QQI Medical Secretary

Module 1: Course Introduction

Karen Maher

HELLO!

I am **Karen Maher**

I am an experienced HR consultant and workforce development specialist originally from the North East of England.

I have worked with healthcare professionals in Ireland for around 10 years providing a wide range of training and development services and QQI accredited courses. I have designed and delivered training to senior managers, allied healthcare professionals, nurses, midwives, medical records staff and administrators.

Module 1:
Course Introduction

Training Aim

To equip the learner with the knowledge, skill and competence in a range of medical terminology applicable and relevant specifically to a medical receptionist or secretarial role in a medical practice, clinic and/or hospital context.

Objectives

- Be able to identify and understand a range of medical terminology required by medical administrative staff within a general or specialised medical practice environment.

- Examine and understand legislation within the Health Services area.

- Identifying available information resources.

Objectives

- Understanding correct and appropriate use of medical terminology with medical staff and the general public.

- Understand the importance of correct pronunciation and spelling, particularly in terms of diagnoses. The importance of correct identification of medical condition abbreviations.

- Compilation, formatting, and use of correct medical terminology within medical reports, to include X-Rays and Final Medical Reports.

QQI Accreditation
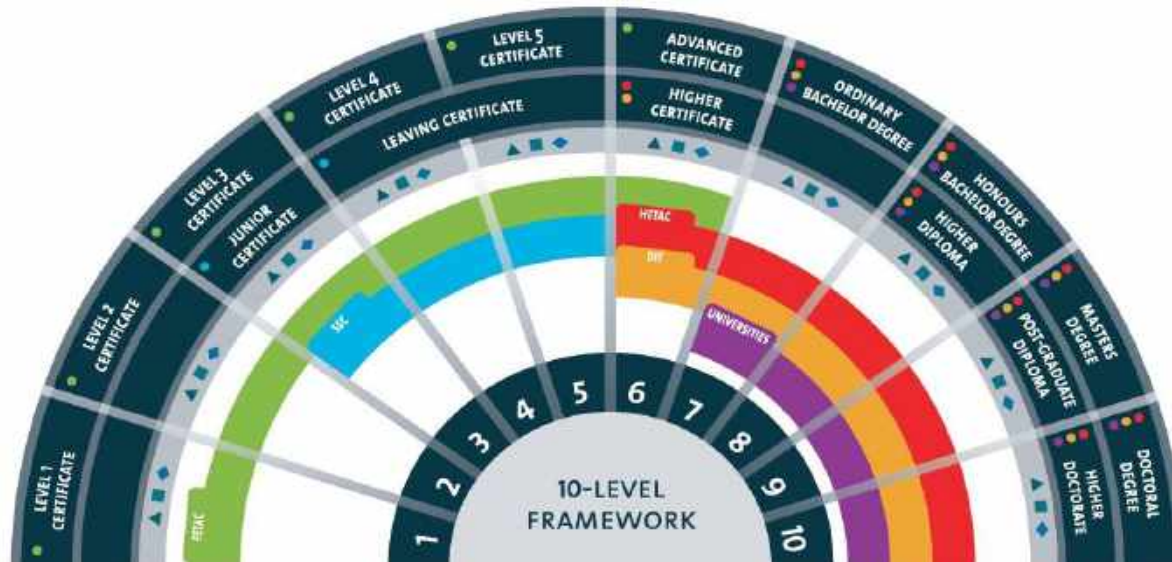
National Framework of Qualifications

QQI Accreditation

Skills Demonstration: 60% of marks

Assignment: 40% of marks

You will have 12 weeks to complete your course and submit

your assessments

Modules

Module 1:   Course Introduction

Module 2:   Introduction to Medical Terminology

Module 3:   Confidentiality and Ethics & Relevant Legislation

Module 4:   Sources of Information & Healthcare Records

Module 5:   Professional Medical Administration Skills

Module 6:   Summary and Assignments

What you will need

- Your course manual

- Your course workbook

- Self directed learning time

Self Directed Learning

What is Self-Directed Learning (SDL)?
"In its broadest meaning self-directed learning describes a process by which individuals take the initiative, with or without the assistance of others, in diagnosing their learning needs, formulating learning goals, identifying human and material resources for learning, choosing and implementing appropriate learning strategies, and evaluating learning outcomes" (Knowles, 1975).

Programme Overview

MODULE	CONTENT
Module 1	Introduction to the course Overview of the content and QQI qualification.
Module 2	Introduction to Medical Terminology
SDL covering content of Module 2	
Modules 3	Confidentiality and Ethics Relevant Legislation
SDL covering content of modules 3	
Modules 4	Sources of information Records and Reports
SDL covering content of modules 4	
Module 5	Administration skills
SDL covering content of modules 5	
Module 6	Summary of content and revisiting exercises Assignment information

Now you're ready to start Module 2

QQI Medical Secretary

Module 2: Medical Terminology

Module 2
Introduction to Medical Terminology

What is Medical Terminology?

Medical terminology is commonly defined as:

The language used to *precisely* *describe the human body including its components, processes, conditions affecting it, and procedures performed upon it.*

Self Directed Learning

- The human body is complex
- You need to become familiar with the human biology and ensure you are accurate and precise when using medical terminology
- In your handbook there is a general quiz to test your current knowledge
- There are also a number of self assessments to help you increase your knowledge

Medical Terminology

- Medical Terminology is used in every part of a Medical Administrators' role.

- Medical terms are used to describe the human body and its' parts, as well as medical conditions, procedures, and diagnoses.

- As a Medical Administrator, you will need to be familiar with these terms.

Medical words are generally derived from Greek and Latin terms. Most of these words are a combination of the following word parts:

Prefix - **Root Word** - **Suffix**

Uncomfort**able**

Gastroenter**ology**

Prefixes

A prefix can be added to the beginning of a word to form a new medical term or definition.

By adding a prefix to a root word, it alters the meaning of that word. A prefix is always used alongside another word.

A prefix usually gives information and context on:
- The location of an organ
- The number of parts
- Time

Examples of Prefixes

- **Anti -**   against
- **Hemi -**   half
- **Poly -**   many
- **Tachy -**   fast / rapid
- **Hyper -**   above / excessive
- **Brady -**   slow
- **Hypo -**   below / deficient
- **Mal -**   bad
- **Dys -**   difficult / laboured / painful
- **Gastr -**   stomach

Root Words

- A root word is the foundation of a medical term. It tells us where in the body is being addressing.

