

Module 3: Listening – what matters to patients?
Regulation and professionalism for medical students in Australia

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1	Welcome to the Medical Board of Australia's training package in regulation and professionalism for medical students. Module 3: Listening - what matters to patients?
2	<p>The Medical Board of Australia and the Australian Health Practitioner Regulation Agency acknowledge the Traditional Custodians of Country throughout Australia and their connection to land, sea and community.</p> <p>We pay our respects to Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander Peoples.</p>
3	<p>Welcome. This is the third module in a series for medical students to explore the regulation of medical practitioners in Australia, and the importance of professionalism and good communication in their practice.</p> <p>Why is this important?</p> <p>Effective communication is the cornerstone of good patient care, particularly when the treatment received by the patient involved is personal or intimate. It is imperative that doctors ensure their communication is clear to avoid misunderstandings in the doctor-patient relationship and to avoid any doubt that the patient consents to the procedure or treatment provided.</p>
4	<p>Before we begin module 3, let's recap Modules 1 and 2.</p> <p>In Module 1: Protecting the public – the purpose of medical regulation we covered who's regulated and why, the concerns patients raise, and which organisations oversee medical regulation.</p> <p>In Module 2: Replacing fear with facts – understanding notifications, we covered how notifications are managed and the Board's work in supporting professional practice. This included notifications about medical students.</p>
5	<p>As you complete this module, you'll hear about what patients are looking for in their healthcare, and why they make notifications. You'll understand why good communication is critical to good medical practice and an essential focus for ongoing improvement. You'll also learn ways of managing patient complaints and concerns. Finally, you'll hear about strategies and tools for good professional practice.</p> <p>Building a positive culture of medical professionalism is important. In these modules, we aim to do this by explaining medical regulation, the expectations of the community and the requirements that the Medical Board has of practitioners. We use notification case studies to help students recognise lapses of professional behaviour.</p>
6	<p>In this module we'll talk about what matters to patients, and what poor experiences look like.</p> <p>For a deeper look, we'll examine six case studies of patients and their families who have made a notification.</p>

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	<p>The module includes techniques for effective and respectful communication to reduce the likelihood of receiving a complaint, and strategies for dealing with complaints, should you receive any. There's also a quiz to confirm your understanding.</p> <p>It's a good idea to be familiar with the Medical Board's Code of conduct and have it available as you work through this module. It sets out the different aspects of good medical practice, including the professional conduct expected of doctors.</p>
7	<p>Patients tell us they hope for access to timely, competent and empathetic care.</p> <p>They tell us it's important to receive care that is inclusive and respectful of their individual situation and needs, including their:</p> <ul style="list-style-type: none"> • language • culture • religion • age • location • disability • sexual orientation, and • gender identity.
8	<p>As you listen to these experiences that led to a notification, think about What could have been done differently? or Why the person decided to complain?</p> <p>'I underwent a laparoscopy and was in pain afterwards. My doctor didn't provide adequate follow-up. He referred to my abdomen and pelvis as a "mess".'</p>
9	<p>'I was having back issues and asked this doctor for medication to help me sleep. They made me feel like I was a drug addict.'</p>
10	<p>'She was dismissive of my diagnosed anxiety and told me that anxiety and depression do not exist.'</p>
11	<p>'He didn't provide test results. He was reckless and disrespectful.'</p>
12	<p>Viewed from the patients' perspective, these are not experiences of good care.</p> <p>There are lots of reasons that patients raise concerns with practitioners or complaint agencies.</p> <p>Complaints about communication are some of the most common complaints we see. Disrespectful or ineffective communication has been shown to lead to poorer patient outcomes.</p> <p>Communicating with empathy and with respect is important to patients, in the same way that getting a diagnosis or the right treatment is.</p>
13	<p>Case study 1. Listen closely to this notifier's experience. She raised concerns that the doctor didn't provide her with enough information to obtain appropriate consent before conducting sensitive examinations.</p> <p>When the examination occurred "There were no curtains, gowns, or cover sheets to provide privacy. I was made to undress and dress in the direct view of the doctor. At times I felt like I was being directly watched.'</p>
14	<p>This patient decided to make a notification because the doctor did not properly explain what would happen, why it was being done nor check that there was consent. This caused her distress, and she was anxious after the incident.</p>

