

THE PATIENT AND DOCTOR COURSE

**TUTOR HANDBOOK
HILARY & TRINITY TERMS 2021**

YEARS 1 & 2



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Notes for Tutors

Introduction

Thank you very much for all your hard work and flexibility teaching the Patient & Doctor 1 Course last term. We have received very positive feedback from Year 1 and Year 2 students; they gained a great deal from their PD1 sessions, despite the necessary constraints imposed by the pandemic. Your role in introducing them to clinical medicine is hugely valued.

Things have changed again this term. As per Julian's email to all GP tutors on 8th January, pre-clinical students will not be returning to Oxford until at least "mid-February" and this decision will be under regular review. All PD1 sessions will therefore be online until further notice.

By the end of last term, the majority of you were already successfully conducting your Patient & Doctor 1 sessions remotely. We held a very useful meeting to share ideas at the beginning of December, the summary of which was emailed out before Christmas.

These introductory notes contain the following information:

- **How to use this handbook**
- **Advice about timetabling sessions**
- **Options and guidance for conducting online teaching**
- **What students have been told about this term's PD1 course**
- **Resources available to students**
- **Details of written assignments for Years 1 and 2 students**

How to use this handbook

The handbook contains the following:

- New introductory **tutor notes**, detailing important aspects of the course for 2021. These focus on the necessary adaptations in light of Covid-19.
- Updated **student introduction**. Please read this carefully.
- Handbook notes are for sessions in Hilary and Trinity Terms only (January to May 2021). These can be used in conjunction with the student notes on Canvas.
- As with last term'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.

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 2020 Michaelmas Term handbook
- The First BM Curriculum, so you can see what students are learning alongside their Patient & Doctor course

Advice about timetabling sessions

We are aware of the workload you are currently facing, particularly given the developing vaccine programme.

The sessions are scheduled as follows:

HILARY TERM 2021		
Thursday 28th January. 2.00 pm onwards.	Year 2	Session 7 <i>"Story of the Blues":</i> Psychological Problems – Depression and Anxiety
Tuesday 9th February. 2.00 pm onwards.	Year 1	Session 3 <i>"The Heart of the Matter":</i> Cardiovascular Disease
Thursday 25th February. 2.00 pm onwards.	Year 2	Session 8 <i>"The Big C":</i> Talking to a Patient with Cancer
Tuesday 2nd March. 2.00 pm onwards.	Year 1	Session 4 <i>"Life is Sweet":</i> Diabetes Mellitus
TRINITY TERM 2021		
Tuesday 18th May. 2.00 pm onwards.	Year 1	Session 5 <i>"Who Do You think You Are?"</i>

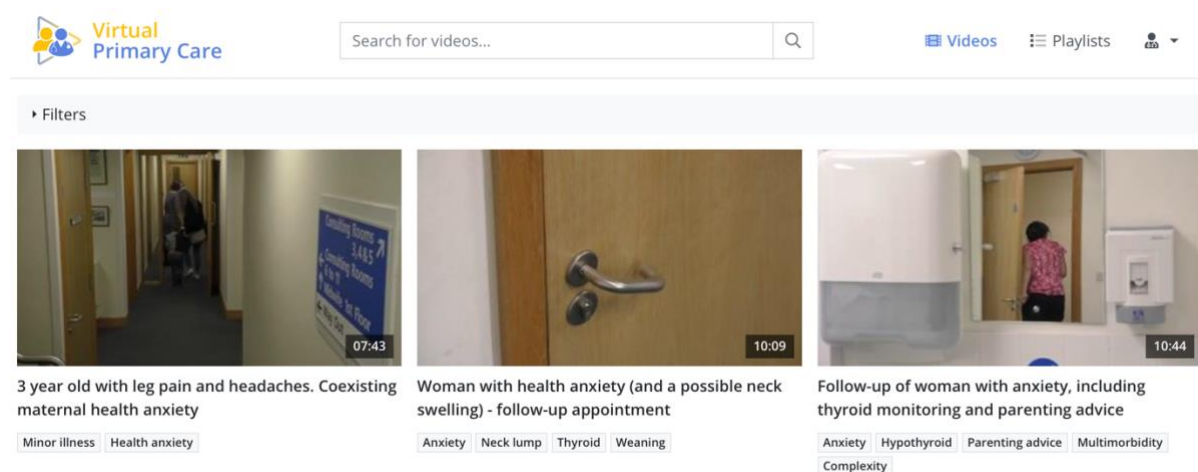
Can I change the dates of my sessions?

