THE PATIENT AND DOCTOR COURSE

TUTOR HANDBOOK
MICHAELMAS TERM 2020

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 1 Course this coming academic year. We greatly appreciate your commitment, given the current difficult circumstances associated with the Covid-19 pandemic. Your role in introducing Year One and Year Two students to clinical medicine is hugely valued – we hope you very much enjoy the experience this term.

This handbook contains the following:

- New introductory **tutor notes**, detailing important aspects of the course for 2020-21, including necessary adjustments in light of Covid-19.
- Updated **student introduction**. Please also read these carefully.
- Handbook notes for the sessions in Michaelmas Term only. Given the changing nature of the pandemic, sessions after Christmas will be revised nearer the time.
- At the end of each session, there are brief additional notes for tutors. These advise how to "Covid-proof" the course, in case the pandemic situation deteriorates and face-to-face teaching is not possible. More details on this below.

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:

- A printable version of the 2020 Michaelmas Term handbook, with a white background
- The full 2019-20 handbook, in case you would like an overview of all sessions over the academic year (these are unlikely to change significantly)
- Narrated Power Point slides of the introductory lectures, to be given to Year One and Two students in the first week of Michaelmas Term (beginning 12th October). The students will access these remotely, via Canvas (the University's online learning platform)
- The First BM Curriculum, so you can see what students are learning alongside their Patient & Doctor course

Student resources on Canvas

This year, the student handbook is entirely on Canvas. Due to Covid-19, students will be using Canvas from day one of their course in order to access remote lectures and assignments. They should therefore have no problems finding and navigating the Patient & Doctor 1 course material. 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.

Landing page for the Patient & Doctor 1 Course on Canvas

In addition to the course notes, there are **two new introductory teaching modules** which students from both year groups will be asked to complete prior to their first session with you. These provide the following:

- Details of the course content and structure
- An overview of how clinical practice has changed as a result of Covid-19
- Introductory notes on video consulting
- Interviews with healthcare professionals and simulated patient consultations, all filmed in August 2020.

You will shortly be given access to Canvas, so you can see all student material. Please look out for an email giving further instructions about this. If you have any difficulties getting access then please contact: alison.convey@phc.ox.ac.uk

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

A reminder of key changes made last year

Last academic year, the course and handbook underwent a significant update. This was the result of an extensive survey of tutors' and students' views.

- The film clips for Session One were updated and sent to you at your practice on a memory stick. **If you have mislaid your memory stick then please let us know as soon as possible, so that we can post you a replacement**. There are notes to accompany each clip included in this handbook.
- There 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.
- Students are now expected to complete one reflective written task per year, to be read and commented on by you. This should be submitted two weeks prior to the final session of each academic year. Details are in the handbook. This replaces any onus on the students to give written responses to the end-of-session questions, or for you to mark them. **Please note that these questions have been retained and updated in the handbook. The intention is that they should be used to stimulate reflection and discussion during the sessions**.

Covid-related changes to the course this term

We have written to you over the summer about the necessary changes to the course, as a result of Covid-19. We hope that your planning has been going well. We are confident that you will provide students with a very positive and valuable clinical experience, despite the challenging circumstances. However, we are realistic and pragmatic about adaptations you may need to make to ensure the course can run effectively.

Here's a reminder of the information sent out to you already, with some important additions.

Key points:

- Year One and Two students will be receiving all their lectures remotely in Michaelmas Term. Small-group teaching will be taking place face-to-face where appropriate, in college groups. This particularly relates to "practical" sessions, such as laboratory-based teaching and the Patient & Doctor I course. Our understanding is that students from the same college can be regarded as a "bubble".
- We are keen that the Patient & Doctor I course should continue to provide students with as much clinical experience as possible. As a consequence, we would like students to attend sessions at their tutors' surgeries if at all practicable. However, because our Year One and Two groups are pre-clinical students who are not required to practise examination skills, they should not be having face-to-face patient contact this term. **All patient consultations should be conducted remotely, either by telephone or video.**

Notes on individual sessions

Session 1 – Duties of a Doctor (Year 1)

By now you will have decided how you would like to deliver this session. The options are:

- At your practice, if you have a teaching space big enough to allow for social distancing
- In a college/university room – our administration team have booked you a room if you have requested this
- Remotely, via Teams or Zoom. Because this session does not involve patient contact, there are no confidentiality issues associated with using these platforms. Please see below for more information about setting up these sessions

Session 2 – Shadowing (Year 1)

We felt it was important to retain this session in the students' first term, despite the current logistical difficulties. It gives students an important flavour of real-life consulting and helps them feel connected to their clinical learning. It is always a favourite part of the course when looking at student feedback.

