

Small Groups' discussion

General notes

- Patient centered care of empathy and sympathy
- False reassurance is unprofessional
- **Soften:** smile, open, forward lean, touch, eye contact, nodded
- **Why do we make professional mistakes?** Because we are humans. We must improve our skills.
- **What is the worst thing that the doctor might make?** Interrupt the patient.

Case1 Nada: A 5th year medical student, is on her way to clinic as part of her IM rotation. Feeling a sleepy, she decides to grab a coffee.

While waiting in line for coffee, she notices two fellow 5th year medical students actively discussing a patient's case while waiting for their order. Nada can clearly overhear sensitive information.

❖ **How do you think other patients feel when they hear students or faculty discuss patient information publicly?**

- They would feel like there's no privacy in this hospital and will lose trust in them.
- Might tell their relatives about what happened.
- They will feel very sad/worried/disappointed about exposing.

❖ **What would you do if you witnessed a nurse discussing patient information in public? An attending physician?**

What were you do if you were in nada's position?

In any dilemma you must list options and their advantages and disadvantages:

1) Lower your voices

Advantages: open their eyes and listen to the advice, you did your role

Disadvantages: they may repeat the same action again, you may get an impolite reply or they might yell at you.

- 2) Talk in a private place
- 3) Tell the head nurse or head of the department to notify them or have a lecture about confidentiality.
- 4) You can just walk away, if the disadvantages are more than the advantages.
- 5) If you know them personally you can talk to one of them in private and explain to her. There's no right or wrong in this, you have to weigh the advantages and disadvantages.

Case 2 : Hassen

Once upon a time

Hassen is having a slow day at his assigned clinical site. Hassen can't find the resident he is teamed with. Sitting in the clinic waiting for the assigned resident, he notices several text notifications on his phone from friends and spend his attention and time responding. The patients in the waiting area who are waiting for sometimes are seeing you.

Please consider the following questions:

- 1. What type of message would personal use of your cell phone potentially send to patients, faculty or staff in the clinical setting?**
- 2. What are appropriate ways to spend "downtime" in clinic?**
- 3. What are some inappropriate ways you can imagine spending "downtime" in clinic?**

What if you were in a BST and the doctor was explaining something but you got a text and checked your phone, how will the others feel?

- Not respecting their time.
- The doctor will be frustrated.
- The doctor will feel that what the student got is more important than what they are telling
- But the student might not intentionally disrespect them.

Case 3: Ghada

Ghada is a 5th year medical student who has rotation in the emergency department. He has always liked emergency cases and hopes to impress her trainer. Their first patient presents following a motorcar accident. Upon arrival to the Emergency Department, he had completely lost his vital signs. The physical examination revealed no pulse. The trainer says, “You go ahead and start resuscitation (CPR), I will give you feedback.” Ghada, like many of her 5th year medical students’ colleagues did not have CPR training.

Please consider the following questions:

1. What would you do if you were in Ghada’s position?
2. What are some good ways to communicate your inexperience to the trainer and fellow team members such as nurses, and senior residents? And the same: good ways for communicating your status to patients?

3. How does being honest about your level of training benefit patients? Yourself? Attending physicians? And the medical community.

Case 4: Khalid

Khalid is a 5th year medical student who has a rotation in medicine dept. He has concerns that some of his consultant's orders conflict with current evidence-based guidelines and the practice of other physicians in the department.

Please consider the following questions:

1. How would you handle this situation if you were in Khalid position?
 - a. What are some good ways to communicate your concerns to the consultant physician?

2. How do you think the patients would feel if they found out their physician is not following the most reliable steps of management?