Please do change the dates of your sessions if needed. You should arrange this directly with your students as soon as possible. This should theoretically be easier than in "normal" times - because of remote study students will have fewer scheduled commitments. Official teaching timetables for Year 1 and 2 students will be emailed to you in order to assist with this.

Options and guidance for conducting online teaching

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 PD1 tutors used the VPC video bank last term. The feedback 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 each PD1 topic this term.**

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 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).

We hope that you are all signed up and able to access your accounts by now. 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>.

2) Remote patient interviews

Last term, tutors 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.

- **Accurx 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:

The screenshot shows a web browser window with the URL fleming accurx.com/search-for-patient. The page title is "Find and contact patients" with the subtitle "Use Video Consult or Message Patient". There is a toggle switch for "Use with a test patient". The main form has two sections: "NHS number" with a text input field containing "XXX-XXX-XXXX", and "Date of birth" with three input fields for "DD", "MM", and "YYYY". A blue button labeled "Search for a patient" is at the bottom right of the form. The browser's taskbar at the bottom shows the Windows logo, a search bar, and various application icons. The system clock in the bottom right corner indicates 11:44 on 10/12/2020.

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

The screenshot shows the next page in the Accurx Fleming interface, titled "Please select a feature to continue". At the top, it displays patient information: "PATIENT, Example", "NHS no: 777 777 7777", "Born: 24 June 2018 (2y)", and "Gender: Not specified", with a "Change" button. Below this are two main options: "Video Consult" and "Message patient". The "Video Consult" option includes a status "Compatibility checks complete" with a green checkmark and the text "All systems go", and a blue button labeled "Start your consultation". The "Message patient" option is represented by a white box with a blue icon. At the bottom of the page, a blue banner contains the text "Finding accurx helpful? Why not share with others across your organisation?". The browser's taskbar and system clock are visible at the bottom, showing 11:44 on 10/12/2020.

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:

- We know that students will have very different home environments. Before planning your session, please ensure that your students have the appropriate space in their home 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 note that all students are DBS checked before they join the medical school in Year One.

What have students been told about sessions this term?

- Students have been fully briefed about the workload of GP practices and the challenges facing Primary Care services at present, particularly with regards to the roll-out of the vaccine. They have been asked to be patient, flexible and understanding.
- They have been told that their sessions may include speaking to patients online, or involve watching virtual consultations. They have been reassured that either method is valuable for learning about clinical skills and reflecting on practice.
- They have been advised about the important considerations for conducting online consultations from their homes. They have been given the following “top tips” (please also see Canvas):

Teaching sessions involving patient interviews via video

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.