Students should shadow at least a portion of a telephone or video clinic. They may do so individually, in pairs or small groups, depending on what is feasible in your surgery, bearing in mind social distancing rules.

Sessions 5 and 6 (Year 2)

For both the Year 2 sessions this term, students should attend the GP practice if at all possible. They should use either telephone or NHS-approved video software (e.g. AccuRx) to

speak to patients remotely, in pairs or small groups. There should ideally be an opportunity for some sort of debrief or group discussion at the end, as usual.

As previously communicated, the first Year 2 session on 20th or 22nd October is the rescheduled Session 5 – "Who Do You Think You Are?" This should have taken place when they were Year One students in May 2020.

We appreciate that for some tutors this a difficult session to source patients for. Please feel free to use it as an opportunity to catch up with students about how Covid has impacted clinical practice. It will be incredibly valuable for them to hear how things have changed since you last saw them in the spring. You may want to use it to help introduce them to the principles of telephone/video consultations. They will have been asked to complete an introductory Canvas module which includes initial information on remote consulting, prior to their first session with you.

You may remember that the students were due to submit a piece of written work two weeks before this cancelled session in May. At the time, we suggested that this could be deferred until Michaelmas Term. However, during the summer vacation we were informed by the Pre-Clinical School that their BM Part I exams would take place the week commencing 5th October. It would therefore clearly not be fair to ask them to hand in any written work in the lead-up to the session on 20th October. If any of your students have sent you a reflective piece then it would be very helpful to them if you would read it and give some feedback. However, there is no requirement for them to do so on this occasion. They have already been signed off by you for the first year of their course.

FAQs about course logistics this term

My practice is outside Oxford. How will students travel to their Patient & Doctor sessions?

We will be providing taxis for students from all colleges where their tutor's practice is beyond the ring road, to avoid the need to take public transport. **It is therefore essential that you let our administration team know if you have changed the date or location of any of your sessions.**

Can I change the date of my sessions?

A few tutors have asked if it is possible to change the dates of their sessions, to help with logistics or practice capacity. It shouldn't be a problem if you need to do this, so long as there are no timetabling clashes with students' other commitments. You should arrange changed dates directly with your students as soon as possible. This should theoretically be easier than in "normal" times – because of the pandemic students will be doing more self-directed learning and have fewer scheduled sessions.

Room capacity at my practice is a problem, do you have any suggestions which may help me to deliver my sessions?

By now you should have been given the names and contact details of all your students, so you will know how big your groups are.

We do appreciate that group size may pose capacity issues, in terms of providing adequate space for students to conduct their remote consultations with patients. Tutors have suggested various solutions, which may or may not be relevant to your practice:

- Using alternate/additional sites, if possible.
- Recruiting the help of other GP colleagues to teach, thereby splitting the group size. Please let us know if you plan to do this, as we would like to have an informal introductory session with all new tutors.
- Having shorter sessions with fewer students, which are then repeated.

Do students need to know how to use PPE?

As explained above, Year 1 and 2 students should not be seeing patients face-to-face. Therefore PPE should not be required.

How do I set up the "Duties of a Doctor" Session Remotely?

Several of you have said that you would prefer to deliver the first session ("Duties of a Doctor") remotely, via Zoom or Teams. Whilst we are very happy to offer advice about this, we encourage you to set up any such remote session directly with your students, in order to give you more control of the screen etc. "Screen Share" can be used for the video clips.

We recommend using Teams and all NHS doctors have access to this. If you have a University email address then you can use the Oxford University version of Teams, which has better functionality. For this you will need your University 'Single Sign On' name and password, so please get in contact with us asap if you've forgotten it.

Please do ask if you need any further help or advice in setting up this session.

Will students undergo any personal health risk assessment?

All students will have completed a university self-assessment about their health which can be viewed at: https://occupationalhealth.admin.ox.ac.uk/covid-19-vulnerability-self-assessment#/.

The results of this online tool put them into either a low, medium or high risk category, in terms of Covid-19 infection. You will be informed should any of your students be "medium" or "high" risk, so that appropriate alternative arrangements can be made.

What do I do if my students are quarantining, or students get sent home during term-time?

