

# COURAGEOUS CONVERSATIONS

## Primary Care Training Workshop

### Video learning points

The comments below focus on the first part of the video scenario, 'the not so good' consultation, and demonstrate both 'good' consulting behaviours and 'missed opportunities'. The comments are specific in terms of words used, behaviours, specific points in consultation, as the workshop aims to model this way of giving feedback. Comments have not been included for the second 'improved' part of the video as it illustrates responses to the missed opportunities already identified in the first video.

#### COPD

##### Good:

- Doctor has visited
- Friendly
- Encouraging
- Empathetic – superficially e.g. re NIV 'hospital is not a nice place'
- Looking for practical measures to help (Vaseline, earplugs etc)

##### Missed opportunities:

- Listen more, speak less
- Patronising 'I know how you feel'
- Focus on physical rather than emotional content e.g. when patient said, 'I hated it – I've had enough of hospital' Dr did not respond to this but started speaking about details of hospital treatment.
- Avoiding or not recognising patient's agenda.
- Encouraging with inappropriate platitudes 'fighting spirit' 'Spring is on the doorstep' 'Have to remain positive'
- Did not use reference to DS 1500 as an opportunity to discuss prognosis and patient's understanding of this.
- Blocking patient's attempt to talk about future plans. When patient said, 'I've made up my mind.....I'll stick it out at home and what happens, happens', Dr could have remained silent or used reflective question to explore patient's feelings and understanding of consequences of refusing admission. 'You sound negative' closed down any discussion of this.

#### Metastatic cancer

##### Good:

- Courteous and welcoming, apologised for delay.
- Asked if patient wanted to know what's in the US report
- Explained findings
- Honest 'Could be something serious'
- Explanation re lack of symptoms
- Got on with 2WW referral

##### Missed opportunities:

- 'Do I need to be worried?' Missed chance to offer more information.
- 'Must be something quite serious' Avoided opportunity to discuss possibilities
- Shifted responsibility to hospital
- Missed opportunity to offer support in short and longer term

## Lung cancer

### Good:

- Cheerful and encouraging, sharing pleasure at symptomatic improvement
- Friendly professional, wants to encourage patient, doesn't want to take away hope
- Realises that patient has unrealistic understanding of the situation

### Missed opportunities:

- Collusive, failing to challenge unrealistic expectations once these became evident
- Failing to explain treatment aims, difference between palliative and curative therapy
- Tentative enquiry – 'what did they tell you at the hospital' but no follow up of what she understood by their reply
- Trying to sustain hope through avoidance of likely outlook.
- Inappropriate reassurance
- Avoidance of opportunity to make realistic future plans
- Passing buck to hospital – it was their job to tell her.
- Using exercise prescription to fulfil doc's own need to offer something

## Heart failure

### Good:

- Allows time for daughter to see him before bringing in patient
- Gives patient some space to talk
- Shows concern about making mother feel more comfortable, 'we are trying to make you feel better'
- Willing to make an appointment for the patient to see consultant about defibrillator so patient can access additional information

### Missed opportunities:

- Collusive, seems to accept what daughter says without considering patient's views and allows daughter to interrupt when patient is trying to explain how she feels
- 'Telling' rather than advising, 'the specialist recommends a defibrillator, it's going to do you a lot of good'.
- Little attempt at understanding what feelings patient is expressing and does not listen when she tries to make distinction about being depressed and understanding her condition
- Diminishes concerns of patient, her worries are 'little bit premature', she's a 'little' depressed
- Mentions that the defibrillator will give her heart a shock to prolong life but does not take into consideration patient's quality of life