THE PATIENT AND DOCTOR COURSE

TUTOR HANDBOOK
ACADEMIC YEAR 2021-22

YEARS 1 & 2

UNIVERSITY OF OXFORD

NUFFIELD DEPARTMENT OF PRIMARY CARE HEALTH SCIENCES
Medical Sciences Division

Notes for Tutors

Introduction

Thank you very much for teaching the Patient & Doctor Course this coming academic year. We understand that Primary Care services remain under immense pressure, so we greatly appreciate your commitment to tutoring our Year 1 &2 students. Your role in introducing them to clinical medicine is hugely valued.

After all the disruption of the past eighteen months, we very much hope that this year will permit a more "normal" teaching and learning experience.

At the time of writing (September 2021), the plan is that Patient & Doctor sessions will be held face-to-face. This is in line with university guidance, as well as being consistent with how small-group teaching is being run on clinical courses. However, contingency plans will be in place to switch to remote teaching if circumstances require this. The watchwords should continue to be "flexibility" and "pragmatism" when planning your sessions.

These introductory notes contain the following information:

- **How to use this handbook**
- **Considerations in View of Covid-19**
- **New Developments for Academic Year 2021-22**
- **Student Resources, Written Tasks and the ePortfolio**
- **What introduction do students receive to the course?**
- **Advice about timetabling sessions**
- **Options and guidance for conducting online teaching (**if needed**)**
- **Student Welfare**
- **Course Aims**

How to use this handbook

The handbook contains the following:

- New introductory **tutor notes**, detailing important aspects of the course for 2021-22.
- Updated **student introduction**. Please read this carefully.
- Notes for all 9 sessions which take place throughout the academic year, for both Year 1 and Year 2 students. These can be used in conjunction with the student notes on Canvas.
- As with last year's handbook, at the end of each session there are brief additional **"Covid-proofing"** notes for tutors, giving suggestions about specific video resources which can be used for each topic should remote teaching be required.

As well as being sent to you by email, this handbook is available in the "Tutor Resource" section of the Nuffield Department of Primary Care website:

https://www.phc.ox.ac.uk/study/undergraduate/current-tutors/view

On the website, you will also find the First BM Curriculum, so you can see what students are learning alongside their Patient & Doctor course.

Considerations in View of Covid-19

- **Face-to-Face Teaching**

As above, the plan for the coming academic year is that *Patient & Doctor* sessions should be held in person.

As of early September 21, the University of Oxford removed the requirement for social distancing and the mandatory wearing of facemasks. However, it is important to stress that this applies to university teaching sites. For *Patient & Doctor* sessions taking place on NHS premises, students have been told that they will be **expected to wear facemasks (unless exempt) and adhere to all other Covid regulations which are in place in your practices**. **They will be asked to do lateral flow tests before attending their *P&D* sessions.**

In the student introductory notes you will see that the students have been briefed about the ongoing pressures on Primary Care services and requested to be realistic, patient and flexible in their approach.

- **Vaccination**

The presumption is that students will be double-vaccinated. They have all had the opportunity and have been encouraged to do so. Please note that the Medical School does not ask students to confirm or record their vaccine status.

All Year 1 students have a mandatory appointment with occupational health at the start of term in order to highlight and help with any potential health issues.

For up-to-date university guidance on Covid-19, including rules on self-isolation, please see:

https://www.ox.ac.uk/coronavirus/health

- **Remote Teaching..?**

We ask you to please do your very best to facilitate face-to-face teaching. If this should become unfeasible then sessions should be conducted online. Pragmatically, this is likely to be in the following sorts of scenarios:

- If the pandemic situation deteriorates and there is a change in university teaching guidance (we will let you know straight away if this happens).
- If you or several students in your group are self-isolating, with no possibility of re-arranging the date of the session.

As with last academic year, there are two broad options for online teaching. The first is using the Virtual Primary Care (VPC) video bank, which all tutors and students will be able to access. The second is conducting remote patient interviews, either by phone or video. There are more details of both these approaches in these introductory tutor notes, should they be needed over coming months.

- **Professional Dress**

For students in Years 1 &2, their *Patient & Doctor* sessions are the only times that they are in a clinical environment. It is unlikely that students will have access to scrubs. You will see in the student introductory notes that they have been told the following:

Professional Dress and Covid-19:

Most GPs started wearing scrubs at the start of the pandemic and you will see that many of them are still doing so. Key features of scrubs are that they are worn uniquely in the clinical environment and are easy to wash.

Clinical Students in Years 4-6 are currently advised to wear any clean, easily laundered clothes when in a clinical area, but there is no requirement to wear scrubs. Check with your practice what they would like you to do if you are seeing patients face-to-face.

Please let students know what you would like them to wear, in line with your current practice guidelines.

New Developments for Academic Year 2021-22

New Session 6: *Thinking Back and Looking Forwards*

As previously communicated, there is one new session in Michaelmas Term (to be held on 19th or 21st October). Whilst there were also nine teaching slots last academic year, one of these was a "catch-up" for a session which was postponed from May 2020. We are really pleased to be able to keep hold of this "extra" teaching time: it will provide students with important additional experience in a timetable where there are no other opportunities for clinical teaching.

The focus of the new Session 6 will be to revise skills developed in Year 1 (particularly for this year's Year 2 cohort whose experience was so impacted by the pandemic). The session can be planned in one of two ways: either a shadowing session (in the style of Session 2: "I

Told You I Was Ill"), or else focussing on patients who have a neurological condition. Please see individual session notes for more details.

Equality, Diversity and Inclusion teaching

As well as being important and topical, we have received consistent feedback from students that they would value more consideration of diversity issues in all their Pre-clinical teaching, including the *Patient & Doctor* course. In response to this, we have been in discussion with the Pre-Clinical School and will be co-ordinating several central teaching sessions for Year 1 and 2 students about Equality, Diversity and Inclusion. This will include lecture-based teaching and smaller-group case-based discussions.

For logistical reasons these sessions will form part of the *Patient & Doctor* Course, but do not require any additional teaching from you. We wanted to make you aware that they will be happening, as students may refer to them. If you would like to get involved with the EDI sessions then, of course, you would be very welcome to do so! Please contact: alison.convey@phc.ox.ac.uk for more details.

EDI and Patient & Doctor Sessions

Please think about optimising the diversity of the patients which students encounter during the year. We appreciate that there are multiple variables in the *Patient & Doctor* course which make this a challenge, e.g. demographics of practices/afternoon teaching which naturally suits retired patients/the need (at this stage of the course) for patients to have a good level of spoken English. However, if there is opportunity for patient diversity from the perspectives of age, gender, ethnicity or socio-economic status then this would be very valuable.

We know that you already incorporate relevant and appropriate discussion/reflection in your sessions. For example, how risk factors for disease or decisions about treatment may be influenced by a patient's background and circumstances. Please do continue to encourage students to consider these issues.

In terms of specific sessions:

Session 1 – "*Trust Me, I'm a Doctor"*

In this first session with the Year 1 students, it would be helpful to have a brief discussion of the demographics of your practice and the impact this has on patient presentations and the services you deliver.

Session 5 – *"Who Do You Think You Are?"*

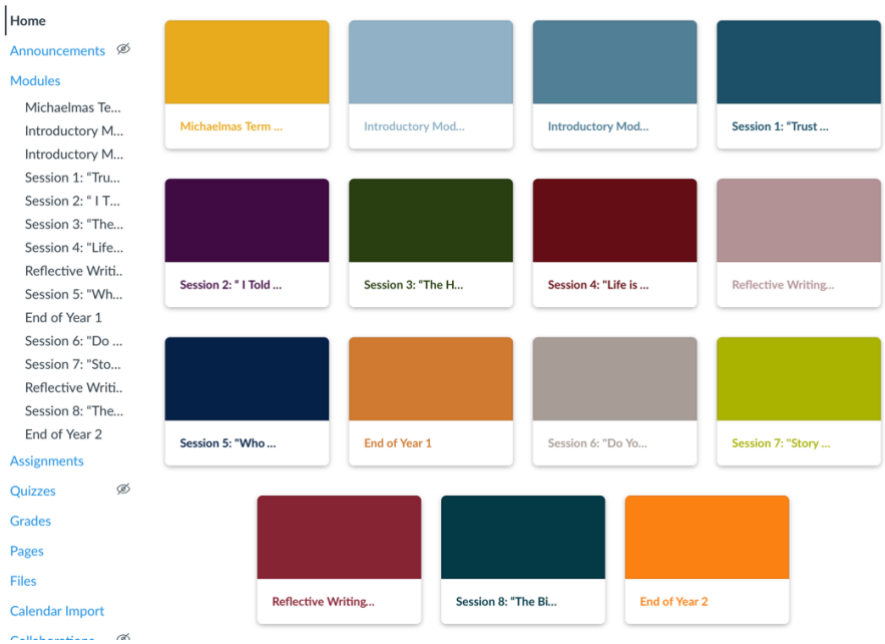
We have broadened the question of "*Who Do You Think You Are?"* to incorporate the potential positive and negative effects of a patient's identity, social and cultural background on their healthcare experience.

This should help to vary the range of patients who might be appropriate to invite to take part in this session. Please see individual session notes for more details.

Session 7 – "Do You Hear What I'm Saying?"

Further suggestions have been added to promote discussion of the barriers there might be to a patient being able to give informed consent, take part in shared decision-making and adhere to agreed treatment.

Student resources on Canvas



Landing page for the Patient & Doctor 1 Course on Canvas

As last academic year, the student handbook is entirely on Canvas. They have the option to download and print a Word version of each session, should they wish to write notes using good old-fashioned pen and paper.

If you are a new *Patient & Doctor* course tutor then you will be contacted with Canvas login details ASAP before the start of term.

All existing tutors were signed up to Canvas in October 2020. If you are having problems getting access then please email our admin team as soon as possible: ugteachingadmin@phc.ox.ac.uk.

Year 1 and 2 written tasks

As last academic year, both Year 1 and 2 students will be asked to write a brief reflective piece. Details of the tasks are included in the appendices of this handbook and are on Canvas.

The students will be asked to submit you their report on the ePortfolio (see below), two weeks in advance of their final teaching sessions (dates below). There is no formal "marking" process, but we ask you to read their reports and offer supportive and formative feedback.

Deadlines for written work

- Year 2 – two weeks prior to final session on 24th February – i.e. **10th Feb 22.**
- Year 1 – two weeks prior to final session on 17th May – i.e. **3rd May 22.**

E-portfolio

Thank you to last year's tutors for trialling the ePortfolio for Year 1 students. On the whole this was a positive experience, though we appreciate that it is not the most streamlined or intuitive of platforms. Over time, having the pre-clinical students all on the ePortfolio will help provide coherent links between their *Patient & Doctor* experiences and their later clinical training.

This academic year, both Year 1 and Year 2 students will be set up on the NHS ePortfolio. This will be the route for all students to submit their written reflective pieces and student evaluations of the course. Tutor reports will also be submitted via the ePortfolio.

New tutors may already be familiar with the ePortfolio from supervising post-graduate trainees, but they will receive joining instructions in due course.

What Introduction to the *Patient & Doctor* course will students have had?

Prior to their first Patient and Doctor sessions, Year 1 and 2 students will have been asked to read the introductory module on Canvas. This contains important general updates about the course and guidance relating to Covid-19.

<u>Year 1</u>
Year 1 students will also be required to complete an initial video-module which begins to explore how doctors communicate with patients (Year 2 students will have completed this last October).

Year 1 students will also have two initial lectures giving an introduction to the course and to seeing patients. These sessions are on 13th and 25th October 21.
<u>Year 2</u>
Year 2 students will have a "Welcome Back to the Patient & Doctor Course" lecture on 18th October.

Advice about timetabling sessions

ALL SESSIONS ARE TIMETABLED FOR 2-5pm

MICHAELMAS TERM 2021		
Tuesday 19th October (Group A colleges) **OR** **Thursday 21st October (Group B colleges)***	Year 2	**Session 6** *Thinking Back and Looking Forwards:* Shadowing a Clinician or Neurological Disease
Thursday 4th November	Year 1	**Session 1** *"Trust me, I'm a Doctor"*
Tuesday 9th November (Group A colleges) **OR** **Thursday 11th November (Group B colleges)***	Year 2	**Session 7** *"Do You Hear What I Am Saying?"*
Thursday 18th November	Year 1	**Session 2** *"I Told You I was Ill"*
HILARY TERM 2022		
Thursday 27th January	Year 2	**Session 8** "Story of the Blues"
Tuesday 8th February	Year 1	**Session 3** "The Heart of the Matter"
Thursday 24th February	Year 2	**Session 9** "The Big C"
Tuesday 1st March	Year 1	**Session 4** "Life Is Sweet"
TRINITY TERM 2022		
Tuesday 17th May	Year 1	**Session 5** "Who Do You Think You Are?"

*You have been emailed a list of which colleges are in groups A and B

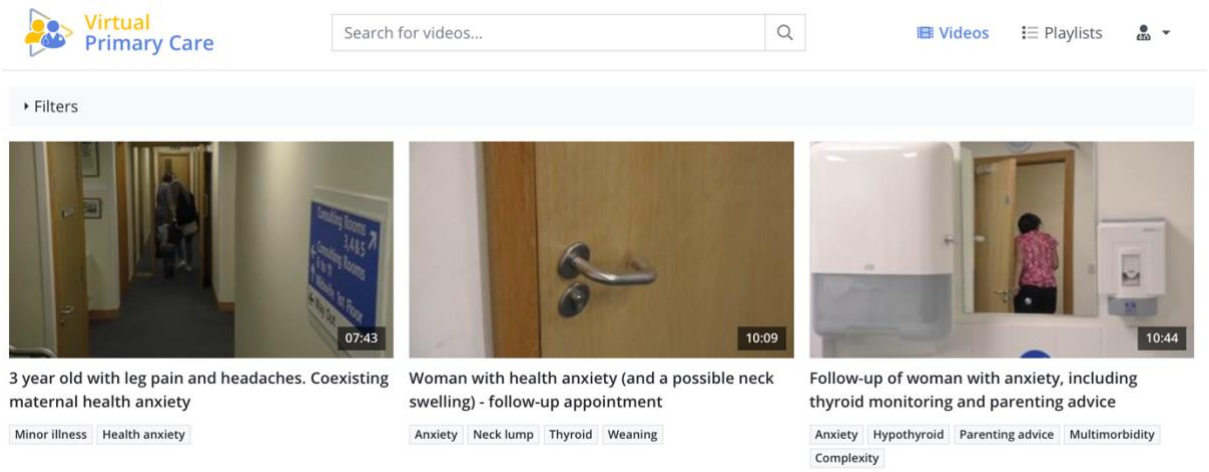
Can I change the dates of my sessions?

Yes - do change the dates of your sessions if needed. You should arrange this directly with your students as soon as possible. You have been emailed the students' overall BM timetables to facilitate this.

Options and guidance for conducting online teaching (**If required – see "Considerations In View of Covid-19" section above**)

There are two broad options for conducting online teaching this term. Both are educationally valuable and will provide students with the opportunity to reflect on clinical encounters.

1) Virtual Primary Care (VPC) Resource



A number of *Patient & Doctor* tutors used the VPC video bank last academic year. Put together in the summer of 2020, the Society of Academic Primary Care and the Medical Schools Council collaborated with the team who produce *GPs Behind Closed Doors* to produce a large bank of filmed GP consultations. Each film also has notes to accompany it, posing questions about clinical or communication issues.

The feedback from our tutors was overwhelmingly positive. There were lots of comments that the consultations are valuable teaching tools because they are "real". There are approximately 150 videos, categorised by clinical theme. You can search using keywords (e.g. "diabetes"), or the titles of the videos. Suggested films for each session are at the end of each chapter in this tutor handbook. **"Playlists" have also been compiled on the VPC website for most session topics.**

You can use the videos in different ways:

- Play them live in the session using screenshare
- Ask students to watch designated films in advance by sharing your playlist with them. All students will have been given access to the site, but you will need to link them to the videos you'd like them to watch (this is easy to do – please see the Tutor User Guide on the site).

All new tutors will receive an email asap about setting up their log-in for this site. For existing tutors, we hope that you are still able to access your account. If not, please email our admin team as soon as possible: ugteachingadmin@phc.ox.ac.uk.

Other helpful patient videos can be found at https://healthtalk.org.

At the end of each session, we have provided some brief tutor "Covid-proofing" notes, giving ideas and suggestions about resources which might be helpful should you have to deliver your teaching remotely, away from your students. We have selected a few of these *Virtual Primary Care* videos for each session, in case you do not have time to search. There are also some *healthtalk online* and *You Tube* videos included.

2) Remote patient interviews

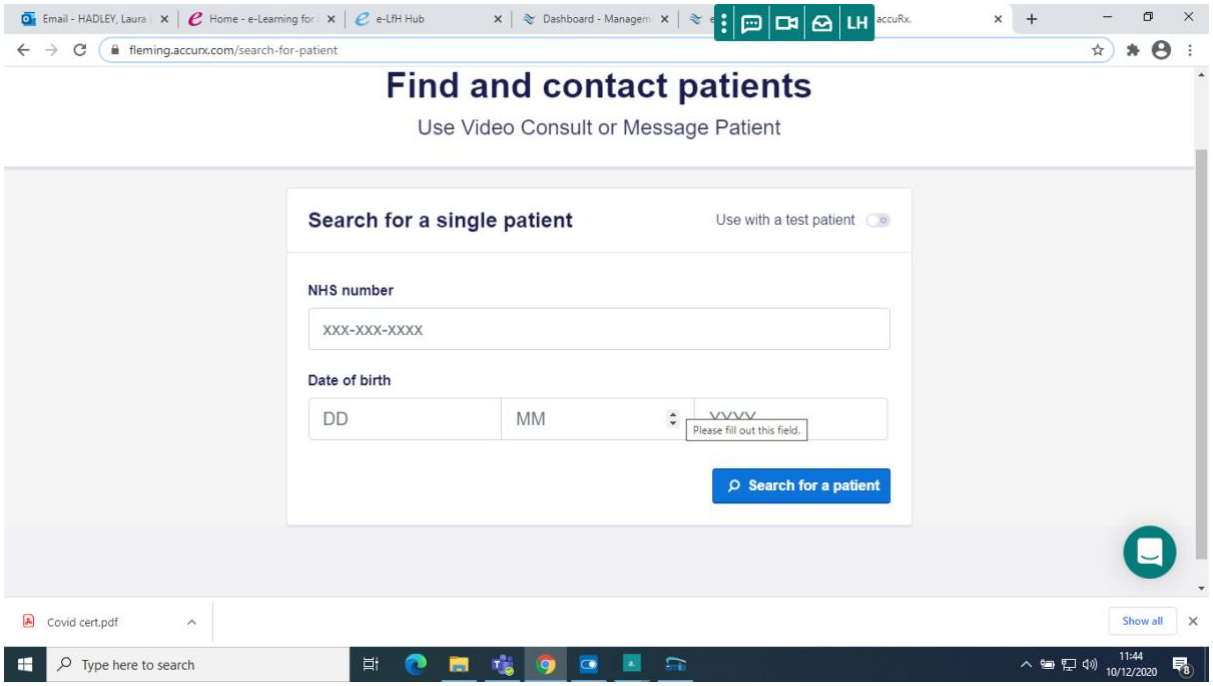
Last year, tutors also successfully conducted sessions involving video consultations with patients.

