UNIVERSITY OF DUNDEE
College of Medicine, Dentistry and Nursing

Consultation and Communication Skills (CCS)

Year 2
2011-12 - Semester 1
GI

Tutor Guide

GI
Consultation Skills
Weeks 2 & 3 (14-25 Nov)

9 am **Introductory PPT – To 20 students**
GI symptoms
Investigations for PR bleeding

Rooms 1, 2 and 3
65 mins
GI OPD. Information gathering – PR bleeding and planning investigations
Seven students with one SP

We are specifically asking the students to play the role of a **qualified FY2 doctor** in this block.

1. Set the scene – outpatients, new patient referral from the GP (has a letter).
2. Briefly discuss initial thoughts
3. One student to run consultation
4. Other students to think about Content, Process and Perception
5. Diagnostics and management – what are you going to do with this patient?

Learning points

- **Gathering information**
- **Diagnostics**
- **Out-patient management of PR bleeding**
- **Explaining and planning investigations**
- **Dealing with ideas, concerns and expectations**
- **Closure of a consultation**

10.35am Plenary

Clarify any questions or problems

Set up students for next session –
One interview in GI OPD – same patient returning for the results of blood tests and colonoscopy.

PLEASE ASK THEM TO PREPARE FOR NEXT TIME
They will have to break bad news, explain and plan, and concentrate on 'patient-centered' consulting.

Endocrinology
Consultation Skills
Session 2, weeks 4 & 5 (28 Nov – 9 Dec)

9 am **Introductory PPT – To 20 students**
GI symptoms review
Investigations for PR bleeding – results of the colonoscopy
Breaking bad news

Rooms 1, 2 and 3
65 mins
GI OPD. Information gathering – PR bleeding and planning investigations
Seven students with one SP

We are specifically asking the students to play the role of a **qualified FY2 doctor** in this block.

1. Set the scene – outpatients, patient has returned for their colonoscopy and blood results
2. Discuss initial thoughts, which may include some teaching on breaking bad news in some depth.
3. One student to run consultation – they may require considerable support here
4. Other students to think about Content, Process and Perception
5. Management – what are you going to do with this patient? How does the clinical picture interrelate with the patient's wishes?
6. Break the session and swap students over so that several get to have a go.

Learning points

- **Gathering information – checking where we are at prior to breaking bad news or explaining anything.**
- **Explaining results and breaking bad news (see guide below in 'Tutor Aides')**
- **Out-patient management bowel cancer**
- **Dealing with ideas, concerns, expectations and <u>feelings</u>**
- **Closure of a consultation**

10.35am Plenary

Clarify any questions or problems

Wish students a Merry Christmas

GI - Consultation Skills
Tutor aides

For information on clinical aspects of rectal bleeding and referral for suspected carcinoma please see http://www.patient.co.uk/doctor/Rectal-Bleeding.htm

Skills for Giving Information/Explanation and Planning:

1. Give the correct type and amount of information (CONTENT)

Preparation:

Do you know enough about - Disease/problem/results/management

For the patient – consider both the biomedical and the patient's perspectives

What/how much info to give:

Necessary vs. optional?

Starting point?

Ascertain level of involvement patient wants

2. Aid accurate recall and understanding (PROCESS)

Organise, Chunk, Signpost, Summarising & repetition, Language, Cues, Non-verbals (of the doctor), Visual aides, Check understanding

3. Shared decision making (mix of CONTENT, PROCESS AND PERCEPTION)

Share your thinking,

Encourage patient contribution and reactions/beliefs/feelings,

Relate discussion to patient's ideas, concerns and expectations,

Negotiate an acceptable plan.

Breaking Bad News

What is bad news?

Bad news is any information that is likely to alter drastically a patient's future.

Why is it so difficult for doctors to break bad news?

- Doctors worry that the patient will blame them personally for the bad news.
- Doctors have no training and confidence in this area. They, therefore, avoid it.
- Doctors fear that they may unleash a reaction in the patient with which they will have difficulty coping e.g. a crying or angry patient.
- Doctors are afraid to express emotion and sympathy. They fear that if they say they are "sorry" the patient will interpret this as the doctor apologising for some error that has been made.
- Doctors have a fear of not knowing the answers to the questions that the patients will ask, e.g. why has it happened?

- Doctors have personal fears about illness and death. This is often a result of society's taboo about death, or a personal denial of illness or death by the doctor. They distance themselves from someone who is in this situation.

Why is it important for patients to be told bad news well?

- Not being told what is wrong is the most common complaint that patients make about doctors.
- In a number of studies patients have shown extreme anger towards doctors who do not tell bad news.
- If bad news is not dealt with openly, the patients may have many needless fears about their illness and are not given the opportunity to discuss them—e.g. that cancer is infectious, inherited or leads to a painful and prolonged death.
- There is evidence that if breaking bad news is badly handled, it impedes patients' and relatives' long term adjustment to the news.