- **A prefix or a suffix, or another root, is added to a root word to give further information.**

- A vowel is added to a root word when combined with another root or suffix. This is called a combining vowel and is usually an 'o'. The primary function of this is conjunctive for easier pronunciation.

Examples of Root Words

- **Cardi -**   heart
- **Bronch -**   bronchus
- **Enter -**   intestines
- **Nephr -**   kidney
- **Therm -**   heat
- **Thyroid -**   thyroid gland
- **Urin -**   urine / urinary tract
- **Thromb -**   clot
- **Pseudo -**   false / fake
- **Glycos -**   sugar

Suffixes

A suffix is added to the end of a word to alter or define its' meaning.

A suffix is not used alone. It contains specific information of the condition, disease, or procedure.

Examples of Suffixes

- **Emia -**   blood condition
- **itis -**   inflammation of
- **Pnea -**   breathing
- **Ectomy -**   excision / surgical removal
- **Ostomy -**   create an opening
- **Thorax -**   chest
- **Ology -**   study of
- **Ism -**   state of

Putting them together

DERMATOLOGY

Suffix - logy means to study

Root - dermat means skin

There is no Prefix in this example.

Therefore, dermat/o/logy means:

Study of the Skin

Example

NEPHROMA

Suffix - oma means tumour

Root - nephr means kidney

There is no Prefix in this example.

Therefore, nephr/o/ma means:

Tumour of the Kidney

Example

OSTEOARTHRITIS

Suffix - itis means inflammation

Prefix - oste means bone

Root - arthr means joint

Therefore, oste/o/arthr/itis means:

Inflammation of the Bone and Joint

Example

GASTROENTEROLOGY

Suffix – logy means study of

Prefix – gastr means stomach

Root – enter means intestines

Therefore, gastr/o/enter/ology means:

The Study of the Stomach and Intestines

Self Directed Learning Exercises

Constructing medical terms exercises in your handbook

Using Abbreviations

Many commonly used medical terms are shortened or abbreviated to convey a message in a more efficient manner.

Accuracy and precision are required when using any abbreviation as they can easily be confused and misused.

Example

A patient with **'URI'** will suffer from Upper Respiratory Infection, but a patient suffering from a **'UTI'** will be experiencing a Urinary Tract Infection.

These are similar sounding, but very different conditions.

General Abbreviations

A comprehensive list is in your Learner Manual:

Dx - Diagnosis

AMA - Against Medical Advice

DNR - Do Not Resuscitate

GI - Gastrointestinal

IM - Intramuscular

IV - Intravenous

Patient Descriptor Abbreviations

DOB - Date of Birth

H&P - History and Physical

A/O - Alert and Orientated

F - Female

M - Male

Hx - History

Accident & Injury Related Abbreviations

LOC - Level of Consciousness

NOK - Next of Kin

CPR - Cardiopulmonary Resuscitation

CVA - Cerebrovascular Accident

Fx - Fracture

LBP - Lower Back Pain

SOB - Shortness of Breath

Cardiac Abbreviations

BP - Blood Pressure

CAD - Coronary Artery Disease

CHF - Congestive Heart Failure

ECG / EKG - Electrocardiogram

A Fib - Atrial Fibrillation

MI - Myocardial Infarction

TIA - Transient Ischemic Attack

Test & Procedure Abbreviations

CBC - Complete Blood Count

TPR - Temperature, Pulse, Respiration

Rx - Prescription

MD - Medical Doctor

PCP - Primary Care Physician

D/C - Discontinue

RBC - Red Blood Cell

Disease & Conditions Abbreviations

CP - Cerebral Palsy

COPD - Chronic Obstructive Pulmonary Disease

ASHD - Arteriosclerotic Heart Disease

MS - Multiple Sclerosis

TB - Tuberculosis

URI - Upper Respiratory Infection

Common Test Abbreviations

CBC - Complete Blood Count

CK - Creating Kinase

CRP - C-Reactive Protein

CT - Computed Tomography

CXR - Chest X-Ray

ECG/EKG - Electrocardiogram

FBS - Fasting Blood Sugar

GB/GBS - Gallbladder Series

Surgical Procedures

Centesis - Surgical puncture of a cavity

Desis - Surgical fixation / fusion

Ectomy - Surgical removal

Pexy - To fix or secure

Plasty - Surgical correction / repair

Stomy - Surgical opening

Tomy - Surgical incision

Tripsy - To crush / break

Diagnostic Procedures

Opsy - to view

Palp/o, palpat/o - to touch gently

Percuss/o - to tap

Radi/o - X-Ray, radiation

Scope - instrument for visual examination

Scopy - visual examination

Numerical Values in Medical Terminology

Half - demi, hemi, semi

One - mono, uni

And a half - sesqui

Two - bi, di

Three - tri

Four - tetra, quadri

Five - quinque, pent, penta

Numerical Values in Medical Terminology

Six - hex, hexa, sex

Seven - hepta sept, septi

Eight - octa, octi

Nine - noni

Ten - deca

Hundred - hecto

Thousand - kilo

Million - mega

Self Directed Learning Exercises

Medical Terminology and Abbreviations

Exercises in your handbook

QQI Medical Secretary

Modules 3: Confidentiality, Ethics & Relevant Legislation

Confidentiality and Ethics

What is Confidentiality?

Confidentiality can be defined as:

'*an Ethical and Legal Obligation that requires doctors to keep information about their patients private. It is the foundation on which trust and the therapeutic relationship is built*.'

What are Ethics?

