THE **CLINICAL** TEACHER ASME

A collaboration on teaching communication by text

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Abstract

Background: Since the start of the pandemic, text-based communication with patients has become increasingly common. Leicester Medical School introduced experiential teaching in this field in 2014 but identified a need to develop teaching on the key skills required for effective consultations.

Shout 85258 offers a text messaging support service for anyone who is struggling with their mental health. They have developed an evidence-based training programme enabling volunteers to deliver quality crisis support via the medium of text messaging.

Approach: Leicester Medical School and *Shout 85258* collaborated, developing a small group teaching session for delivery to second-year medical students. The training programme and framework developed by *Shout 85258* was used as the basis for a 1.5-hour session with didactic teaching and experiential role play. It was hoped that the collaboration would raise the profile of *Shout 85258* in the student body.

Evaluation: The students enjoyed the mixture of didactic teaching and role play. They saw the relevance of the topic and recognised the key difficulties of text-based consultations such as in rapport building.

Tutors valued the structure of the session and the framework provided.

The session raised the profile of *Shout 85258* amongst students and tutors. Further evaluation is needed to measure changes in the use of the service or volunteering by students following the session.

Implications: Text-based consultation is an increasingly important area of communication in health care.

Collaborating with a charitable organisation allowed sharing of established best practice in this area and raised the profile of the charity within the student body.

1 | BACKGROUND

The COVID-19 pandemic has accelerated changes in the way patients access health care. Large numbers of consultations in primary care currently take place remotely, with an increasing number conducted via text messaging or email services. There was a threefold increase in the number of Short Message Service messages sent by GPs to patients from April to July 2020.[1] Prior to the pandemic, Leicester was the only medical school to include text-based communication in its curriculum, allowing students to interact with patients via the

secure messaging system within the online shared patient record system *Patients Know Best*.[2] Despite the success of this project, it was recognised that students needed some guidance on the key skills required to conduct text-based interactions effectively. Difficulties in expressing empathy, the lack of non-verbal cues and a tendency to adopt "polite and professional" language, lacking warmth, have been identified by students and patients taking part in the project.[2] *Shout 85258* provides a free, confidential, text messaging support service for anyone who is struggling with their mental health.[3] Since their launch in May 2019, they have had more than 500,000 text-based conversations with people who are anxious, stressed, depressed, suicidal or overwhelmed and who need immediate support. *Shout 85258* collaborated with *Crisis Text Line* in the United States, *Kids Help Phone* in Canada, and *50808 Ireland* to develop an online training programme specifically for their volunteers to enable them to communicate effectively with clients using text messaging. This training has been delivered to over 30,000 volunteers globally, over 6000 in the UK. *Shout 85258* agreed to work with Leicester Medical School and share some of their resources to enable development of a small group teaching session for second-year medical students. It was hoped that this collaboration would have mutual benefits—giving the Medical School access to a tried-and-tested model of text-based communication whilst raising the profile of the charity within the student body. There have been concerns about increasing mental health problems in medical students, and *Shout 85258* were keen to raise awareness of the support that they can offer.[4] The charity relies on trained volunteers to provide their support service, and it was also hoped that the teaching session might inspire medical students to get involved in this.

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In this paper we will describe the teaching session that was developed, sharing some of the co-developed resources. A brief evaluation is presented, focussing on the student and tutor experience of the teaching session and content.

2 | APPROACH

The teaching session was planned to form one of four new remote consultation skills sessions introduced in response to the pandemic. These sessions took place within the Compassionate Holistic Diagnostic Detective (CHDD) course in years 1 and 2 of the medical degree at Leicester. The CHDD course covers professional interactions, consultation skills, clinical examination skills, professional behaviour and systems understanding. During the CHDD course, groups of eight students interact with a real patient using text-based communication via the messenger function within *Patients Know Best*. The patients are recruited from the medical school's Patient and Carer Unit—local patients interested in getting involved in teaching projects. These interactions give students a chance to explore what it is like to live with a long-term condition and discuss lifestyle issues.[2] In early iterations of the course, no specific training was provided to students on text-based interactions with patients. This was partly due to a lack of clear guidance on best practice on what was, at the time, an under-utilised method of doctor-patient communication. In 2016, only 6% of GP consultations took place via email, text or messenger services.[5] As the course progressed, student feedback, collected as part of routine module evaluation, revealed a desire to receive teaching on how to communicate effectively via text. Having read about the work being done by *Shout 85258* in this field, a decision was made to explore the possibility of a collaboration. As well as benefiting from *Shout 85258's* experience in the field, it was hoped that the profile of the organisation would be raised within the student body—both as a service provider and as a volunteering opportunity.

