical and professional identity
- To help the student orientate themselves to a 'community of practice' that is the medical professional
- Encourage reflection rather than blame in their professional life
- Promote candour and the skills of candour
- Address the impact of the hidden and informal curriculum
- Encourage supportive reflection in small group setting – the role of being a supportive colleague

Learning outcomes

- To be able to reflect on their own experiences and take meaning from their clinical encounters
- To be able to use reflection as a learning tool and autonomous for maintenance with knowledge and self-care
- To be aware of the hidden and informal curriculum and their own unconscious bias
- To be able to talk about the emotional and social aspects of working in health care
- To be able to debrief from a difficult encounter in a safe non-judgemental environment

YEAR 4 COMMUNICATION SKILLS- Student feedback 2017-18

Is there anything that could be done to improve this session?

Explanation & Shared Decision Making

- Perhaps watching a video of an explanation done well and then done badly and comparing the two
- More variation in the exercise being done (x8)
- Some of the characters are a little over the top and silly stereotypes of working class people (x2)
- Feedback could be more structured in terms of addressing specific points of the interviews
- More input from other students and more constructive criticism
- More time on the first half rather than the second
- The topic of gall bladder + liver function/ duct anatomy was rather complicated to explain. (x2) – warning for preparation of topics (x6)
- Smaller groups (x2)
- More tutor feedback
- Encourage more peer feedback
- Perhaps have a patient who has knowledge of their condition (x2)
- Perhaps if we went through scenarios a bit faster.
- Could be good if it was longer, to leave time to try repeating the same scenario after receiving feedback from the tutor/patient.
- Time for everyone to go twice, as I thought the people who only went once didn't have the same opportunity to practice.
- The session being run after knowing more about the procedures.
- More actors/scenarios. You learn the most by practicing and making mistakes (x3)
- Earlier in the year (x4)
- Too close to exams (x8)

Listening & The Patient-Centred Consultation

- A new 'Patient' (scenario) for each person, It's very difficult to continue on from previous students (x8)
- Watching a roleplay done badly on purpose and pointing out what could be improved (x2)
- An example of a difficult situation handled well (x3)
- Splitting in to pairs to get more practice
- More than one opportunity – so that feedback can be applied (x4)
- Something to make everyone feel less nervous/ embarrassed
- More varied scenarios (x11)
- Smaller groups (x3)
- Less peer feedback sections/talks
- More feedback (on body language or any phrases I over use)

- Reinforce that you shouldn't be thinking of a diagnosis as you go along.
- Earlier on in the course (x2)
- Icebreaker at the beginning of session
- Discussion of how to manage these situation in a more time pressured environment.
- More info about diseases being presented (x4)

Angry and Aggressive Patients

- Another session, dealing with repressed or hidden anger.
- Play out whole scenario each.
- We all did the first 3 scenarios once each which was unnecessary as it got repetitive.
- More aggressive/angry patient (x12)
- More scenarios (x2)
- More time to work through the scenarios (x2)
- Shorter role play- attempt scenario again to feel improvement.
- I thought a couple of scenarios were quite similar.
- Alongside breaking bad news very important, so perhaps longer.
- Scenario of dealing with angry colleague/staff (x2)
- The second scenario is a little unclear, but otherwise a very useful session.
- Maybe give everyone a chance to deal with an angry large male! Quite a different skill set.
- Allow more time for students to do the talking
- Some written feedback on how we could improve.
- Clearer instructions on what to achieve/accomplish in the consultation.
- Maybe not starting with such an aggressive patient (I was quite apprehensive of having a go after watching the first one) (x3)
- It would be useful to see the tutor do it once at the end herself.
- Give an example of what to do at the start.
- It would have been nice to have an opportunity to improve/perhaps split the role-play in two and use the feedback points.
- A bit more exploration of why the patients in the scenario are angry.
- Scheduling conflicts.
- Perhaps it could be linked with medico-legal issues.
- Sometimes a bit anecdotal. Although this is useful, could sometimes be a bit more generic. But this is minor, it was a great session overall.