Ethics can be defined as:

'*the principles, values, virtues, or rules of conduct accepted within a particular profession or field of activity.*'

Medical ethics can be defined as:

'*the branch of applied ethics relating to moral behaviour and judgements in medical practice and clinical research.*'

The European Charter of Patient Rights (2002)

14 Patient Rights are specified in this charter

1. Preventative Measures
2. Access
3. Information
4. Consent
5. Free Choice
6. Privacy & Confidentiality
7. Respect of Patients' Time
8. The Observance of Quality Standards

9. Safety
10. Innovation
11. Avoid Unnecessary Suffering and Pain
12. Personalised Treatment
13. Complain
14. Compensation

Confidentiality & Ethics

The impact on your role:

- Take care with patient data, do not allow correspondence, notes, or records to be accessed by others unnecessarily or without proper authorisation.
- Ask yourself is disclosure of information necessary?
- Always try to obtain informed consent from the patient.
- General disclosure of information to national registers for research or audit should be first anonymised, or provided with patient permission.
- If in doubt, ask for advice.

Self Directed Learning

Ethics and Confidentiality Case Study in your handbook

Relevant Legislation

Legislation within the Health Sector

There are 3 key pieces of legislation which apply in the workplace.

- Employment Equality 1998 – 2015
- The Safety, Health and Welfare at Work Act 2005
- GDPR 2018

Details of other Acts will also apply and they are explained in your handbook

Equality & Diversity

Equality and Diversity is the valuing of all cultures and peoples, their similarities and their differences, equally and without discrimination, in today's society.

The Employment Equality Acts 1998 – 2015

9 Grounds of Discrimination

- Gender
- Civil Status
- Family Status
- Sexual Orientation
- Religion
- Age
- Disability
- Race
- Membership of the Traveller Community

Discrimination

Is defined as the treatment of a person in a less favourable way than another person is, has been, or would be treated on any of the nine grounds

Types of discrimination include:
- Direct discrimination
- Indirect discrimination
- Institutional discrimination

Equality & Diversity

The impact on your role

So what does this mean for you?

- Duty of Care
- Stereotyping
- Prejudice
- Unconscious bias

Duty of Care

Generally, the law imposes a duty of care on a health care workers in situations where it is "reasonably foreseeable" that they might cause harm to patients through their actions or omissions.

It exists when the person has assumed some sort of responsibility for the patient's care. This can be basic personal care or a complex procedure.

Stereotyping

- Stereotypes are characteristics imposed upon groups of people because of their race, nationality, and sexual orientation.

- These characteristics tend to be oversimplifications of the groups involved, and while some people truly do embody the traits of their stereotype, they are not necessarily representative of all people within that group.

- Stereotypes are not always accurate and even if positive, can be harmful

Prejudice

Prejudice is an unjustified or incorrect attitude (usually negative) towards an individual based solely on the individual's membership of a social group.

For example, a person may hold prejudiced views towards a certain race or gender

Unconscious Bias

We can be biased against any type of individual, group, accent, personality trait, ethnic background etc.

It happens as a result of exposure to messages, images and behaviours from early childhood from families, friends, advertising, teachers etc.

Biases will affect behaviour unless we override them.

Self Directed Learning

Make notes about Equality, Diversity and related issues for you as a Medical Secretary in your handbook

The Safety, Health & Welfare at Work Act 2005

- The Safety, Health and Welfare at Work Act 2005 clarifies and enhances the responsibilities of employers, the self-employed, employees and various other parties in relation to safety and health at work.

The Safety, Health & Welfare at Work Act 2005

- Employer Duties

- Employee Duties

- Risk Assessments and Safety Statements

- Protective Equipment and Measures

The Safety, Health & Welfare at Work Act 2005

Employee / Participant Duties

1. Comply with relevant laws and protect their own safety and health, as well as the safety and health of others.

2. Ensure that they are not under the influence of any intoxicant to the extent that they could be a danger to themselves or others while at work.

The Safety, Health & Welfare at Work Act 2005

Employee / Participant Duties cont'd.

3. Not engage in any improper conduct that could endanger their safety or health or that of anyone else.

4. Participate in safety and health training offered by their employer.

The Safety, Health & Welfare at Work Act 2005

Employee / Participant Duties cont'd.

5. Make proper use of all machinery, tools, substances, etc. and of all personal protective equipment provided for use at work.

6. Report any defects in the place of work, equipment, etc. which might endanger safety and health.

Self Directed Learning

So what does this mean for you?

How does the Safety, Health, and Welfare at Work Act impact on your role?

Take some time to think about this and make some notes in your handbook

General Data Protection Regulations (GDPR) 2018

- The GDPR within Ireland

- Specific application within the Health / Medical Sector

- Dealing with Patient confidentiality

- Securing Patient Records

GDPR Principles

The principles of GDPR have a **direct** and **indirect** influence on other rules and obligations found throughout the legislation.

Compliance with all these fundamental principles is essential.

GDPR Principles

- Lawfulness, fairness and transparency

- Purpose limitation

- Data Minimisation

- Accuracy

- Storage limitation

- Integrity and Confidentiality

GDPR Principles

- Lawfulness, fairness and transparency

  Any information and communication relating to the processing of personal data should be easily accessible and easy to understand, and clear and plain language used

GDPR Principles

- Purpose limitation

  Personal data should only be collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes

GDPR Principles

- Data Minimisation

    Processing of personal data must be adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed

GDPR Principles

- Accuracy

  Personal data must be kept up to date and accurate.
  Inaccurate data should be erased or rectified without delay.

GDPR Principles

- Storage limitation

  Personal data should only be kept in a form which permits identification of data subjects (the patient) for as long as is necessary for the purpose for which the personal data are processed

GDPR Principles

- Integrity and Confidentiality

  Personal data should be processed in manner that ensures appropriate security and confidentiality. This included protection against unauthorised or unlawful access or use of the personal data.

GDPR

The impact on your role

- Accountability and Responsibility

- Accuracy

- Maintaining Standards

- Confidentiality

- Security

- Data breaches

Self Directed Learning

Data Breaches need to be reported internally so that a decision can be made as to whether or not the Office of the Data Protection Commissioner needs to be notified.

In your handbook you will find examples of data breach forms.Take some time to read them and

answer the associated questions.

Self Directed Learning

In your course manual you will find a wide variety of information regarding confidentiality, ethical considerations and more about relevant legislation.

All will be useful to you in your role as a professional medical secretary.