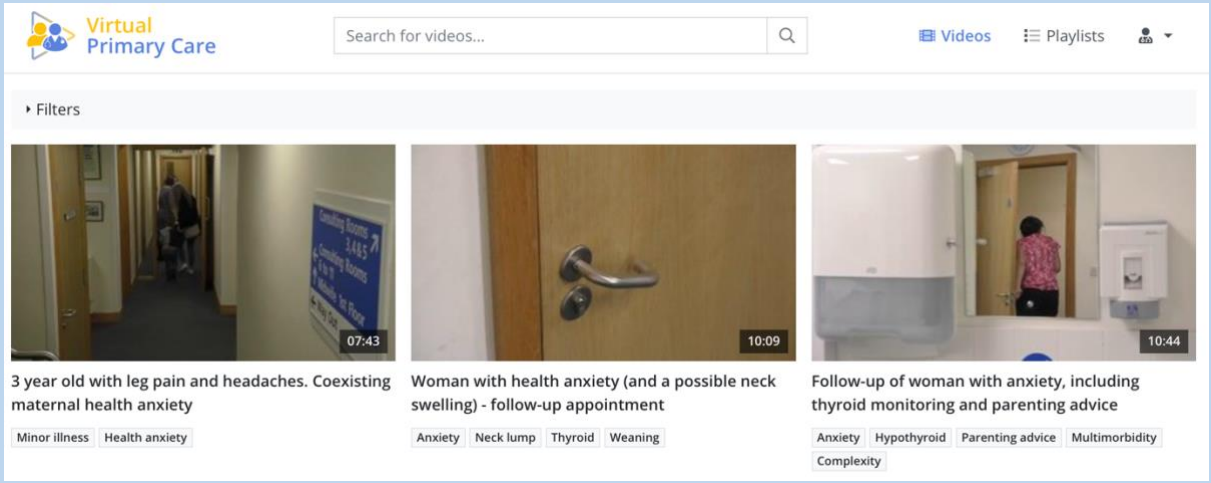
We are keen that Patient & Doctor sessions continue this term, should students be unable to go into GP practices or gather in university teaching spaces. Since there are confidentiality issues with using Zoom or Teams for patient consultations, we suggest using pre-recorded videos to explore the particular clinical theme under discussion. Whilst we appreciate this is

not ideal, it will at least provide students with teaching related to clinical practice. Some medical schools are operating this way by default for their "early-years" students this term.

To help with this, we now have access to a brilliant new resource. Put together in a matter of months, the Society of Academic Primary Care and the Medical Schools Council have built a website called *Virtual Primary Care*. They have collaborated with the team who produce *GPs Behind Closed Doors* to produce a vast bank of filmed GP consultations, which have all been categorised and coded for ease of browsing. Each film also has notes to accompany it, posing questions about clinical or communication issues.

You will shortly be receiving an email about setting up your log-in for this site. This is a very quick and straightforward process. Once you are registered, you can browse either using "keywords" such as "angina" or "patient-doctor relationship", or you can use the "filters" tab. You can clearly play these videos for your students, but if you want to set your group up as "student users" on the site you will need to contact Emma Wiley (emma.wiley@phc.ox.ac.uk).

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.



Student Welfare

The experience of students will clearly be very different this term. First years will have been caught up in the A-Level debacle. All students may have significant anxiety about arriving in Oxford when the news is filled with reports of Covid outbreaks in student accommodation throughout the UK. Freshers' week 2020 will certainly be like none other, whilst Year 2 students will be taking exams in early October. Students may have periods of isolation and quarantine during the 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 appropriate avenues for support.

E-portfolio

You will likely be familiar with the NHS e-portfolio, either from being involved with teaching Year Four/Five students, or from supervising post-graduate trainees. This year we will be setting up the e-portfolio for first year students. This means that their tutor reports, student written work and course evaluations will all be submitted via the portfolio.

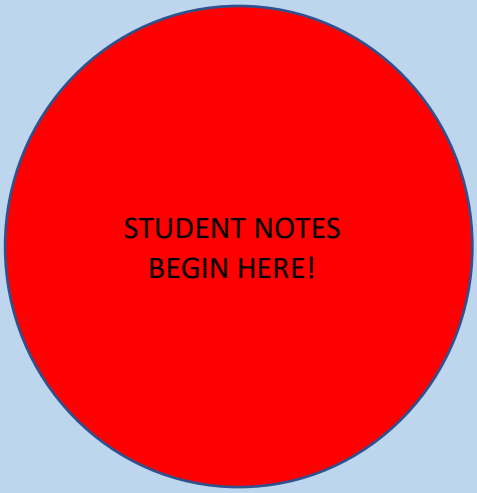
This will be a very positive step, both in terms of efficiency but also in providing a coherent link between students' Patient & Doctor 1 experiences and their later clinical training. For this academic year it will only be Year One students who will be using the e-portfolio. For those in Year Two, they will complete forms and reports in the established way.

