

SCHOOL OF
MEDICINE



University of St Andrews

Volunteer Patient History Sessions

First Year

Student Handbook

2018 – 19

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Clinical Medicine

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Contents

Introduction	4
Professionalism	5
Confidentiality	6
Raising Concerns	6
Dress Code	7
Student Ambassadors	8
Reflection	8
Teaching in Semester 1	9
Teaching in Semester 2	11
Pointers	13
Appendix	14

Introduction

Welcome to the Clinical Medicine strand of the St Andrews medical course. This strand runs throughout all three years and incorporates skills, communication, professionalism, knowledge and practice. Clinical medicine teaching takes place in a variety of settings throughout the three years, not only in the medical school but also in clinics and hospitals. To ensure that you have the opportunity to practise your skills in a safe setting before using them 'for real', you will have opportunities to practise on yourselves, simulated patients and patient volunteers in addition to 'real' patients in clinical settings.

It is hoped that you will find this part of the course very enjoyable and that it will help to provide the foundations for your future medical career whatever direction that might take. In your first year you will spend 3 sessions talking to real patients who have volunteered to come and share their experiences with you - within the medical school, we use the term 'Volunteer Patients'. You will be supervised by tutor for each session who will guide and support where necessary, but their role is to facilitate rather than to teach. As such, the session will be primarily student led.

The structure of the year's teaching will be as follows:

Semester 1

- 🎧 *'Patient Conversations'*
 - An introduction to speaking to patients

Semester 2

- 🎧 Volunteer Patient session 2 – 'Obtaining further clinical information'
- 🎧 Volunteer Patient session 3 – 'Explanation, planning and closure'

Through these sessions, we hope that you will be able to develop the ability to take a structured medical history and to apply what you have learned through your communication skills teaching.

Most of all, we hope that you will enjoy your first introduction to clinical medicine and that it will help to confirm that you have made the right career choice!

Professionalism

As part of studying to be a doctor, you are in a privileged and responsible position which is different from students in other courses. You will now be seen as members of the medical profession albeit the most junior members, and as such are expected to maintain the highest professional standards.

Remember that it is your responsibility to uphold the professional values expected of you as a medical student. These values are outlined by the General Medical Council in the following publications:

- ▶ *'Medical Students: Professional values and fitness to practise'*. This can be accessed via the following link: http://www.gmc-uk.org/education/undergraduate/professional_behaviour.asp
- ▶ *'Good Medical Practice'*. This can be accessed via the following link: http://www.gmc-uk.org/guidance/good_medical_practice.asp

It is important that are familiar with this guidance throughout your training – please use the above links to access this.

What this means for you at your stage in learning is that you should (please note, this list is not exhaustive!)

- ▶ Be on time and suitably prepared
- ▶ Make the patient your first concern – place their needs and safety at the centre of all you do
- ▶ Be polite, trustworthy and honest – act with integrity and maintain confidentiality
- ▶ Respect all patients, irrespective of age, ethnicity, gender, beliefs, sexual orientation, social or economic status
- ▶ Continually reflect and look for ways of improving your practice
- ▶ Recognise your professional limits and seek help when necessary
- ▶ Recognise your own personal health needs and protect patients from any risk posed by your own health
 - This means ensuring you are sufficiently well for patient contact. For example, if you are suffering from an infectious illness such as influenza or a diarrhoea and vomiting- type illness, it is in the patient's best interests for you not to attend.

Yellow cards will be issued by tutors if you exhibit behaviour they feel is unprofessional.

Confidentiality

As a member of the medical profession, patients and colleagues will entrust you with information which it is anticipated that you will treat as confidential.

All information you hear or see in a clinical setting must be regarded as confidential.

No information concerning **any** aspect of patient contact (anonymised or not) must be included in any posting on websites such as Facebook, My space, Twitter, etc.

No images or sound recordings may be captured in any clinical setting using any device – all clinical images or clinical sound recordings require informed consent by all parties and may not be obtained by a student in this context.

When possible, try not to take notes when speaking to patients - this breaks eye contact with the patient and is very distracting for them as they are trying to tell their story. If you do feel the need to write notes, **never** include details by which they could be identified (such as their name, date of birth, address, hospital identification number etc.).

If you lose your notes or if someone else reads them, you will have breached their confidentiality and this will be treated very seriously.

Raising Concerns

You will find information regarding this within the above Patient Safety Policy.

Remember that:

“All members of the healthcare team have a duty to act when they believe patients’ safety is at risk, or that patients’ care or dignity are being compromised. Students who have any concerns about patient care, must speak to their session tutor or senior member of staff in the placement area (e.g. nurse in charge of department) for immediate action. Students who feel unable to raise concerns with their session tutor or placement staff should contact a member of Medical School staff as soon as possible (e.g. Clinical Programme Lead, through medclinical@st-andrews.ac.uk / 01334 461890)”.

Further guidance regarding raising and acting on concerns about patient safety is available on the GMC website <https://www.gmc-uk.org/concerns> and in the attached flow chart (see appendix at end of guide).

Please also raise concerns not relating to patient safety, for example concerns about teaching, to a member of staff, following the same flow chart.