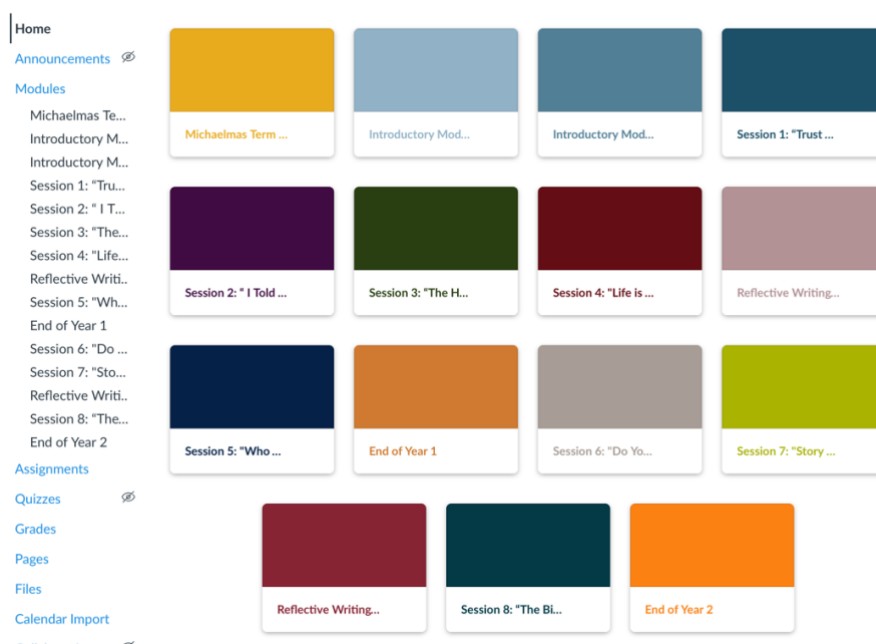
Sources:

<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)

Student resources on Canvas



Landing page for the Patient & Doctor 1 Course on Canvas

As last term, 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.

This term, they will find some new features:

- Advice about conducting online patient interviews from their own homes.
- Introductory notes on video consulting.
- **Videos with members of the Primary Care MDT (filmed in August 2020)**, which relate to this term's sessions. For example, a practice nurse talking about how to conduct a diabetes review.

All tutors were signed up to Canvas last term and you should have received email details in October. 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 send you their report, 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 25th February – i.e. **11th February 21**.

- Year 1 – two weeks prior to final session on 18th May – i.e. **4th May 21.**

E-portfolio

As previously mentioned, we will be setting up the e-portfolio this term for **Year One students only**. It means that tutor reports, written work and course evaluations for Year One students will all be submitted via the e-portfolio (though those for Year Two students will be emailed in the traditional way). 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. More details to follow

Student Welfare

The experience of students will clearly be very different 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 appropriate avenues for support.

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

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

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

Primary Care Teaching Team, January 2021



**STUDENT NOTES
BEGIN HERE!**

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 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

Important student notes for Hilary Term 2021

We hope that you are settling in well to remote learning at home this term. Because of the escalating pandemic, your Patient & Doctor teaching will necessarily take place online until further notice. The following notes are designed to help you get the most out of your sessions over the coming weeks.

Background

At present, Primary Care services are under extreme pressure. The rapidly increasing number of Covid cases means that daily workload is huge. On top of this, GPs are in the frontline in terms of delivering the Covid vaccine programme. This often means many additional hours of logistics planning and extra shifts in vaccination clinics.

As a result, your tutors may have to make certain adjustments to your course this term, such as changing the times or dates of sessions. We ask you to please be understanding and flexible.

Format of sessions

Your tutors will be in touch to let you know which platform they would like to use for their teaching this term. In general, it will be either Microsoft Teams, Zoom or the patient consultation software, Accuryx.

Where possible, tutors may arrange for you to speak to patients via video or telephone, followed by a group discussion.

Alternatively, they will show you *real* filmed consultations from a resource called **Virtual Primary Care**. They will either screenshare these videos with you, or ask you to watch them in advance. You should all have received log-in instructions for this website back in October.

Both of the above teaching methods will give you the opportunity to develop your clinical skills and reflect on patient interactions.

Guidance for speaking to patients from your own homes

We understand that speaking to patients when you are in your own homes can sometimes feel strange and pose certain challenges. When interviewing patients via video or telephone, it is very important that you do your best to ensure confidentiality. This means being in a room where you will not be overheard or interrupted. Please let your GP tutor know if this might be difficult for you.

Please read carefully the attached “top tips” document for teaching sessions involving video consultations.

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.

Please look after yourselves.



New Canvas Material

You will notice that each Patient & Doctor session has a new section 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.

A Reminder about 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.

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?