You will be contacted with more information about the e-portfolio in due course.

Thank you again for your commitment to teaching on this course. We understand that it will take additional planning and adaptations this year - we are very grateful for your work in doing this.

We hope you have a really good time this term. Please do get in touch with any further queries or questions (alison.convey@phc.ox.ac.uk).

Primary Care Teaching Team, October 2020



Contacts in the Primary Care Department

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

Patient & Doctor Course Administrators:

- Jacqui Belcher

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

- Emma Wiley

  Email: emma.wiley@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!

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

- "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

***** Note for Year 2 Students 2020**: Due to the Covid pandemic, the Trinity Term 2020 session was not held in May as planned. It has been rescheduled for Michaelmas Term.***

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 the consultation:

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!

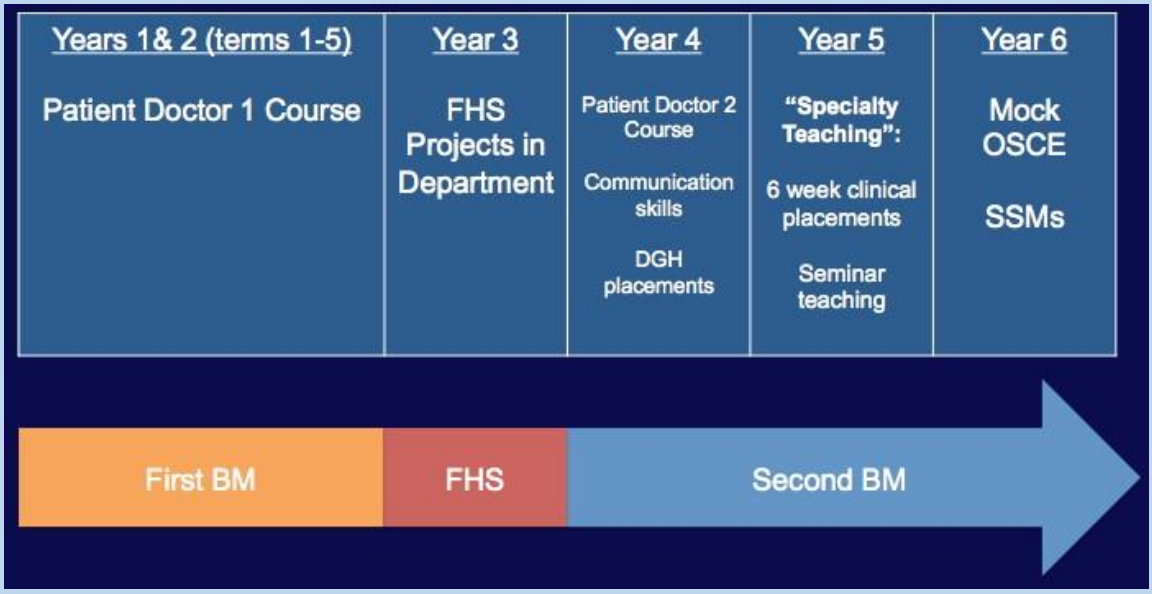
Assessment

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. You will find this form in either the "End of Year 1" or "End of Year 2" sections, although it is hoped that for the academic year 20-21 this will be completed in the new e-portfolio. This is currently being set up and you will receive more information in due course.

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 be handed in to your tutor **two weeks prior to your last session of the academic year**. More details of this can be found in the relevant sections on Canvas.

How does this course fit in to my degree?

You will build on your *Patient & Doctor I* 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 takes place in Year Four. This is an introduction to clinical medicine and includes a whole 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 One* 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.