Which platform should I use?

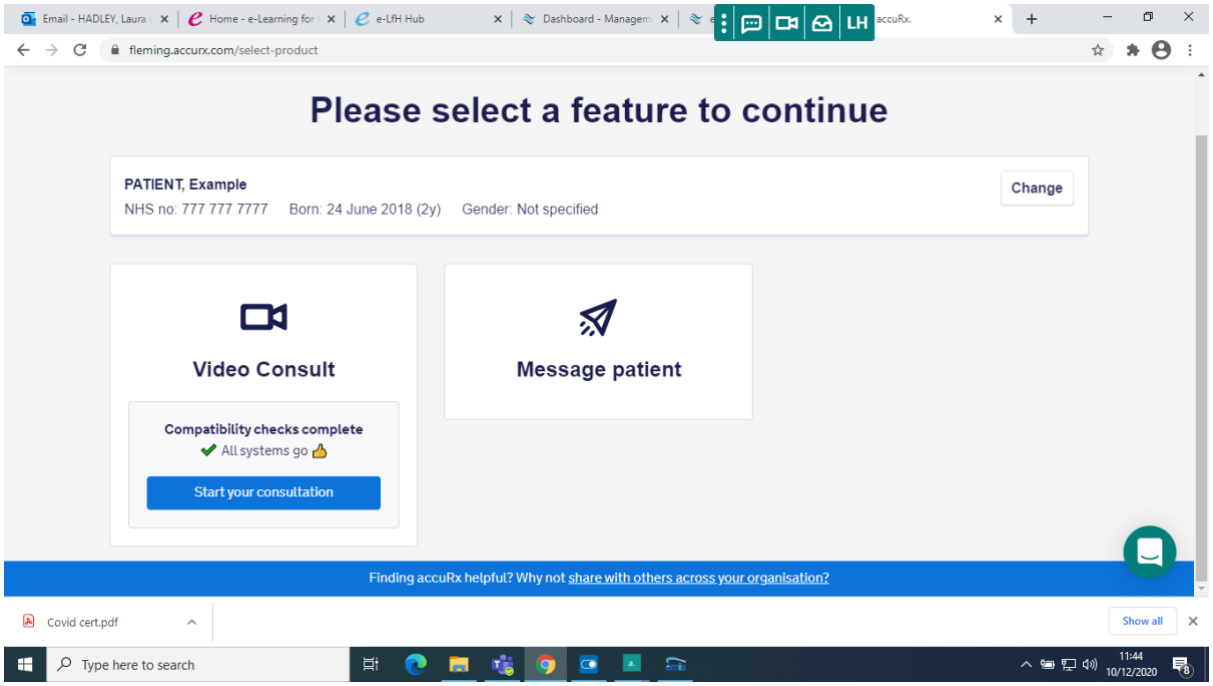
- **Microsoft Teams or Zoom** are both acceptable platforms. Whilst there have previously been security concerns about Zoom, these have recently been reassessed and patients sometimes find it easier to use than Teams.
- **Accuryx Fleming** was used last term by at least one group of our tutors. They give their tips here:

"It is easy to use: https://fleming.accurx.com/

You log on with your NHS email address, which links to the practice EMIS. This then allows you to search for a patient using their NHS number:



This then finds the patients contact details and allows you to generate a text link:



All I then do is copy the text link and send it to the students. You can have up to 4 'people' in the room at once.

It's really good, secure and allows you to do it from any computer as all you need is an NHS number. There are no medical records on the system, just demographics".

- **Telephone**

It is perfectly acceptable for students to interview patients by telephone and then come together in an online session to discuss their findings and reflect on what they have learned.

How to set up the session

There are options for how you structure your session, depending on your level of familiarity with the platform you are using:

- Teams and Zoom have been used in different ways. Last term, some tutors invited one or two students to interview a patient, whilst the rest of the group watched with video and microphone turned off. Then all came back on screen after the interview for discussion.
- Other tutors have used "break out" rooms, in order to have two or more consultations going on simultaneously.
- Using the "video off" mode in Teams/Zoom can be helpful to simulate phone calls.

Please feel free to adjust the length of your session to that which feels appropriate. Sessions lasting several hours can be difficult to sustain online and it is important to maximise the concentration and engagement of the students.

Important Considerations for teaching using live video consultations:

Patient considerations:

All patients must be properly consented to take part in video teaching and told what to expect. It is important to make sure that they are fully comfortable with accessing your chosen platform in advance of the session. You may have to be more careful than usual in selecting patients who are willing and able to speak to students online.

Student considerations:

- Before planning your session, please ensure that your students have the appropriate space in their accommodation/college to be able to conduct a confidential patient interview (i.e. where they will not be disturbed or overheard). If they do not have this sort of environment, then you should consider running your session using pre-recorded videos (e.g. the VPC resource).
- We are aware that potentially emotive topics will be discussed this term, for example depression and cancer. It is essential that you give students the opportunity to debrief/follow-up at the end or after the session, should they need to do so. We recommend you offer to stay on the video call for an extra five minutes after the teaching has finished in case any student would like to talk further. Otherwise, please invite them to email you.

Please see student introductory notes for details of what they have been told about video consultations, including "top tips".

Student Welfare

The experience of students may still not be "normal" this term. We know how much students value the rapport and relationship they have with their *Patient & Doctor* tutors. It may well be that they wish to bring up anxieties or issues with you during your sessions. If you have particular concerns about the welfare of any of your students then please do contact the Primary Care Teaching Team to discuss avenues for support. In this circumstance, you may also feel it would be appropriate to be in touch with a student's college tutor.

The University of Oxford website also has excellent guidance on the many ways students can seek pastoral support:

https://www.ox.ac.uk/students/welfare

Finally, a reminder of Course Aims:

Students greatly value and enjoy their *Patient and Doctor* experience. The aim of this course is to provide a motivating introduction to seeing patients and hearing their stories. It should generate thoughtfulness and curiosity about clinical medicine and broaden ideas about being a doctor.

In the words of one *Patient and Doctor* tutor:

> "This course is about relating to, and talking to, people. Being curious. Being a detective. A taste of the 40-odd years to come!"

Students should:

- Begin to experience what it is like to be a doctor
- Develop their curiosity for patients and their stories
- Consider the physical, social and psychological impact of a patient's illness
- Start their careers as reflective professionals, by regularly learning from their patients
- Link biomedical scientific learning to their future clinical practice
- Start learning about the professional and ethical principles which guide and govern medical practice
- Begin to develop their clinical communication skills

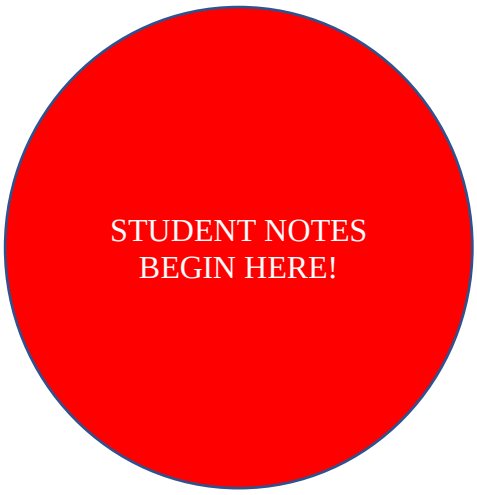
Here are five colour-coded themes which run through the course. **Please see the student introduction section for full explanation**. The themes are:

Communication skills
Biomedical relevance
The Patient-doctor relationship
The Clinical History
Reflective Practice

Each session has been cross-referenced to the students' First BM Curriculum.

Thank you again for your commitment to teaching on this course and we hope you have a really good time teaching this term. Please do get in touch with any further queries or questions (alison.convey@phc.ox.ac.uk).

Primary Care Teaching Team, October 2021


STUDENT NOTES
BEGIN HERE!

Contacts in the Primary Care Department

The GP Undergraduate Teaching Team is part of the Nuffield Department of Primary Care Health Sciences (NDPCHS). The department is the largest and most highly ranked centres for academic primary care globally.

The main NDPCHS building is on the old Radcliffe Infirmary site on Woodstock Road. The teaching office is just across the road at Eagle House in Jericho.

If you have any questions about the timetable or the logistics of your GP placements, please contact:

- Patient & Doctor Course Administrator, **Jacqui Belcher:**

Email: Jacqueline.belcher@phc.ox.ac.uk

or

ugteachingadmin@phc.ox.ac.uk

If you have queries about the content of the course or handbook, please get in touch with:

- Patient & Doctor Course Co-ordinator, **Dr Alison Convey**:

Email: Alison.convey@phc.ox.ac.uk

WELCOME!

Introductory Notes for Students

Welcome to Oxford, welcome to the *Patient & Doctor 1* course, and welcome to the medical profession. This is where you will start learning to be a doctor.

On this course you will see patients, listen to their stories and think about how their illnesses impact on their lives. You will start to relate your scientific learning to the diagnosis and management of disease.

As a particularly wise Regius Professor of Medicine once said:

"He who studies medicine without books sails an uncharted sea, but he who studies medicine without patients does not go to sea at all". (William Osler, 1849-1919)

Many doctors never forget the first patients they spoke to as medical students. That patients share their concerns, hopes and worries with us is an amazing privilege, not to mention an invaluable opportunity to learn. We hope this course will provide you with memorable experiences, which will inform and motivate your future studies.

You have chosen one of the most fulfilling, exciting and stimulating careers possible. Time to get started.

What are the aims of the *Patient Doctor 1* Course?

On this course you will:

- Begin to experience what it is like to be a doctor
- Develop your curiosity for patients and their stories
- Consider the physical, social and psychological impact of a patient's illness
- Start your career as a reflective professional, by regularly learning from your patients

- Link biomedical scientific learning to your future clinical practice
- Start learning about the professional and ethical principles which guide and govern medical practice
- Begin to develop your clinical communication skills

What is the structure of the course?

The *Patient & Doctor I* Course is led by the Primary Care Teaching Team and is taught exclusively by GP tutors. This is a great place to start, since GPs are the doctors who see everything and everyone. However, the skills you will gain are important and highly relevant to being a doctor in any setting.

Each college has a dedicated GP tutor (or sometimes two), who will supervise the student group over Years 1 and 2. With your tutor, you will take part in the following afternoon sessions (a timetable of dates will be sent to you separately):

Sessions in Year One

Michaelmas Term

- *"Trust Me, I'm a Doctor":* Group Seminar on the Duties of a Doctor
- "*I Told You I Was Ill*": Shadowing a Clinician

Hilary Term

- "*The Heart of the Matter":* Cardiovascular Disease
- *"Life is Sweet":* Diabetes Mellitus

Trinity Term

- *"Who Do You Think You Are?":* The Family in Health & Illness

Sessions in Year Two

Michaelmas Term

- *Thinking Back and Looking Forwards:* Shadowing a Clinician or Neurological Disease
- "*Do You Hear What I'm Saying?":* Treatment and Consent

Hilary Term

- *"Story of the Blues":* Psychological Problems – Depression and Anxiety
- *"The Big C":* Talking to a Patient with Cancer

How do I get the most out of the course?

The most important way to learn on this course is to be enthusiastic about seeing patients and to listen attentively to their stories.

You will get more out of the sessions if you prepare in advance. There is a **"preparation"** section at the start of each chapter in the handbook. It asks you simply to read the notes and check you have understood what has been covered in previous sessions. Your tutor may discuss doing other preparatory work with you.

You will see that each teaching session has its own individual notes in the handbook. There are themes running through the whole course to guide your learning (see below).

Course Themes

A number of themes run through the course, with varying emphasis given to each in any one session. Taken together, these themes should help you to unite your scientific learning with the practicalities of patient-based medical practice, and begin your lifelong professional development as a doctor. These themes are:

Communication Skills
Biomedical Relevance
The Patient-Doctor Relationship
The Clinical History
Reflective Practice

They are colour-coded throughout this handbook.

Communication Skills:

You probably already possess most, if not all, of the skills you need to communicate effectively with patients. A clinical encounter is ultimately just a conversation.

By observing doctors at work, and hearing from patients about their past experiences, you should gain insight into which skills are of greatest value in the context of a medical consultation. The course encourages you to analyse why particular techniques are useful in specific situations and to use them in your own conversations with patients.

Medical communication skills are categorised in different ways, in various theoretical "models" of the consultation. You may hear about these later in your degree, but for now experiencing clinical communication in real-life settings is much more valuable. For ease of discussion, sometimes we group skills into the various "stages" of theconsultation:

1. Skills for developing rapport
2. Active listening skills
3. Facilitative skills

4. Skills for effective explanation
5. Skills for dealing with emotion

Look out for these areas during your upcoming sessions

Biomedical Relevance:

Most of the sessions in the course are themed in part around a clinical topic, e.g. cardiovascular disease, diabetes, etc. You should find that these themes tie in with the theoretical scientific learning you have gained recently from your wider First BM teaching. **The biomedical theme for each session will be cross-referenced in this handbook to the relevant section of the First BM syllabus.** This should help to reinforce the relevance of your theoretical learning to your future as a clinician.

The Patient-Doctor Relationship:

The relationship that doctors form with their patients is absolutely fundamental. Without building rapport, understanding and trust, it would be impossible for doctors to offer effective advice and treatment.

Again, many different models have been proposed to better understand the interaction between patients and doctors. What all these have in common is their recognition of the separate *agendas* of patient and doctor, and the need to marry these together to create a successful outcome to the clinical encounter.

The patient's agenda refers to the *ideas, concerns, and expectations* that the patient brings to the encounter.

The doctor's agenda refers to their need to obtain and interpret specific information to allow a diagnosis to be established and a treatment plan to be made.

This course aims to help you understand these concepts and start to develop the communication skills you need to bring these agendas together within a clinical encounter.

The Clinical History:

The process of interviewing a patient about their medical problems in order to make a diagnosis is usually referred to as *taking the history.* It is a method used by doctors to ensure that they remember to ask the important questions and to record the answers in a streamlined way. Because all doctors tend to use the same structure, it also acts as a helpful shortcut or "language" for them to communicate with each other about patients they have seen, both verbally and in writing. However, it should never interfere with having free-flowing, empathetic conversations with patients. It is not a script of questions to ask, but more of an *aide memoire* for the information needed by the end of a consultation.

You will learn a lot more about "history-taking" from your 4th year onwards. In order to familiarise you to the structure of the medical history, we mention it in this course and your tutors may want to explore its relevance in individual sessions.

The traditional standard framework is as follows:

- Presenting complaint (PC)
- History of presenting complaint (HPC)
- Past medical history (PMH)
- Drug/ treatment/ allergy history (DH)
- Family history (FH)
- Social history (SH)
- Systematic enquiry (SE)

This will be discussed in more detail in individual sessions.

Reflective Practice:

Reflective practice is about learning from your patients and your encounters with them.

It can be defined as "the process whereby an individual thinks analytically about anything relating to their professional practice with the intention of gaining insight and using the lessons learned to maintain good practice or make improvements where possible" (Academy of Medical Royal Colleges and COPMeD).

This can often be challenging at the beginning, but many students and doctors find it the most rewarding way to learn. Furthermore, it is actually a requirement for UK doctors to think and write in a reflective way. Once you qualify, you will be required to complete an annual appraisal in order to maintain registration with the General Medical Council (GMC). For this, you must demonstrate reflective practice. It's therefore important to get familiar with the principles right from the start!

Assessment

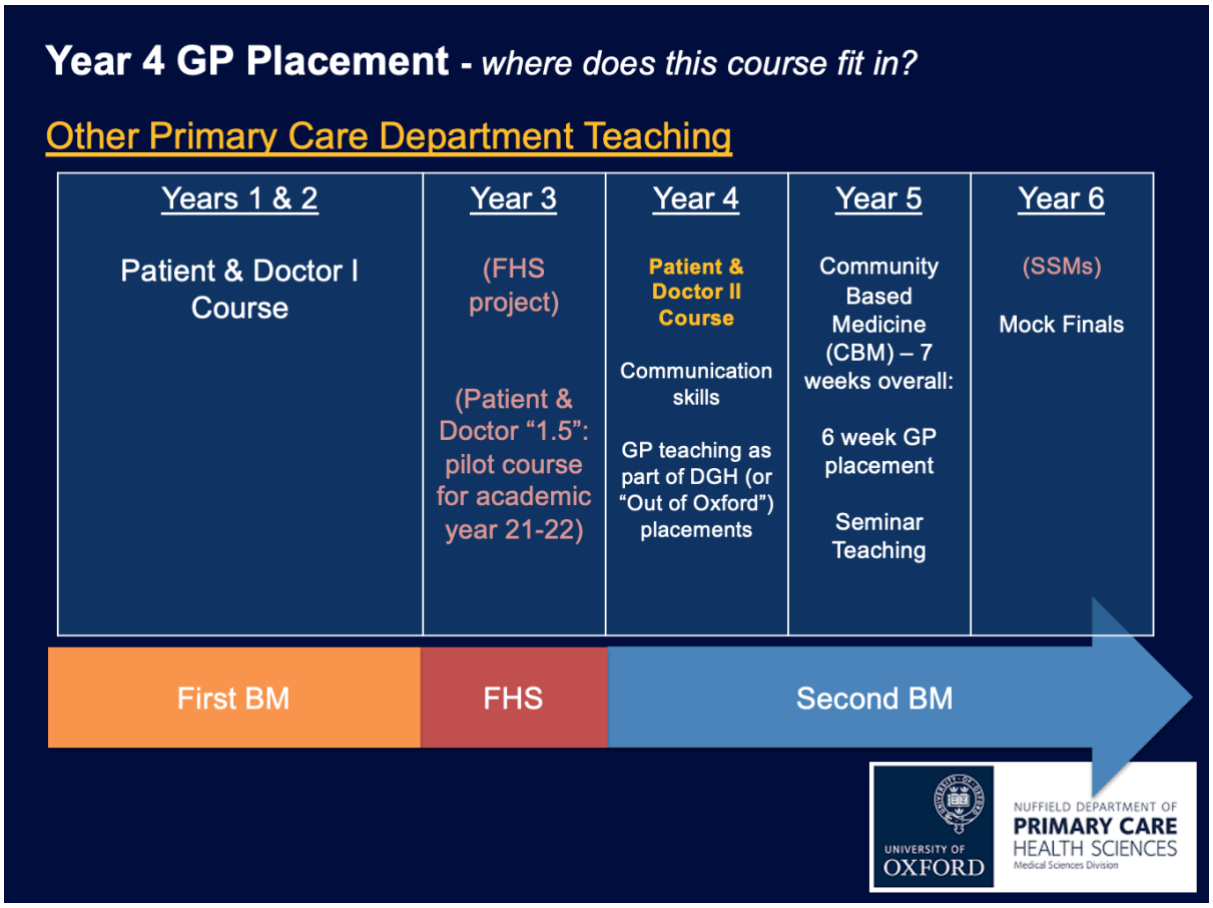
The most important assessment criterion for this course is participation. We hope that you will very much enjoy meeting patients and discussing what you have learned with your GP tutors and student colleagues.