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	<p>'I felt objectified and disrespected. I sought assistance from my general practitioner and clinical psychologist.'</p> <p>The patient's hope in reporting, was that no other patient would come to the same harm as they did.</p> <p>'It was not possible for me to address these concerns directly with the doctor due to their sensitive nature, and uncertainty as to whether my concerns would be taken seriously, and changes implemented.'</p>
15	<p>'When you are a patient, you are in a position of vulnerability. There is a power imbalance in the doctor/patient relationship where you are reliant on them to provide the care that you require to restore health. The care that you require goes beyond the medical, and includes how you are treated overall. Providing privacy and consent are cornerstone to upholding human dignity.'</p> <p>Let's consider some ways the doctor could have improved this experience for the patient.</p> <p>For example:</p> <ul style="list-style-type: none"> • offer privacy to change, a gown, a cover or a support person • explain what's involved in a physical examination beforehand, and • advise the patient they can withdraw consent at any time.
16	<p>For this case, the Medical Board reviewed the information, including the impact on the patient.</p> <p>The Medical Board heard that the doctor was initially shocked by the notifier's account – but the doctor listened and reflected on it. The doctor made several changes to address the issues raised in the notification.</p> <p>For example, he installed screens and changed the layout of his rooms. He also attended training on communication and consent. He changed his practice to ensure the consenting process included:</p> <ul style="list-style-type: none"> • discussing the reasons for the procedure, • an explanation of what would occur, and • specifically asking for a patient's consent to undertake the procedure. <p>Although the patient had a traumatic experience, the Medical Board decided to take no further action.</p>
17	<p>Here is case study 2. The notifier begins by setting the scene:</p> <p>'It was the bushfire season ... we were ready to evacuate ... My husband was not feeling well. He contacted me to say he was feeling very dizzy and very sick. He almost passed out ... he threw up several times.'</p> <p>The notifier took her husband to the hospital and a doctor conducted a range of tests. The notifier's husband needed to go to another hospital for an MRI so he was discharged with a referral. When the couple arrived at the new location for the MRI, they had a poor experience with the attending doctor.</p> <p>'The practitioner we saw was non-empathetical [sic] to the situation. He was very snappy. I found that quite confronting. My husband could barely hold himself upright ... I was worried. He did not give us the proper help or treatment or advice.'</p> <p>The patient and notifier were at home when the MRI test results came in. The doctor told the couple that the results needed urgent review. But when they arrived at the doctors' office, the doctor told them they shouldn't have hurried as the results were normal.</p> <p>The couple felt these messages were contradictory, confusing and stressful.</p>

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	<p>What issues are raised here?</p> <p>Consider what aspects of communication between the doctor, patient and notifier could have contributed to the notifier making a complaint.</p> <p>What communication skills could the doctor have employed to have made it a more positive experience?</p>
18	<p>The Medical Board thought the doctor should have listened, been sensitive to the patient's needs and responded better.</p> <p>He should have fully and accurately explained the process to the patient and the patient's partner.</p> <p>The Board said that a doctor should always be courteous, respectful and compassionate in their dealings with patients. The doctor could have encouraged them to ask questions about anything they were uncertain about.</p> <p>In addition, the doctor saw many patients each day and this could contribute to poor performance outcomes. The Board imposed conditions on his registration to mitigate these risks.</p> <p>The Board required the doctor to participate in a comprehensive program aimed at working on his interpersonal and communication skills.</p> <p>In addition, he was expected to have a senior colleague as a mentor for professional communication.</p>
19	<p>Let's move to case study 3. Life has its challenges and it is normal to get stressed or feel frustrated by personal or work experiences at different times, but as a doctor, you should have strategies to ensure that your patient is not affected by these frustrations.</p> <p>Consider this patient's experience with their GP:</p> <p>'My GP of many years swore, punched the desk, and yelled abuse when I asked him for a referral for home help after I was in a taxi accident. He appeared to have an issue with the TAC (the Transport Accident Commission) and filling in forms. It's the first issue I have ever had with him.'</p>
20	<p>Here is what happened next:</p> <p>'I complained directly to the practice. They offered to transfer my record to another doctor at no charge and then clarified I could see another doctor at their practice if that doctor agreed to see me.'</p>
21	<p>The Medical Board viewed the incident as below the standard reasonably expected of a health professional.</p> <p>The doctor acknowledged his unprofessional reaction and proactively took steps to improve his practice, including education in:</p> <ul style="list-style-type: none"> • effective communication, • managing patient expectations, • the Medical Board's Code of conduct, and • the Australian Medical Council's Code of Ethics. <p>The Medical Board considered what the doctor had done in response to the notification. It determined that the steps taken demonstrated a commitment to safe, professional practice in the future and no further regulatory action was required.</p>