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

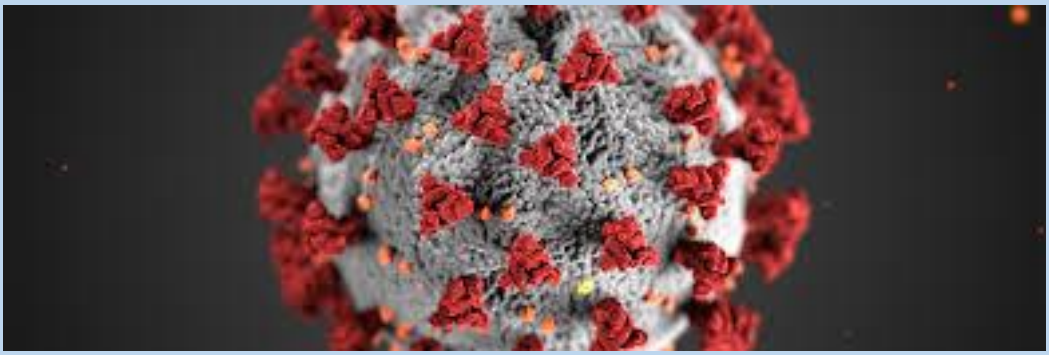
The regulatory body for the medical profession in the United Kingdom is the General Medical Council. As a medical student, you are already a member of that profession, and, as such, already subject to the regulation and protection afforded by the GMC.
In the very first session, we think about the GMC's 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 of an appropriate length, with a smart shirt/ top. Ties are not necessary.

(Because of Covid, you will see that many GPs are currently wearing scrubs for their clinical work. Since you will not be seeing patients face-to-face, professional dress as described above will remain appropriate).

The Impact of Covid-19 on clinical Practice



The Covid-19 pandemic has had a profound impact on the day-to-day practice of healthcare professionals. In Primary Care, it has meant a shift to more consultations being undertaken remotely. Around 25% of patient contacts are face-to-face in the surgery (using PPE), but most communication is currently via telephone and video, or by using online tools. GPs have had to develop their communication skills accordingly.

During your sessions this term, please ask your GP tutor what impact the pandemic has had on their working lives. How do they feel it has affected patient care? Are there any positives to the new way of doing things?

You may feel apprehensive about starting your first clinical placements at this time. Please do discuss any concerns or anxieties with your GP tutor.

The Impact of Covid on your Patient & Doctor Course

The Patient & Doctor Course is all about meeting and speaking to patients. As those of you in Year 2 will know, in "normal" times this means seeing patients face-to-face in the GP Surgery.

We have had to make a few adaptations to the course this year in order to ensure your safety, whilst also trying to give you the best clinical experience possible. At the time of writing (September 2020), the plan is for you to attend your GP practices and speak to patients via video or telephone. This reflects the way in which most GP consultations are being carried out at present. For some practices there may be logistical challenges to this, i.e. not having enough room space for your whole group to be in the surgery with appropriate social distancing at the same time. Your tutors will be in touch with alternative arrangements as necessary. We ask you to please be patient and flexible. You may have a slightly different experience to student colleagues at a different college, but we are confident that you will get a great deal from your Patient & Doctor sessions.

If the pandemic situation deteriorates during the winter then contingency plans will be in place.

Covid-19 Risk Assessment

Over the past few weeks, you will have received an email about completing a personal health risk assessment. This is to make sure that the Patient and Doctor sessions are safe for you. **Please complete this immediately, if you have not done so already.**
Here's a reminder of the process:

The university risk assessment tool can be found by clicking here: https://occupationalhealth.admin.ox.ac.uk/covid-19-vulnerability-self-assessment#/

You will see that the result gives you a "covid age" and a "vulnerability level" of either low, medium or high. It is essential that we are informed of your vulnerability level only, so that suitable safety adjustments can be made if appropriate. Please note that we do not need to know any personal medical details.

Once you have completed the online risk assessment, you should let us know your risk level by completing the Microsoft Form – the link to this is in the email you were sent.

What should I do if I'm unwell?

If you're unwell 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.

You can contact the Primary Care Teaching Team by emailing either: Jacqueline.belcher@phc.ox.ac.uk or Emma.wiley@phc.ox.ac.uk

If you think you may have Covid symptoms, please follow Oxford University Guidance (https://www.ox.ac.uk/coronavirus/students/health).

What should I do if I'm quarantining?

Please let both your GP tutor and the Primary Care Teaching Team know if you are quarantining and this period will include the date of a Patient & Doctor session. Please do this as soon as possible so that alternative arrangements can be made for your teaching.

Video and Telephone Consultations - Special Considerations

Due to Covid-19, the majority of GP consultations are now 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 before this year, 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.

The Oxford Nuffield Department of Primary Care Health Sciences has some very helpful information about video consulting, which you may be interested to read: https://www.phc.ox.ac.uk/research/resources/video-consulting-in-the-nhs

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. 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.