Breaking Bad News

- More time and space to receive extensive feedback
- More negative feedback
- Reduced peer feedback, more GP feedback
- A break, it's a lot all at once (x2)
- Example of good practice, maybe a video of it done well
- Different examples (x3)
 - not so severe, i.e. broken arm
 - to see how different patients react

- family members present
- Greater variety of scenarios (x6)
- Breaking bad news when it may be your fault. Breaking bad news to more than one relative.
- A bit more discussion before going into the scenarios (x3)
- An additional session (not comms as such) on our own welfare in these situations would be great.
- Perhaps another session (as this is so important)
- Follow-up session as I feel I'd improve on this with more practice.
- Flesh out descriptions of role plays. Actor asks a question and I wasn't sure whether to make it up or say "I don't know"
- More tissues (x2)
- I would avoid mentioning what we may personally have experienced.
- More time spent practising each scenario.
- More time to do the scenarios (x4)
- Start with a framework for breaking bad news.
- More opportunities for all of us to break bad news.
- Perhaps breaking news of death (x2)

Feedback

- More role-play, to practice feedback (x8)
- Shorter session and instead of watching videos of consultations, getting us to role play the consultation as this develops our skills with history taking too.
- More videos (x8)
- Shorter videos
- More realistic consultations that hadn't been exaggerated. (X12)
- Examples of good and bad feedback in clinical setting (x4)
- Earlier in the communication skills course
- Teach in year 3
- Maybe we could watch the videos beforehand.
- Show a video of someone giving feedback. Also let us work on how to give feedback to people who take it poorly.
- More interactive discussion at the beginning (x2)
- Written notes/slides on key points
- A small break in the middle
- We could give each other feedback based on a mock consultation like the other sessions.
- More time to discuss
- Audio quality of video was hard to hear at times (x2)
- How to give positive feedback?

Talking about sex

- A bit on trans. (x3)
- Add a scenario with a young patient.

- A bigger range of scenarios. – have a non-heterosexual case.
- Perhaps add a case about gender fluidity (x2)
- Maybe make it longer and the feedback session shorter. (x2)
- Some more resources beforehand to think about when bringing up sex/taking a sexual history is relevant.
- Perhaps it could be TURP post-op follow up where the patient is experiencing problems
- Variety in age of patients (x2)
- More controversial scenarios
- Talk about the GUM clinic scenarios last. Start with heart attack one.
- Perhaps more teaching on taking a sexual history before the session (x4)
- There should have been a warning that this session would include sexual violence
- More scenarios (x5)
- Less difficult topics, felt limited by knowledge, not communication.
- Maybe co-ordinated more with O&G. Difficult to know without subject knowledge (x2)
- More extreme examples and more time on role play.
- Be clear about the gender of the characters!
- Covering more subtopics, which would need longer or more sessions.
- Talk about pregnancy and contraception.
- Make it more awkward.
- Some more information about medications that cause sexual side effects.
- It was a bit difficult without knowledge of relevant aspects of sexual history.
- Knowledge was a barrier.
- Two chances at the role play would be useful.
- Sexual abuse can be very distressing for some students and could be handled more sensitively. I recognise it's important for medical students to deal with, but an email before the session could be sent, saying it will come up.
- Having a few turns at scenario 1, so more people can try to take a full sexual history.
- More feedback on our role play.
- Tutor needs to intervene at the right times with advice.
- Have a 2 minute halfway through.

Communication and Diversity

- More role-plays (x7)
- More scenarios where the religious beliefs were the issue.
- More about racism issues.
- Longer session (x3)
- More time doing role-plays (x9)
- More time with the interpreters (x5)
- Perhaps it could be split into two sessions- many things come under the umbrella of "Diversity". Each session was well-taught, however.
- Last session discussing own background. Less useful, bit intrusive.
- How to do basic history/consultation with interpreter when patient doesn't speak English.
- Smaller groups (x2)
- Perhaps 3rd interpreter scenario too complex.

- Game with different individuals wasn't particularly helpful for communication skills.
- Book could be structured better.
- Exercise with cards feels a little redundant- a discussion about each scenario could be more powerful.
- I didn't think the walking game was particularly useful.
- Add ways to actually address issues.
- Split into a double session with some role play for the access to healthcare portion.

Dementia

- Make sure that every student has a chance at going first as well as second in a scenario- as can be very different (but equally valid) experiences.
- Someone who is physically violent.
- When setting the variations of the scenario, a few extra details might make some of the problems we encounter easier.
- It was great to run so many scenarios. It would've been useful to have more feedback/discussion as a group.
- Discussion of techniques to use at the beginning (group discussion) and best practice.
- A bit more individual feedback after we've each gone.