There is no magic formula but here are some points to consider:

Preparation

- Make preparations as fully as possible, e.g. checking notes, test results and arrangements for further investigations and treatment.
- Think about what you are going to say and how you are going to say it.
- Think about whom else might be present, e.g. nurse or relative.
- Arrange for a room with privacy, and arrange the furniture appropriately.
- Ensure that you will not be disturbed.
- Allow enough time.
- It is helpful if you have an understanding of the background of the patient and their family.

The consultation

- Make sure everyone knows who you are and the purpose of the consultation.
- Do not assume that someone else has handled important parts of the information-giving. **Check what the patient knows and understands first, and then what they want to know**.
- **Listen to the patient** and show you are listening.
- Sit close enough to the patient for physical contact and at the same level.
- **Break news sensitively** – use warning shot if required, take it in steps from patient's starting point, select words carefully.
- Ensure enough time for the news to sink in, to react and ask questions.
- **Ask patients about how they are feeling**, allow patients to express their emotions, whether it be by crying or by anger. Be ready to cope with emotion without embarrassment or guilt.

- **Check that the patient has understood what you have said and invite questions** (what you think is important is not necessarily the same as what the patient feels is important).

- Give as much positive **practical support and information** as possible, but avoid giving false or premature reassurance.

- Be prepared for a variety of reactions from patients, including numbness, disbelief, anger, guilt or acceptance.

- It is important to tell patient's families if possible, otherwise there may be barriers between family members, a conspiracy of silence, which can reduce communication at a time when families should be at their closest. However, you must be sensitive to patient confidentiality and ensure that you have patients' consent to discuss their medical problems with family members. Sometimes patients are grateful if you offer to tell their family for them, others will want to do it themselves, but may appreciate an offer from you to answer questions or talk to relatives later.

- **Offer follow-up** appointment, as well as a number to ring, etc. and addresses of other helpful agencies.

- Check your own state of mind before seeing another patient.

Six Step Protocol

Buckman[1] has defined a six-step protocol for breaking bad news which gives a useful framework for thinking about how to break bad news:

Step 1 Getting Started

- Getting the physical context right
- Where?
- Who should be there?
- Starting off

Step 2 Finding out how much the patient knows

Step 3 Finding out how much the patient wants to know

Step 4 Sharing the information

- Decide on your agenda (diagnosis/treatment plan/prognosis/support)
- Start from the patient's starting point
- Give information in small chunks
    - The warning shot
- Use simple English, not jargon
- Check frequently that the patient has understood and clarify any points
- Listen for your patient's agenda, concerns and anxieties
- Try to blend your agenda with the patient's

Step 5 Responding to patient's feelings

- Identify and acknowledge the patient's reaction

Step 6 Planning and follow through

- Organising and planning
- Making a contract and following through

Further reading

Buckman, R. (1994). *How to break bad news, A guide for health-care professionals*. MacMillan: London. ISBN: 033034040

Maguire, P. (2000). *Communication Skills for Doctors: A guide to effective communication with patients and families*. London: Arnold. Chapter 6:55–66. ISBN: 34066309.

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GI Outpatients
Ninewells
Dundee

URGENT REFERRAL

Jan/Ian Mackenzie, DoB 02 March 1945

Dear Dr

Please could you see this pleasant retired author urgently. They have presented to me today with a six month history of rectal bleeding with features of colon pathology.

Examination reveals soft abdomen with no mass. PR – empty rectum.

PMH - very little of note.

No meds and no allergies noted.

Widowed, lives alone. Two adult children.

Many thanks

Dr Dawn MacIntye

GI
Simulated Patient Script
Weeks 2 and 3
14-25 November 2011

This is a difficult script and a difficult topic for students. We are introducing them to bowel cancer, breaking bad news and also consolidating teaching on explanation and planning.

This script runs over two sessions. In the first session (teaching from 14-25 November) the patient is coming to the OPD at Ninewells to investigate rectal bleeding, having had an urgent referral from their GP. In the second session (teaching from 28 Nov to 9 Dec) the patient is returning for the results of blood tests and colonoscopy, and to plan things from there.

Script
DoB 02/03/45 **Address** The Old Studio, Back Street, Dunkeld.

Name – Jan/Ian McKenzie

Occupation – Retired writer, moderately successful, but we probably haven't heard of you! Please feel free to embellish!

Personal - widowed. Your partner died two years ago during an operation to have their gall-bladder removed. It was totally unexpected. The surgeon was very professional and in reality you know it wasn't his fault – however, you haven't quite been able to trust the health system since.

You have two children and four grandchildren. Please feel free to make up names and circumstances. They are all well.

You have hobbies and friends in Dunkeld – again feel free to embellish.

Current situation
Today you are coming to see the doctors in the outpatient department in Ninewells. Last week you went to see your helpful and trusted GP in Dunkeld. She sent you here as an 'urgent' referral.

