

Consultation and Communication Skills  
Year 2 MSS and Renal blocks, 2011  
Student DVD – Explanation and Planning

## **Tutor Guide**

This pack includes information regarding the DVD recordings that the year 2 students are doing during MSS and Renal blocks.

This tutor guide is for those who will be tutoring Consultation Methods in the Renal Block.

Most of the set-up is described in the Student Guide within this document. The Actors Guide is also attached.

Learning objectives

1. The student recognises that explanation and planning involves ‘what information to give’, ‘how is it given’ and ‘how do we reach shared decisions’.
2. The student can identify specific skills to aid explanation and planning.
3. The student can recognise and demonstrate these skills in a simulated consultation

Please let me know of any comments

Rob Jarvis  
Jan 2011

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## Student Guide

In semester 2 all second year students are expected to do one video-recorded consultation, the focus of which is on **explanation and planning**.

Students are asked to attend Mackenzie at a particular time where they will do one video recorded consultation by themselves with an actor: the actor will role play one of three scenarios. The students are aware of the initial details of all three scenarios, but will not know which patient they will see. All the scenarios are based on explaining options for pain-killers for some sort of musculoskeletal problem. **Students will need to look into analgesia options for the different scenarios prior to the day of the recording.**

In each case the student will be playing the role of a GP trainee (i.e. a qualified doctor in training for General Practice).

Students will be expected to review their video with a colleague. There is an E&P DVD Review sheet to help structure this. They will present their video and their learning in a Consultation Methods small group session in the Renal/Urology block (one tutor for half a group). They should make particular note of their experience of **explaining and planning**.

Students should consider

1. whether they covered the correct content,
2. how they explained options, and
3. how they allowed the patient to share in the decision making process.

For the Consultation Methods session each student should choose short clips from the DVD which illustrate the above points, either things that were done effectively, or things that could be improved upon. We will be interested in what students have learnt and what they might do differently next time.

Details of the timings of DVD recordings will be placed on Blackboard.

### Admin

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In the DVD recordings we are looking for some of the following features:

### **Explanation and Planning**

#### Give the correct type and amount of information (CONTENT)

- Preparation
  - Disease/problem/results/management
  - Patient - biomedical and patient's perspective
- What/how much info to give
  - Necessary vs. optional?
  - Starting point?
  - Ascertain level of involvement patient wants

Remember that your management options may include more than just medications: exercise, physio, alternative therapy, wait-and-see, do nothing, are all options.

#### Aid accurate recall and understanding (PROCESS)

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

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

- Share own thinking
- Encourage patient contribution and reactions/beliefs/feelings
- Relate discussion to patient's ideas, concerns and expectations
- Negotiate acceptable plan

### Scenario 1

Name Alan/Alana Allen  
Add. 1, Ashview, Dundee  
DoB 01/01/60 CHI 0242  
PMH Osteoarthritis both hips - 2009  
Essential hypertension - 2007  
Renal colic 1999  
Fracture R radius 1975  
Meds Aspirin 75mg, one tablet daily  
Amlodipine 5mg, one tablet daily  
All Nil noted

Alan/Alana was diagnosed by one of your colleagues in 2009 with OA of both hips. This was following an XR which showed degenerative changes. They have not been to see a specialist. The receptionist has left a message to say that this patient is just looking for some extra pain killers.

### Scenario 2

Name Brian/Briony Bennett  
Add. 2, Beechview, Dundee  
DoB 02/02/65 CHI 0623  
PMH Recurrent UTI - 1967-72  
GORD 2009  
Meds Omeprazole 10mg  
All Nil noted

Brian/Briony saw one of your GP colleagues four weeks ago with a painful right shoulder following some decorating. They had a painful arc and the doctor suspected supraspinatus tendonitis and referred to a physiotherapist and organised an XR. You have a report from the physio which agrees with the diagnosis. The XR shows a normal shoulder. This patient has also left a message to say that the paracetamol they are using is not touching the pain.

### Scenario 3

Name Colin/Colina Carswell  
Add. 3, Cedarview, Dundee  
DoB 03/03/70 CHI 0987  
PMH Back pain with no radiation 2003  
Meds Co-codamol 8/500, two tablets four times each day  
All Augmentin

Colin/Colina rang the practice this morning to ask for stronger painkillers. They saw one of the other GPs two days ago who noted:

*Recurrence of back pain problems. Lower back. Following heavy gardening at weekend. No radiation. No saddle anaesthesia. Passing urine OK. Bowels OK. OE – ROM reduced on lumbar flexion. Musc spasm noted lower lumbar, R=L. Neuro – sensation and power normal to lower limbs. Impression – mechanical back pain. Advice.*

Consultation Skills  
Year 2 – Explanation and Planning  
DVD review

Student name

Was the correct type and amount of information given? (CONTENT)

How did you ensure the patient had accurate recall and understanding ? (PROCESS)

Did you share any options or decisions with the patient? How? (CONTENT, PROCESS & PERCEPTION)

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**Actor Guide**

There are three scenarios for the year 2 DVD sessions. All are based in General Practice. In each scenario the patient has already contacted the practice by telephone to ask for pain-killers, and in each case the receptionist made an appointment to see the GP trainee later that day.