Summary

- Confidentiality and Ethics
- Equality and Diversity and Equality in Employment Acts
- Health,Safety and Welfare at Work Act
- General Data Protection Regulations 2018

QQI Medical Secretary

Modules 4: Information Sources & Reports/Medical Records

Sources of Information

Sources of Information

Keeping up to date regarding your own knowledge and skill levels is a requirement for all those working in health. This may at times require personal research using data and information from a number of reputable sources including:

- Political sources
- Economic situations
- Social situations
- Technological advances

Hospitals Groups & Community Health Organisations

Figure 4: 52 Acute Hospitals

SLÁINTECARE IMPLEMENTATION STRATEGY
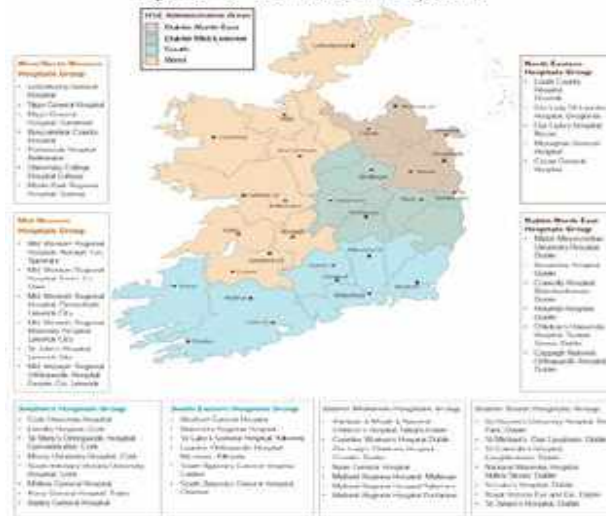
Sources of information

The impact on your role:

- Inform your current practice
- Political, Economic, Social and Technological changes which have a direct impact on your work
- Continuous professional development
- Keeping notes and records

Medical Records

Healthcare Records

A healthcare record is:

- A **permanent record** of the many episodes of care
- Accessible, neat, accurate, definite and objective
- Kept in a manner that supports **research**, **clinical audit** and all other **clinical activities**
- It facilitates **decision-making with regard to care**
- Used to ensure the **continuity of care**
- It is a unit file, colour coded, well structured, well indexed with data in chronological order

It is the foundation upon which **quality health care** is based.

Healthcare Records

- Records, for the purpose of records management are all documents, regardless of form, produced or received by any agency, officer, or employee of an institution or organisation in the conduct of its business.

- They are extremely important as they contain the history of the individual patient. There is no limit to the duration these should be maintained and kept on file.

Application of Healthcare Records

- Administrative and managerial decision-making

- To meet legal requirements

- To assist in clinical audits

- For research purposes such as improving clinical effectiveness

- To provide information to support complaints and clinical negligence claims

Good Healthcare Records - Components

- Patient history

- Results of patient examinations and tests

- Vital statistics, blood pressure etc.

- Differential diagnosis

- Details of arranged investigations and tests

- Referral details

Components

- Patient information regarding treatment risks and benefits

- Patient consent

- Treatment details

- Follow-up and referral arrangements

- Any other consultations, patient current condition, side effects, complications, etc.

Good Healthcare Records - Attributes

- Clear

- Objective

- Contemporaneous

- Attributable

- Original

Potential Errors / Mistakes

- Failing to record negative findings

- Failing to record details of discussions regarding benefits and risks of treatments proposed

- Failing to record allergies

- Failing to record test results and investigation outcomes

- Illegible entries

Potential Errors / Mistakes

- Failing to record notes when seeing a patient

- Making derogatory comments

- Altering notes after the event

- Recording notes in the wrong file

Potential Errors / Mistakes

- There should be no loose notes

- Create additional volumes at 80mm/250 pages

- No unauthorised writing on front of chart

- Always use correct first name and not alias

- Do not sellotape/staple anything to front

- If in poor condition, close & create new volume

- Remove blank pages and labels before closure

Healthcare Records Sections

- Administration
- Correspondence
- Clinical Notes
- Nursing Notes
- Procedures
- Consent Forms
- Clinical Measurement

- Lab Results
- Radiology & Diagnostic Imaging Results
- Prescribed Medicines / Blood Products
- Health & Social Care Professionals

X-Ray

General Advice

- Treat all information that you have access to as confidential

- Employees must not seek access to systems for reasons other that the performance of official duties

- Offices that contain healthcare records should be locked when unattended

- Never give anyone your password for your PC terminal/systems

- Always log out of your PC/Terminal

General Advice

- Never discuss patient details with other members of staff other than in the course of your work
- Never discuss patients/staff in canteen
- Never leave healthcare records unattended in public areas, or on your screen or openly at your desk etc.
- Healthcare records or labels in transit between departments should be under confidential cover e.g. in envelopes

Self Directed Learning

In your handbook make some notes in each section about medical records

Writing Case Notes using SOAP

SOAP is an acronym for:

Subjective: The reason the patient is being seen, including description of symptoms provided by the patient or other individuals.

Objective: Details drawn from the provider's examination of the patient's condition, including lab data.

Assessment: What the provider thinks is wrong with the patient, based on subjective and objective details.

Plan: What the provider recommends be done regarding the patient's condition. This may include obtaining lab work, referral to a specialist, or ongoing treatment and follow-up details.

Case Notes – Self Directed Learning

In your handbook you will find 3 Case Notes.

Try rewriting them using the SOAP acronym.

There may also be some spelling mistakes for you to

correct

Dictation

Taking dictation for case notes is likely to be a key part of your role

Information may be dictated to you in person or via electronic means.

Your knowledge of medical terminology will be needed along with your ability to compile medical records correctly in accordance with standards and legislation

Dictation – Self Directed Learning

In the workbook you will find links to dictation materials.

Listen to the comments and notes made by medical professionals.

Write down what you hear ensuring accuracy and using the correct medical terminology and spelling.

Transcripts of the exercises can be found in the answer section of your handbook

Summary

- Sources of information for your continuous professional development

- Healthcare or Medical Records - components, common mistakes, structure and some general advice

- Writing Case Notes

- Taking dictation and turning them into concise case notes

QQI Medical Secretary

Module 5: Professional Administration Skills

Module 5:
Professional Medical Administration Skills

Professional Medical Administration Skills

Think of the best service you have received from a medical professional.

This is what you are aiming to provide on a day to day basis.