At the end of each year, your tutor is required to complete a report form commenting on your attendance, engagement and professionalism. This will be completed on the NHS ePortfolio. Year 2 students are already set up on the ePortfolio and Year 1 students will receive more details about this in due course. A copy of the report form can also be found in the "End of Year One" and "End of Year Two" sections on Canvas.

You will also be expected to submit a short piece of written work in both Years 1 and 2, reflecting on a particular patient interaction. This should also be completed on the ePortfolio and submitted to your tutor **two weeks prior to your last session of the academic year**. More details of this can be found in the relevant "Reflective Writing" sections on Canvas.

How does this course fit in to my degree?

You will build on your *Patient & Doctor I* course experiences when you arrive at the clinical school in your fourth year. As well as teaching from our hospital colleagues, you will continue to learn from GP tutors right up until your final year. The diagram below explains how the **Primary Care Team** contributes to your six-year degree:



As you can see, the second part of the *Patient & Doctor* course (*Patient & Doctor II*) takes place in Year Four. This is an introduction to clinical medicine and includes a two-week placement at a GP practice. It builds on your early experiences seeing patients during your first and second years as part of the *Patient & Doctor I* course.

In Year Three, you will undertake a project for the *Final Honours School* as part of your degree. You will decide on your research topic during Year Two, so if you interested in

working with one of the highly rated research groups in the Nuffield Department of Primary Care Health Sciences, please contact Dr Alison Convey **(Alison.convey@phc.ox.ac.uk)** during Year 2.

For the academic year 2021-22, we are organising a pilot course in Year 3 to provide clinical experience for students whilst they undertake the FHS studies. We hope that this will continue and be expanded for the year 2022-23 and we will be in touch about this in due course.

Please also see the Nuffield Department of Primary Care Health Sciences website (https://www.phc.ox.ac.uk/study/undergraduate) for more details on our undergraduate teaching.

Professional Practice and Dress Code

The GMC and Medical Training

The regulatory body for the medical profession in the United Kingdom is the General Medical Council. As a medical student, you are already a member of that profession, and, as such, already subject to the regulation and protection afforded by the GMC.
In the very first session, we think about the GMC's Duties of a Doctor and throughout the whole course we consider what it means to behave professionally.

Professional Dress:

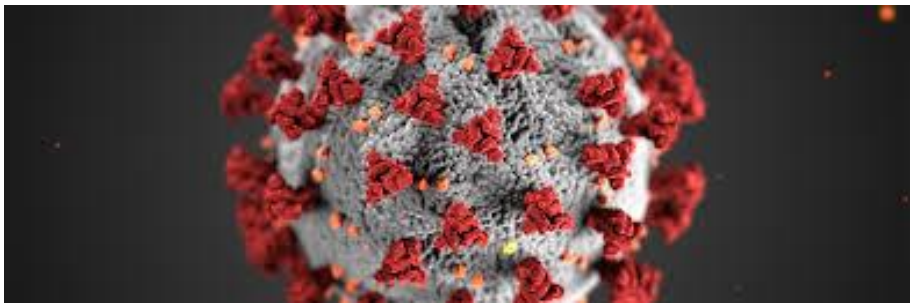
One of the most immediately obvious markers of professional behaviour is what we wear to work. During this course, it is important that you dress appropriately for talking to patients. This should be either trousers (not jeans), or a skirt/dress of an appropriate length, with a smart shirt/ top. Ties are not necessary.

Professional Dress and Covid-19:

Most GPs started wearing scrubs at the start of the pandemic and you will see that many of them are still doing so. Key features of scrubs are that they are worn uniquely in the clinical environment and are easy to wash.

Clinical Students in Years 4-6 are currently advised to wear any clean, easily laundered clothes when in a clinical area, but there is no requirement to wear scrubs. Check with your practice what they would like you to do if you are seeing patients face-to-face.

The Lasting Impact of Covid-19



The Covid-19 pandemic has had a profound impact on the day-to-day practice of healthcare professionals. The way doctors consult with patients changed overnight in March 2020 and many of these adaptations remain in place now. As with all things, there are pros and cons to this new way of working.

Some of the principal changes to **Primary Care** services are summarised below:

- Clinicians are conducting an unprecedented number of telephone and video consultations.
- There has been a shift towards patients being able to contact their practice using online tools.
- Communication skills have had to change to keep up with evolving methods of consulting.
- All face-to-face encounters involve using appropriate PPE.
- Doctors have had to learn rapidly about a whole new and unpredictable disease (both acute and "long" Covid).
- There is huge "demand" from patients, who may have avoided going to the doctor during the height of the pandemic and now have multiple health issues to address.
- We are seeing different severities and spectrums of illness: an increase in mental health problems, poorly controlled chronic diseases (e.g. diabetes).
- There are increased levels of uncertainty about what the future holds.
- Primary Care teams have increased demands on their time and resources organising Covid vaccination clinics.

When you start your placement, please ask your GP tutor and other members of the practice team what impact the pandemic has had on their working lives. How do they feel it has affected patient care? What are the positives to the new way of doing things?

On Canvas, there are video interviews with members of the Primary Care MDT who work in Oxford. They describe the impact of Covid-19 on their day-to-day professional lives.

The Impact of Covid on your Patient & Doctor 1 Course

The Patient & Doctor Course is all about meeting and speaking to patients. Last academic year was significantly impacted by the pandemic, with most sessions having to be conducted remotely.

At the time of writing (September 2021), the plan is that Patient & Doctor Course teaching will be face-to-face in a GP surgery or other appropriate teaching space. As already discussed, GP consultations are currently a balance of telephone/video conversations and in-person patient encounters. You will therefore interact with patients in a variety of ways, just as the doctors in the practice are doing. You may also see patients in their own homes.

If necessary, then contingency plans are in place for you to continue with Patient & Doctor sessions remotely, either meeting patients via video/telephone, or else learning from r*eal* filmed consultations from a resource called **Virtual Primary Care.** Both these teaching methods will give you the opportunity to develop your clinical skills and reflect on patient interactions.

We will be contacting Year 1 students at the start of Michaelmas Term with log-in details for the Virtual Primary Care video bank. Year 2 students should already have access - please let the Primary Care administration team know asap if you are having any difficulties logging in.

Most of all, we ask you to please be realistic, patient and flexible in your approach to this course. *The NHS is still undergoing an unprecedented period of uncertainty and crisis. Primary Care services are under immense pressure and this will only get worse over the winter months. This means that there won't be a "standard" experience at present. You may have different opportunities to student colleagues at different colleges, but this is ok! We are confident that you will get a great deal from your Patient & Doctor sessions.*

Covid-19 Health and Safety Considerations

During your Patient & Doctor sessions, you will be entering an NHS environment. There are certain steps that you must follow to ensure your own safety, as well as that of practice staff members and vulnerable patients.

- You must wear a **face mask** at all times when inside the practice (unless you are exempt)
- You must perform a **lateral flow test** before attending your *Patient & Doctor* sessions. If it is positive then inform your GP tutor immediately and follow guidelines
- If you have not already received both doses of the Covid **vaccine** then we *strongly advise* you to do so as soon as possible

For up-to-date University of Oxford health guidance to do with Covid-19, then please follow this link: https://www.ox.ac.uk/coronavirus/health.

Personal Risk Assessment

All first year students will have a mandatory occupational health appointment in their first term.

If you think you may have a health condition which puts you at increased risk in terms of Covid-19, then please contact occupational health department as soon as possible (https://occupationalhealth.admin.ox.ac.uk/occupational-health-coronavirus-updates-and-advice).

What should I do if I'm unwell/self-isolating?

If you're unwell or self-isolating and unable to attend a Patient and Doctor session, then please let both your GP tutor and the Primary Care Teaching Team know as soon as possible so that arrangements can be made to minimise the impact on your teaching.

You can contact the Primary Care Teaching Team by emailing: ugteachingadmin@phc.ox.ac.uk.

If you think you may have Covid symptoms, please follow university guidance (link above).

Video and Telephone Consultations

Due to Covid-19, the majority of GP consultations are still currently conducted by telephone or video.

Video consulting has been on the horizon for many years. With the onset of the Covid-19 crisis, it was introduced into routine clinical practice with unprecedented speed. Whilst still a relatively uncommon mode of consulting a couple of years ago, within a couple of weeks in March 2020 it had become a normal way of practising. This meant that GPs had to develop new skills fast.

You will be learning all about clinical communication skills over the coming six years, starting with your Patient & Doctor Course sessions.

However, thinking about the phone and video conversations you've had with friends and family over recent months:

- ***What are the benefits of these sorts of interactions?***
- ***What are the difficulties?***
- ***Are there subjects which you've found challenging to address over the phone or by video?***
- ***Are there adaptations you've had to make to body language or speed of speech?***

How might these issues relate to consultations with patients?

Have a chat with your GP tutors about how they find consulting by telephone and video. Ask them about the advantages and the challenges.

Top Tips for Video Consultations

Top tips for students

Before the teaching session

Technology:

- Get to know your equipment and ensure you have a good internet connection.
- Do your best to ensure that your device and network is secure.
- Make sure you are familiar with the video platform being used.
- Check sound and video quality.

Set-up:

- Make sure you are in a quiet location where you will not be interrupted or overheard (avoid communal spaces where others are present).
- Use headphones wherever possible.
- Choose a neutral background, or use the "blurring" option on your video platform.
- Make sure you are well lit.
- Dress professionally, as you would for a face-to-face consultation.

During the patient interview

- Don't rush. On video more time is needed to pose and to answer questions. Speak clearly and allow patients time to think before they answer.
- Remember that to make **eye contact** you need to look at the webcam, not at the image of the patient's face on the screen.
- Be aware that verbal and non-verbal "cues" do not work in the same way on video. Visual cues, such as nodding and facial expressions, may be harder to see. Verbal encouragements like "uh huh" or "mmm" can become interruptions when there is a time-lag. To minimise the effect of these problems:
    - Try to make sure only one person is talking at a time.
    - Keep your vocal cues to a minimum – a slow nod or a smile is better.
    - Show your interest and attentiveness by eye contact and facial expression

- If you need to interrupt the patient, try a visual signal such as raising your hand
- Rapid gestures or body movements can be distracting – try to slow them down.

- For clarity, it helps the patient if you **'signpost'**, i.e. tell the patient what you want to do or say next, and why. For example, 'Now I'd like to ask you some questions about the medications that you take…".
- **Summarise** the consultation's main points, and ask the patient if they have any questions.
- End with a friendly sign-off, e.g. 'I've enjoyed talking with you. I hope that's been helpful". Thank the patient for their time.

In addition:

- Never make any recording of the session.
- If you make any personal notes during the teaching session then they must not contain any patient-identifiable data.

After the teaching session:

Sometimes, we have conversations with patients which we find particularly challenging due to events going on in our own lives, or circumstances affecting our families. This can feel even more difficult if we are at home and remote from our friends and colleagues. Please do let your GP tutors know if you are struggling or would like to discuss any issue further – they will be more than happy to do so.

Sources:

https://www.bma.org.uk/advice-and-support/covid-19/adapting-to-covid/covid-19-video-consultations-and-homeworking

https://www.rcgp.org.uk/about-us/rcgp-blog/top-10-tips-for-successful-gp-video-consultations.aspx

Students attending remote consultations, Advice to medical schools and students, October 2020 (Medical Schools Council)

There are more useful resources and links about video consulting on the student Canvas pages.

Look After Yourselves

As doctors and medical students, we sometimes need to have conversations with patients which we find particularly challenging due to events going on in our own lives, or circumstances affecting our families. During this course you will see and discuss patients with a variety of medical conditions, including heart disease, cancer and mental health problems.

If you feel that a particular session may be difficult for you in any way then please do discuss this in advance with your GP tutor. There is also a wealth of other support available to you, both at college and university level. Please see the University's Welfare and Wellbeing site: https://www.ox.ac.uk/students/welfare.

Perspectives from the Primary Care Team

You will notice that several of the Patient & Doctor sessions contain sections called "Perspectives from the Primary Care Team". These are interviews with team members such as practice nurses and pharmacists, all filmed in August 2020. They discuss their roles in

relation to relevant disease management, such as how they review patients with hypertension or diabetes. We recommend you have a watch.

Session 1

"Trust Me, I'm a Doctor….

Learning objectives:

By the end of Session 1 you should be:

- Familiar with the GMC description of the essential duties of a doctor.
- Able to apply these duties to the patient-doctor consultation and to your role as a doctor in training, who will soon be meeting patients.
- Acquainted with an overview of the practice you will be attending, including the demographics of patient population and what this means in terms of how and why patients present to their doctor.

Preparation before you attend the session:

Before you attend the session, please make sure that you have done the following:

- Attended the two introductory lectures on 13th and 25th October 2021– *Welcome to the Patient & Doctor Course.*
- Completed the first two introductory Canvas modules:
    - *Introductory Module – Important Pre-Course Reading for Years 1&2*
    - *Introductory Video Module – For Year 1*

Please also read the information below.

Themes covered during the session:

	Area Covered Today
The Patient-Doctor Relationship	Trust

Communication Skills	Open questions
Reflective Practice	Discussion with tutor and colleagues

The Patient-Doctor Relationship: Trust

The GMC's document "Good Medical Practice" sets out the essential duties of a doctor.

https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice/duties-of-a-doctor

It describes the ethical principles to which all doctors in the UK should subscribe:

"Patients must be able to trust doctors with their lives and health. To justify that trust, you must show respect for human life and make sure your practice meets the standards expected of you in four domains:"

Knowledge, Skills and Performance

- Make the care of your patient your first concern.
- Provide a good standard of practice and care.
- Keep your professional knowledge and skills up to date.
- Recognise and work within the limits of your competence.

Safety and quality:

- Take prompt action if you think that patient safety, dignity or comfort is being compromised.
- Protect and promote the health of patients and the public.

Communication, partnership and teamwork:

- Treat patients as individuals and respect their dignity.
- Treat patients politely and considerately.
- Respect patients' right to confidentiality.
- Work in partnership with patients:
  - Listen to, and respond to, their concerns and preferences.
  - Give patients the information they want or need in a way they can understand.
  - Respect patients' right to reach decisions with you about their treatment and care.
  - Support patients in caring for themselves to improve and maintain their health.
  - Work with colleagues in the ways that best serve patients' interests.

Maintaining trust:

- Be honest and open and act with integrity.
- Never discriminate unfairly against patients or colleagues.

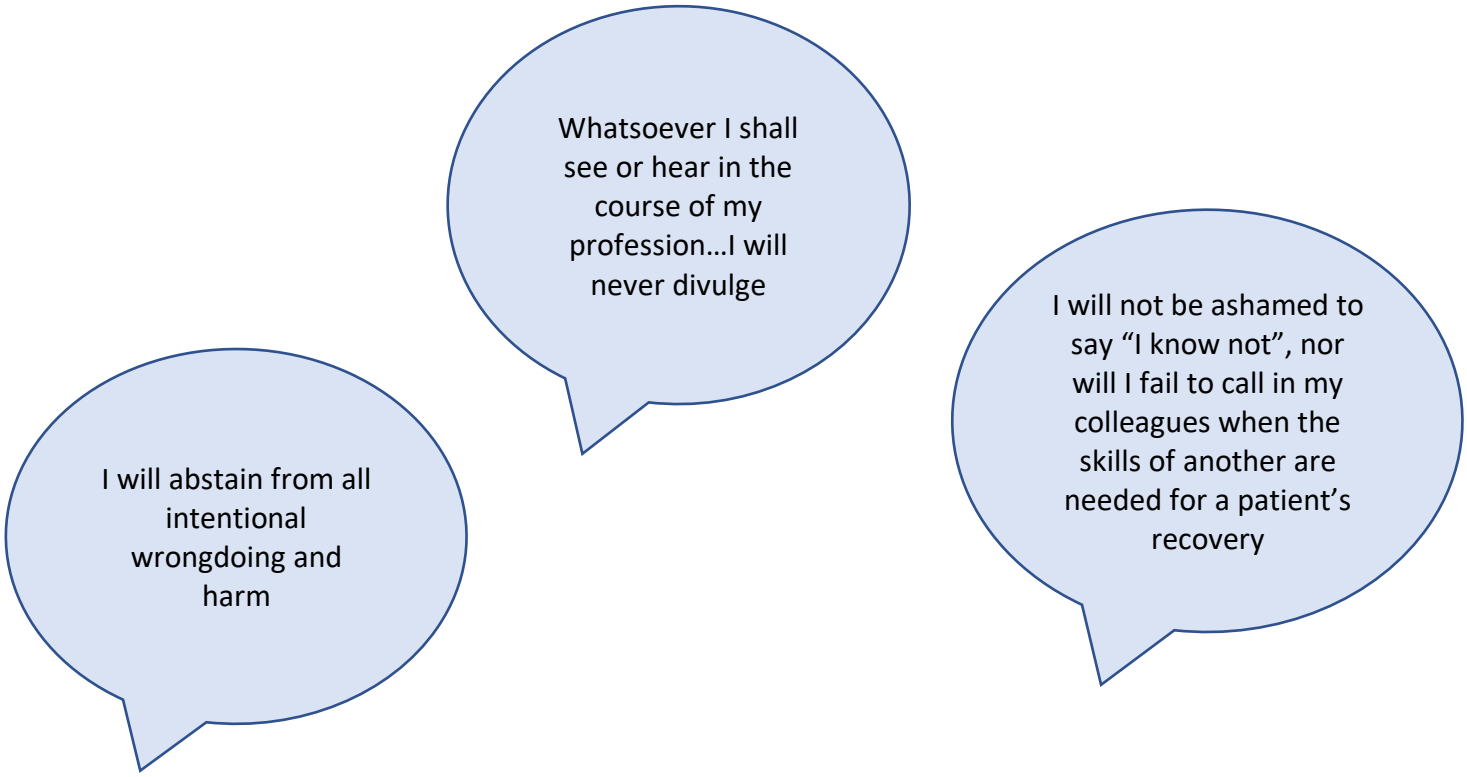
- Never abuse your patients' trust in you or the public's trust in the profession.

