# Appendix: Data Excerpts from Clinician Interviews

This file contains data excerpts from qualitative interviews with clinicians. They are organised under high level codes. Potentially identifiable details have been removed (replaced with XXXX).

**Bold text** indicates interviewer speech.

# Code: 1. General views

## Excerpts giving general views on EMPathicO, including its accessibility, duration, and the completion certificate.

Reference 1 - 2.08% Coverage

I thought it was good it was a good summary of all of the main bits that you would expect really I suppose of its outcomes. It is a good length, I thought. Because it's always difficult with anything for online to remain focused if it's too long I think. So I thought that was really good. It was clear and I thought the information provided, felt really relevant so. Say definitely yeah, I could apply that to what I'm doing or I am already doing it. So yeah, I didn't have anything which jumped out and I thought, well, that's dreadful or it needs to change.

Reference 2 - 1.33% Coverage

**Did you have any sense of how, how long did that take you to complete?**

Maybe about half an hour, I don’t know I wasn't timing it to be totally honest with you.

**OK and did you have a sense that that was quite a reasonable amount of time to spend on that sort of training?**

Yeah, yeah, definitely. I I went into it expecting it to be a chore and it wasn't.

Reference 3 - 0.86% Coverage

**That's good feedback. Um, so sort of how in general terms of how easy was it to navigate your way through it?**

Oh fine, no problems whatsoever unless I've missed massive chunks of it. and as I said then it was very straightforward.

Reference 4 - 0.88% Coverage

**where did you access it? Did you do with data at home on your computer or was it on a on a device?**

Yeah, my yeah my lap my institution laptop yes.

**Oh yes. And it did everything function sort of how you expected it to do,**

yes

Reference 5 - 1.55% Coverage

**Do you feel that you know in general this will be a module, a training, that you just do the once the once. Would you refer back to it or or just on a single occasion?**

Erm I think. I probably wouldn’t want to do the whole thing all over again, but I think there's something about, I like the fact that you set the goals and to then be able to go back and reflect on how you, how you’ve done with those would be helpful.

Reference 6 - 1.11% Coverage

 it was quite helpful although a lot of the information wasn't new to me, it was quite helpful to have it set out again and just make me critically appraise what I do, and recognise where I probably do need to go, go back to being a bit better and a bit more disciplined about asking certain questions

Reference 1 - 3.57% Coverage

**So what did you in general? Overall, what did you think about the training?**

Yeah I thought it was good training actually. Yeah, I'm, I like the website. I think that was easy to use and I think it had the ability to move quite quickly through things if you wanted and take the key points. But then there was if there was something that you wanted to delve deeper, I think you could then look at the research and do things in more depth. That's it, if you wanted to reflect on that and have some little more details, I think it was nice that you as a clinician had the opportunity to make that decision rather it very quickly becoming laborous and time consuming. So yeah, I think it was. I think it was well structured website

**Ok? Uh, what? What sort of main things that perhaps you disliked about it?**

I think there isnt anything in particular I I disliked. No, I can't think of any off the top of my head, OK?

Reference 2 - 4.02% Coverage

**So uhm, did you do it all in one go or did you go out is at different, different, uh sessions?**

Yeah, I think quite a few sessions. Yeah, I think I did half an hour chunks at a time over a few weeks.

**Did you and how did that work for you? Going back to it each time?**

yeah, I think you could. I know that I can send you the different sections, the empathy, the optimism section, but you do all those separately. I can't remember whether, like , I think I just paused it during the within the sections and then came back to it during the day actually

**OK.**

Yeah, can you save within the session within the empathy section or the optimism section. I think you could an. So yeah, I just did saved then came back and I was fine. That worked, in fact, that work well. Because in the Covid it there were times when I would be busy and then I'd have an hour's gap. Then I would have a few phone calls again so I could just jump into it that. Jump out, then jump back in. So I think that works very well on this sort of clinical day,

Reference 3 - 3.67% Coverage

**So you did it within your clinical session or clinical.**

Yeah,

**And do you think in normal situations outside covid you would? Perhaps you think people might use it in in a similar way? Having a bit of spare time during the clinic?**

Yeah, I think it would be. I think it would be is it? It took a bit of time to go through it, so I think to try and block that time out would be another conversation, whereas I think if you can do a little bits a you going along is certainly easier.