Video and Telephone Consultations - Special Considerations



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. 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>

And the back to the regular student introductory notes...

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 1* 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

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!

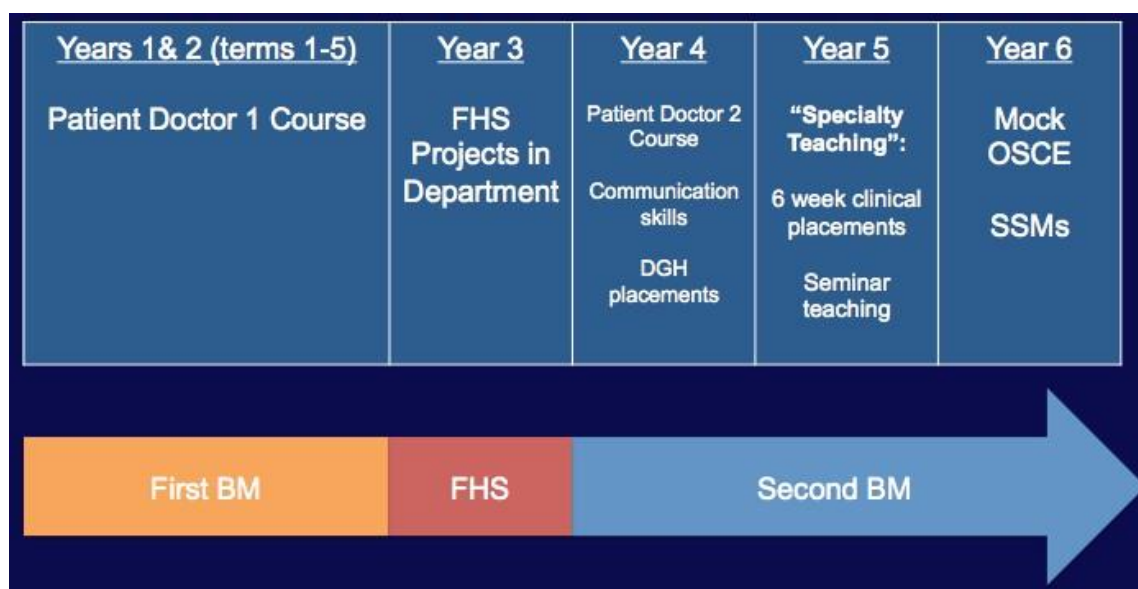
Assessment

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 1* 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 are 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.

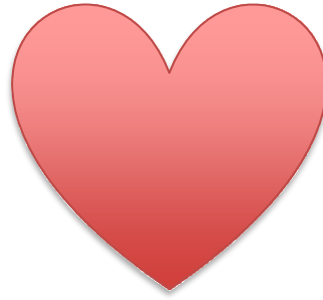
In the very first session, we think about the GMC's Duties of a Doctor and throughout the whole course we consider what it means to behave professionally.

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).

Session 3:



“The Heart of the Matter”

Covid-related Changes for Hilary Term 2021 – Notes for Students:

Your tutors will be in touch to let you know which platform they would like to use for their teaching this term. In general, it will be either Microsoft Teams, Zoom or the patient consultation software, Accuryx.

Where possible, tutors may arrange for you to speak to patients via video or telephone, followed by a group discussion.

Alternatively, they will show you *real* filmed consultations from a resource called **Virtual Primary Care**. They will either screenshare these videos with you, or ask you to watch them in advance. You should all have received log-in instructions for this website back in October.

Either of the above teaching methods will give you the opportunity to develop your clinical skills and reflect on patient interactions.