3 | STRUCTURE OF THE TEACHING SESSION

After an initial meeting to discuss the potential benefits to both organisations, it was agreed that *Shout 85258* would share their teaching resources and help in developing a teaching session. In return, the medical school Pastoral Support Unit would make students aware of *Shout 85258*, and materials used in the session would include details of how to access the service and flag up volunteering opportunities. A 1.5-hour teaching session was co-designed for delivery by GP tutors to groups of eight students. The session contained elements of prior work, didactic teaching and role play (see Figure 1).

4 | PRIOR WORK

The students were assigned prior work to complete before the session. They were asked to read and reflect on an article which debated the pros and cons of allowing patients to email their GPs[6] and then consider the following questions:

- How would you feel about emailing your GP with a medical problem?
- What would encourage you to consult in this way as a patient?
- What would put you off consulting in this way as a patient?

5 | PRACTICAL CONSIDERATIONS OF TEXT-BASED COMMUNICATION

Following a brief discussion about the prior work, the students were asked to consider facilitators and barriers to text-based consultations in breakout groups—focussing on the viewpoints of patients and practitioners.

6 | TEXT-BASED COMMUNICATION SKILLS

A presentation was given to students based on the training provided by *Shout 85258*. The presentation explained the use of the five-stage model used by *Shout 85258* to structure their "conversations" (Figure 2). This approach, not previously taught on the course, was adapted to allow it to integrate with previous teaching on generic face-to-face communication skills.

7 | PATIENTS KNOW BEST REVIEW

Following the presentation, the students were then asked to log into *Patients Know Best* and share their patient interactions with the tutor. Their text-based communication was reviewed with reference to the Five-Stage Model, identifying examples of good and poor practice using the criteria discussed in the presentation. The students were asked to suggest ways they could improve their interactions using the lessons learned in the session so far. After the session, the students continued to interact with the patients via *Patients Know Best* with regular review using the Five-Stage Model criteria incorporated into subsequent CHDD teaching sessions.

8 | EVALUATION

The session was delivered by 18 GP tutors to 290 students in 36 small group teaching sessions over the course of a week. Due to the pandemic, session plans were created that allowed the session to be delivered remotely in the case of student groups having to isolate. Approximately half of the groups were taught face to face and half remotely. Anonymous student feedback was collected as part of the routine module evaluation. Fifty-three students completed the feedback reports. Although there were no specific questions about the text-based

Structure of Teaching Session	
Introduction and Prior Work	10 minutes
Practical considerations of text-based communication	20 minutes
Text-based communication skills	20 minutes
Patients Know Best review	10 minutes
Practice text-based consultations	25 minutes
Summary	5 minutes

FIGURE 1   Structure of teaching session

FIGURE 2   The five-stage model for text-based consultations

1. **Build Rapport**	• **Introduce yourself** – give your name and acknowledge the contents of the patient's last message • **Build a connection** -write in the tone you would normally use to communicate with patients, don't worry about making your messages 'sound right'. • **Be personal**, write with emotion and empathy, concern, agreement and approval. • **Warmth of tone**: a message that says, "Why would you do that?" can sound judgemental in comparison to a message that says, "What do you think made you try it that way?"

2. **Explore**	• **Use open ended questions** – How, What, When, Who, Why?
	• **Tentafiers** allow you to avoid introducing any opinion, advice, or talk of your experience:
	   • It sounds like…
	   • I wonder if…
	   • It seems like…
	   • I'm curious if…

3. **Identify the Patient's Goal**	• Elicit and consider **healthcare beliefs**. • Patients may express their concerns indirectly, be alert to **written cues** e.g. use of medical terms or words expressing emotion "frustrated", "angry", "upset". • Explore the patient's **expectations**: • "I'm wondering if you know where you'd like to be by the end of this discussion- Did you have a goal in mind?"
4. **Discover Next Steps**	• Before ending the discussion ensure the patient understands **what is expected** of them • If relevant, explore their **support mechanisms**. • Do they know how and **when to get in touch again**? Is text-based messaging appropriate for future consultations? • Have a plan for dealing with **misunderstandings**, these may be best dealt with via phone.