Dress Code for Students in Clinical Placements

NHS Fife expects all staff and medical students to adopt the standards we set for conduct, dress and appearance. The way staff and students dress sends messages about their professionalism and standards of care to service users, carers, colleagues and members of the public.

The following guidance is not meant to be exhaustive but provides a quick framework for students to follow. It is in keeping with NHS Fife Dress Code and Uniform Policy (2017) which aims to ensure that all involved in care delivery maintain safety, convey a professional image and instill and maintain public confidence.

As students learning within a practice environment, you are expected to follow this guidance at all times during hospital or community based placements and also within a simulated clinical environment.

- Wear your identity badge that confirms you are a student.
- Dress in a discreet and professional manner to convey a professional image and create and maintain public confidence. Denim jeans, short skirts or revealing tops which expose large areas of flesh are not appropriate clothing to wear.
- Wear appropriate footwear (clean, soft soled, closed toe shoes). Trainers or excessively high heels should not be worn.
- Tattoos that could be considered offensive should be covered where this does not compromise good clinical practice.
- Keep hair tied back and off the collar.
- Arms should be **'bare below the elbow'**. Long sleeves should be rolled up. Wristwatches, fitness tracker wrist-straps and bracelets must not be worn when in clinical areas.
- Jewellery is restricted to wearing one plain metal finger ring and one pair of plain stud earrings. Any other visible body piercings should be removed.
- Keep finger nails short and clean. No nail varnish, false nails or nail extensions should be worn.
- White coats, neck ties or lanyards should not be worn.
- Pens or scissors should not be carried in outside breast pockets.
- Store your stethoscope in a safe place such as your pocket or in your bag when moving between clinical areas or during breaks. Stethoscopes should not be worn around the neck.

Medical Education Department 09 January 2018

N.B. If it is thought that you are not appropriately dressed, your tutor may ask you to leave the teaching session.

Student Ambassadors

Each session, one of you from each group will be the nominated 'Student Ambassador'. This role is to help you learn more about considering the needs of patients and always putting those needs first. This will mean introducing yourself and your group as well as ensuring their comfort (e.g. carrying bags, ensuring they know where to sit, pointing out where the toilets are and providing a drink if necessary). Each student will be expected to perform this role at least once over the year. If the patient has any special requirements e.g. they need to be away for a certain time, please make sure that the coordinator is aware of them before the start of the session.

Reflection

Part of being a good doctor is to constantly reflect on your practice. How you feel about what you are doing, how well you are doing it, what you are learning from the experience, what you might need to do to improve your practice in the future and many other factors.





Part of the process of doing this is to be honest with yourself about how you feel in any situation, how you can improve any situation, what skills you might need to work on, what you can learn from others etc. Good doctors reflect all the time on their progress and develop their skills in a way which will constantly improve what they do. Reflection is not about writing down what you think that others want to hear, it is about learning about yourself and directing your own learning to improve your practice.

As such, you will be asked to complete two reflective pieces - one in first semester and one in second. You should try and do this as soon after the session as possible while this is still fresh in your mind.

Further details will be available as a guided study on Galen.

Teaching in Semester 1 – ‘Patient Conversations’

Learning Outcomes

-  Understand the meanings health care words can have for different people
-  Discover how someone manages day to day life with a chronic illness
-  Uncover individual experiences of healthcare systems
-  Develop confidence in speaking to a patient about their health

This 2- hour small group workshop provides an introduction to speaking with patients.

It is an opportunity to learn about the different viewpoints we all have relating to health and healthcare and to consider how these differences affect our experiences within the healthcare system.

The focus should be on discussing these issues with your patient and your colleagues and as such, you are not required to have in-depth knowledge of the medical conditions your patient may have. Additionally, you are not expected to be familiar with the sequence of a ‘medical history’ – you will have the chance to practise this in semester 2.

Structure of Semester 1 session

You will have 1 hour to speak to your patient in a group of approximately 8 students. This session is split into four parts:

Part 1 (5-10 mins)

Your tutor will begin by reinforcing the learning outcomes and outlining the session plan. This will include the format of the session and a summary of the topic areas to discuss with your patient. Whilst your tutor will be present throughout, their role will be to facilitate and prompt as necessary, rather than to take the lead. As such, the focus of the session will be on discussion of the topics below with your colleagues and your patient.

Please note that one student per session will be allocated the role of ‘Student Ambassador’ (see below for further details).

Part 2 (1 hour)

There are three main topic areas for conversation with the volunteer patient:

- the meanings of words
- managing everyday life with a long term condition

- experiences with the healthcare system

You should discuss each topic with both the volunteer patient and each other. Remember that each group member may have different views and opinions about each topic, and all should be allowed to put their understanding forward!

1. **The meanings of words:** We often all use the same words such as ‘patient’ or ‘disease’ but each word may have a subtly different meaning to each of us. You should consider some of the following words, exploring the understanding of your colleagues and the volunteer patient. For example, do they mean the same to everyone or not? If there are different understandings, what might have influenced this?