Session 1

"Trust Me, I'm a Doctor…"

Covid-related notes for students:
This session is a seminar, involving group discussion and watching film clips. It does not include any patient contact. Your GP tutor will let you know whether this session will take place in their practice, in a college teaching room, or remotely via video.

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.

Preparation before you attend the session:

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

- Watched the "Introduction to the Patient & Doctor Course" lecture (in Canvas)
- Completed the first two introductory Canvas modules

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:

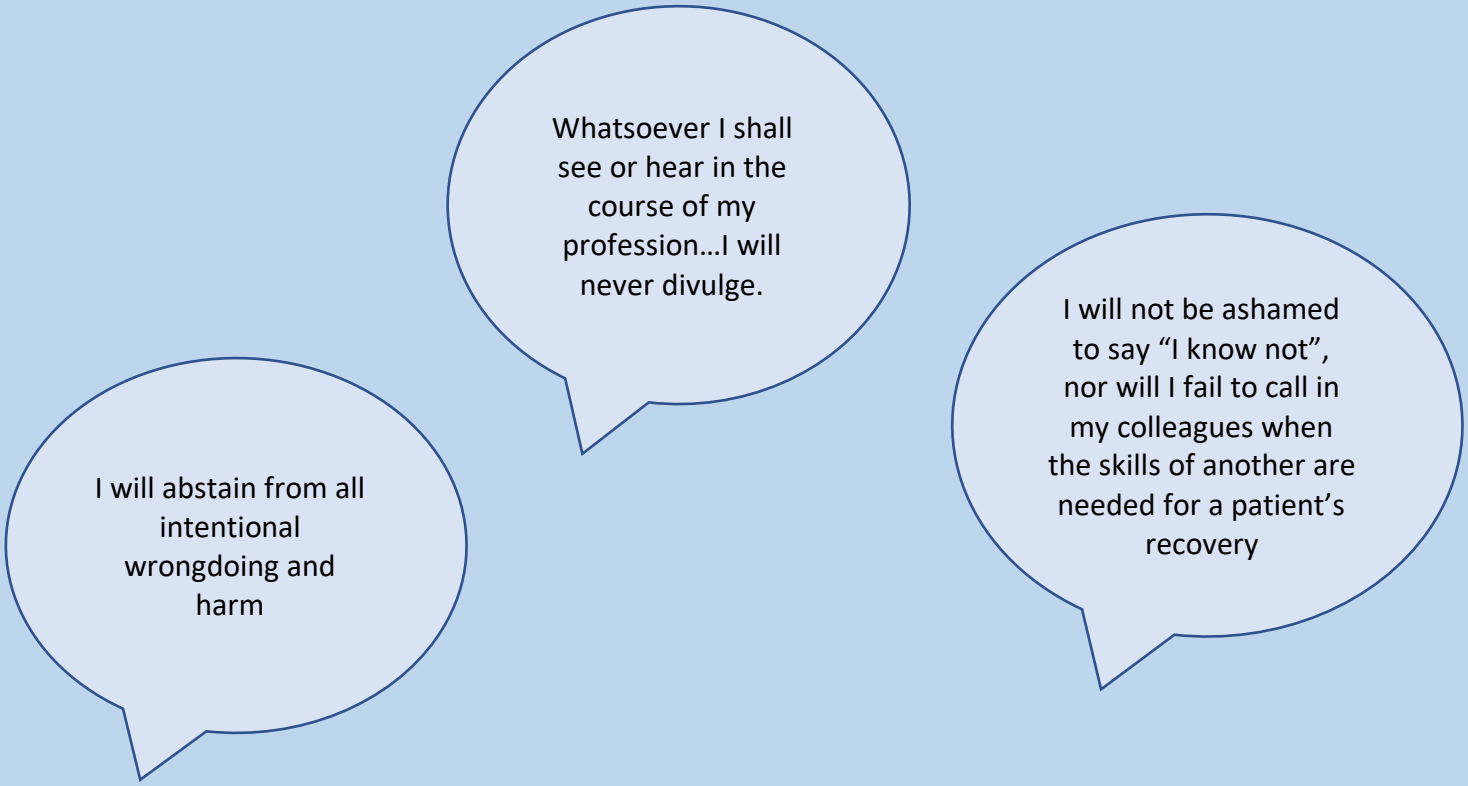
- Be honest and open and act with integrity.
- Never discriminate unfairly against patients or colleagues.
- Never abuse your patients' trust in you or the public's trust in the profession.