5. **End the Conversation**	• **Signal** to the patient that the interaction is closing soon, remind them of the next steps, and leave them with a **warm and supportive sentiment.**
	• **Circling** – patients may revisit issues you've already explored together or bring up new issues as the conversation is coming to a close. Patients may circle when they don't feel ready to end the conversation. This may be because they don't feel heard or soothed in the way they expected to be.
	   o **Prevent** – ensure that you fully explore and clearly identify the patient's goals
	   o **Empower** - encourage the patient to try some of their coping skills, reach out to resources you've shared or try out a new activity.
	   o **Be mindful of questions**. When wrapping up a conversation, it helps to avoid asking questions as that can lead to more conversation. Avoid open ended questions at this stage.
	   o **Be direct**. If the patient continues to circle, then it's okay to be direct about ending the discussion at this point, but remember the warm and supportive sentiment!

communication session in the questionnaire used, several free-text comments referred to it. Informal feedback was sought from the tutors.

The students who commented enjoyed the mixture of didactic teaching and role play. They saw the relevance of the topic in the current pandemic—in previous years, the students had felt that teaching on the use of text-based communication with patients would not be useful in their future careers. The students recognised the key difficulties of text-based consultations and had started to identify strategies to deal with them. The importance of building rapport and carefully considering the language used in a text message before pressing "send" were highlighted. Some students felt that it was not necessary to have separate teaching sessions on text-based, video and telephone consultations as they thought there was a lot of overlap in the teaching delivered. Changes were made to the sessions for students in the following academic year to reduce the time spent on the advantages and disadvantages of each model and giving over more time to observed practice. Feedback will be sought on the impact of these changes. No difference was reported between those students who received the teaching face to face and those who received it remotely.

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The tutors who gave a view on the session in informal feedback valued the structure of the session and found the framework helpful in assessing the students' text-based communication on *Patients Know Best*.

Some students commented that the session raised the profile of *Shout 85258*, but it is not known whether this translated to an increase in users or volunteers for the service. An unexpected spin-off was that several GP tutors actively promoted *Shout 85258* in their practice after teaching the session, having not heard of the service previously.

9 | IMPLICATIONS

As text-based communication with patients becomes an increasingly important consultation method in health care, it is essential that medical schools prepare their students to enable them to work effectively in this way. *Shout 85258's* established training programme provided an excellent framework to allow development of a teaching session. Following the evaluation, it was felt that the students would have benefitted more from receiving the teaching session before starting their text-based interactions with the patients. This was the original intention when the project started, but coordinating meetings with key members of *Shout 85258* staff occasionally proved challenging due to their understandable need to prioritise charity work. The timetable for the following academic year was subsequently amended to bring the teaching session forward, although the effects of this change are yet to be appraised. Further evaluation with appropriate ethical approval is also needed to assess whether the session also led to an increase in the use of *Shout 85258* or volunteering by students. Such an evaluation could also focus on how to engage the students in volunteering activities in general and the potential benefits for both students and the voluntary sector. Collaborating with charitable organisations working in health care provides opportunities for medical schools to benefit from tried and tested training resources. When developing a new educational intervention, medical schools should consider approaching organisations with established teaching programmes, especially if mutual benefits can be identified.

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> *Collaborating with charitable organisations working in health care provides opportunities for medical schools to benefit from tried and tested training resources.*

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REFERENCES

1. Murphy M, Scott LJ, Salisbury C, Turner A, Scott A, Denholm R, et al. Implementation of remote consulting in UK primary care following the COVID-19 pandemic: a mixed-methods longitudinal study. Br J Gen Pract. 2021;71(704):e166–77.
2. Ward A, Bethea J, Hsu R. Exploring life with a long-term condition using asynchronous online communication. Patient Educ Couns. 2019;102(12):2325–9.
3. Shout 85258 Mental Health. Available at: https://giveusashout.org/. Accessed Feb 18, 2021.
4. Slavin SJ. Medical student mental health: culture, environment, and the need for change. JAMA. 2016;316(21):2195–6.
5. Brant H, Atherton H, Ziebland S, McKinstry B, Campbell JL, Salisbury C. Using alternatives to face-to-face consultations: a survey of prevalence and attitudes in general practice. Br J Gen Pract. 2016; 66(648):e460–6.
6. Gunning E, Richards E. Should patients be able to email their general practitioner? BMJ. 2014;349.