

## Possible stations

- With a patient
  - Concerned about a test
    - Try to find the underlying reasons for their concern
  - Wants a sick note because of problems at work
  - Wants to die
  - Wants to lose weight because a relative died recently because they were overweight
- With a patient's relative
  - Carer struggling
    - Social services can do a carers assessment to provide money/respite/help
    - Charities e.g. carersuk.org and carerssupport.org.uk offer help and support groups
    - Health visitor for children
    - Stress they're not alone
  - Concerned about social care arrangements for elderly relative
    - Social services can arrange care
    - There are also private care organisations
    - In a crisis, doctors can refer to the rapid response team for short term care
  - Carer says patient has stopped taking their medication and wants to know how to make them take it
  - Is concerned their relative may have cancer because they know someone else who died of cancer due to similar symptoms
- With a colleague (e.g. nurse, midwife, student, secretary, receptionist)
  - Another member of the team is not pulling their weight
    - Options include speaking to the culprit directly (usually best initially) and then considering speaking to their senior (offer to be present)
  - Being bullied by another member of the team
    - Could they approach the perpetrator? Can they speak to their supervisor/senior/human resources? Offer to be present if possible
    - If they have tried to resolve it and had no success, they may need to make a formal complaint
    - Screen for depression
  - Issues at home affecting work
  - Shaken up by something that has happened (e.g. a patient died)
    - They will need ongoing support – can they speak to their supervisor or occupational health? Offer to be present if possible
  - They made a mistake
    - Non-judgemental attitude
    - No blame culture when mistakes are admitted
    - Incident reporting can help others learn from it so it doesn't happen to others
    - Honesty is the best policy
  - Health visitor concerned about a family with no evidence because she missed a similar problem previously

## Suggested structure

- Arrange room e.g. chairs at 90° to each other rather than face-on
- **Introduction** (and build rapport)
- **Gather information**
  - Listen
  - Use open questions to probe for information
  - Respond to cues
- Gather **psychosocial** information (**ICE**)
  - Ideas
  - Concerns
    - Physical
    - Social – home/work/social life (e.g. who can you talk to? Who is at home with you?)
    - Psychological (e.g. how have you been coping? How is your mood?)
  - Expectations and hidden agenda
- **Explanation/reassurance** (if required)
  - Check understanding
- **Management** options
  - Give them the choice
- **Plan**
  - Help options
  - Who can they talk to?
  - Follow up appointment/meeting
  - Leaflet (if relevant)
- **Summary** (and invite questions)

## ***Aims of the station***

- Be non-judgemental
- Empathise
- Listen!
- Pick up on cues and show you heard them
- Address their ideas, concerns and expectations (ICE)
- Suggest possible solutions

## ***Tips***

- Don't be afraid of **silence**
- These stations can be difficult because there isn't a goal like completing a history or explaining a test, most patients just need a sympathetic ear and a hand in thinking about what they could do to help
- There is often a '**hidden agenda**' that the patient will only disclose if you probe with ICE-type questions e.g. they may come in for a sick note for pain but actually they are being bullied at work
- Use the patients **name**
- Show **empathy**
- Respond to **cues!!!** It is really important to listen to what patients are saying, don't try and think of the next question
  - Cues may be verbal or body language
  - Comment on it e.g. you look worried
  - After you hear a cue, repeat it back to the patient and then ask more about it (e.g. you mentioned that sometimes you feel *down*, can you tell me more about that?)
- Don't treat a colleague like a patient – chat informally if you 'know them' and listen but advise them to see their own GP if there's a medical problem
- It is not your job to completely solve their problem – just listen and help with possible ways to address it. If you don't know services that may help them, say you will look into it and arrange to meet them again to discuss.
- If you need to involve somebody else (e.g. their supervisor/manager), ask the patient/colleague/carer if it would help if you were there too