"You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions."

Just like Hippocrates…?

These principles can be thought of as the 21st Century UK equivalent of the famous Hippocratic oath, which historically doctors were required to swear on entry into the profession.

Looking at these example statements from the oath, you can see certain parallels with the GMC Guidance:



(There are multiple versions of the Hippocratic oath online, all of which have slightly different wording).

Nowadays you are not required to swear an oath, but you are required to accept and adhere to the GMC principles above. Not doing so may put you at risk of being struck off the medical register, but it is also likely to mean that your patients will not *trust* you. Without trust they are unlikely to follow the advice you give them and if this happens then it is impossible to be an effective doctor.

Please be assured that you will always have the support of teachers and senior colleagues throughout your medical training and beyond.

In this initial session, you tutor will also give you a brief overview of the practice you will be attending. They may discuss how the geographical location and patient demographics (age, ethnicity, socio-economic status, education) impact on common patterns of illness and the way in which patients present to the surgery.

Tasks:

During the first session you will meet as a group with your clinical tutor who will select some of the activities listed below:

Task 1

"Brainstorm" session around the group: what attributes make a good doctor? Think about your experience of doctors in the past, as a patient yourself or during work experience. What sort of doctor do you aspire to be? Do you agree with the GMC's principles in "Good Medical Practice"?

Task 2

Students and clinical tutor should pair off. In each pair, one of you should spend five minutes finding out basic information about your partner to share with the group later. The aim is to get information that will help the group know and understand the person you are interviewing.

One of the main skills you will be learning in the Patient-Doctor course is to use open-ended questions. Practise this with your partner. See what responses you receive to a question like "Can you tell me about yourself?". In follow-up, the interviewer may choose to enquire further about topics he or she feels appropriate for the introduction, for example: biographical data, interests, reasons for choosing to study medicine, work experience.

After 5 minutes, stop interviewing your partner. Make a few notes if you wish so that you will be able to introduce your fellow student to the group a little later.

Switch roles and repeat the interviews.

Go around the room having each person introduce his or her partner. Present whichever data you believe are relevant to a brief introduction on the first day of a course. After the introduction, the group may wish to ask questions of the interviewer or interviewee.

Task 3

Your clinical tutor may show you excerpts from a film or TV show depicting patient-doctor interactions. As you watch these, think about what the doctor does well and what could be done better. You may find it helpful to take notes as you watch the film. Ask yourself these questions:

- What expectations of professional behaviour do you have for doctors and other health professionals? To what extent does the conduct of the professionals in the video match your expectations?

- Which communication strategies helped or hindered relationships between the patient and the health professionals?

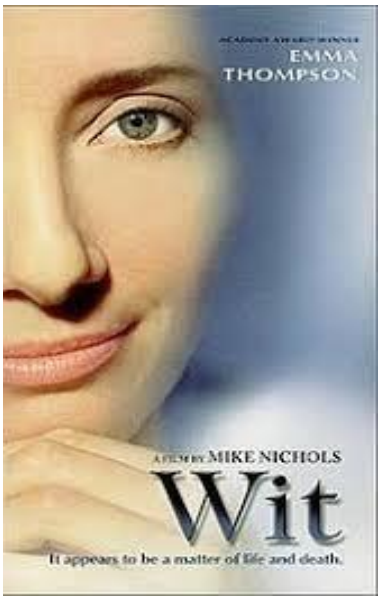
Your clinical tutor will ask you to discuss your reactions with the group. Try to use this opportunity to think about how you wish to relate to patients as a medical student and, in the future, as a doctor. What skills do you think you need to learn to help you achieve this?

Your tutor may choose clips from the following films or TV shows:

House, an American TV drama, portrays the career of leading diagnostician, Dr Gregory House. What are his strengths and flaws?

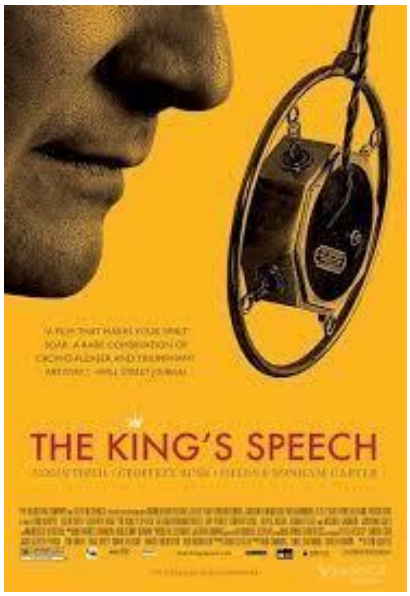
The Theory of Everything (2014) depicts the early life of scientist Professor Stephen Hawking, who developed Motor Neuron Disease at the age of 21.

Wit (2001) is based on a Pulitzer-Prize winning play by Margaret Edson. It tells the story of an English professor with ovarian cancer and her interactions with the medical profession**.**



50:50, is a 2011 film about a young man with a cancer diagnosis.

The King's Speech (2010), recounts the relationship between King George VI and his speech therapist, Lionel Logue.



The Diving Bell and the Butterfly, 2007 film based on the autobiography of Jean- Dominques Bauby, who was the editor of *Elle* magazine in Paris and suffered a massive stroke aged 43. It left him with "locked-in syndrome", only able to move his lefteyelid.

Reflective Practice - End of session questions

(Your tutor may base the end-of-session discussion around these questions. This is to help you reflect on what you have learnt.)

- Did anything surprise you about the GMC's *Duties of a Doctor*?
- Select one of the *Duties of a Doctor.* Can you think of an example of a situation where there may be some conflict in fulfilling this duty?

With reference to the film excerpts you have watched:

- Give one example of good communication that you observed. What interviewing skills did you identify in this example?
- Can you list two examples of poor communication that you observed? What was unsatisfactory about them? How could they have been improved?
- Give an example of where a doctor in the film clips fulfilled one of the GMC Duties of a Doctor.
- Give at least one example of where a doctor in the film clips did not fulfil one of the GMC Duties of a Doctor.

Further Tutor Notes – Session 1

"COVID-PROOFING" YOUR SESSION:

This is the most "Covid-proof" of the Patient & Doctor sessions. Whilst we encourage you who to meet your students in person, the session can be delivered remotely via Teams or Zoom if necessary.

More details on Film Clips

The film clips have been sent to you on a memory stick. Please choose those which you feel best illustrate the learning points you wish to get across.

All the clips are valuable from the perspective of discussing the *Duties of a Doctor.*

General considerations and questions for students:

- What expectations of professional behaviour do you have for doctors and other health professionals?
- To what extent does the conduct of the professionals in the video match your expectations?
- Which communication strategies helped or hindered relationships between the patient and the health professionals?

House (*length of clip 10 min 01)*

An American TV drama, filmed over eight series between 2004 and 2012. It stars Hugh Laurie as the central character, Dr Gregory House. A leading "diagnostician", Dr House is portrayed as a misanthrope with a brilliant mind. The clip here shows various interactions with patients in the hospital's walk-in clinic. It is a good springboard for discussing the Duties of a Doctor (what would the GMC have to say about House?!) and communication skills. Is it fair to say House is paternalistic and "God-like"? Does he do anything well?

This clip is 10 minutes long, but can be shortened easily.

50:50 *(length of clip 7 min 25 secs)*

A 2011 film about a young man called Adam, who has a new diagnosis of a neurofibrosarcoma. You have three brief scenes, the first with an oncologist, the second with a psychologist and the third showing his family waiting for news of his surgery. Though perhaps not subtle, they are interesting to compare in terms of communication styles. The scene with the young psychologist is also useful for students to think about how they deal with questions about their age and experience (though you may have to
Explain the "Doogie Howser" reference to our now post-millennial students: https://en.wikipedia.org/wiki/Doogie_Howser,_M.D.).

The Theory of Everything (*length of clip 2 min 36)*

A 2014 film depicting the early life of scientist Professor Stephen Hawking, who developed Motor Neuron Disease at the age of 21. This brief clip shows the doctor telling Stephen about his diagnosis. It's a good starting point for talking about breaking bad news, in terms of choice of environment and communication skills. Does the doctor do anything well?

The King's Speech *(length of clip 9 min 39)*

A 2010 film recounting the relationship between King George VI and his speech therapist, Lionel Logue. This clip shows their first encounter, when the then Duke of York has been pushed by his wife to find treatment for his lifelong stammer. Lionel Logue is not strictly a doctor and obviously most patients are not in line to the throne! However, the clip is valuable for discussing rapport-building, the varying dynamics of a consultation and whether it matters "who" the patient is. It is worth noting that, although this consultation concludes badly, the Duke of York later listens to the recording of his voice and ends up seeing Logue regularly. They apparently became lifelong friends.

The Diving Bell and the Butterfly *(length of clip 4 min 11)*

A beautiful 2007 film based on the autobiography of Jean-Dominques Bauby, who was the editor of *Elle* magazine in Paris and suffered a massive stroke aged 43. It left him with "locked-in syndrome", only able to move his left eyelid. He "blinked" out his book using a special alphabet-system designed by his therapists. This clip is quite difficult to watch initially because the camera angle is all from his perspective as the patient. It is particularly interesting because the audience can hear his internal reactions to what the doctor is saying. It is in French with subtitles.

Wit *(length of clip 12 min 34)*

A 2001 film, based on a Pulitzer-Prize winning play by Margaret Edson. It tells the story of an English professor with ovarian cancer and her unsatisfactory interactions with the medical profession. The three clips are: her oncologist breaking bad news, an excruciating interview with a junior doctor and an inpatient "Grand Round".

In this session, you will consider the duties of a doctor and start to identify principles of effective medical interviewing.

Session 2:

"I Told You I was Ill" – Shadowing a Clinician

In this session, you will have the chance to shadow one of the doctors in the surgery whilst they are consulting with patients. It is a valuable opportunity to start to identify principles of effective medical interviewing, as well as further consider the duties of a doctor.

Because of the ongoing pandemic, primary care services are still under immense pressure. All practices are different in terms of their space, room capacity and practice staff. This year, GP tutors will need to organise this session in different ways, depending on their particular circumstances. This is to keep you, their patients and their staff safe. Be reassured that they are planning the best possible learning opportunities for you - we ask you to please be patient and flexible.

Learning objectives:

By the end of Session 2 you should be able to:

- Discuss the doctor-patient relationship you have witnessed in today's consultations and define "therapeutic rapport".
- Understand the communication skills required to build rapport: appropriate greeting and initial use of open questioning.
- Begin to recognise how doctors elicit information from patients, a process known as "history-taking" (particularly "history of presenting complaint").

Preparation before you attend the session:

Please ensure that you have understood and reflected on the content of Session 1, as well as completed the introductory module which includes details about remote consulting. Please also read through the information below.

Themes covered during the session:

Theme	Area Covered Today
The Patient-Doctor Relationship	Connecting and Therapeutic Rapport
Communication Skills	Developing Rapport
The Clinical History	"History of Presenting Complaint"
Reflective Practice	Discussion with tutor and colleagues

The Patient-Doctor Relationship: Connecting and Therapeutic Rapport

Connecting with the patient entails greeting them and introducing yourself, giving them (and yourself) time to settle into a comfortable position for the interview in a quiet and private location, and initiating the interview with an appropriately "tailored" opening enquiry. This process is the first step towards the generation of *therapeutic rapport*, which is a vital element to the success of the patient-doctor relationship. This concept is sometimes hard to understand until you have seen it in action, but what it means is simply that the interaction of the patient with the doctor can be a form of treatment in itself, and indeed in some cases may even be all that is needed to make the patient better.

Communication Skills: Developing Rapport

A number of "normal" social skills have added importance when you are first meeting a patient, as they are the first steps in connecting and establishing rapport. As mentioned in the course introduction, you will probably already possess these skills, but analysing them in these sessions will help you ensure that you are using them as effectively as possible. The two areas you should focus on in this session are:

Appropriate greeting:

You should always *introduce* yourself by name and explain who you are.

This may seem obviously the right thing to do, but one of the commonest complaints that patients make about their medical care is that staff do not introduce themselves. This is one of the factors which can lead to patients feeling "dehumanised" when dealing with health services, particularly if they are in the hospital environment. It is not enough just to wear a name badge (although you should always do so when working in the hospital environment, and some GP practices prefer this too).

Please see https://www.hellomynameis.org.uk if you would like to read further about this.

You may want to introduce yourself along with your pronouns, so that patients will feel comfortable doing the same if they would like to.

You should also check how the patient wishes to be addressed, rather than assuming that you can use their first name: simply ask "What would you like me to call you?".

Think about your body language whilst you are introducing yourself (this is also relevant to remote consultations!)

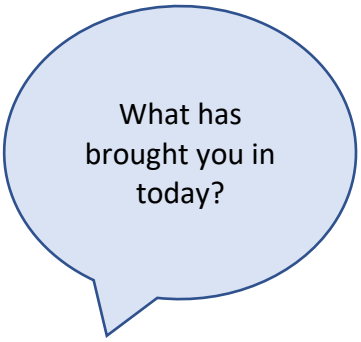
What factors make us come across as warm, welcoming and respectful? Think about smiling, eye contact, standing up.

Shaking hands is often appropriate, though not always. Can you think of any circumstances where this might not be the right thing to do? You should adapt your greeting to the individual in front of you.

The physical contact of shaking hands can be an important part of *connecting* and will help to emphasise your caring role. In most medical encounters, a physical examination of some sort is necessary and therefore physical contact is a natural part of the process. Patients can sometimes express disappointment if a doctor does not examine them, partly because they believe this is a necessary part of the diagnostic process, but also because if they have not been touched they do not feel as well cared for.

Open questioning:

Always start the interview with an *open question.* This means a question which gives the patient the unconstrained opportunity to say whatever they have come to say. Some examples:



Some doctors even simply start in silence with just an enquiring raise of the eyebrows!

Having asked this open first question, it is very important to allow the patient the time and space to answer as fully as they wish *without interruption.* Patients will often have mentally rehearsed what they want to tell you in detail beforehand. Any interruption of their opening monologue can therefore risk a loss of relevant information and a failure to establish rapport.

When doctors can't stop talking…

A well-known piece of research shows that, unfortunately, doctors typically interrupt a patient after an average of only 18 seconds. However, if they are specifically instructed not to interrupt, then their patients will keep talking for an average of 60 seconds.
During this time the doctor will be able to elicit much more of the relevant diagnostic information, as well as the patient's ideas, concerns and expectations.

(See *https://www.ncbi.nlm.nih.gov/pubmed/6486600*).

This has led to the concept of the *golden minute,* a "win-win" situation, in which the patient has room to "get things off their chest", which facilitates rapport, and the doctor is able to obtain most of the required *history of presenting complaint*.

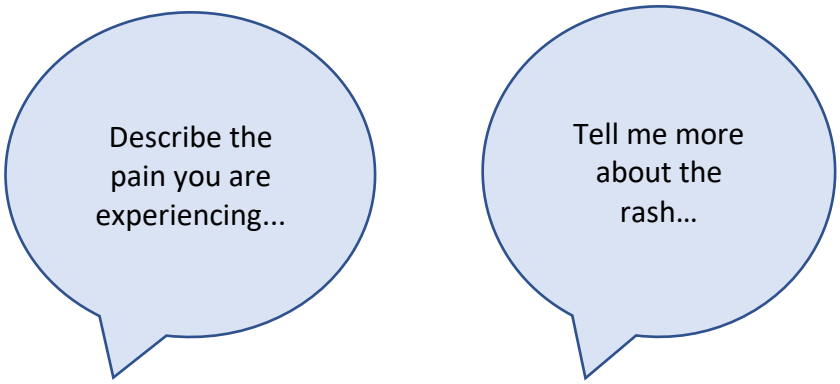
The Clinical History - History of presenting complaint (HPC)

Remember the framework introduced at the beginning of the handbook:

- Presenting complaint (PC)
- History of presenting complaint (HPC)
- Past medical history (PMH)
- Drug/ treatment/ allergy history (DH)
- Family history (FH)
- Social history (SH)
- Systematic enquiry (SE)

The *presenting complaint* means whatever primary concern the patient is coming to see the doctor about. This should generally be recorded in the patient's own (lay) terms rather than in medical jargon, e.g. "chest pain when I walk up the stairs" rather than "angina".

The *history of the presenting complaint* (HPC) is simply the story of what has been going on. We might be interested in when the problem started, how long has it been happening for, whether it is new and what impact it is having. Listening and open questions are invaluable tools here too:



Tasks:

You will have the opportunity to shadow a doctor during clinical care. The aims are for you to consider how to fulfil the duties of a doctor and to practise interviewing skills.

You may have the chance to spend time interviewing a patient yourself. The goals of this interview are to listen to the story of a patient, to try to understand the experience from the patient's perspective, and to learn about the patient's expectations of their doctor.

During the shadowing session you should:

- Observe the physician-patient relationship during at least one patient interview or consultation. As you shadow, observe the doctor's interviewing techniques:

- How did the doctor begin each interview?
- How did the doctor put patients at ease?
- How would you describe the relationship between doctor and patient?
- How did the doctor elicit all the detail needed to understand the presenting complaint?

Think about the duties of your role as a "student doctor", observing patients and participating in their care. They may be sharing personal and intimate concerns.

If possible, talk with one or more patients to discuss their experience of illness. If you have an opportunity to interview during the shadowing session, you should practise beginning the interview with some open-ended questions and try to learn about this individual's condition. The purpose of the interview is to have an open-ended conversation with the patient.

Some suggested questions:

- "Could you tell me why you came to the surgery?"
- "How did the problem start?"
- "What treatment have you had?"
- What impact has this had?"

Consider your own reactions:

- What worked well?
- What parts, if any, were difficult or awkward?
- How would you describe the relationship you were able to form with the patient?