"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

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?

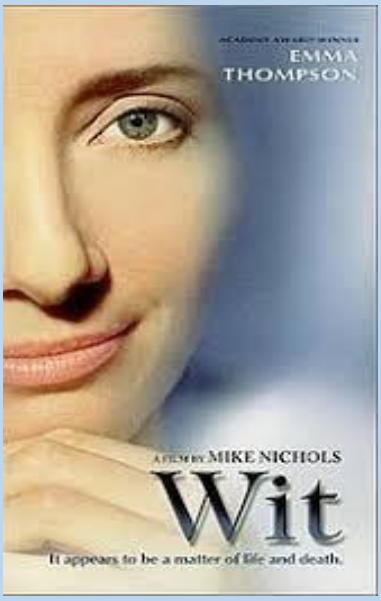
Your clinical tutor will ask you to discuss your reactions with the group. Try to use this opportunity to think about how you wish to relate to patients as a medical student and, in the future, as a doctor. What skills do you think you need to learn to help you achieve this?

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?

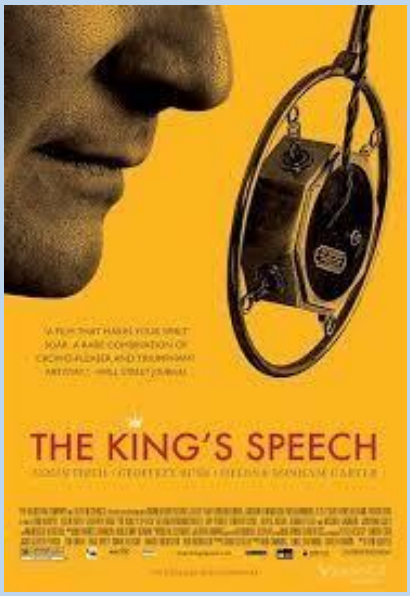
The Theory of Everything (2014) depicts the early life of scientist Professor Stephen Hawking, who developed Motor Neuron Disease at the age of 21.

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 hope those of you who wish to will be able 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 updated and sent to you on a memory stick. The aim is to increase variety, both in terms of the type of material and the length of the clips. 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

Covid-related notes for students:

This session gives you the opportunity to experience a GP clinic and begin to see how doctors talk to patients. Because of Covid, you will be witnessing patient consultations conducted via telephone or video, rather than face-to-face in the surgery. Your tutors will explain how they would like you to participate and how you can get the most out of the session.

When reading the following notes, please bear in mind that some of the communication skills discussed may need to be adjusted as a result of consulting via video or telephone. Your tutors will discuss this with you. You may find it helpful to refer back to the section in the first introductory module about remote consultations.

Should any alterations need to be made to the session in light of the evolving pandemic, then your tutors will let you know as soon as possible.

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.

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 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!)

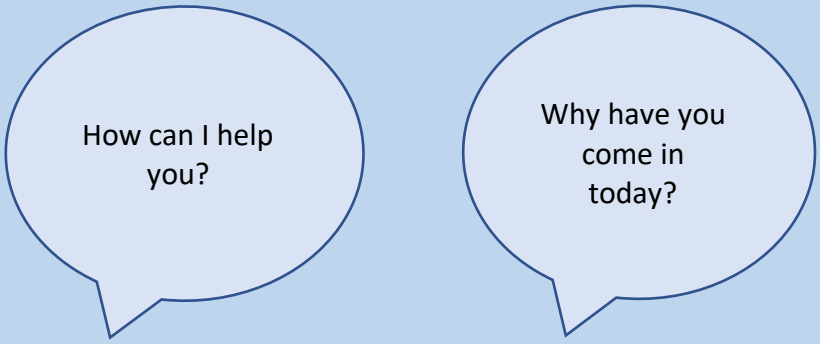
What factors make us come across as warm, welcoming and respectful? Think about smiling, eye contact, standing up.

Shaking hands is often appropriate. This sort of physical contact is 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*.