Patients will expect:
- A warm and friendly welcome
- A concern for their needs
- Interest in what they have to say
- Sharing of information
- Value for money
- High quality service
- Compassion and Empathy

Example of a job description

Job Responsibilities & Duties

- Receive and announce patients and visitors
- Schedule physical therapy, MRIs, CTs, lab tests and X-rays.
- Ensure Doctors' calendars are properly maintained
- Prepare medical summaries and reports, transcribe dictation and coordinate projects.
- Backup patient files and the medical database on a regular basis (preferably at least once a week).
- Perform maintenance on office equipment, adhere to operation procedures and schedule repairs when necessary.
- Adhere to office policies to ensure quality and adhere to medical document regulations.
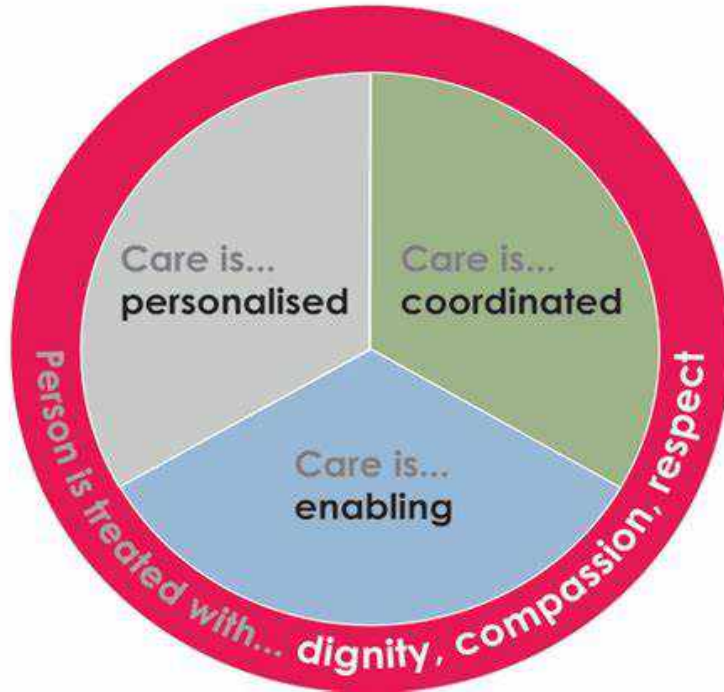
Example of a job description

Medical Secretary Skills

- Knowledge of fundamental medical terminology

- Proficient in computer software applications

- Superior customer service skills

- Time management skills

- Attention to detail

Patient Centred Care

The four principles of person-centred care

Care is... personalised
Care is... coordinated
Care is... enabling
Person is treated with... dignity, compassion, respect

Creating the Right Impression Do's

- Greet the patient pleasantly

- Make eye contact

- Use people's names when known

- Give your full attention

- Show respect for the patient

- Be helpful, positive, and friendly

- Be confident and efficient

Creating the Right Impression Don'ts

- Be rude

- Avoid looking at the patient

- Be distant or call people pet names (e.g. 'love' or 'honey')

- Act bored

- Ignore the patient

- Chat with colleagues around patients

- Criticise other members of staff or the public

- Be uncooperative

Patients with Varying Needs

- Elderly people
- People with disabilities
- Children
- Angry or violent patients
- Anxious patients
- Depressed patients

- Grieving patients
- Visually impaired patients
- Those with hearing difficulties
- Those with learning difficulties
- Those whose first language is not English

Why Patients Complain

- Postponement or cancellation of an appointment
- Long waiting times for an appointment
- Lack of information
- Staff behaviour or attitudes
- Cleanliness of the building or rooms
- Lack of facilities
- Poor food
- Missing property or healthcare records
- Change in surgery or medical proceedings

Think what you would complain about in similar situations

Creating the Right Impression

You are likely to be the first person the patient encounters

Their first impression of the service provided will depend upon you

Communication Skills

Communication between patients and staff is vital. If it is not done correctly, it can be detrimental to the service being provided.

The main ways we communicate are as follows:

- Face facing verbal communication
- Non-verbal communication (body language)
- Written word (letters, leaflets, documents)
- Through phones, internet, email, video or voice recordings

Modes of communication
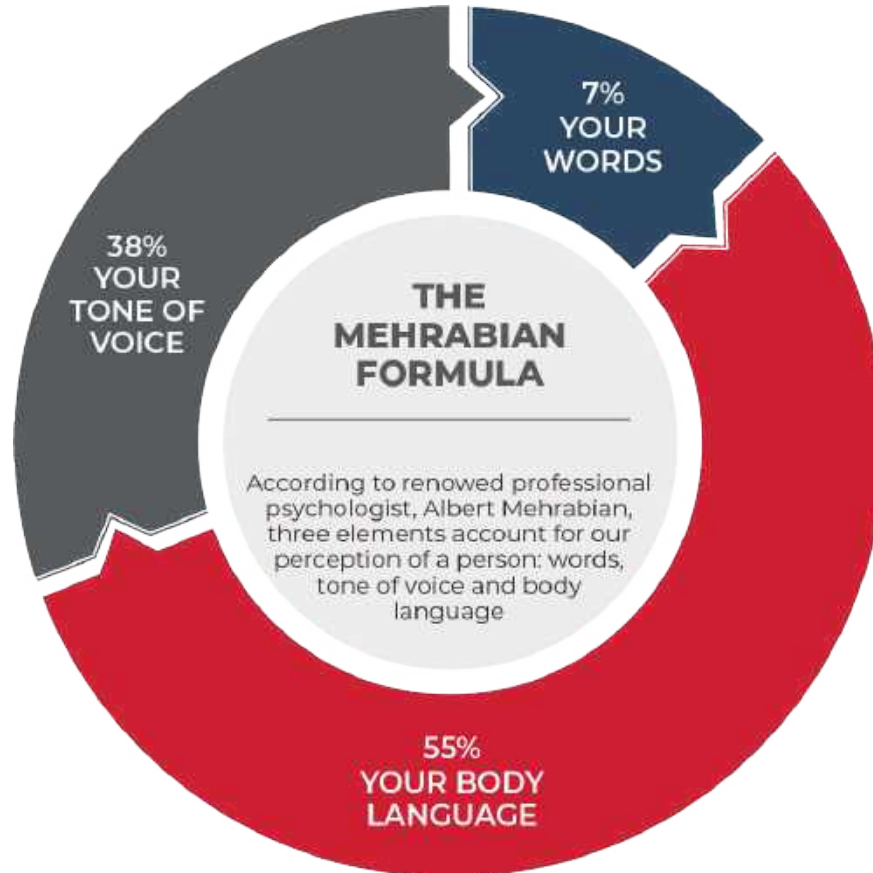
Mehrabian, Albert "Silent Words" 1981