Discuss your observations and reactions during a seminar with the whole group.

Reflective Practice - End of Session Questions

(Your tutor may base the end-of-session discussion around these questions. This is to help you **reflect** on what you have learnt).

Thinking about the consultations you have observed:

- How did the doctor build rapport (thinking about verbal and non-verbal techniques)?
- How did the doctor question the patient about their symptoms? What communication skills were used?
- How do you think the patient felt about the consultation?
- How would you describe the patient-doctor relationship in this consultation?
- How did you feel as a student doctor taking on an observational role? How do you think medical students can make the most of these sorts of opportunities?

Further Tutor Notes – Session 2

"Covid-Proofing" your session

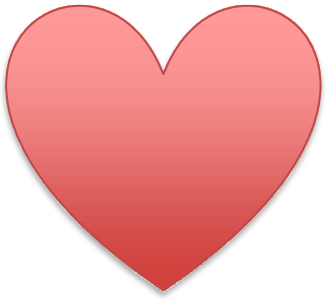
As described in the introductory notes, the "Virtual Primary Care" video bank is a comprehensive and wide-ranging resource. **Do make sure that you are signed up and able to log in.** Should there be difficulties arranging the session face-to-face, many of the videos would be relevant for this initial "shadowing" session. You may well want to have a browse. All videos are accompanied by notes highlighting key learning points. You can search by typing in a keyword, or by using the "filters" tool.

See below for some suggestions of videos which are particularly relevant to this session – there are many more. If you type the title into the search box at the top of the page then they should come up.

- Patient with prostate cancer attends for injection and palliative care discussion (this shows a very particular kind of doctor/patient rapport. It would be interesting to discuss with students whether it is effective/appropriate)
- Primary care management of rectal bleeding in late middle-aged man (useful for thinking about open/closed questions and for discussing the role of medical students in a consultation!)
- Wrist pain, headaches and bereavement (dealing with multiple issues, listening, empathy)

Session 3:

"The Heart of the Matter"



Unless your clinical tutor tells you otherwise, this session will focus on patients with **cardiovascular disease.** You will develop skills for finding out about the patient's current and past medical problems.

Learning Objectives:

By the end of Session 3 you should be able to:

- Understand and demonstrate the skills needed for active listening
- Elicit the history of the presenting complaint and relevant past medical history
- Describe symptoms associated with heart disease and relate these to your knowledge of physiology and anatomy
- Describe the effect of illness on the patient's life
- Understand the importance of lifestyle in the management of heart disease

Preparation before you attend the session:

Please ensure that you have understood and reflected on the content of Sessions 1 & 2, and that you have read through the information below. You may also find it useful to revise what you have recently learned about **cardiovascular physiology and pharmacology.**

Syllabus References

Please see First BM syllabus sections: 8.6.1, 8.6.2, 8.6.3, 8.6.4, 8.6.7, & 8.6.8.

Themes covered during the session:

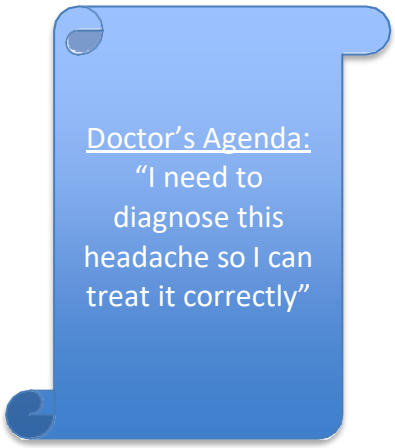
Theme	Areas Covered Today
The Patient-Doctor Relationship	Exploring and Understanding
Communication Skills	Active Listening
The Clinical History	Past Medical History
Biomedical Relevance	Cardiovascular Disease
Reflective Practice	Discussion with tutor and colleagues

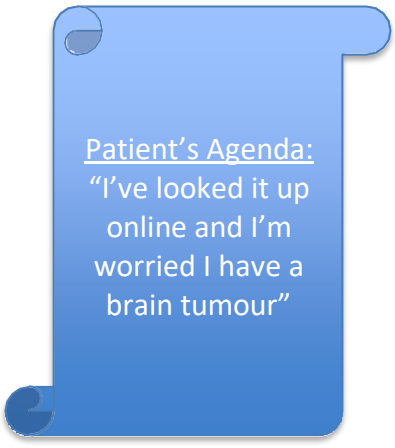
Exploring and Understanding:

Once you have connected with the patient and established rapport, as discussed in Session 2, the next task is to explore the patient's problem. This is in order to understand what the clinical diagnosis might be. Equally, it enables the doctor to investigate the patient's ideas, concerns and expectations. In other words:

- What does the patient think might be causing the problem?
- Are they worried about it?
- What do they think might need to be done about it?

The conversation needs to encompass both the doctor and patient's "agendas" in this way, otherwise there can be misunderstanding, which damages the doctor-patient relationship and can result in incorrect treatment.





Communication Skills: Active Listening

During a conversation with a patient, you should not only make sure you are listening carefully, but also attempt to demonstrate that you are doing so. The skills needed for this are, once again, ones which you will already possess from normal social interaction, but

active awareness and deliberate usage during a medical interview can further enhance rapport and encourage the patient to reveal more details of their concerns. These skills can be categorised as follows:

1. **Verbal response:**

If it comes naturally to you, it is okay to interject with brief phrases like “I see”, “Uh-huh”, “Yes”, “Go on”, etc.

2. **Non-verbal skills:**

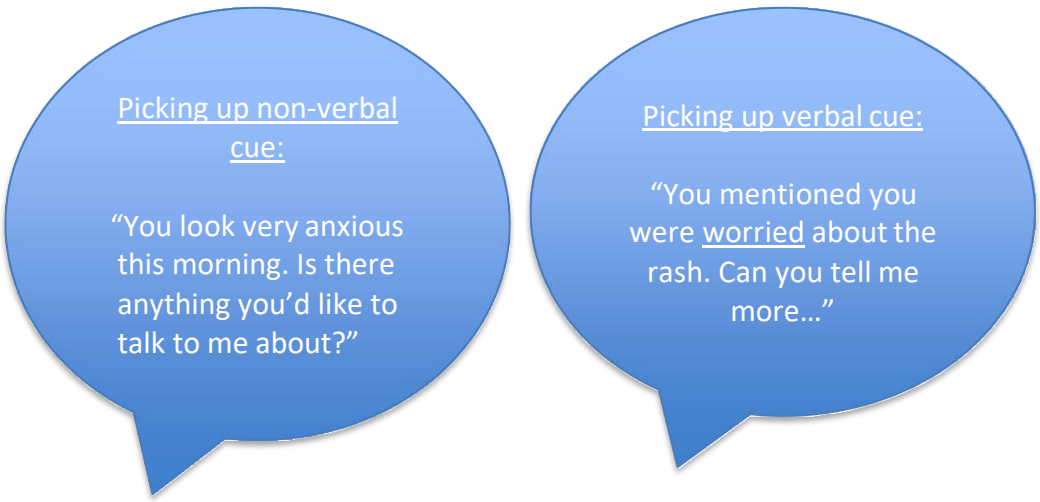
You should aim to use *open body language*.

Think about leaning forwards with arms uncrossed, maintaining eye contact (but not too intensely), and nodding.

Also consider *using silence* effectively. Try not to rush to say something to fill what seems like an awkward pause - this may in fact be useful thinking time for the patient.

3. **Responding to cues:**

A cue, in this context, is a verbal or non-verbal signal given by the patient. It may indicate something that is particularly bothering or worrying them. If you pick up such a cue, you should try to acknowledge it to the patient and allow them to expand. For example:



4. **Summarising**

When you sense that the patient has said everything for the time being, a way to show you have been listening is to summarise their story. This demonstrates that you have been paying attention.

It can also have other benefits:

- It helps you as the doctor to remember all the important details.
- It may prompt the patient to see what has happened more clearly, for example to understand events from a less highly charged emotional perspective.

The Clinical History - Past Medical History (PMH):

- Presenting complaint (PC)
- History of presenting complaint (HPC)
- Past medical history (PMH)
- Drug/ treatment/ allergy history (DH)
- Family history (FH)
- Social history (SH)
- Systematic enquiry (SE)

The past medical history means the story of all significant medical problems which the patient has suffered in the past. For many purposes, a simple open question may yield sufficient information. These sorts of questions are also helpful:

There may be specific illnesses which you need to know about in the light of the presenting complaint, in which case closed questions can be used. For example, if a patient has symptoms of ischaemic heart disease you will want to know if they have a history of high blood pressure or high cholesterol.

Tasks:

Your clinical tutor will introduce you to a patient with heart disease. Prior to this they will help to orient you by discussing some of the common symptoms you should find out about, e.g. chest pain, shortness of breath, palpitations, and loss of consciousness.

You should interview the patient to find out about the history of their illness and about relevant past medical history. As discussed in Session 2, you should begin with open questions:

- Can you tell me about your health problems?
- What kinds of treatment have you had?
- How has your illness affected your life?

Allow the patient plenty of time to respond, using *active listening skills* as outlined above. It may then be necessary to focus on details of interest with more specific questions. Remember that it can be useful to demonstrate to the patient that you have been listening by *summarising* what you have heard from them so far.

Lifestyle Factors

Some past medical problems (high blood pressure, diabetes, high cholesterol) are risk factors for heart disease.

You should also think about risk factors associated with **lifestyle**, such as smoking, fatty diet and physical inactivity. Try to find out from the patient about their diet, exercise and smoking habits. You will need to ask tactfully as this can prove a delicate area. For example, an open question might be: “Do you think there was anything you could have done to prevent yourself from becoming ill?”

After the interview, you will have the opportunity to discuss and compare notes on what you have heard from the patient with the rest of your group and your clinical tutor.

Reflective Practice - End of Session Questions

*(Your tutor may base the end-of-session discussion around these questions. This is to help you **reflect** on what you have learnt.)*

- What skills did you (or your colleagues) use to show that you were listening to the patient?
- How did it feel to gather information about your patient's illness and past medical history? What went well? What might you do differently next time?
- What symptoms of heart disease did your patient have?
- How did your patient feel about their medical condition? What impact is it having on their life?
- What aspects of your patient's lifestyle may have contributed to their cardiovascular disease?

Further Tutor Notes – Session 3

"COVID-PROOFING" YOUR SESSION

As described in the introductory notes, you may choose to use videos from the "Virtual Primary Care" resource.

See below for some suggestions of videos which are particularly relevant to this session. If you type the title into the search box at the top of the page then they should come up. You will also find them in a playlist on the VPC site – "Patient Doctor 1 Course – Session 3".

- **Woman presenting with pain between shoulder blades, worried it may be cardiac**
- **42 year old man: migraine and blood pressure management (start talking about blood pressure at 4 min 30)**
- **Obesity, breathlessness and headaches – Health Promotion and Adherence (long, but with pertinent sections)**

Please also see the Primary Care Multi-disciplinary Team interviews on Canvas for this session (filmed August 2020)

Session 4

"Life is Sweet"

In this session, you will again meet a patient living with a chronic illness. You will be able to practise the history-taking skills learnt in the earlier sessions. Unless your clinical tutor informs you otherwise, you will meet a patient with **Diabetes Mellitus.** A particular focus of this session is finding out about the patient's social situation and how it interacts with their health problems.

Learning Objectives:

By the end of Session 4 you should be able to:

- Describe the main differences between Type 1 and Type 2 Diabetes
- Explain the use of transitional statements and other facilitative communication skills
- Elicit the social history
- Understand the importance of lifestyle in the management of Diabetes
- Describe the complications of diabetes
- Discuss the influence of social and cultural factors on the diagnosis and management of Diabetes

Preparation before you attend the session:

Please ensure that you have understood and reflected on the content of the previous sessions, and that you have read through the information below. You may also find it useful to revise what have recently learned regarding the **physiology and pharmacology of Diabetes.**

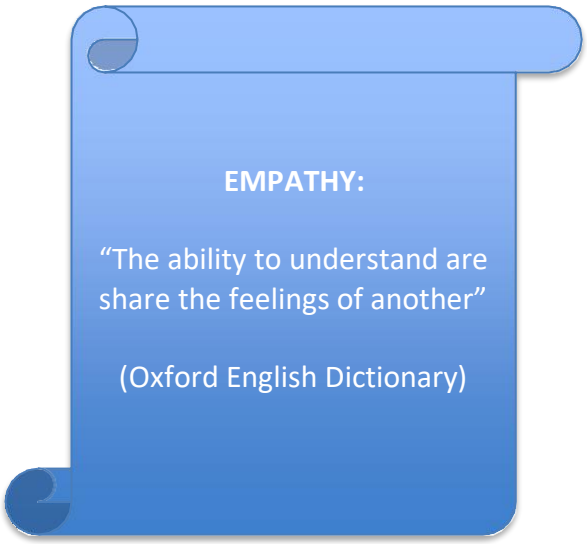
Syllabus References:

Please see First BM Syllabus **section 10.2.**

Themes covered during the session:

Theme	Area Covered Today
The Patient-Doctor Relationship	Empathy
Communication Skills	Facilitative Techniques
The Clinical History	The Social History
Biomedical Relevance	Diabetes Mellitus
Reflective Practice	Discussion with tutor and colleagues

The Patient-Doctor Relationship: Empathy



In a consultation, demonstration of empathy by the doctor is a key element in the establishment of trust. This, in turn, leads to a more effective therapeutic relationship with the patient.

A lot of people are naturally empathic. Those who chose to enter a caring profession, such as medicine, are likely to have a well-tuned sensitivity to the feelings of others. The challenge for medical students, and indeed doctors at all stages of their careers, lies in knowing how and when to demonstrate empathy in order to treat the patient effectively. Doctors need to

consider the balance between showing compassion and humanity, whilst retaining the appropriate professional boundaries.

Can doctors truly show empathy for patient's situation they may never experienced themselves? What do you think?

Communication Skills: Facilitative Techniques

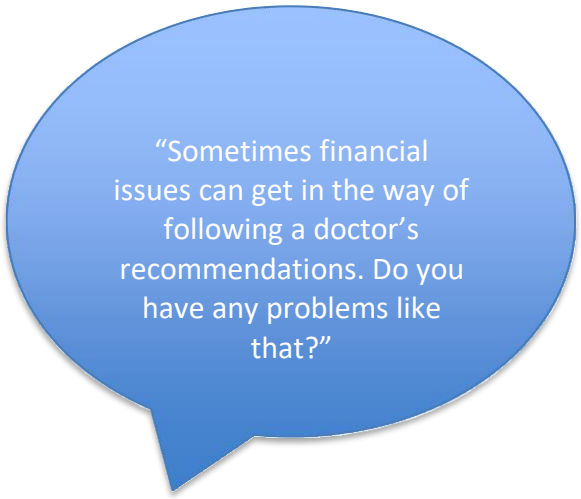
Once the patient has told you why they have come to the consultation, they may need some prompting. This offers them the opportunity to share further their ideas, concerns and expectations, plus it gives you more information about the clinical details you require in order to make a diagnosis. This process can be facilitated by a number of communication skills:

1. **Open questioning:** as discussed in Session 2

2. **Active listening:** as discussed in Session 3

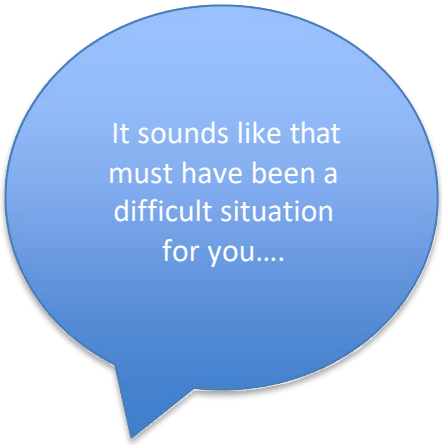
3. **Transitional statements:**

It is important to orient the patient to what you are about to ask about, especially if the questions are quite personal and less directly "biomedical". You may find it helpful to explain briefly why you are asking something by making a *transitional statement*. For example:



4. **Demonstration of empathy:**

Reflective comments may be useful in encouraging the patient to continue. They can also serve to demonstrate that you understand and empathise with their situation.



The Clinical History: Social History (SH)

- Presenting complaint (PC)
- History of presenting complaint (HPC)
- Past medical history (PMH)
- Drug/ treatment/ allergy history (DH)
- Family history (FH)
- Social history (SH)
- Systematic enquiry (SE)

The *social history* is a record of the patient's life background. It is the hugely important part of the medical interview in which the doctor learns more about the patient as a person. It is a time to assess ways in which the social, cultural, economic, employment and leisure-related aspects of the patient's life interact with their health. These factors have implications for diagnosis, treatment and the ultimate outlook of the patient's illness.

