



**Continuing
Professional
Development**
for Osteopaths

**COMMUNICATION
AND CONSENT**

Case study: Communication and consent

Kent and East Sussex Osteopaths

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Summary

The communication and consent activity concluded a presentation on the new CPD process. We used a fictional case study (provided by the GOsC to the regional groups) which raised some issues around communication, consent and boundaries.

Planning

I looked the case over in advance and made sure I had some good questions to ask that would get the conversation started.

What did they do?

The group read the case and then we had an unstructured discussion about what could have been done differently to improve communication between the osteopath and his patient and how consent could have been obtained. The discussion then focused more widely on our own practices and some of the difficult circumstances we have come across and how we dealt with them.

What did the participants learn?

It was good to share good practice about how we might better communicate especially to new patients. We also discussed how we feel about removing items of clothing when we are being treated, and I think that reminded us how our patients might feel and would make us more aware of consent issues.

What were the concerns/barriers, and how were these overcome?

I did not have any in relation to this activity. I guess you would always worry that people would not open up or talk much but some good questions to get the debate going seem to allow people to start. I think the smaller groups work well in relation to this also-it creates a very different environment with 6 of you in someone's practice room as opposed to 30 attending a lecture.

How long did it take?

About 20 minutes, as an additional activity at the end of a longer meeting.

Would you do it again?

Yes this was useful and always sparks an interesting debate.

Clinical scenario: A case of low back pain and embarrassment

Luke Armstrong is an osteopath who has been treating 64 year old Christine Taylor for a knee problem. This has responded well, and at the last session they agreed that she would return for a check-up in a month's time. At that appointment, Christine says that her knee is feeling ok, but that she has developed quite severe low back pain. This came on for no obvious reason about a week after she last saw Luke. It is not getting any better. She reports that her GP prescribed diazepam and ibuprofen, and advised her to lose some weight and take more exercise.

Christine admits she has piled the weight on in the last year or two, but finds it difficult to lose it now she's 'of a certain age'. She retired from her job as a teaching assistant in the local primary school 3 years ago, but had not appreciated how much her job was providing her with exercise and keeping her from the temptation of snacking during the day. It's since she stopped work that her weight has gone up and she is disgusted with the 16 stone the practice nurse told her she weighed when she was called for a check-up, but she just stopped getting on the scales. Christine did not like the idea of taking diazepam and the ibuprofen had not made much difference.

Luke and Christine knew each other before she became his patient as Luke's children had attended the school where Christine had worked. In the course of the consultations about her knee, they had often chatted about the children's progress and other family matters.

Because her knee is not a problem for her now she asks Luke about her back and whether he thinks he can help. Luke asks about the problem, what might have caused it and when it hurts her most. He asks if there are any other health changes or concerns, but Christine cannot think of anything. Luke asks her to slip her clothes off down to her underwear so that he can examine her to see if he can find what is wrong. While she does that, he says he will go and wash his hands. Previously, Luke had not asked Christine to undress to her underwear.

Christine complies, undergoes the examination and agrees to the treatment that is suggested. Luke notices that she is very quiet compared to when he's seen her before so asks if she's alright and if the treatment is hurting her. She says she is fine, and afterwards, makes an appointment for the following week.

Later that day, Christine calls the practice and speaks to the principal. She says that the more she thinks about her experience today, the more she feels humiliated. She was not expecting to have to get undressed to her underwear, and is now feeling a bit sore. She cancels her appointment for the following week.

Luke calls for advice about what happened and how he might prevent a similar problem arising in the future.

What advice would you give him?