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22	<p>Good medical practice involves two-way communication. It includes providing information to patients in a way they can understand and confirming that they understand what's been said before asking for their consent.</p> <p>Informed consent is a person's voluntary decision about medical care that is made knowing the benefits and risks involved. Let's look at a case study where this did not happen.</p> <p>In this case, the doctor gave the patient a consent form that did not mention one of the procedures to be performed. The doctor also did not give adequate follow-up care after the patient had a complication.</p> <p>'It was only when my partner woke up that he was told about the procedure that had been performed.</p> <p>Post-surgery when I rang the practice to say that he had been experiencing some bleeding for a couple of weeks, the receptionist advised he visit a GP.</p> <p>I was disappointed that we couldn't speak to the specialist directly.'</p>
23	<p>This poor experience may have been avoided if the doctor took the time to fully explain the procedures and expected risks and benefits.</p> <p>She could have tried to explain in several ways.</p> <p>For example verbally, using diagrams or, in a consent form for the patient to take away.</p> <p>The doctor should have ensured that the patient understood all the information before receiving consent.</p> <p>By checking a patient's understanding the doctor can engage patients in meaningful decision-making conversations about their care, and in care planning.</p>
24	<p>As a result of receiving the notification, the doctor acknowledged they should have obtained informed consent.</p> <p>The doctor reviewed her consent processes, and now provides a consent document that outlines the risks and benefits.</p> <p>She completed two hours of education on informed consent and short courses on contemporary patient communications.</p> <p>She also engaged a senior specialist to perform an annual review of her consent and post procedural care standards.</p> <p>The Board noted these actions. It decided to impose conditions that the doctor continue the education.</p> <p>It also considered it the doctor's responsibility to follow-up with the patient directly so it cautioned the doctor for failing to provide adequate post-operative care.</p> <p>The Board encouraged the doctor to reflect on her practice to avoid engaging in similar behaviour in the future.</p>
25	<p>Listen to case study 5.</p> <p>A patient had surgery and developed immediate complications. They had many follow up appointments with the doctor. A few months later, the doctor performed a second procedure.</p>

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	<p>Two weeks later the wound opened and looked infected. As no follow-up appointment had been arranged, the patient called the doctor but was advised that the doctor was on leave for a month. They were told by the practice staff to see another doctor or go to the Emergency Department.</p> <p>The patient was concerned the doctor:</p> <ul style="list-style-type: none"> • failed to perform the surgeries adequately, • failed to provide appropriate follow up care, and • failed to organise alternative arrangements for follow up care when on leave.
26	<p>What could have been done differently?</p> <p>In considering this matter, the Medical Board acknowledged that the surgical complications were known risks and not indicative of poor performance however the doctor failed to make arrangements for the continuity of care of their patient.</p> <p>The Medical Board asked for reflections from the doctor about their patient management, especially about continuity of care when they were on leave.</p> <p>The Medical Board's Code of conduct says that good medical practice involves ensuring there are arrangements in place for continuing care of patients when a doctor is not available.</p> <p>These arrangements should be made in advance when possible, and communicated to the patient, other treating practitioners and any relevant facilities or hospitals.</p>
27	<p>In this case study, a patient had been seeing their GP for a few months due to worsening lower back and hip pain.</p> <p>The doctor had referred the patient for x-ray/ultrasound imaging with a possibility of corticosteroid injection, as the pain relief medication was not helping.</p> <p>The patient's preference however was to see a chiropractor and requested the doctor share the findings and report with their chiropractor.</p> <p>The doctor refused, saying they were solely responsible for the patient's care and recovery.</p> <p>With the patient's consent, the chiropractor also contacted the doctor to request reports and imaging.</p> <p>The doctor refused to discuss the patient or provide the requested information and hung up the phone. Both the patient and the chiropractor made a notification.</p>
28	<p>Good patient care is enhanced when there is mutual respect and clear communication and coordination between all healthcare practitioners involved in the patient's care.</p> <p>GPs will often have a central role in coordinating care. This may involve communication and coordination with practitioners from other professions.</p> <p>Think about aspects of the practitioner's communication from both the patient and other healthcare provider perspectives.</p> <p>What would effective professional communication have looked like in this case study?</p>
29	<p>You've heard six case studies that had different outcomes.</p> <p>In many notifications we don't take regulatory action. This can sometimes mean that notifiers feel we take the side of practitioners and protect them from the complaint.</p>

