

COURAGEOUS CONVERSATIONS

Primary Care Training Workshop

Introduction to video scenarios

There are four video scenarios for you to choose from. For whichever video scenario you choose, **there are 2 videos.**

Introduce the videos:

“The first video shows a consultation, role-played by a Macmillan GP, to illustrate pitfalls and missed opportunities.

The second video demonstrates the same consultation but using better communication skills and techniques to allow an ‘improved’ consultation.

Please concentrate on the communication skills and NOT the clinical aspects.

It is helpful to make notes as you watch.

You will then discuss strengths and weaknesses of the consultation and suggest improvements.”

Only use one scenario for each workshop you run.

You have two options as to how to use the videos.

EITHER

1. Run the first video of your chosen scenario. Discuss strengths and weaknesses with the group, then play the second video from the SAME scenario to show an example of how this could have been done differently and then again discuss the strengths and weaknesses of this consultation.

OR

2. Run the first video. Discuss strengths and weaknesses of the consultation with the group and how they may like to approach that consultation differently. Then two of the workshop facilitators to role-play the consultation with the group watching to try out some of their suggestions.

“With my co-facilitator colleague we will re-run the consultation incorporating the improvements you suggest.”

The latter allows the re-run to be tailored to the suggestions, the former less so, but we hope the video re-run will avoid most of the pitfall and problems of the first. Choose whichever you feel comfortable with.

For the specific consultations please give the following scene setting introduction.

COPD:

William Nichol is a 69-year-old man with progressive severe COPD. The GP, who knows him well, has been asked by the district nurse to visit him following his discharge after his third hospital admission this winter.

Metastatic cancer - abnormal ultrasound result:

A 47-year-old teacher Mrs English attends surgery. Her usual doctor Dr Brown (who is now on leave for 2 weeks) requested an abdominal ultrasound because of abnormal LFTs. Her notes give no indication of what he told her. The scan shows liver and peritoneal deposits strongly suggesting metastatic disease. Before he left on Friday Dr Brown asked the reception team to phone her to come in on Monday to see one of his colleagues. She was out when the receptionist rang so a message was left and when she rang back on Monday morning she was given a 'urgent today' appointment with Dr Jones.

Heart failure - frailty and old-age:

Mrs Henderson is an 86-old woman with severe heart failure. The hospital consultant has suggested she has an implantable defibrillator. Her daughter Jenny attends with her and asks to speak to the GP before her mother comes in.

Lung cancer – palliative treatment:

Margaret is a 62-year-old former factory worker. She's been a heavy smoker with moderate COPD but at routine review told the Practice Nurse she'd had some haemoptysis, increased breathlessness and weight loss. Her GP fast-tracked her and she was found to have Stage 3a lung cancer. She has had palliative radiotherapy with dexamethasone. She's been asked to come to see her GP for review and to get a prescription to tail off the dexamethasone.