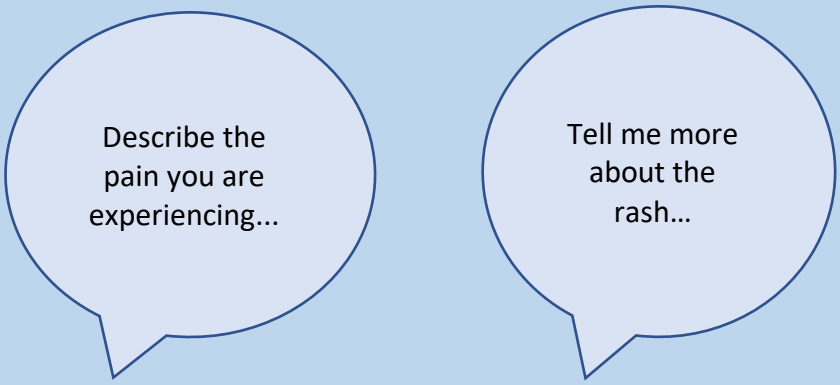
The Clinical History - History of presenting complaint (HPC)

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 you get yourself signed up when you receive the email.** Many of the videos would be relevant for this initial "shadowing" session, so 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 5

"Who Do You Think You Are?"

Student Covid-related notes:

This session was supposed to take place at the end of your first year, in May 2020. It was unfortunately delayed due to the pandemic, but we are very pleased that it has been rescheduled for Michaelmas Term.

You will be speaking to a patient who either has a genetic condition, or an interesting family history. You will be doing this via telephone or video, rather than face-to-face in the surgery.

Should any alterations need to be made to the session in light of the evolving pandemic, then your tutors will let you know as soon as possible.

In this session, you will 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 environment. You will link this to your studies of genetics.

Learning objectives:

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

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:

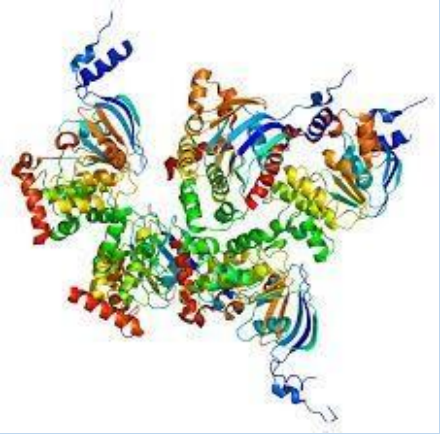
Theme	Areas Covered Today
The Clinical History	Family History
Biomedical Relevance	Medical Genetics
Reflective Practice	Discussion with tutor and colleagues

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 anything runs in the patient's 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 become depressed.

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 woman
- A situation where there are medical problems in a patient's family which are impacting on the patient (i.e. being a carer)

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 children who have died, physically/mentally 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.

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 women. 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 her 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?

Further Tutor Notes – Session 5

"Covid-Proofing" you 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.

You may find the following video 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

Session 6

"Do You Hear What I Am Saying?"

Student Covid-related notes:

In this session you will be speaking to a patient about the medications they take. You will be doing this via telephone or video, rather than face-to-face in the surgery.

Should any alterations need to be made to the session in light of the evolving pandemic, then your tutors will let you know as soon as possible.

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:

	Area 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 his 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 rational decision.

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

The Clinical History: Drug History (DH)

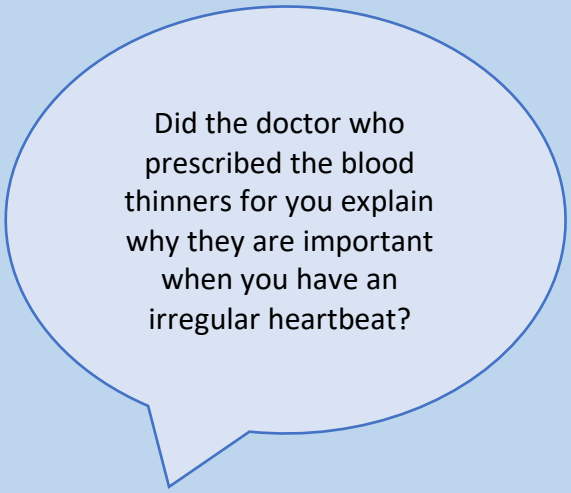
- Presenting complaint (PC)
- History of presenting complaint (HPC)
- Past medical history (PMH)
- Drug/ treatment/ allergy history (DH)
- Family history (FH)
- Social history (SH)
- Systematic enquiry (SE)

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.

Many patients understand less than we might expect about their medical condition, but can be embarrassed to ask too many questions of their doctor. Exploration of the patient's

knowledge of their current drug treatment is a useful way of gauging their overall level of understanding:



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?

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. 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 6

"Covid-Proofing" your session

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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?)