Words:

health	wellbeing	illness
disability	patient	client
coping	self-management	recovery
doctor	nurse	health professional

2. **Managing everyday life with a long-term condition:** You should consider the following questions:
 - What is it like to have a long term condition?
 - What areas of life does your patient think are affected by having the condition (work, family life, social activities)?
 - Were any changes sudden, or did they occur over an extended period of time? How have any changes been managed?
 - How do you cope with change? What changes to everyday life have you encountered since coming to university? What areas of your life have been affected?
3. **Experiences with the healthcare system:** You should consider the following questions:
 - Which health professionals has the patient encountered?
 - How did they find these encounters?
 - What does the patient think influenced these encounters?
 - What treatment or management strategies have they experienced?
 - How were they able to incorporate these into their lives?
 - What do you think of the patients’ experiences?
 - What do you think makes a good ‘patient experience?’

Please try to discuss of these 3 domains; however it is not necessary to cover every question within them.

Part 3 (35 mins)





You will have a group task which will involve reflecting on your conversation with your volunteer patient.

Part 4 (15 mins)

This is an opportunity to discuss the main points from the conversation with your volunteer patient. As a key part of this, you should think about what you have learned that will impact your practice as you develop as a student doctor.




Teaching in Semester 2

Learning Outcomes

-  Demonstrate the ability to take a full medical history
-  Refine and practise communication skills with colleagues and patients
-  Understand the importance of placing patient's health problems in context (e.g. impact on family life, employment, wellbeing)
-  Understand the application and relevance of the basic sciences to clinical practice

Essential Preparation

Students are expected to do the following preparation prior to attending:

-  Revise your communication skills- Lloyd M and Bor R Communication Skills for Medicine (3rd edition 2009) Chapter 3. The Medical Interview. Please read pages 28 – 48
-  Revise your 'History Taking' lecture from week 9 in Semester 1
-  Print out and bring along a copy of the 'Consultation Skills Peer Assessment' – see separate document on Galen

Volunteer Patient Session 2 – 'Obtaining further clinical information'

During session 2, it is hoped that you will be able to build on your experience from your first patient encounter and take a more structured history e.g. practising the medical history framework, asking questions to explore symptoms and trying to establish a 'time-line' of events. Try to organize the information that they are giving you into a logical sequence in your mind that follows the history taking structure. This will enable you to present what they have told you to your tutor, ideally without notes.

Volunteer Patient Session 3 - 'Explanation, planning and closure'

Although you will have had practise summarising and closing consultations in the previous session, the emphasis of session 3 is to ensure that you can do this effectively, and in the time allocated. You should have developed your skills for making patients feel at ease and relaxed in telling their stories and for gathering all the information that you need in order to begin thinking about what you would plan to do next. You should be able to summarise what the patient has told you and check with the patient that you have understood and ensure there is nothing more they wish to

add. You should also be able to present what the patient has told you logically and without leaving out any valuable information to the GP tutor taking the session.

Structure of Semester 2 Sessions

Unlike semester 1, each volunteer patient session in semester 2 lasts for 2 hours.

During this time, you will have the opportunity to interview 3 patients, taking it in turn to take the lead, to support and to provide observe and provide feedback (see below).

The sessions will follow the format outlined below:

1. Introduction (15 mins) – to whole group


- 🎧 Overview of session

2. Patient stations (3 x 35 mins) – in small groups

- 🎧 Breakout into small groups (approximately 6 students, 1 patient, 1 tutor)
- 🎧 Each patient rotates through 3 groups for 35 mins each
- 🎧 In each room:
 - **2 students consult.** Their role is to lead the consultation – to follow the sequence of the medical history and use consultation skills to gather as much information as possible
 - **2 students support.** Their role is to listen attentively to what is being said and to help their colleagues if they get stuck. They will be asked to give a summary of their colleagues' findings at the end of the consultation. When doing this, they are asked to think about **SBAR (Situation, Background, Assessment and Recommendations)** as a structure for doing so.
 - **2 students observe.** Their role is to observe the consultation and to use the attached 'Consultation Peer Assessment' form to give feedback.
 - Patients will rotate through 3 stations so each member has opportunity to practise / observe / support.

Within the 35 minutes allocated to see each patient, time will be allocated for feedback on the consultation.

Pointers

-  The sessions in semester 2 are more 'medical' in structure and it is therefore important that you consider how you are going to start the conversation and gather information.


Points to consider may include:

- How might a doctor start a consultation and how might they respond to what the patient tells them?
- What opening lines will you use?
- If a different opening line is used does it change the way that the patient responds?

If you get the chance, ask GP's or other doctors what opening lines they use and how they decide which situations to use which opening with.



For the purposes of these sessions, opening with 'what can I do for you today?' or 'can you tell me why you have come today?' often results in the answer that the patient has come to help with your learning, or that they have come to speak to you. A phrase such as 'can you tell me a bit about your health problems?' or 'what was the problem that originally made you see the doctor?' may lead to a more 'natural' start to the consultation.

-  Remember to read up on any health problems you discussed with your patient following the session! In doing so, try to apply any relevant knowledge you have acquired in other parts of the course.

School of Medicine, University of St Andrews
Raising a Concern in the Placement or Medical School Setting
Guidance for Students

