(28.12.2001)

Blending Services with Training Education of Project

Summary

This project had the principle aims of improving communication and consultation skills for paediatric doctors with subsidiary aims of clinical monitoring and building a departmental video library. Dr Lama initiated the project when I was Clinical Director. I then took over the project when Dr Lama went on maternity leave in January 2001 and I became RCPCH District Tutor. The project has made steady but slow progress. We are grateful to have been given the funding for this project. I will outline the achievements and problems.

Original bid

"Development and Enhancement of Communication and Consultation Skills for Doctors in Training

Communication Skills

'Breaking bad news', sharing difficult information, dealing with 'aggressive' parents are all clinical situations which junior doctors increasingly face. Use of in-house video facilities with effective clinical support will serve as an excellent tool to develop these skills. 'Simulated' role-play will be used as part of junior doctor training. There is already a structured induction programme spread out over a month where juniors are exposed to many problems that they are likely to encounter during their time in paediatrics.
Communication skills and 'breaking bad news' will be incorporated into this schedule so that all juniors are exposed to it early in their training.
Video facilities with playback will be used to simulate real life scenarios and role-play. Consultants in the department would act as facilitators to consolidate these skills. Dr Lama as Project Leader will coordinate training.

Consultation Skills

The doctors preparing for Clinical Membership exams and medical students attached to the department, consultation skills and examination techniques are taught and tested as part of their regular teaching programme. This could be made more structured with constructive feedback being provided by Educational Supervisors, specifically allocated to overview junior doctor training. Video and playback facilities will be set up in the Paediatric Seminar Room and will be used as a tool for clinical training. It is hoped that this format will enhance development of good consultation skills for both medical students and postgraduate doctors. It will also help to hone interview skills for trainee doctors and will be good preparation for membership exams for postgraduate trainees.

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Facilitate Multi-Disciplinary Working

The use of video facilities with playback can be helpful to enhance multi-disciplinary working with other colleagues involved in caring for children. This applies especially to health visitors and psychologists who form an important group of professionals working alongside medical and nursing colleagues in this area.

Departmental Clinical Library

It is hoped to build a clinical databank for use as a teaching tool to record various odd episodes within 'odd' seizure activity, abnormal gaits etc. These events could be used for training and teaching for future groups of trainees. It is also hoped to build up a databank of clinical situations involving chronic conditions where breaking the news to parents and sharing difficult information could be collected. This should help both doctors in training as well as nursing staff to be aware of how such information is shared and how such difficult situations are managed from both the parents' and child's point of view.

Clinical Monitoring

To facilitate diagnosis it is hoped that a video camera would be available on the children's wards for monitoring 'odd' events and in certain situations could be loaned out to parents for a short length of time when odd episodes were reported to occur on more than one occasion. Information thus obtained would be helpful for professionals to try and sort out causation and this should hopefully help with clinical management. A selected number of these events could also be added to the teaching library databank.

The cost of the video camera with playback facilities, television screen and other accessories is £2519.50 and this could be up and running as soon as moneys were available. A detailed quote is enclosed. It is hoped eventually that video telelinking would take off which would help to share expertise with similar departments in the North West.

We hope that this project will ensure better training in counselling and listening skills for junior doctors. It is also hoped that it will hone up interview skills for trainee doctors and aid development of good consultation skills for medical students and postgraduate doctors alike. In an increasingly litigious environment it is also hoped that this will reduce complaints from parents which mainly stem from poor communication and poor attitude problems. We hope to get ongoing guidance from the Department of General Practice where this kind of structure already exists and has been shown to be of benefit to both trainees and patients alike.

This type of training and feedback in consultation and communication skills has seldom been used in hospital medicine, but is just as important as in general practice".

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Timetable of Action

1 Video consultation session by local GP trainer for whole paediatric medical department November 2000.

2 Delivery of equipment January 2001.
Video camera available in paediatric OPD for recording in OPD and on wards. Used mainly for recording gait in children with cerebral palsy for diagnosis and teaching.

3 Dr Lama on maternity leave January – July 2001.
Dr Benson takes over as RCPCH tutor and project leader and attends 2 day registrar appraisal course January 2001.

4 Further equipment needs identified. TV stand and video player ordered with paediatric departmental funds. All equipment finally available and working April 2001.

5 Dr Benson attends GP registrar video feedback sessions at PGMC.

6 March – May 2001. Trial runs with video camera in children's OPD revealed problems with floor and wall mounting of camera. Eventually partially rectified, but none of our clinic rooms easily allows a good complete view of doctor, child and both parents.

7 April 2001. Teaching on breaking bad news given to SHO's and registrars on regular teaching programme. Use of video role-play not found to be feasible in the time we have for teaching (lunchtimes or 8.00 – 9.00 am) only.

8 Video camera made available for home loan to parents to record possible seizures, with protocol for loan. Demand less than expected. Most families already have access to a video camera at home.

9 September 2001 onwards, new batch of registrars conduct videoed consultants in OPD and review their own tapes, then view them for feedback from their consultant.

10 December 2001. Joint session with registrars and Dr Benson using Pendleton's consultation map, and assessment proforma.

11 Further such sessions planned on a 6-8 weekly basis from January 2002. Evaluation of newer consultation skills assessment tools is ongoing.

Problems

1 Insufficient time for training. Blackburn is an extremely busy unit. This is in it's favour as a teaching unit but registrars and consultants have very little free time. There are already 3 lunchtime and 8.00 am teaching meetings a week. I have not felt it is appropriate to use these meetings, which are attended by all staff, to show videos of registrar or other doctor consultations. The procedure is potentially quite threatening and must be handled positively and with sensitivity, and such a large group would be unsuitable. Because of on-call commitments, rounds and clinics there is no time in the week at present when 3 or 4 middle grade doctors and myself can hold an uninterrupted 1½ to 2 hour session. In any future project such as this, consultant and registrar time to make the project work must be allocated as part of the project. This has been the case for years with general practice. In hospital, on-call and emergency work commitments make it even more vital to build in free sessions for formal teaching.

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2 Not all the equipment needed was initially ordered. There was very little time in July 2000 to submit a bid when we first heard of the blending service with training initiative. At least 2 months notice should be given for these initiatives to allow careful work up of proposals.

It was unfortunate that Dr Lama went on maternity leave and I took over as District Tutor while still working as Clinical Director until March 2001. This meant that I had very little time to get the project going. Since autumn 2001 we have made much better progress.

We initially had serious reservations about home loan of the video camera. We have used the cheaper camera and have so far not found a problem. Our initial submission proposed that we could build up a databank of situations involving breaking bad news to parents. We have not found this feasible to record on video, but various clinical situations have been recorded as notes for teaching and discussion purposes.
It has not been possible to video SHO consultations. SHO's are mainly supernumerary in OPD. We have not been able to use video for admissions on the children's ward yet.

Future Plans

1 To continue to evaluate newer assessment tools. The present Pendleton map and assessment proformas are not ideal for our clinic consultations.

2 With the possible appointment of an additional paediatric consultant in 2002/3 it is hoped that teaching sessions could be established on a regular basis each month. However, if we were to lose registrars with the anticipated reduction in SpR's in the near future, particularly with registrars moving on to shift working, it will be very difficult to maintain sufficient numbers for joint assessment sessions. We would have to continue with individual consultant/registrar assessments alone. The proposed merger with Burnley in 16 months may change the way we run teaching sessions in the future.

3 SHO consultation skills training is even more important than for registrars and we need to find a way to organise this on the admission unit on the children's wards. Again, finding time for the assessments will be vital.

Enclosures - Consent form
Consultation map
Assessment proforma.