Appropriate Communication in the Workplace

Appropriate communication with managers, co-workers, and colleagues, includes the following:

- Clear, direct communication and knowing what you want and need
- Being firm and having conviction
- Honest, straightforward requests
- Presentation of facts, with evidence if possible
- Professional discussions and exchanges
- Polite communication
- Appropriate humour
- Positive speech

Inappropriate Communication in the Workplace

- Threatening
- Disrespectful or surly speech or behaviour
- Lewd comments or jokes
- Racial jokes or comments
- Sexist jokes or comments
- Sexually harassing comments
- Private or personal information, unless it directly involves an issue relating to work, such as needing time off, etc.
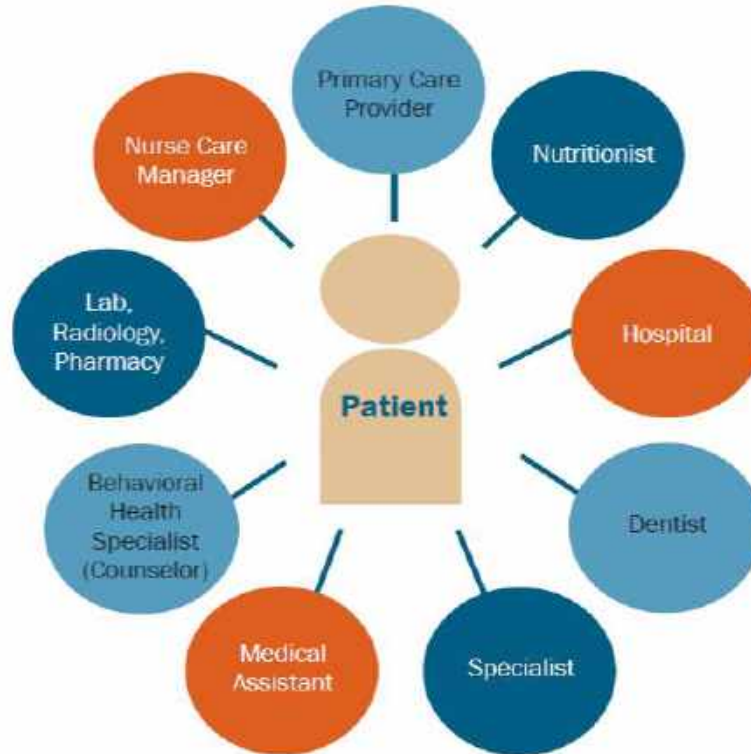- Giving improper advice