There are numerous pieces of information which might need to be obtained as part of the social history. There are therefore many different questions which you might ask, depending on the circumstances. You should aim to make these clearly relevant to the patient's health problems. When talking to a patient with **Diabetes**, you may want to consider:

Social Consideration	**Relevance to Diabetes**
Social Support What kind of social (and emotional) support does the patient have?	*Social isolation can lead to self- neglect and non-adherence to treatment in chronic illness such as diabetes.*

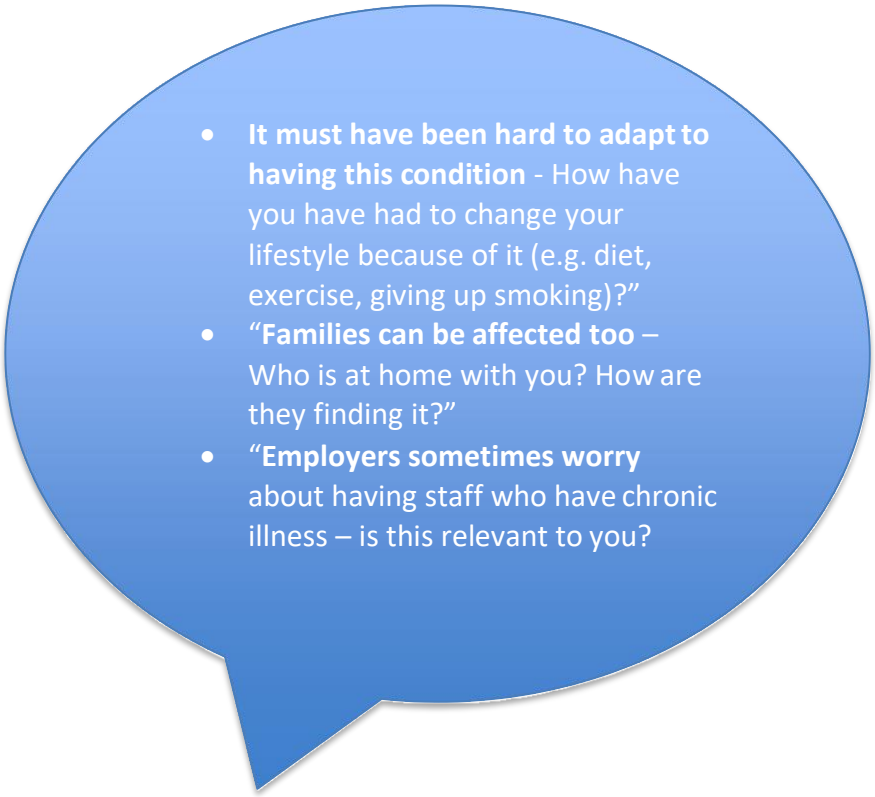
Living/ Housing Situation • With whom do they co-habit? • What kind of housing does the patient have?	• *A diabetic with visual impairment may need assistance administering insulin.* • *A diabetic amputee might not be able to manage stairs.*
Do they have children?	*Drugs and needles must be stored out of reach.*
Religious/Cultural Beliefs Are there cultural/religious beliefs or practices that affect the patient's healthcare?	*For example, the implications of Ramadan for diet and sugar- control.*
Finances Does the patient have enough money to buy what they need for good health?	*Essential for diabetics to a have healthy balanced diet.*
Occupation What is their occupation?	*Shift work can make adherence to treatment regime difficult in chronic illness such as diabetes.*
Driving Do they drive?	*Diabetics at risk of hypoglycaemia must inform DVLA*
Smoking Do they smoke? If so how much?	*Greater risk of vascular complications in diabetes*

Alcohol Do they drink alcohol? If so how much?	*Can lead to erratic control of blood sugar levels in diabetes.*

Tasks:

In this session, you will meet and interview a patient with **Diabetes Mellitus**. During the interview, you should find out about the patient's experience of this condition, exploring the clinical presentation (HPC), and also the *social impact* (SH) of the condition. As in previous sessions you should start with **open questions**, for example:

As well as opening discussion about the nature of the clinical condition, these questions invite the patient to expand on their own ideas, concerns and expectations. You can subsequently clarify the details of what they have mentioned by using a more focused questioning style, but try where possible to use **transitional and empathic statements** to introduce such questions, for example:



After the interview you will have the opportunity to discuss and compare notes on what you have heard from the patient with the rest of your group and your clinical tutor.

Reflective Practice - End of Session Questions

*(Your tutor may base the end-of-session discussion around these questions. This is to help you **reflect** on what you have learnt).*

- What sort of diabetes does your patient have and how did their diabetes present? How else might diabetes present?
- Does your patient have any complications of diabetes? What is the impact of these?
- Which aspects of your patient's lifestyle are important in the management of their diabetes? What is their attitude to making lifestyle adaptations?
- Describe the relevant social and cultural background of your patient and how this affects their diabetes.
- Did you use any new communication techniques today? How did they work for you?

Further Tutor Notes – Session 4

"COVID-PROOFING" YOUR SESSION

As described in the introductory notes, you may choose to use videos from the "Virtual Primary Care" resource.

See below for some suggestions of videos which are particularly relevant to this session – there are several more. If you type the title into the search box at the top of the page then they should come up. You will also find them in a playlist on the VPC site – "Patient Doctor 1 Course – Session 4".

- **A patient attending for a diabetes review**
- **Middle-aged diabetic patient attends pharmacy review with some fixed ideas (if not used for "Consent" session last term)**
- **Diabetic review**
- **Poorly controlled Type 1 Diabetes Mellitus with associated mental health issues**

Please also see the Primary Care Multi-disciplinary Team interviews on Canvas for this session (filmed August 2020)

Session 5

"Who Do You Think You Are?"

In this session, you will be speaking to a patient who either has a genetic condition, an interesting family history, or one who feels that their social/cultural background or identity has impacted their experience of healthcare.

You will either:

- Learn to take and record a formal family history and consider how the family is important in health and illness, in terms of both heredity and the environment. You can then link this to your wider study of genetics.

- Have an opportunity to discuss how identity, social and cultural factors can affect a patient's healthcare journey and reflect on the potential barriers to communication that these patients might experience.

Learning objectives:

Depending on the focus, by the end of Session 5 you should be able to:

- Interview a patient to obtain a medical, social and family history
- Present a family history that characterises family dynamics and the medical history of family members (a family tree might be used for this)
- Consider the interaction between genes and the environment in illness and health
- Consider the ethics of genetic testing
- Consider the potential positive and negative effects of a patients' identity, social and cultural background on their healthcare experience

Preparation before you attend the session:

Please ensure that you have understood and reflected on the content of the previous sessions, and that you have read through the information below. You may also find it useful to revise what you have recently learned regarding **medical genetics.**

Syllabus References:

Please see First BM syllabus sections 3.2, 3.4, 3.6, 3.7, & 3.8.

Themes covered during the session:

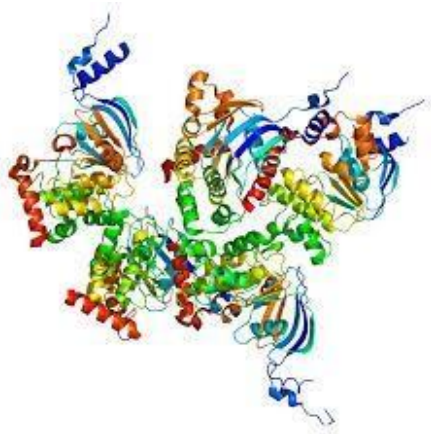
Theme	Areas Covered Today
The Clinical History	Family History Social History
Biomedical Relevance	Medical Genetics
Reflective Practice	Discussion with tutor and colleagues

The Clinical History: Family History

-
- Presenting complaint (PC)
- History of presenting complaint (HPC)
- Past medical history (PMH)
- Drug/ treatment/ allergy history (DH)
- Family history (FH)
- Social history (SH)
- Systematic enquiry (SE)

A full **family history** details the make-up of the patient's current family, including the age and gender of parents, siblings, children and extended family as relevant. It should include details of state of the health of all these family members, as well as the age at death and cause of death of any deceased first-degree relatives (sometimes also other deceased family members if relevant). These details are sometimes recorded in the form of a diagrammatic family tree.

Consultations about genetic disorders



A detailed family history such as this can be used to assess the risk of single gene disorders such as **cystic fibrosis** or **muscular dystrophy**. A formally recorded family pedigree can help to identify, and sometimes quantify, the risk faced by a patient who is concerned about the possibility of a disorder with a recessive or dominant inheritance.

For a clear description of how to construct a family tree (or "pedigree") please see this guidance from Health Education England:

https://www.genomicseducation.hee.nhs.uk/taking-and-drawing-a-family-history/

Other consultations

In practice, a family history as detailed this is seldom needed, unless the suspected diagnosis has a very clear hereditary basis. Most clinical interviews will involve enquiry into **whether there are any medical conditions which are common in the family**, but will only involve as much detail as above if the reply is in the affirmative and if it seems likely to be relevant to the diagnosis.

Value of the Family History

The family history assists in the **assessment of risk** for diseases that may have both genetic and environmental causes. For example, the risk of ischaemic heart disease is increased by environmental factors such as smoking and high-fat diets, but also genetic factors which may be indicated by a strong family history of heart problems. The risk is greater when there are both genetic and environmental factors present.

Remember that family history is not only important to the doctor. Think about the patient who comes in with a persistent cough a few years after their father has died of lung cancer.

How might this history be impacting on their **ideas and fears** about their symptoms? It is important for the doctor to understand their viewpoint in order to fully manage their concerns.

The family history also **overlaps with the *social history*** (discussed in Session 4) in assisting understanding of the social and cultural aspects of a patient's presenting problem. For example, a patient caring for a disabled relative may experience chronic stress and an adverse effect on their mental health, particularly if they feel unsupported.

Tasks:

Your clinical tutor will introduce you to a patient. This may be one of the following:

- A patient with a hereditary condition
- A pregnant patient
- A situation where there are medical problems in a patient's family which are impacting on the patient (i.e. being a carer)
- A patient in a situation which demonstrates challenge, due to social or cultural impact on their health or healthcare experience (areas to consider: gender, race, migration, religion, body markings)

Using the techniques you have learnt in the earlier sessions, you should find out about the patient's medical and social history. In addition, you should find out about their detailed family history:

- Ask about the presence of any illness, the same or possibly related to that of the patient, in first-degree relatives (parents, siblings, children), and if this leads to a pattern suggestive of a hereditary tendency. Then ask about second-degree relatives (grandparents, cousins, grandchildren) and wider if necessary.
- If it seems relevant, ask about consanguinity (marriage between second cousins or closer relatives).
- If it seems relevant, ask (sensitively) about family members who have died, disabled relatives, adoptions, miscarriages, still-births, half- siblings.
- If it seems relevant, ask about aspects of the family history related to the social history and family dynamics, for example: who lives together; marriages, divorces; profession; educational level; financial inter-dependence; other relevant information, e.g. problems at school, social services involvement with the family, etc.
- If it seems relevant, ask about aspects of the patients' identity that have relevance to their healthcare experience (memories, values, relationships and experiences that create the sense of self). Consider the importance of this in shared decision- making and health outcomes.

Your clinical tutor may ask you to record this using a family tree to summarise the information if relevant.

After the interview, you will have the opportunity to discuss and compare notes on what you have heard from the patient with the rest of your group and your clinical tutor.

A Note on Genetic Testing….

Whilst genetic testing is carried out in all sorts of situations, in general practice it commonly comes into discussions with certain pregnant patients. It is worthwhile knowing about the types of antenatal screening routinely offered in the UK. If the patient you see is pregnant, you should ask their views and feelings about this.

For more information, please see: https://patient.info/doctor/prenatal-diagnosis#nav-1

Reflective Practice - End of Session Questions

(Your tutor may base the end-of-session discussion around these questions. This is to help you **reflect** on what you have learnt).

- If relevant, discuss the genetic inheritance of the patient's condition. What is the patient's understanding of this and how do they feel about it?
- How does the patient's family history affect them socially and emotionally? Consider this particularly if your patient is a carer.
- How does knowing a patient's family history help the doctor caring for them?
- What interview techniques did you use today and which were particularly effective?
- During your interview, did you experience any difficulties in asking about the patient's family history? If not, can you describe any circumstances where it might be difficult?
- During your interview did you encounter examples of the negative effect of stigma on a patients' healthcare experience or identify any barriers to communication?

Further Tutor Notes – Session 5

"Covid-Proofing" your session

As described in the introductory notes, you may choose to use videos from the "Virtual Primary Care" resource.

The following video is particularly relevant to this session. If you type the title into the search box at the top of the page then it should come up:

- **Newly pregnant woman attending with partner** (the GP assumes the pregnancy is good news; is the patient fully informed about the proposed blood tests? Also lots of discussion to be had about the doctor's communication skills and how he uses the computer)

You may also find the following videos helpful:

"Health Talk" films about antenatal screening

- https://www.healthtalk.org/antenatal-screening/overview

You Tube films about young people living with cystic fibrosis:

- https://www.youtube.com/watch?v=Dn0grhu9h4g

- https://www.youtube.com/watch?v=Rs_tj_bQJxM

WELL DONE ON COMPLETING THE FIRST YEAR OF YOUR PATIENT DOCTOR COURSE!

We hope you have enjoyed the course and gained a great deal from it. Whilst you're away over the summer, you may find it interesting to look at some of these accounts of being a doctor. Have a think about what is portrayed and how you feel about it. You can always discuss things with colleagues on your return to Oxford.

Have a very relaxing summer (and don't forget to fill in your feedback on the course so far)!

Suggested Titles

- *Trust Me, I'm a (Junior) Doctor,* Max Pemberton
- *A Country Doctor's Notebook,* Bulgakov
- *When Breath Becomes Air,* Paul Kalinithi
- *Do No Harm,* Henry Marsh
- *The House of God,* Samuel Shem

Session 6

"Thinking Back and Looking Forwards"

(Janus, the Roman God of beginnings, doorways and transitions)

In this session, you will revise and consolidate the skills you started to develop in Year 1.

This session will be organised by your tutors in one of two ways. You will either:

- Have further opportunity to shadow GPs at your *Patient & Doctor* practice. We appreciate that many of you were not able to do this last year because of the pandemic. As you will have read in the introductory notes, Primary Care services are still under intense pressure so this still may not be possible at your surgery. All practices are different in terms of size, staffing and room capacity so we please ask you to be flexible and understanding.

- See and talk to patients with common neurological problems.

Either option will be valuable for you to practise and reflect on what you learned last year. We also encourage you to think about your goals for this coming year and what you hope to get out of the course in Year 2.

Learning Objectives:

By the end of Session 6 you should be able to:

- Discuss your detailed **observations**, either of a doctor/patient consultation or the physical and emotional clues gained from speaking to a patient with a neurological condition.
- Reflect on the skills and experiences you started to develop last academic year.
- Make a plan with your tutor about what you would like to get out of the *Patient & Doctor* course this coming year.

Preparation before you attend the session:

Please read through the updated Introductory Module on Canvas, which details logistics of the course this year. Please also briefly review the notes for sessions 1-5, particularly learning objectives and points for reflection.

It will be helpful for you to watch the video on Canvas where two clinicians, Dr Kate Saunders (consultant psychiatrist) and Dr Laura Ingle (GP) give their top tips for how medical students can get the most out of observing consultations. This was filmed in August 2021 for clinical medical students, but has helpful pointers for you to consider in your pre-clinical years too.

You are also required to attend the lecture on 18th October 21: *Welcome Back to the Patient & Doctor Course.*

Syllabus References

Please particularly see First BM syllabus sections: 16.4, 18.2,19.3,19.5.4, 21.4, 21.6
(For most relevant sections on neurology)

Themes to revise:

Here's a reminder of the areas you covered last year:

Theme	Areas Covered Today
The Patient-Doctor Relationship	**Trust** **Connecting and therapeutic rapport** **Exploring and understanding** **Empathy**
Communication Skills	**Open questions** **Developing rapport** **Facilitative techniques** **Active listening**
The Clinical History	**History of Presenting Complaint** **Past Medical History** **Family History** **Social History**
Biomedical Relevance	**Cardiovascular Disease** **Diabetes Mellitus** **Genetic Conditions**
Reflective Practice	**Discussion with tutor and colleagues**

Please bear these in mind when observing consultations or speaking to patients during this session.

OVERVIEW

The key learning objective for today's session is developing your skills of observation. Doctors need to be detectives – noting physical, verbal and emotional clues to help them more fully understand their patients.

- If you are shadowing for this session:

Think about what you learned last year and pay close attention to the body language, questions and responses of both doctor and patient.

Think about the *why* as well as the *how.*

Why might the doctor have chosen to ask a particular question or specific words/vocabulary? What impact did this have on the patient? Why did they react in this way?

Do discuss your observations with the doctor you are shadowing at the end of the consultation, as appropriate.

- If seeing a patient with a neurological condition:

Sometimes patients with neurological conditions have physical signs. You will learn all about how to examine patients when you reach clinical school. However, don't underestimate the importance of what you can observe from a patient sitting in front of you or watching them walk down the corridor.

Are there any clues about their medical condition from the way they walk, move and talk? Even if not, what emotional clues are there? Are you able to understand anything about how they are feeling?

OPTION 1 – SHADOWING A CLINICIAN

You may have the chance to shadow one of the doctors in the surgery whilst they are consulting with patients. It is a valuable opportunity to identify principles of effective medical interviewing. Your tutor will explain the details of how this will happen and whether you will be shadowing face-to-face or telephone/video consultations.

Please see the notes for Session 2 – "I Told You I Was Ill" for helpful pointers about what to look out for.

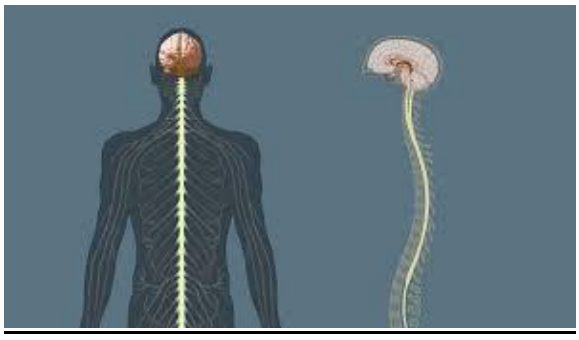
As you observe the doctors in action, think about the following…

How does the doctor:

- Open the conversation and build trust/rapport?
- Explore the patient's questions and concerns?
- Make a plan about treatment or follow-up?

How do you think the patient is feeling about what is happening in the consultation?

OPTION 2 – SPEAKING TO A PATIENT WITH A NEUROLOGICAL CONDITION



Your tutor may organise for you to speak to a patient who has a neurological condition. This is likely to be either someone who has had a stroke or suffers from Parkinson's Disease or Multiple Sclerosis.

Please review your communication skills and history-taking learning from last year before speaking to your patient(s). You will likely find that their social history forms an important part of your conversation.

- What impact has the condition had on their lives (personal/professional/family life)?
- Is there anything that they are not able to do which they could do before? How do they feel about that?
- Do they require any help with day-to-day activities as a result of their condition? Who helps them with this?

We understand that you are at the beginning of your studies of the neurological system. Please see below for some very brief notes about the pathology and presentation of common conditions. You may want to explore the pathophysiology further after the session.

PARKINSON'S DISEASE

Parkinson's disease is a slowly progressing neurodegenerative disorder, causing impaired motor function with slow movements, tremor and gait and balance disturbances. It is characterised by 3 main signs:

- Tremor at rest
- Rigidity
- Bradykinesia

"Non-motor" symptoms are also common, such as disturbed autonomic function with orthostatic hypotension, (blood pressure which drops with standing up), constipation and urinary disturbances, sleep disorders and neuropsychiatric symptoms (including dementia).

Parkinson's Disease commonly presents with impairment of dexterity. A fixed facial expression is characteristic with infrequent blinking. There may also be impaired swallowing and a quiet voice.

Pathophysiology:

It is caused by degeneration of the dopaminergic pathways in the substantia nigra. The ventral tier of the zona compacta of the substantia nigra is particularly affected with reduction of dopamine in the striatum.

Although Parkinson's disease is mainly caused by dysfunction of dopaminergic neurones, nondopaminergic systems are also involved.

Epidemiology:

Parkinson's disease is the second most common neurodegenerative disorder after Alzheimer's disease.