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:

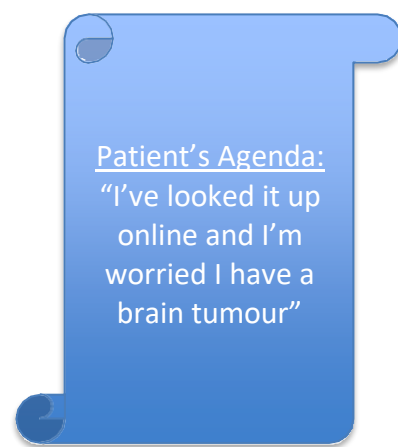
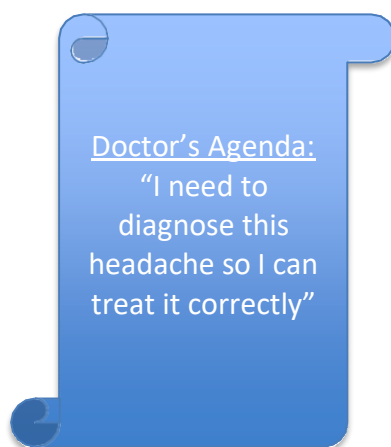
Theme	Areas Covered Today
The Patient-Doctor Relationship	Exploring and Understanding
Communication Skills	Active Listening
The Clinical History	Past Medical History
Biomedical Relevance	Cardiovascular Disease
Reflective Practice	Discussion with tutor and colleagues

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:

Picking up non-verbal cue:

“You look very anxious this morning. Is there anything you’d like to talk to me about?”

Picking up verbal cue:

“You mentioned you were worried about the rash. Can you tell me more...”

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”

Covid-related Changes for Hilary Term 2021 – Notes for Students:

Your tutors will be in touch to let you know which platform they would like to use for their teaching this term. In general, it will be either Microsoft Teams, Zoom or the patient consultation software, Accurix.

Where possible, tutors may arrange for you to speak to patients via video or telephone, followed by a group discussion.

Alternatively, they will show you *real* filmed consultations from a resource called **Virtual Primary Care**. They will either screenshare these videos with you, or ask you to watch them in advance. You should all have received log-in instructions for this website back in October.

Either of the above teaching methods will give you the opportunity to develop your clinical skills and reflect on patient interactions.

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**.

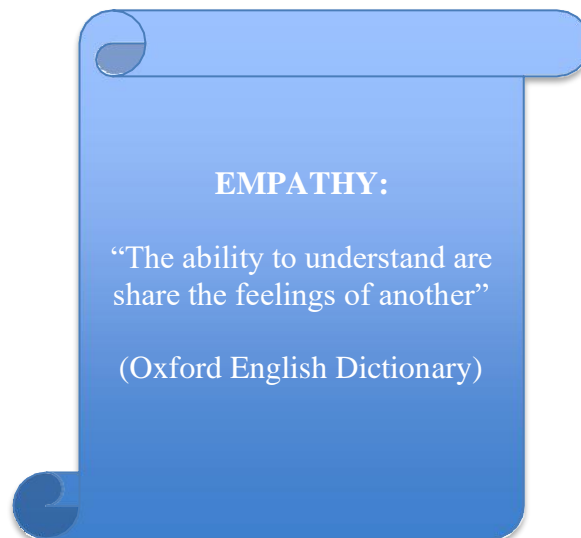
Syllabus References:

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:**

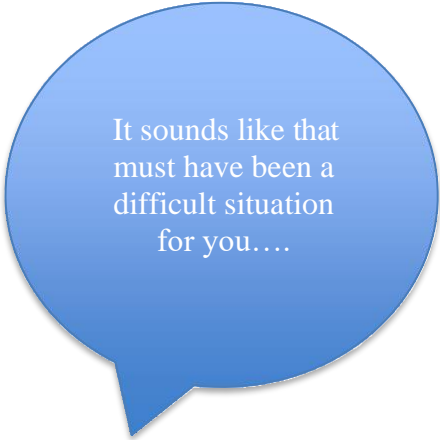
It is important to orient the patient to what you are about to ask about, especially if the questions are quite personal and less directly “biomedical”. You may find it helpful to explain briefly why you are asking something by making a *transitional statement*. For example:



“Sometimes financial issues can get in the way of following a doctor’s recommendations. Do you have any problems like that?”