For each scenario the student has been given some details from the records. The details are basically correct but please feel free to elaborate on each detail as appropriate (eg script 1 – your hips have been painful for five years or more but you only came to the doctor in 2009...).

Please also create a job, family, interests etc. as you see fit. Don't make this complicated or too involved as the point of this session is to get the students to try to explain things to you.

However, you may feel that you have thoughts or beliefs about particular medications (ibuprofen, paracetamol, co-codamol, alternative therapy, exercise,) or their side effects (acid, constipation, etc). Perhaps you have strong feelings about using them or not. Please try to vary these thoughts/feelings/elements between students.

The instructions in italics have not been seen by the students.

### Scenario 1

The student has the following information from the medical records –

Name Alan/Alana Allen  
Add. 1, Ashview, Dundee  
DoB 01/01/60 CHI 0242  
PMH Osteoarthritis both hips - 2009  
Essential hypertension - 2007  
Renal colic 1999  
Fracture R radius 1975  
Meds Aspirin 75mg, one tablet daily  
Amlodipine 5mg, one tablet daily  
All Nil noted

Alan/Alana was diagnosed by one of your colleagues in 2009 with OA of both hips. This was following an XR which showed degenerative changes. They have not been to see a specialist. The receptionist has left a message to say that this patient is just looking for some extra pain killers.

#### Additional info for actor

*Today your problem is pain in both your hips (you actually feel it worst in your groins). You know and accept that this is wear and tear. It seems worse recently and is disturbing your sleep. Nothing has really changed – you are just fed up with not sleeping and want some more painkillers.*

*You have tried some ibuprofen tablets from ASDA and they worked OK, but not great. You also have tried paracetamol, but this doesn't seem strong enough.*

*Essential hypertension is another term for raised blood pressure. You started the aspirin and amlodipine following a few high measurements back in 2007.*

*Renal colic (kidney stones) is very painful. It felt like a serious cramping pain in one side and the pain travelled down to your groin. The pain did come and go. It was awful, but it cleared up after an injection from the GP. You had an XR which showed no stones, so the GP assumes that you passed the stone.*

## Scenario 2

The student has the following information from the medical records –

Name Brian/Briony Bennett  
Add. 2, Beechview, Dundee  
DoB 02/02/65 CHI 0623  
PMH Recurrent UTI - 1967-72  
GORD 2009  
Meds Omeprazole 10mg  
All Nil noted

Brian/Briony saw one of your GP colleagues four weeks ago with a painful right shoulder following some decorating. They had a painful arc and the doctor suspected supraspinatus tendonitis and referred to a physiotherapist and organised an XR. You have a report from the physio which agrees with the diagnosis. The XR shows a normal shoulder. This patient has also left a message to say that the paracetamol they are using is not touching the pain.

### Additional information for actor

*It is the shoulder of your dominant hand which hurts. The pain is on the outside of the shoulder and is worse if you try to raise your arm through a half circle, although at the top the pain seems to go away (a painful arc). You have been told by both the GP and the physio that this is inflammation of a tendon which is getting trapped underneath one of the bones in your shoulder. They have both said that not overusing your shoulder is good (no more decorating), and the physio has given you some exercises (forwards, backwards, up, down etc).*

*UTI – you had lots of urine infections as a child. You know that you had special tests on your kidneys because of this (can't remember what the tests were), which showed them to be operating normally.*

*GORD – this stands for 'gastro-oesophageal reflux disease'. You know it as heartburn, which you have been troubled with for many years, especially after a curry and a few drinks. You have been taking omeprazole (one tablet every morning) for two months now and things seem to be under control. The doctor did take a sample of your poo before they started the tablets just to check you didn't have an infection in your stomach causing this. It was clear.*



### Scenario 3

The student has the following information from the medical records -

Name Colin/Colina Carswell  
Add. 3, Cedarview, Dundee  
DoB 03/03/70 CHI 0987  
PMH Back pain with no radiation 2003  
Meds Co-codamol 8/500, two tablets four times each day  
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#### *Additional information for actors*

*You are normally quite fit and well. Your ‘achilles heel’ is your back which plays up from time to time. This last episode started following some gardening. It is just in your lower back, goes nowhere else and you have had no other problems. It is worse when you first move, especially if you have been sitting for a while. You are generally a bit pissed-off with things.*

*You have some painkillers at home – the co-codamol – and you take them on and off. You have had them more over the last few days. You know you are meant to have up to eight a day, but you go over this sometimes. You feel you need something stronger to help you get on with your life.*

*You have used ‘brufen’ which you get over the counter (OTC) from ASDA. You don’t know what this is, but it helps a bit. Don’t tell the student about this unless they specifically ask if you take anything OTC.*

*You are allergic to an antibiotic you had when you were younger. It gave you red blotches all over.*