You have had some rectal bleeding for years and have not sought advice before. Previous to the last six months you got a small amount of bright red bleeding following a hard stool and straining – it happened every couple of months or so. It was always a bit painful when it happened, but it all cleared up over a few days. You assumed you had haemorrhoids. You sometimes use 'Anusol' cream from the chemist – it seems to help a bit.

However, over the last six months this has become more noticeable and has changed nature – in addition to the above symptoms you now get more bleeding but this is darker blood, comes more frequently now and is not associated with any pain on passing stool. Over the last four weeks you are getting this bleeding every time you go.

You do not tend to inspect your stools carefully – but if asked you think that the dark blood is mixed in with the stool, which is probably different to the bright red bleeding, which used to just be on the paper after wiping.

You are a sensible person and have thought about what might be happening. You know that cancer is a possibility, but this hasn't been discussed directly yet with anyone, including the GP. She did say one or two things like '*We need to sort this out quickly'* which you took to mean that she was looking for cancer.

You didn't come earlier as you still have an uncomfortable feeling towards hospitals, and you were trying to convince yourself this was just the 'haemorrhoids' playing up.

Other symptoms
None really. You are a bit scared and anxious about what this might lead to and haven't slept well for the last week. You haven't talked this through with anyone yet – but you probably would if encouraged to do so.

Background which students might ask about
You have been very well up to now. You take no medications and have no allergies. You have hardly been in hospital – once or twice for twisted ankles and stitches in your youth, but that is all.

You keep fit by walking the hills near Dunkeld. You have a dog, a Collie, called Tess.

Your parents died in their 80s – both of 'old age'. You are an only child. You have lived in Perthshire all your life.

Results

Jan/Ian McIntyre

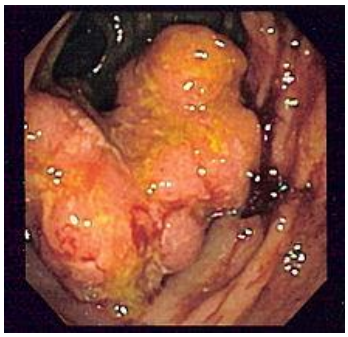
DoB: 020345
CHI: 0203456768

FBC	WCC	7.8	
	Hb	12.2	(Normal)
	Plt	388	
INR		1.1	(Normal)
LFT		Normal	

Colonoscopy

The bowel was well prepped. Views were gained from anus to caecum.

A single bleeding irregular lesion measuring 4cm x 3cm noted in the transverse colon at approximately 65cm from the anal margin. Two biopsies taken.



Pathology - colon biopsies

Macro
Two samples, each measuring 0.5 x 0.5 cm of mucosal tissue.

Micro
Adenocarcinoma invading through muscularis propria on both samples.

Consultant comment
Colorectal carcinoma. Needs full body staging CT to determine spread and then discussion at MDT. May require chemotherapy prior to surgery.

Same patient as above.

You have come back to the out-patient department to get the results of your colonoscopy and blood tests.

The blood tests were taken two weeks ago, just after you saw the doctors in out-patients for the first time. It left you with a large bruise in your left elbow which worried you a little, but has now faded.

The colonscopy was done at Perth Royal Infirmary last week at separate visit. It was a 'Nurse Specialist' who did the procedure. He was very nice but wasn't able to tell you much about the results then – all you gleaned was that he had taken some samples from a 'polyp'. He was quite serious when he came to talk to you after the procedure. You understand that he has to send the samples off to the pathology lab for analysis.

The procedure was uncomfortable and you would not recommend it as an afternoon activity for friends visiting the area. They gave you some medicine into your veins to make you sleepy – but you still remember it as being rather nasty. You were pleased that a friend of yours from Dunkeld was able to drive you home.

What are you expecting?
You suspect that you have bowel cancer. You are hoping that you don't. You have slept very poorly now for the last three weeks since seeing your GP.

You are aware that there are other possibilities, you have heard of Crohn's disease and ulcerative colitis – but you really don't know anything about them.

You have not been researching your symptoms anywhere or looking up anything linked on the internet. You are a bit of a *head in the sand* type of person.

Reaction to news
The student should tell you that you do have bowel cancer. Don't get too emotional here. It comes as a bit of a kick in the teeth, but in some ways it is a relief to finally get the news. You do not interpret this as a death sentence. You assume that it means you are going to have to go through an operation and probably lots of chemotherapy – although you don't really know what that entails.

You are keen to know what happens from here – when do you come back, who do you see? However, apart from a few questions to clarify things you don't feel like going into a lot of detail about the disease here and now. You would rather have some time to let it sink in.

You would like to go and walk your dog and perhaps ring your two children later today. You know they will be supportive.

Your friend from Dunkeld is going to take you home.

RJ 251011