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.



It sounds like that must have been a difficult situation for you....

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?	<i>Social isolation can lead to self- neglect and non-adherence to treatment in chronic illness such as diabetes.</i>
Living/ Housing Situation <ul style="list-style-type: none"> • With whom do they co-habit? • What kind of housing does the patient have? 	<ul style="list-style-type: none"> • <i>A diabetic with visual impairment may need assistance administering insulin.</i> • <i>A diabetic amputee might not be able to manage stairs.</i>
Do they have children?	<i>Drugs and needles must be stored out of reach.</i>
Religious/Cultural Beliefs Are there cultural/religious beliefs or practices that affect the patient's healthcare?	<i>For example, the implications of Ramadan for diet and sugar- control.</i>

Finances Does the patient have enough money to buy what they need for good health?	<i>Essential for diabetics to have healthy balanced diet.</i>
Occupation What is their occupation?	<i>Shift work can make adherence to treatment regime difficult in chronic illness such as diabetes.</i>
Driving Do they drive?	<i>Diabetics at risk of hypoglycaemia must inform DVLA</i>
Smoking Do they smoke? If so how much?	<i>Greater risk of vascular complications in diabetes</i>
Alcohol Do they drink alcohol? If so how much?	<i>Can lead to erratic control of blood sugar levels in diabetes.</i>

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:

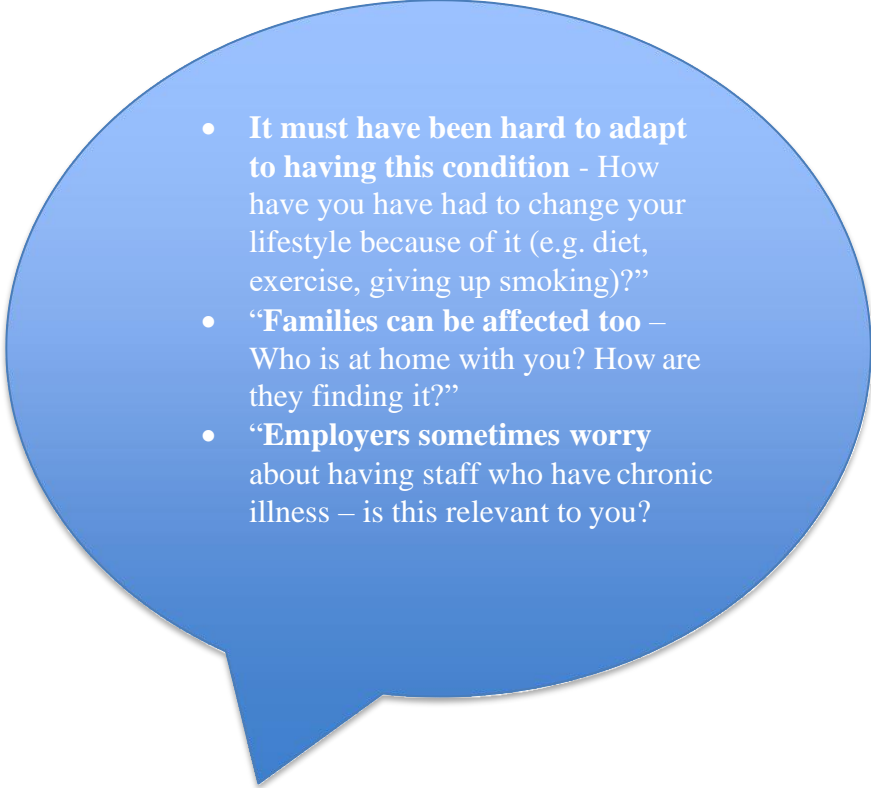


Tell me about your medical problem: how was it first discovered?

What do you think caused your problem?

How does it affect your life in general?

