



**Continuing
Professional
Development**
for Osteopaths

**COMMUNICATION
AND CONSENT**

Case study: exploring communication and consent

Regional Communications Network

Case study – Communication and consent: case scenario – Regional Communications Network

Summary

The GOsC holds regular meetings with representatives of the various regional osteopathic groups. As part of an update on the new CPD scheme, a presentation was given on planning a CPD session with the aim of enabling those attending to consider how they might, in turn, set up a CPD event for their members. As an example of the type of session that could be run, the participants were split into groups, and asked to consider a case scenario.

Planning

The session involved some preparation. A presentation was prepared which looked at elements of trust in the therapeutic relationship, and patient expectations. A case scenario was devised which showed how a communication issue could arise, which led to a complaint being made to the practice by a patient. A report had also been prepared, highlighting resources available on the ● zone in the area of consent and communication, as well as external resources which osteopaths are able to use (similar to that contained within this document). In addition, an overview was prepared of the Montgomery judgment made by The Supreme Court in 2015, as this effectively changed the law relating to informed consent.

What did they do?

The session started with an overview of issues affecting trust, and expectations of patients. These were based on research, available on the ● zone. The session was interactive with participants able to offer answers to questions posed. Next, the group looked at patients' values, and how these might influence decisions regarding clinical practice. Participants were invited to consider a thought experiment to illustrate how patient's choices might be affected and influenced by their individual circumstances. This discussion led into a presentation regarding the Montgomery judgement, and how this had changed the law regarding informed consent. Participants were split into groups of four, and asked to consider a case scenario. They were asked to analyse the case, and offer their perspective on what had happened, how it could have been avoided, and what advice they would give to the osteopath concerned. This was then discussed further as a whole group.

What did the participants learn?

Participants had the opportunity to learn about the Montgomery judgment and its effect on the law relating to informed consent. The main aim was to illustrate how they could plan similar events themselves for their regional group members, although there were plenty of active and useful discussions taking place regarding the case scenario and how this could have been managed. The resources report provided an overview of resources available regarding consent and communication to help with planning future events.

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

For anyone using a case scenario to prompt discussion, there is concern as to how to pitch the level appropriately for what can be a group with varied levels of experience. The case used here seemed to provoke plenty of discussion amongst the groups, with engagement from all participants, whatever their experience. We asked participants to consider how they would advise the osteopath in the scenario, which gave them the opportunity to step back and think how they would advise a colleague in these circumstances, rather than just thinking about what had 'gone wrong'. This made it more of a positive exercise about enhancing practice, rather than a purely critical one.

How long did it take?

The session took about an hour, though this was in the context of lots of other presentations occurring on the day, and therefore time was limited. The idea was to use the session to illustrate to the regional groups the type of sessions that they could run themselves for their own members or colleagues. With more time for discussion and broader feedback from each of the groups, 1.5 to 2 hours would be ideal.

Would you do it again?

We would do a similar activity again, though the aim, as mentioned above, was more to illustrate to participants how they might consider designing and running a session themselves on consent and communication. Using case scenarios as a means of exploring issues around consent and communication can be a useful exercise in any size group.



Case study: 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.