Parkinson's disease typically develops between the ages of 55 and 65 years. The prevalence is higher among men than women, with a ratio of 1.5 to 1. Parkinson's disease may be more common among white people than those of Asian or African descent but the data are conflicting.

MULTIPLE SCLEROSIS (MS)

Multiple sclerosis (MS) is the **most common demyelinating disease** of the central nervous system. The immune system attacks the myelin sheath or the cells that produce and maintain it. This causes inflammation and injury to the sheath and ultimately to the neurones. As a result, transmission of signals to and from the brain and spinal cord are impaired, causing problems with movement and sensation.

The causes of MS are not completely understood but the autoimmune process appears to be caused both by genetic and environmental factors.

There are different patterns of MS:

- **Relapsing-remitting MS**: symptoms come and go. Periods of good health or remission are followed by sudden symptoms or relapses (80% of people at onset).
- **Secondary progressive MS**: follows on from relaxing-remitting MS. There are gradually more or worsening symptoms with fewer remissions (about 50% of those with relapsing-remitting MS develop secondary progressive MS during the first ten years of their illness).
- **Primary progressive MS**: from the beginning, symptoms gradually develop and worsen over time (10-15% of people at onset).

Epidemiology

MS is more than twice as common in females than males.
The highest prevalence for MS occurs in the 60 to 69 years age group for both sexes.
The highest proportion of new female cases occurs in the 30 to 34 years and 40 to 44 years age groups. The highest proportion of new recorded diagnoses in males is in the 45 to 49 years age group.

There is a wide range of symptoms and signs. Common features are:

- Visual disturbance (due to demyelination of the optic nerve and impairment of cranial nerves affecting eye movements)
- Facial weakness
- Hearing and balance symptoms
- Cognitive symptoms
- Parasthesiae and numbness
- Hearing and balance problems
- Psychological symptoms
- Problems with the autonomic nervous system e.g. bladder or sexual dysfunction

STROKE

A cerebrovascular event (CVA or stroke) is a clinical syndrome caused by disruption of blood supply to the brain, characterised by rapidly developing signs of focal or global disturbance of cerebral functions, lasting for more than 24 hours or leading to death.

A transient ischaemic attack (TIA) refers to a similar presentation that resolves within 24 hours.

A stroke results either from ischaemic infarction of part of the brain or from intracerebral haemorrhage. Ischaemic infarction may be caused by atheroma or thromboembolism and, more rarely, by trauma, infection or tumours.

Cerebral infarction accounts for about 85% of strokes.

Epidemiology

Stroke is a major health problem in the UK:

- Stroke is the fourth most common single cause of death in the UK and the third most common in Scotland.
- In the UK, over 100,000 people have a first or recurrent stroke each year.
- More than 900,000 people in England are living with the effects of stroke and about half of these people are dependent on other people for help with everyday activities.
- Strokes can occur at any age but most strokes occur in people older than 65 years. Around 1 in 4 strokes affect people of working age.

Risk factors

Hypertension; smoking; diabetes mellitus; heart disease (valvular, ischaemic, atrial fibrillation); carotid artery occlusion; high cholesterol and lipids; clotting disorders.

Presentation

- Either sudden onset or a step-wise progression of symptoms and signs over hours (or even days) is typical.
- You may have come across the tool "FAST" (**F**ace, **A**rm, **S**peech, **T**ime to call 999/112/911), to use outside hospital to screen for a diagnosis of stroke or TIA.

Focal signs relate to distribution of the affected artery. If you interview a patient who has had a stroke, try to relate their symptoms and experiences to your knowledge of neuroanatomy.

Reflective Practice - End of Session Questions

(Your tutor may base the end-of-session discussion around these questions. This is to help you **reflect** on what you have learnt).

Discuss your **observations** with your tutor and student colleagues.

If shadowing:

- How did the doctor build rapport (thinking about verbal and non-verbal techniques)?
- How did the doctor question the patient about their symptoms? What communication skills were used?
- How do you think the patient felt about the consultation?
- How did you feel as a student doctor taking on an observational role? How do you think medical students can make the most of these sorts of opportunities?

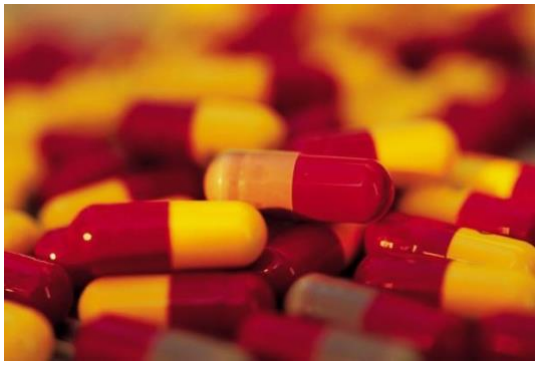
If seeing a patient with a neurological condition:

- How did you find speaking to this patient? (Particularly if this was your first opportunity to do so face-to-face).
- Did you pick up any physical or emotional cues from observing the patient?
- What communication skills did you find particularly helpful?
- How would you summarise the impact of this patient's condition on their day-to-day life?

Based on your experiences today and last year, what do you most hope to get out of the *Patient & Doctor* course this year?

Session 7

"Do You Hear What I Am Saying?"



In this session, you will interview a patient to discuss their clinical problems and undertake a detailed review of their medication. In addition, you will consider whether your patient has given *informed consent* to their treatment, and explore the ethical and communication issues that are involved in this.

Learning Objectives:

By the end of Session 6 you should be able to:

- Take a drug history
- Relate your understanding of pharmacology to the patient's medication
- Reflect on the ethical and communication issues surrounding informed consent from the perspective of patient and doctor

Preparation before you attend the session:

Please ensure that you have understood and reflected on the content of the previous sessions, and that you have read through the information below. You may also find it useful to revise what you have recently learned regarding aspects of **clinical pharmacology**.

Syllabus References:

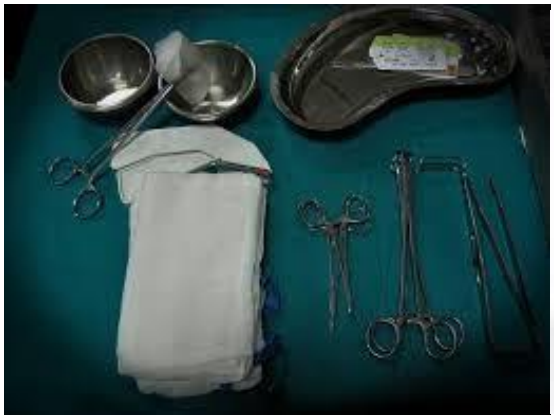
There are a number of relevant sections in the First BM syllabus, **e.g. 52.4, 54.1.**

Themes covered during the session:

	Areas Covered Today
The Patient-Doctor Relationship	Sharing Understanding and Consent
Communication Skills	Explanation Skills
The Clinical History	Drug/Treatment/Allergy History
Biomedical Relevance	Clinical Pharmacology
Reflective Practice	Discussion with tutor and colleagues

The Patient-Doctor Relationship: Sharing Understanding and Consent

Once the doctor has understood and interpreted the patient's story, it allows them to establish a diagnosis and decide what treatment to recommend. The patient must then decide whether they want to accept this advice, or in other words ***consent*** to treatment. If the doctor has taken care to share their understanding of the clinical presentation and how it relates to the patient's ideas, concerns and expectations, then it is more likely that the patient will trust the doctor sufficiently to give this consent.



Informed consent:

This means consent which is given by the patient after they have received information from the doctor about the pros and cons of the treatment on offer. This is not only necessary for major clinical procedures such as surgical operations, but is important for all forms of medical treatment, such as the taking of prescribed antibiotics. In the case of surgery, patients must give their consent in writing. In contrast, where the treatment is less elaborate or invasive, such consent can be *implicit,* e.g. the doctor can assume that consent has been given because the patient has accepted the prescription. Even here, though, the doctor has a duty to ensure the patient has enough information to make a proper decision.

This process allows for **shared decision-making,** where doctor and patient take an equal part in making plans for treatment and follow-up.

The GMC gives very helpful guidance on all aspects of consent:

http://www.gmc-uk.org/guidance/ethical_guidance/consent_guidance_index.asp

Communication Skills: Explanation Skills

Giving an effective explanation relies on numerous skills which you will learn at a later stage in your medical school career. However, it is important to be familiar with some of the concepts involved. For example:

- Assessing the patient's starting point – establishing their level of understanding and desire for more information
- "Signposting" – categorising and labelling the information then moving explicitly from one point to the next
- "Chunking and checking" – giving information in manageable amounts at a time, and checking that it is understood each time
- Incorporating the patient's perspective – relating the explanation to the patient's own ideas, concerns, and expectations

What barriers might there be to patients being able to fully consent and take an active part in planning their treatment? Have a think about:

- Language barriers
- Alternative health beliefs
- Patients who do not have capacity to make a particular decision (e.g. patients with dementia). You will learn more about capacity and consent in your clinical training.

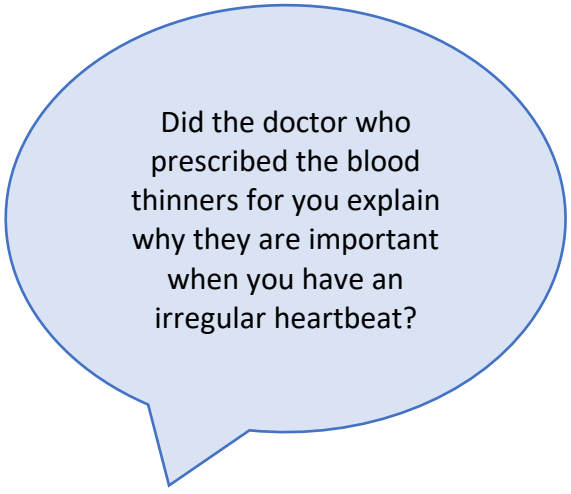
The Clinical History: Drug History (DH)

- Presenting complaint (PC)
- History of presenting complaint (HPC)
- Past medical history (PMH)
- Drug/ treatment/ allergy history (DH)
- Family history (FH)
- Social history (SH)
- Systematic enquiry (SE)

The DH is really the ***drug/ treatment/ allergy history.*** It should include details of all medications the patient is currently taking (including dosage), any recent changes to their medication, other recent treatments they may have had (e.g. operations or procedures), and other medications they have had in the past to which they were allergic or had other adverse reactions.

In patients on long-term medication, especially those taking several drugs simultaneously, it can sometimes be difficult to know whether new symptoms are due to an underlying medical condition or are secondary to side-effects of the medication (called *iatrogenic* symptoms). This why precise knowledge of the drugs they are taking is of key importance, as is knowing the major side-effects and interactions of these medications.

Some patients may not be fully aware of all aspects of their condition, but may be too embarrassed, intimidated, or hesitant to ask their doctor. Often, within a consultation, patients do not have the time to think of the questions they would like to ask. Exploration of the patient's knowledge and engagement with their current drug treatment is a useful way of gauging their overall level of understanding. For example:



Adherence

It is also useful to check exactly when and how (e.g. with/ before/ after food) they are taking the medication that has been prescribed for them, to ensure that they are adhering to the recommended dosage schedule and instructions.

What might be the consequences if patients are not taking their medication as prescribed? What if this is not recognised by doctors?

What factors might affect a patient's adherence with drug treatment? Have a think about:

- The patient's understanding of their condition (i.e. treatment to address very immediate symptoms like pain or infection, versus preventative long-term medication to treat more "silent" conditions like high cholesterol or hypertension).
- Drugs which may carry stigma (e.g. anti-retrovirals or medication for certain mental health conditions)

Are there other areas you can think of?

Note: some doctors will include alcohol consumption and recreational drug use within the DH, although more often this is covered in the social history, as discussed in Session 4.

Tasks:

Your clinical tutor will introduce you to a patient. Using all the skills that you have acquired in the first year of the Patient- Doctor course (rapport-building, active listening and facilitation), interview the patient and find out about their main clinical problems, focusing particularly on *treatment*:

- Identify what medication they are taking, both now and in the recent past, in detail.
- Assess the patient's understanding of the action and potential side effects of their medication.
- How much information have they received about this? Would they have wanted more/less/the same?
- Were there any alternative forms of medication/treatment? If yes, was the patient aware of them and how did they decide which to choose?
- How was the decision-making shared between the patient and doctor? Do they feel the balance was about right for them?
- How much information, in general, they would like to be given about both diagnosis and treatment?

Consider, in the light of your discussion with them, whether you feel the patient has given *informed consent* to the treatment. Was there evidence of *shared decision-making?* If so, what *explanation skills* did the prescribing doctor seem to have used to ensure this was the case?

After the interview, you will have the opportunity to discuss and compare notes on what you have heard from the patient with the rest of your group and your clinical tutor.

Reflective Practice - End of Session Questions

(Your tutor may base the end-of-session discussion around these questions. This is to help you **reflect** on what you have learnt).

- What treatment is your patient getting?
- Is your patient experiencing any side-effects from their treatment?
- Does your patient take their medication as it is prescribed? If not, why not? What factors may lead a patient to not adhere to treatment?
- Do you think your patient gave informed consent to their treatment? Is there anything which the doctor could have done to improve the patient's knowledge and understanding of their treatment?
- What communication techniques are particularly important when explaining treatments and having discussions about consent?

Further Tutor Notes – Session 7

"Covid-Proofing" your session

As described in the introductory notes, the "Virtual Primary Care" video bank is a comprehensive and wide-ranging resource. Do make sure you get yourself signed up when you receive the email. All videos are accompanied by notes highlighting key learning points. If you want to have a browse then you can search by typing in a keyword, or by using the "filters" tool.

Suggestions of videos which may be particularly relevant to this session are below. If you type the title into the search box at the top of the page then they should come up:

- *Middle-aged diabetic patient attends pharmacy review with some fixed ideas* (lots of interesting discussion here about whether he knows what medication he is taking, why he is taking it and why it is important. Worth also talking about the rapport in this consultation and the patient's verbal/non-verbal communication).
- *A young woman taking a lot of medication* (a lady who is on a huge amount of medication for complex pain and anxiety – what is this patient's attitude to her medication? How do the students feel the GP dealt with the consultation?)

Session 8

"Story of the Blues"

In this session, you will meet a patient who has experienced depression and/or anxiety. You will develop your history-taking skills to find out about the patient's psychological problems, considering how these affect their life, family and social interactions.

As doctors and medical students, we sometimes need to have conversations with patients which we find particularly challenging due to events going on in our own lives, or circumstances affecting our families. If you feel that this session may be difficult for you in any way then please do discuss this in advance with your GP tutor.

Learning Objectives:

By the end of Session 7 you should be able to:

- Interview a patient sensitively about their psychological and emotional state
- Describe symptoms that are associated with depression and/or anxiety
- Outline the main approaches to management and treatment of depression and/or anxiety
- Describe what treatment your patient has had for their mental health problems

Preparation before you attend the session:

Please ensure that you have understood and reflected on the content of the previous sessions, and that you have read through the information below. You may also find it useful to revise what you have recently learned regarding **the psychology, neuro- physiology and pharmacology of anxiety and mood disorders.**

Syllabus References:

Please see First BM syllabus sections **25.1, 26.8, 26.9.**

Themes covered during the session:

Theme	Area Covered Today
Communication Skills	**Dealing with emotions**
The Clinical History	**The psychiatric history**
Biomedical Relevance	**Anxiety and depression**
Reflective Practice	**Discussion with tutor and colleagues**

Anxiety and Depression:

In addition to what you have learned so far in lectures, here are some brief notes about the symptoms of anxiety and depression.

What is Anxiety?

Anxiety is a universal and generally adaptive response to a threat, but in certain circumstances it can become maladaptive.

Characteristics that distinguish abnormal from adaptive anxiety include:

- Anxiety out of proportion to the level of threat
- Persistence or deterioration without intervention (> 3 weeks)
- Unacceptable symptoms including: recurrent panic attacks, severe physical symptoms, thoughts of sudden death
- Disruption of usual functioning

Effects of anxiety:

Psychological

- Feeling tense, can't relax, restless
- Excessive or inappropriate worrying
- Fear of 'going mad', losing control
- Derealisation
- Irritability
- Poor concentration

- Difficulty getting to sleep, 'tossing and turning'

Physical

- Palpitations, feeling faint, chest pain
- Breathing problems
- Appetite change, weight change
- Sweating, shaking, dry mouth, feeling hot or cold
- Churning or 'empty' stomach, nausea, frequent urination, diarrhoea, abdominal pain
- Headaches, neck and/or back pain
- Tingling, numbness, lump in throat
- Panic attacks

Social

- Avoidance of usual social situations
- Can involve time off work or poor performance at work

What is Depression?

Depression is characterised by sadness, loss of interest in activities and decreased energy. Other symptoms may include loss of confidence and self-esteem, thoughts of death and suicide, poor concentration and disturbance of sleep and appetite.

Effects of depression: Psychological

- Low mood, feeling sad
- Loss of interest/pleasure in things
- Feeling restless/ agitated
- Low energy, feeling slowed down
- Poor motivation
- Finding it difficult to make decisions
- Low self esteem
- Helpless and hopeless
- Inappropriate guilt about things
- Poor concentration
- Thoughts about suicide or self-harm

Effects of depression: Physical

- Weight loss or gain, with changes in appetite
- Sleep disturbance (for example, finding it difficult to fall asleep at night or waking up very early in the morning)
- Tiredness
- Constipation

- Unexplained aches and pains
- Moving or speaking more slowly than usual

Social

- Reduction in social activity, avoiding contact with friends
- Time off work, or poor performance at work
- Loss of interest in hobbies
- Difficulties in home and family life

Treatment of Anxiety and Depression

The patient you see today is likely to have undergone treatment for their anxiety and/or depression. This usually falls broadly into two categories: psychological therapy and drug treatment. The extent to which either of these approaches are used, and at what stage of the patient's illness, is highly individual to the particular patient.

For more information about **psychological therapies**, have a look at Oxford's self- referral service website, Talking Space:

https://www.oxfordhealth.nhs.uk/talkingspaceplus/

In terms of medication, you may want to revise what you have learned about Selective Serotonin Reuptake Inhibitors (SSRIs). Other drugs are also used in the context of anxiety and depression, such as tricyclics and beta-blockers. Your tutors will discuss these with you if appropriate.