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	<p>'I am disappointed that there was no consequence nor penalty for the doctor whatsoever.'</p> <p>Sometimes notifiers expect that a practitioner will face a punishment when something has gone wrong.</p> <p>'Nothing was resolved ... I see no transparency or accountability in this case. The practitioner is still able to practise and wasn't punished in any way for what they did wrong.'</p> <p>We're here to make sure that risk to future patients is minimised. Understanding this can help with expectations about what we will or can do.</p> <p>'Knowing that the practitioner as well as their employer was taking what I reported seriously showed the system was working.'</p> <p>'The eventual outcome was everything that I had hoped for – education, not punishment though initially I was very angry with the person under investigation.'</p>
30	<p>Motivations for notifying</p> <p>Most notifications are made by patients and their families about genuine concerns. The most common reason patients and their families complain, is to prevent their experience happening to someone else.</p> <p>'My hope in reporting, was that no other patient would come to the same harm as I did.'</p> <p>Some patients would like an apology, or a refund. Some want access to their records, or an improvement in a health service. These are not outcomes the Medical Board can provide. They are best handled at the local level or by state- or territory-based health complaints organisations.</p>
31	<p>If a patient raises a concern, the best chance for a positive resolution is when you address it straight away.</p> <p>When responding to a patient's concerns:</p> <ul style="list-style-type: none"> • Engage with the patient's feedback • Reflect on how you could have improved or done things differently • Discuss cases and seek advice from colleagues or your supervisor • Reach out to your medical indemnity provider or employee support service • Seek emotional support for your own wellbeing– doctors' health services are there to assist.
32	<p>Let's take time to recap.</p> <p>Reflecting on this module, consider these statements and note down whether you think they are true or not. We'll give the answers on the next slide.</p>
33	<p>How did you go?</p> <p>Clear and effective communication goes a long way in addressing patient and carer expectations and poor experience. True</p> <p>It's best for a doctor to appear to be in charge and confident. Never admit an error or apologise. False</p> <p>Notifiers are motivated by not wanting other patients or carers to experience what they have experienced. True</p> <p>If a patient is dissatisfied with your care, it's best to communicate directly with them about next steps for their care. True</p>

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	<p>Not seeking informed consent is below the expected standard of professional practice. True</p> <p>Some notifications could be avoided if complaints were dealt with in a timely and sensitive way at a local level. True</p>
34	<p>For more information, we recommend you look at these links. Bookmark them so you can access them again in the future.</p> <p>Good medical practice: a code of conduct for doctors in Australia describes what is expected of all doctors registered to practise medicine in Australia.</p> <p>The Australian Charter of Healthcare Rights describes what consumers, or someone they care for, can expect when receiving health care.</p> <p>Drs4Drs provides 24/7 confidential health support for doctors and medical students across Australia.</p>
35	<p>Congratulations. You've now completed the Medical Board's third module in the training package in regulation and professionalism for medical students.</p> <p>Now you've heard perspectives from patients you'll recognise why good communication is integral to good medical practice.</p> <p>The next module is Module 4: Navigating professional challenges</p> <p>In this module, you'll consider your role as a doctor, especially how to maintain public trust and professional boundaries.</p> <p>You'll also learn appropriate responses to common boundary-related challenges doctors may face.</p> <p>You'll recognise the importance of advocacy and leadership in the medical profession.</p> <p>This module will also talk about why caring for your own health and wellbeing matters, and the expectations of being a 'fit and proper person'.</p>
36	<p>Thank you for completing this module.</p>