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:

- 
- **It must have been hard to adapt to having this condition** - How have you have had to change your lifestyle because of it (e.g. diet, exercise, giving up smoking)?”
 - **“Families can be affected too** – Who is at home with you? How are they finding it?”
 - **“Employers sometimes worry** about having staff who have chronic illness – is this relevant to you?

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?”

Covid-related Changes for Trinity Term 2021 – Notes for Students:

Your tutors will be in touch to let you know which platform they would like to use for their teaching this term. In general, it will be either Microsoft Teams, Zoom or the patient consultation software, Accuryx.

Where possible, tutors may arrange for you to speak to patients via video or telephone, followed by a group discussion.

Alternatively, they will show you *real* filmed consultations from a resource called **Virtual Primary Care**. They will either screenshare these videos with you, or ask you to watch them in advance. You should all have received log-in instructions for this website back in October.

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:

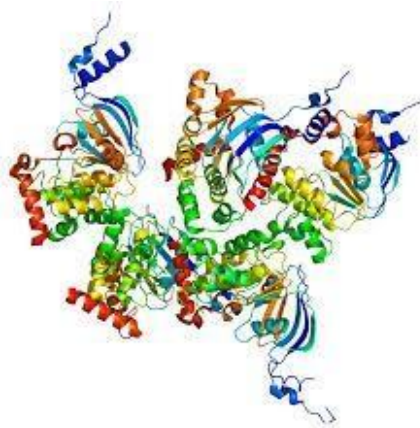
Theme	Areas Covered Today
The Clinical History	Family History
Biomedical Relevance	Medical Genetics
Reflective Practice	Discussion with tutor and colleagues

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” 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 7



“Story of the Blues”

Covid-related Changes for Hilary Term 2021 – Notes for Students:

Your tutors will be in touch to let you know which platform they would like to use for their teaching this term. In general, it will be either Microsoft Teams, Zoom or the patient consultation software, Accuryx.

Where possible, tutors may arrange for you to speak to patients via video or telephone, followed by a group discussion.

Alternatively, they will show you *real* filmed consultations from a resource called **Virtual Primary Care**. They will either screenshare these videos with you, or ask you to watch them in advance. You should all have received log-in instructions for this website back in October.

Either of the above teaching methods will give you the opportunity to develop your clinical skills and reflect on patient interactions.

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:



That must have
been very upsetting
for you

I can see this is very
hard for you

- 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***:



Thank you so
much for sharing
this with me

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:

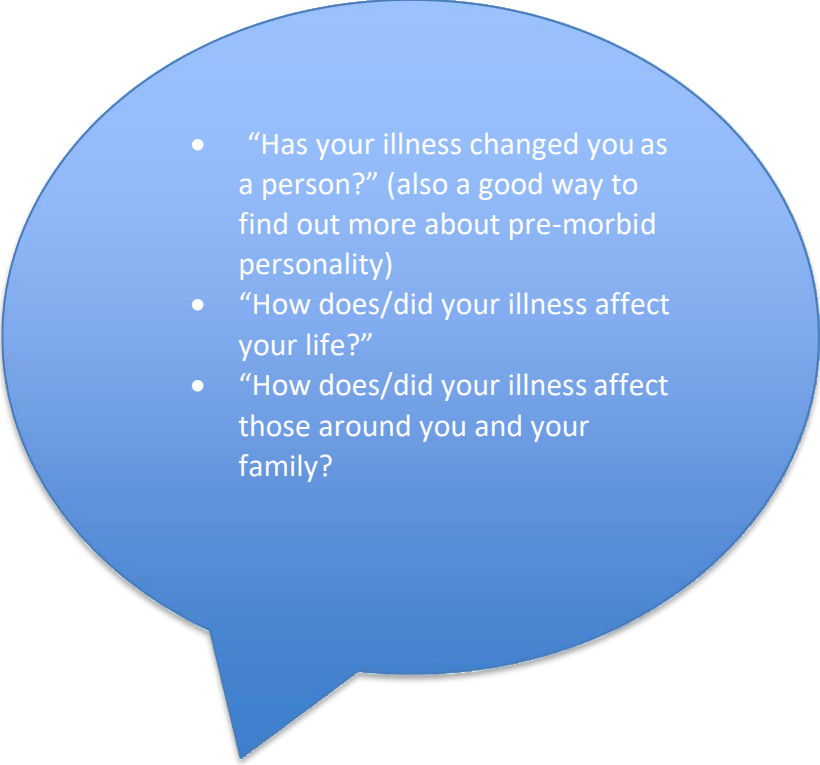
How are/were you feeling?