Self Directed Learning

In your course workbook you will find two case studies

1. Inadequate notes and improper advice

2. Improper advice

Patient Centred Care

Those who may be involved

General Principles of Team-Based Health Care

Shared goals

Clear roles

Mutual Trust

Effective communication

Measurable processes and outcomes

An example of a team map

Intermediate Care Service Team

Health Management Team

Therapists Team

Admin Team

Nursing Team

Social Service Team
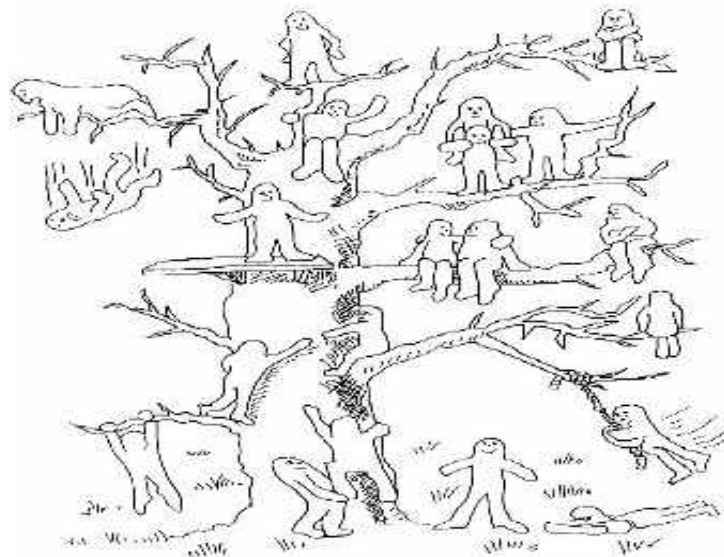
Local Authority

Ward-based multi-disciplinary team

Ambulance Service
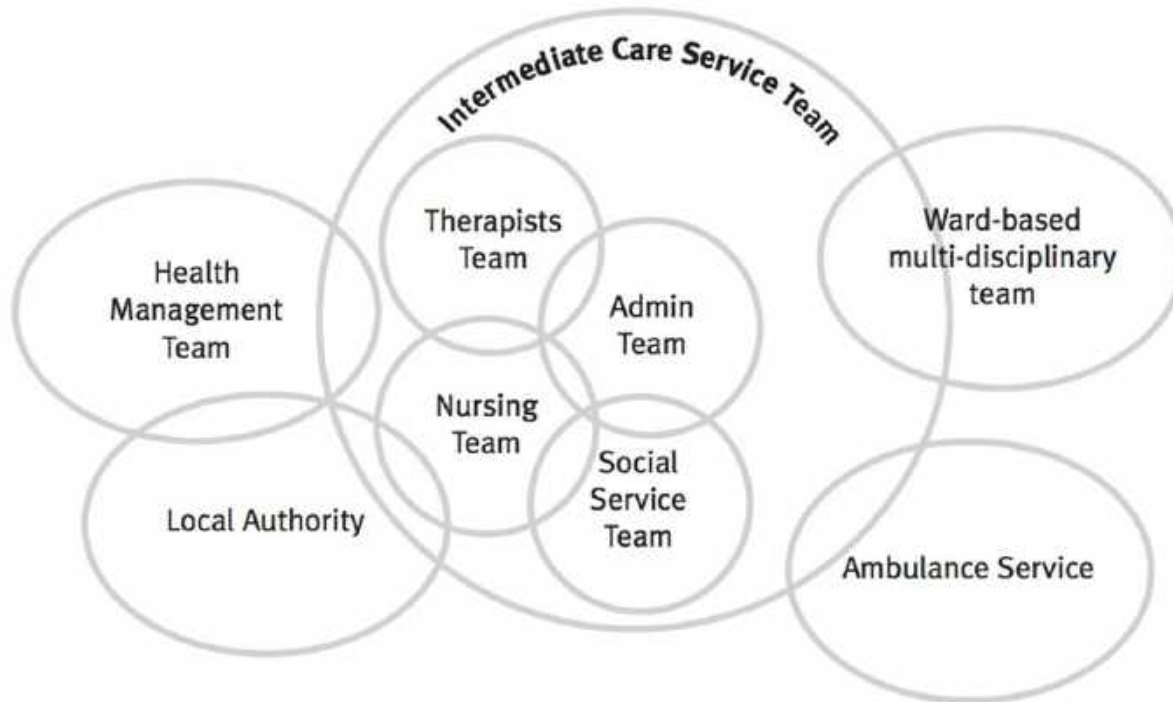
Your role in the team

You need to be sure of your position in the team

Medical secretaries and medical administrators are key to ensuring continuity of care and maintaining communication with all involved… including the patient

Natural responses to conflict

When things are going well people express themselves confidently using their natural skills & abilities.

In conflict situations rational thinking usually disappears and people react in emotional ways. It can escalate from feeling uncomfortable with the situation to feeling pressured and ultimately stressed.

Guiding Principles

Be Calm

Be Patient

Be Respectful

Take **a positive approach** to conflict resolution. As long as people listen carefully and explore facts, issues and possible solutions, conflict can often be resolved effectively.

Characteristics of assertive people

	Aggressive	Passive	Assertive
Voice	Fast	Slow	Normal
Language	Strong	Hesitant	Positive
Tone	Loud	Low	Firm
Speech	Fast	Apologetic	Even
Body	Tense	Slumped	Stand tall
Gestures	Strong	Fumbling	Stands / Sits still
Movement	Towards person	Shrinks away	Normal distant
Eye Contact	Staring	Avoiding	Slight Angle

Healthcare Standards

Members of your MDT will have to adhere to professional standards

- Irish Medical Council

- CORU

- Nursing and Midwifery Board of Ireland(NMBI)

Example – Nursing Code of Conduct

Principle 1
Respect for the Dignity of the Person

Principle 2
Professional Responsibility and Accountability

Principle 3
Quality of Practice

Principle 4
Trust and Confidentiality

Principle 5
Collaboration with Others

Values
Standards of Conduct

Collaboration with Others

Collaboration, Teamwork Communication, Documentation

Principle 5

VALUES

1. Professional relationships are based on mutual trust and respect
2. Work together to achieve best possible outcomes for patients
3. Documentation is an integral part of their professional practice
4. Recognise their role in delegating care appropriately

Characteristics of a good multidisciplinary team

Leadership & management	Clear team leader, clear direction & management, shared power, support, personal development
Communication	Systems ensure communication within the team
Training & Development	Morale, motivation, career development opportunities
Resources & Procedures	Structures (team meetings, referral criteria etc.)
Skills Mix	Right skills, competencies, practitioner mix, being fully staffed
Climate	Team culture of trust
Individual characteristics	Knowledge, experience, initiative, knowledge of strengths and weaknesses
Clarity of vision	Clear set of values that drive direction of the service. A uniform and consistent external image
Quality and Outcomes	Focus on patient outcomes, use feedback cycle to improve care
Respect & Understanding	Joint working, autonomy

Self Directed Learning

In your course handbook draw a map of the teams you are likely to work with. Start with the patient and think about everyone they may come into contact with as part of their ongoing care.

Choose any healthcare scenario you wish and see how many teams and other medical professional you may be working with for the benefit of the patient

Knowing what's important

Urgent vs. Important

The **URGENCY** of a task is determined by WHEN it should be done - the task becomes more **URGENT** as you approach the deadline for completion.
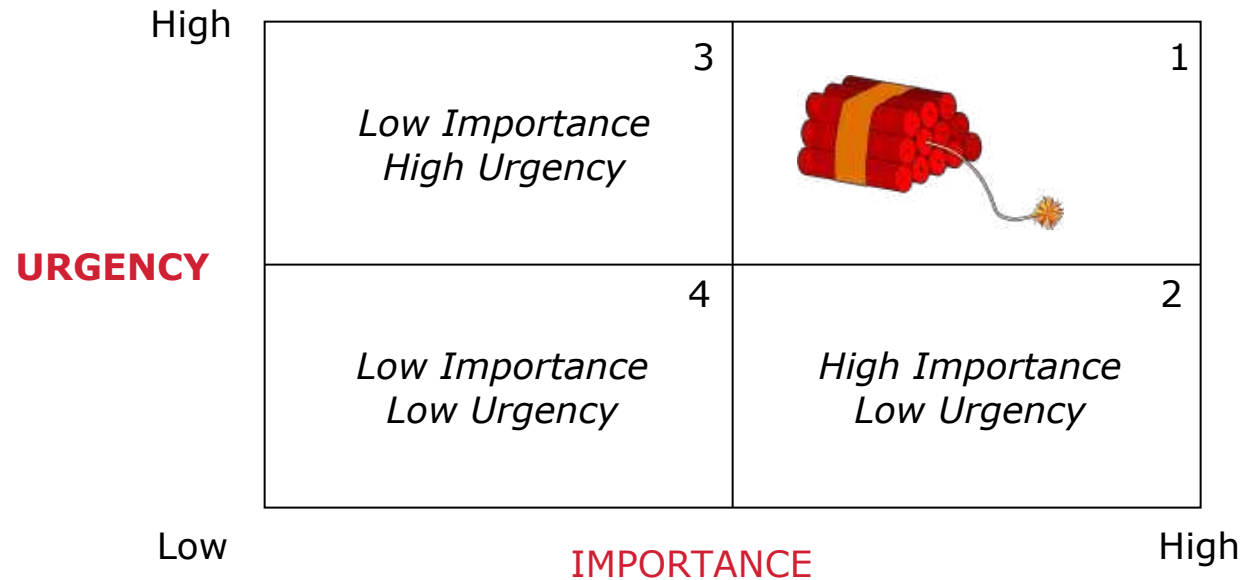
The **IMPORTANCE** of a task is determined by its **CONTRIBUTION** to the achievement of key results and longer term goals.