Communication Skills – Dealing with emotions

Assessing many patients, especially those with mental illness, inevitably involves exploring their emotions. Look back at the notes for Session 4 of the course: it dealt in part with the role of empathy, and the importance of achieving an appropriate balance between compassionate emotional involvement and professional distance. There is a certain set of skills which can be useful to draw on in circumstances such as this, for instance:

- Asking the patient's ***permission*** to explore their emotions:

- Use non-verbal skills to ***demonstrate empathy*** – a tilt of the head, offer a tissue. Or verbal statements which *acknowledge* their emotional state, such as:

- Use ***silence*** – Allow space for the patient to calm down and gather their thoughts.
- ***Summarise*** the patient's story to clearly demonstrate that you have been listening.
- Show your ***appreciation*:**

The Clinical History - Psychiatric History:

The elements of the psychiatric history are essentially the same as you have learned about for any other full medical history (i.e. HPC, PMH, DH, FH, SH), but will also usually include what is known as a personal history. Some elements of this overlap with the family and social history, but these are supplemented with other details to build up a picture of the individual's development and background. These might include any or all of the following, depending on the relevance to the patient's presenting complaint:

- Circumstances related to childhood: mother's pregnancy and patient's birth; early childhood development; childhood separations and emotional problems; childhood illness.
- Education, including level achieved
- Occupations
- Sexual relationships
- Marriage/ partnerships
- Children
- Social circumstances
- Forensic history (i.e. criminal record)
- Pre-morbid personality (referring to the prevailing mood, character attitudes and standards that the patient typically displayed before becoming ill)

Tasks

Your tutor will introduce you to a patient with a history of a mental health problem. Using the above information and the communication skills you have worked on in previous sessions, you should interview the patient to obtain the story of their condition. This should include:

- The patient's *personal history* and the background factors which may have contributed to the development of their condition.

- The *treatment* they have received (pharmacological, psychological, social intervention).

- The overall impact of the illness on their life (behaviour, physical health, family relationships, work, leisure activity).

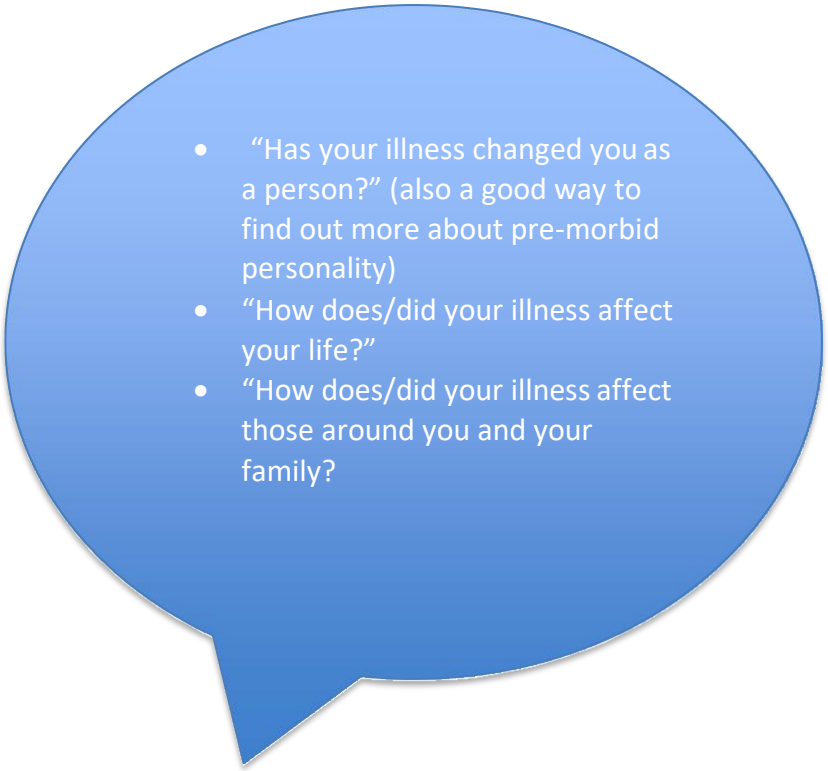
Try to ascertain:

- How the diagnosis was made
- How it was subsequently managed
- What sort of treatment the patient has had and whether there are any side-effects

In exploring the emotional impact of the illness, you may find it helpful, as ever, to ask **open questions** such as the following:

Subsequent focused enquiry should include questions about *biological* symptoms detailed above. Always also enquire about alcohol, smoking and self-medication (including recreational drug use).

To learn more about the **impact of the illness** you might ask:



Remember to explore the *patient's perspective*:

After the interview, you will have the opportunity to discuss and compare notes on what you have heard from the patient with the rest of your group and your clinical tutor.

Reflective Practice - End of Session Questions

(Your tutor may base the end-of-session discussion around these questions. This is to help you reflect on what you have learnt).

What symptoms of depression/anxiety has your patient experienced? What is the impact of their illness on themselves and others?

How has your patient's depression/anxiety been managed? Has this treatment been successful? Were there any side-effects?

What are your patient's views on their treatment?

How did you find interviewing a patient about their mental health? Was anything challenging?

Give examples of questions or statements you used which worked well.

How did the encounter make you feel? In general, what can doctors do to look after themselves after emotional conversations with patients?

Further Tutor Notes – Session 8

"COVID-PROOFING" YOUR SESSION

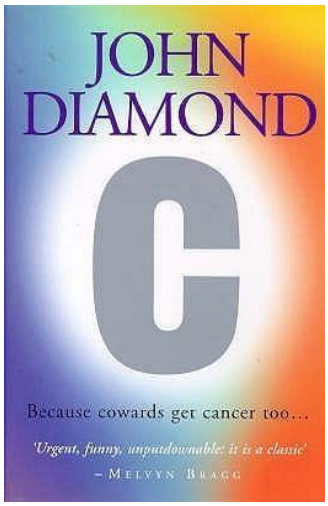
As described in the introductory notes, you may choose to use videos from the "Virtual Primary Care" resource. Healthtalk.org is also a valuable resource for this subject area.

See below for some suggestions of videos which are particularly relevant to this session – there are lots of others relating to this subject. If you type the title into the search box at the top of the page then they should come up. You will also find them in a playlist on the VPC site – "Patient Doctor 1 Course – Session 8".

- **Knee pain and underlying depression / The doctor-patient relationship**
- **Anxiety and depression / Continuity of Care**
- **Depression, substance misuse/ Social Determinants of Health**
- **Woman, 21 weeks pregnant with twins has low mood and history of substance misuse** (can follow-up with first 5 minutes of her post-natal check – interesting to see different approaches of GPs)
- **A woman presenting with anxiety, poor sleep and thoughts of self-harm**

Please also see the Primary Care Multi-disciplinary Team interviews on Canvas for this session (filmed August 2020)

Session 9:



"The Big 'C'": Talking to a patient with cancer

In this session, you will take a full history from a patient with cancer and find out about their diagnosis, management and treatment. You should focus on how the patient feels about the care they have received and try, if possible, to explore how they view their future.

As doctors and medical students, we sometimes need to have conversations with patients which we find particularly challenging due to events going on in our own lives, or circumstances affecting our families. If you feel that this session may be difficult for you in any way then please do discuss this in advance with your GP tutor.

Learning Objectives:

By the end of Session 8 you should be able to:

- Describe the outline plan of a full medical history
- Relate scientific knowledge of neoplasia to the patient's clinical presentation
- Identify risk factors in a patient's family history, lifestyle or environment
- Comment on the strengths and weaknesses of the care your patient has received from the health service
- Establish *therapeutic rapport* sufficiently to allow you to ask delicate questions, such as how they perceive their future

Preparation before you attend the session:

Please ensure that you have understood and reflected on the content of the previous sessions, and that you have read through the information below. You may also find it useful to revise what you have recently learned regarding the pathology and pharmacology of cancer.

Syllabus References:

Please see First BM syllabus sections **43.1, 43.3, 43.4.**

Themes covered during the session:

Theme	Area Covered Today
Biomedical	**Cancer**
The Patient-Doctor Relationship	**Continuity and Sustaining the relationship**
Communication Skills	**Putting it all together!**
The Clinical History	**Full Medical History**
Reflective Practice	**Discussion with tutor and colleagues**

Communication Skills: Putting it all together

Please have a look back at all previous sessions.

The Clinical History : Full Medical History

- Presenting complaint (PC)
- History of presenting complaint (HPC)
- Past medical history (PMH)
- Drug/ treatment/ allergy history (DH)

- Family history (FH)
- Social history (SH)
- Systematic enquiry (SE)

Please see the introductory notes to the course and all previous sessions.

The Patient-Doctor Relationship: Continuity and Sustaining the Relationship

The processes of connecting, exploring, understanding, sharing and agreeing all act together in sustaining the patient-doctor relationship over time. The generation of rapport, empathy, trust and consent serve to ensure that the patient will feel comfortable returning to see the same doctor repeatedly, therefore allowing that doctor to provide continuity of care. This is important in many fields of medicine, not just general practice. It can be particularly helpful for patients suffering from severe or chronic illness, who may feel anxious or vulnerable. It can be invaluable for them to deal with someone they know well and trust.

Tasks:

Your clinical tutor will introduce you to a patient with a history of cancer. Putting together all the communication skills you have learnt throughout the course, you should interview them sensitively to establish the story of their illness, its impact on their life, their perception of the quality of the medical treatment they have received and how they view the future. During the interview with your patient, try to establish:

- What were the initial and subsequent symptoms, physical signs, and results of investigations (e.g. blood tests, scans or X-rays, biopsy). Consider the local effects of the tumour and the possibility of metastases.
- What treatment has your patient had, both initially and subsequently? What were the side effects?
- How did your patient cope? Who helped them and how? (e.g. family, friends, health professionals)
- What follow-up care is your patient receiving?
- What has been good about the care received and what could have been improved? Consider: speed of diagnosis, investigation and treatment; provision of information; *continuity of care*; effectiveness and availability of treatment; the degree of support.
- What risk factors may have been relevant? Ask about family history (draw family tree if appropriate), lifestyle (e.g. smoker?), employment history (e.g. builder – asbestos), environmental risks (e.g. radiation exposure).
- What do you understand of the patient's perspective about their illness and treatment? How do they view the future?
- **What is your view of the care they have received?**

After the interview, you will have the opportunity to discuss and compare notes on what you have heard from the patient with the rest of your group and your clinical tutor.

Useful online resources:

www.cancerresearchuk.org

www.macmillan.org.uk

www.cancer.gov (detailed American site)

http://www.healthtalk.org/peoples-experiences/cancer (for first-hand patient accounts)

Reflective Practice - End of Session Questions

*(Your tutor may base the end-of-session discussion around these questions. This is to help you **reflect** on what you have learnt).*

- Tell your colleagues about your patient's story, using the structure of a medical history.
- Did your patient have any risk factors for developing the disease?
- What treatments has your patient received? How do they feel about the treatment? Were there any adverse side-effects?
- What are the most significant ways in which your patient and their family have been affected by their cancer?
- How did your patient feel overall about the medical care they have received? Were there any problems and how might these have been overcome?
- How did your patient perceive the future?
- Which communication techniques were particularly helpful today?
- How did you feel talking about this subject with a patient? *In general, what can doctors do to look after themselves after emotional conversations with patients?*

Further Tutor Notes – Session 9

"COVID-PROOFING" YOUR SESSION

As described in the introductory notes, you may choose to use videos from the "Virtual Primary Care" resource. Healthtalk.org is also a valuable resource for this subject area.

See below for some suggestions of videos which are particularly relevant to this session – there are lots of others relating to this subject. If you type the title into the search box at the top of the page then they should come up. You will also find them in a playlist on the VPC site – "Patient Doctor 1 Course – Session 9".

- Patient with prostate cancer attends for injection and palliative care discussion
- 85 year-old woman with pain, Dupuytren's contracture and possible recurrence of cancer
- GI symptoms and an urgent referral
- A man in late middle age presenting with first episode of rectal bleeding *(less valuable from perspective of discussing cancer, but interesting to reflect on a medical student's role in the consultation)*

Please also see the Primary Care Multi-disciplinary Team interviews on Canvas for this session

Congratulations on completing the Patient and Doctor Course!

Please don't forget to fill in your Year 2 student evaluation form.

We hope you have enjoyed speaking to patients and learning from them. The Primary Care Teaching Team looks forward to seeing you again in your Fourth Year, which starts with the *Patient and Doctor Two Course*.

APPENDIX 1

Student written tasks

Reflective Writing Task – Year 1

This is a short written task which will be read by your GP tutor. Its purpose is to consolidate the reflective discussions you have had during your Patient Doctor sessions this year. It will allow you to share your thoughts and learning with your tutor and will provide them with the opportunity to give you feedback to help you in the future.

It should be handed in to your GP tutor two weeks before session 5. It should be no longer than **500 words** in length.

Please think of a patient who you have interviewed this year and write under the following headings. You must be careful to avoid using personal details that might identify the patient (i.e. name, address etc.)

Outline the case (max 100 words)
Briefly outline the case, including the history of the patient's condition, relevant past medical history and any treatment you know about.

Discuss the impact of the illness on the patient (max 100 words)
Think about how the patient's illness affects their life, considering work, close relationships, hobbies, housing, finances and cultural/religious beliefs.

Reflect on the doctor's role (max 150 words)
What are likely to be the doctor's priorities when seeing this patient? Do they match those of the patient? Did the patient comment on their experience of healthcare services? Which of the GMC's *Duties of a Doctor* are particularly relevant to this case?

Comment on the skills you have learnt (max 150 words)
What consultation skills did you learn from talking to this patient? Please do consider other patient conversations you have had this year as well, if helpful. How do you feel in general about learning from patient interactions? What would you like to think about more in next year's Patient Doctor Course?

Reflective Writing Task – Year 2

This is a short written task which will be read by your GP tutor. Its purpose is to consolidate the reflective discussions you have had during your Patient Doctor sessions this year. It will allow you to share your thoughts and learning with your tutor and will provide them with the opportunity to give you feedback to help you in the future.

It should be handed in to your GP tutor two weeks before session 8. It should be no longer than **500 words** in length.

Please think of a patient who you have interviewed this year and write under the following headings. You must be careful to avoid using personal details that might identify the patient (i.e. name, address etc.)

Outline the case (max 100 words)
Briefly outline the case, including the history of the patient's condition, relevant past medical history and any treatment you know about.

Discuss the skills you have learnt (max 150 words)
What consultation skills did you learn from talking to this patient? In general, what have you learned about consulting over the past two terms?

Comment on how you felt about the consultation and what you have learnt about yourself (max 150 words)

Did this conversation have any emotional impact on you? What have you learnt about yourself from this conversation? You might write about positive personal attributes, or those you would like to work on in future (e.g. "I am good listener" or "I feel uncomfortable when asking patients about personal things").

Make an action plan for your further learning (max 100 words)

What skills will be your priority areas to work on when you reach clinical school in Year 4?

APPENDIX 2

Tutor report forms

The Patient & Doctor Course Tutor Report Year 1

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Student Name ……. **College**……

Tutor Name …… **Tutor Email Address**……

(1) Tutor's Review of Professionalism

Please make an assessment of the student's **professional behaviours** over the past year, considering the areas below. Please circle one box in each row:

	Satisfactory	Possible concern	Definite concern
Attendance	Consistently reliable and punctual Apologises for any absences in a timely fashion	Late more than once Single unauthorised absence	Repeated lateness or unauthorised absence
Engagement	Motivated, engaged with learning, conscientious	Variable participation in teaching. Does not always complete tasks assigned	Does not engage with teaching. Fails to complete tasks. Poor response to feedback
Interactions with patients	Respectful of patients. Maintains appropriate boundaries Communicates and interacts well with patients	Single episode of - Disrespectful behaviour - Inappropriate communication	Repeated disrespectful behaviour or failures to communicate appropriately

Tutor's assessment of ATTENDANCE:

Overall Assessment (circle one)

SATISFACTORY **POSSIBLE CONCERN** **DEFINITE CONCERN**

Additional comments about ATTENDANCE (optional):

Tutor's assessment of ENGAGEMENT:

Overall Assessment (circle one)

SATISFACTORY **POSSIBLE CONCERN** **DEFINITE CONCERN**

Additional comments about ENGAGEMENT (optional):

Tutor's assessment of interaction with PATIENTS:

Overall Assessment		(circle one)
SATISFACTORY	**POSSIBLE CONCERN**	**DEFINITE CONCERN**

Additional comments about PATIENTS (optional):

(2) Tutor's Overall Assessment

Please make a **global** assessment of the student's performance over the past year:

Overall Assessment		(circle one)
SATISFACTORY	**POSSIBLE CONCERN**	**DEFINITE CONCERN**

Did the student complete and submit the written assignment?

Yes **No**

Comments about overall performance/written assignment:

Please submit this form to: Jacqueline.belcher@phc.ox.ac.uk

The Patient & Doctor Course Tutor Report Year 2

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Student Name ……. **College**……

Tutor Name …… **Tutor Email Address**……

(1) Tutor's Review of Professionalism

Please make an assessment of the student's **professional behaviours** over the past year, considering the areas below. Please circle one box in <u>each</u> row:

	Satisfactory	**Possible concern**	**Definite concern**
Attendance	Consistently reliable and punctual Apologises for any absences in a timely fashion	Late more than once Single unauthorised absence	Repeated lateness or unauthorised absence
Engagement	Motivated, engaged with learning, conscientious	Variable participation in teaching. Does not always complete tasks assigned	Does not engage with teaching. Fails to complete tasks. Poor response to feedback
Interactions with patients	Respectful of patients. Maintains appropriate boundaries Communicates and interacts well with patients	Single episode of - Disrespectful behaviour - Inappropriate communication	Repeated disrespectful behaviour or failures to communicate appropriately

Tutor's assessment of ATTENDANCE:

Overall Assessment (circle one)

SATISFACTORY **POSSIBLE CONCERN** **DEFINITE CONCERN**

Additional comments about ATTENDANCE (optional):

Tutor's assessment of ENGAGEMENT:

Overall Assessment (circle one)

SATISFACTORY **POSSIBLE CONCERN** **DEFINITE CONCERN**

Additional comments about ENGAGEMENT (optional):

Tutor's assessment of interaction with PATIENTS:

Overall Assessment		(circle one)
SATISFACTORY	**POSSIBLE CONCERN**	**DEFINITE CONCERN**

Additional comments about PATIENTS (optional):

(2) Tutor's Overall Assessment

Please make a **global** assessment of the student's performance over the past year:

Overall Assessment		(circle one)
SATISFACTORY	**POSSIBLE CONCERN**	**DEFINITE CONCERN**

Did the student complete and submit the written assignment?

Yes **No**

Comments about overall performance/written assignment:

Please submit this form to: Jacqueline.belcher@phc.ox.ac.uk