What are/were your main problems?


How would you describe your mood?

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:

- 
- “Has your illness changed you as a person?” (also a good way to find out more about pre-morbid personality)
 - “How does/did your illness affect your life?”
 - “How does/did your illness affect those around you and your family?”

Remember to explore the *patient’s perspective*:

- 
- What are your views on your condition and mental illness more generally?
 - What are your views on psychological vs. pharmacological treatment?

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 7

“COVID-PROOFING” YOUR SESSION

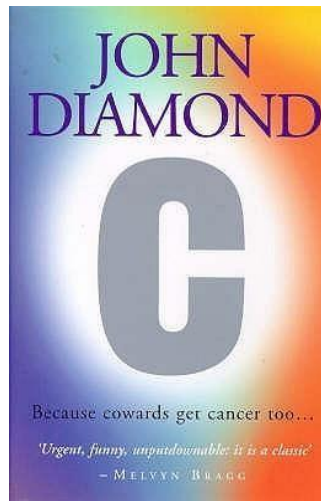
As described in the introductory notes, you may choose to use videos from the “Virtual Primary Care” resource. Healthtalk.org is also a valuable resource for this subject area.

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 7”.

- **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 8:



“The Big ‘C’”: Talking to a patient with cancer

Covid-related Changes for Hilary Term 2021 – Notes for Students:

Your tutors will be in touch to let you know which platform they would like to use for their teaching this term. In general, it will be either Microsoft Teams, Zoom or the patient consultation software, Accuryx.

Where possible, tutors may arrange for you to speak to patients via video or telephone, followed by a group discussion.

Alternatively, they will show you *real* filmed consultations from a resource called **Virtual Primary Care**. They will either screenshare these videos with you, or ask you to watch them in advance. You should all have received log-in instructions for this website back in October.

Either of the above teaching methods will give you the opportunity to develop your clinical skills and reflect on patient interactions.

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 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”.

- 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

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 <ul style="list-style-type: none"> - Disrespectful behaviour - Inappropriate communication 	Repeated disrespectful behaviour or failures to communicate appropriately

Tutor's assessment of ATTENDANCE:

Overall Assessment <div style="display: flex; justify-content: space-around; font-weight: bold;"> SATISFACTORY POSSIBLE CONCERN DEFINITE CONCERN </div>	<div style="text-align: right; margin-bottom: 10px;">(circle one)</div>
Additional comments about ATTENDANCE (optional):	

Tutor's assessment of ENGAGEMENT:

Overall Assessment <div style="display: flex; justify-content: space-around; font-weight: bold;"> SATISFACTORY POSSIBLE CONCERN DEFINITE CONCERN </div>	<div style="text-align: right; margin-bottom: 10px;">(circle one)</div>
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

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 <ul style="list-style-type: none"> - Disrespectful behaviour - Inappropriate communication 	Repeated disrespectful behaviour or failures to communicate appropriately

Tutor's assessment of ATTENDANCE:

Overall Assessment <div style="display: flex; justify-content: space-around;"> SATISFACTORY POSSIBLE CONCERN DEFINITE CONCERN </div>	<div style="text-align: right;">(circle one)</div>	
Additional comments about ATTENDANCE (optional):		

Tutor's assessment of ENGAGEMENT:

Overall Assessment <div style="display: flex; justify-content: space-around;"> SATISFACTORY POSSIBLE CONCERN DEFINITE CONCERN </div>	<div style="text-align: right;">(circle one)</div>	
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