Urgency/Importance Matrix

High	3 *Low Importance High Urgency*	1 *High Importance High Urgency*
URGENCY	4 *Low Importance Low Urgency*	2 *High Importance Low Urgency*
Low		**High**
	IMPORTANCE	

Urgency/Importance Matrix

High

	3		1
	Low Importance High Urgency		
	4		2
	Low Importance Low Urgency		*High Importance Low Urgency*

URGENCY

Low   IMPORTANCE   High

Urgency/Importance Matrix

	High	
High	**3** *Low Importance High Urgency*	**1** Minimise the time you spend here
URGENCY	**4** *Low Importance Low Urgency*	**2** *High Importance Low Urgency*
Low		**High**

Urgency/Importance Matrix

High

3 *Low Importance High Urgency*	1 *High Importance High Urgency*
4 *Low Importance Low Urgency*	2

URGENCY

Low   IMPORTANCE   High

Urgency/Importance Matrix

	Low ——————— IMPORTANCE ——————— High

High

3	1
Low Importance *High Urgency*	*High Importance* *High Urgency*

URGENCY

4	2
Low Importance *Low Urgency*	Your goal is to maximise the time spent here

Low   IMPORTANCE   High

Urgency/Importance Matrix

High	3	1
		High Importance *High Urgency*
URGENCY	4	2
	Low Importance *Low Urgency*	*High Importance* *Low Urgency*
Low		**High**
	IMPORTANCE	
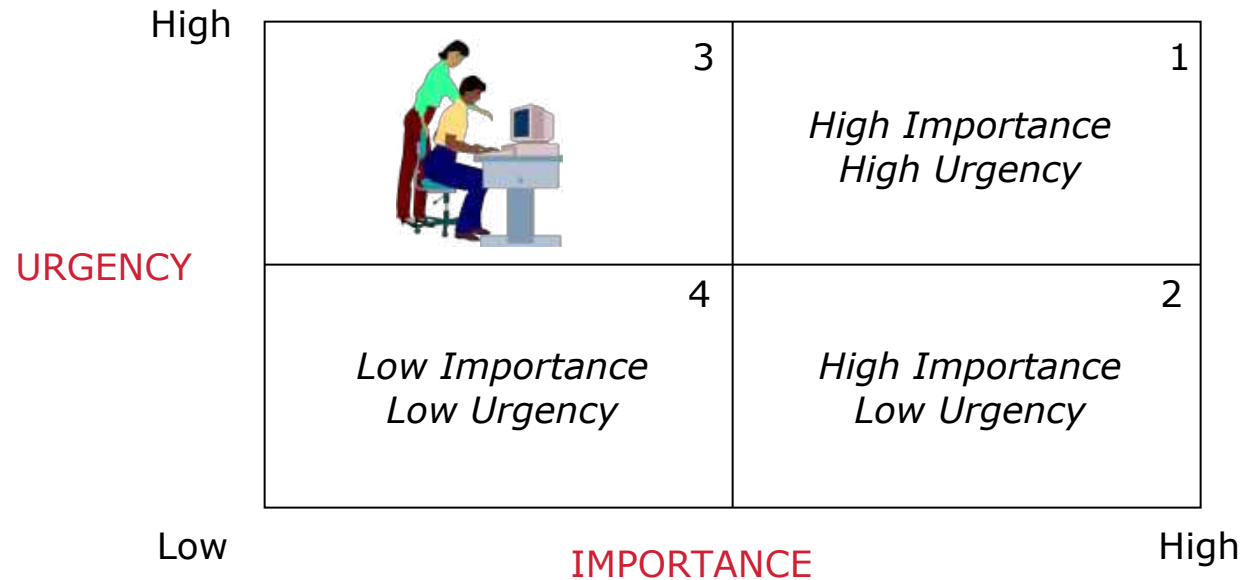
Urgency/Importance Matrix

Urgency/Importance Matrix

High

3 *Low Importance High Urgency*	1 *High Importance High Urgency*
4	2 *High Importance Low Urgency*

URGENCY

Low   IMPORTANCE   High

Urgency/Importance Matrix

High

3 *Low Importance High Urgency*	1 *High Importance High Urgency*
4 doing unimportant and low urgency tasks	2 *High Importance Low Urgency*

URGENCY

Low   High

IMPORTANCE

Self Directed Learning

Why not do some further research into Time Management Skills for yourself?

The 7 Habits of Effective People by Stephen Covey is a great place to start
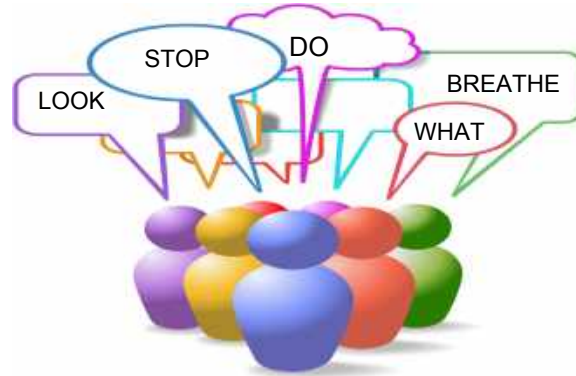
Looking After Yourself

Stop and step back

Take a breath

Observe

Put it into **P**erspective

Practise what works

9 Top Tips

1. Visualise success

2. Increase your self esteem

3. Take control

4. Be more optimistic

5. Manage **YOUR** stress

6. Improve **YOUR** decision making

7. Deal with conflict

8. Know when to ask for help

9. Plan to learn

Summary & Recap

- Patient Centred Care

- Your role in patient care

- Importance of communication

- Working in multi-disciplinary teams (MDTs)

- Working with other healthcare professionals

- **Personal effectiveness:** time management

- **Personal effectiveness:** resilience