**OK.**

And I think probably thinking about it, what where I'd learn a little bit. How do I take that little nugget and then maybe have a few phone calls and reflect on what I just learned thing and think oh maybe there's a few bits I've picked up here. And then I learn a bit more and then reflect again. So I think it was probably quite a good way of doing it is right rather than trying to learn the whole thing and then put the whole thing into play.

References 1-2 - 3.53% Coverage

Yeah, actually I I found it really good, I found it. My overall view of the training was that it was quite neat the way it was sort of split into the three categories. It it it was not a daunting site, so it's kind of if you like it was a bite size look at, you know, behavior change and treatment but within a biopsychosocial care. So I actually found it very good from up from a clinical point of view to that. It was sort of thing that I could devote, you know, an hour. I think it took me an hour and a half or by the time I read the links for. Here's the research article for this decision. I did a bit of that as well. So it all took me about an hour and a half. You know, I found it very good. You know it's. It's not something that's new to me. But I like the set up and the way that it was split down into kind of, you know, the optimism, the empathy and and how it took it through the stages of the clinical assessment.

Reference 3 - 2.37% Coverage

**OK, right. OK. so just in general terms of the website itself, so how easy was it to use and how easy was it to access?**

So easy, it was so easy to access. It was very user friendly. Almost intuitive and is very quick to load. You know the the sort of bite sized videos I thought was really good because if you have a lot of high-level data stuff then quite often a lot of software just doesn't. Doesn't load it and you end up skipping, but you know the bitesize 20-30 second of the GP and the guy with the knee pain and were just. You know, we're really good. I thought so yeah, I found it very intuitive and easy to use.

Reference 4 - 2.30% Coverage

 I think you've got a nice balance between the time taken from a clinician out of work, that was an hour and a half. That that's a fantastic amount. That's the sort of thing that that managers, so that my boss said oh it was only an hour half yeah, go for it. That's fine if I just said this is the half a day then it it becomes a barrier to more clinicians doing it. So the fact that it's only an hour and a half is not threatening to the individual, but it's also not threatening to the business, so I think that's a very good balance, so I wouldn't want to necessarily extend how long the training takes

Reference 5 - 1.10% Coverage

Actually I think that you know, I just thought it was a really good exercise and I was surprised at how short it was and how effective I've found it. And it is definitely. I've made an effort to to change, even if it's just one small thing. I notice a way that I then speak to my patients.

Reference 1 - 3.22% Coverage

**So, I just wonder if first of all, you could just tell me overall what you thought about the, the training that you- that you did?**

I thought it was very good. So, I thought there were definitely things that I will take away from it- my practice. I thought it was well structured and easy to work through, in kind of small chunks. And it covered aspects that- well things I, I haven't particularly considered I suppose, so that's always good. You know, you feel like you're learning something new. So yes, I thought it was helpful for managing people with osteoarthritis, but also more generally, even more broadly it can apply the principles for, for other conditions as well. So yeah, so I quite enjoyed working through it really.

Reference 2 - 0.93% Coverage

 **Okay. Did you do it all in one go or did you spit up into chunks?**

No, I split it up. I think I did the mod- It was three or four modules, isn't it? I think I did each module separately like on different days.

Reference 3 - 2.73% Coverage

**Do you, do you feel that’s something that is helpful for, for other people? Do you think, if you were to use this sort of, as a general training tool, that it's helpful to have it in- in chunks like that?**

Yes, definitely, yeah. I think there's limited time in the day for things like that. And limited concentration span. So, I think, I think having something that you can breakdown into sort of easily defined parts and come back to is really helpful. Yeah, and also for being able to come back and review it as well, you can kind of pick which bit you can go back to more easily than if it was just one long module.

Reference 4 - 1.58% Coverage

**Right, Okay. So how easy was it to use as a- as a website?**

It was, it was fine. It was very straightforward, and I didn't have any problems using it. As I say, each- each module within it was clearly broken down as well, so you could go back and forth through those- easy to navigate. Yeah, so I thought it was- I thought it was well done, well presented.

Reference 1 - 5.87% Coverage

**OK, so you uhm, you worked through. Obviously the the training intervention the empathico. So what was your overall views about it?**

I, I'm quite an experienced XXXXX, and one of the things we do is training on the consultation. We follow models. It's always been an interest of mine so I'm ideas, concerns, expectations, that sort of thing and getting stuff out early. The psychosocial and I've also, I've got an interest in chronic pain, so I did the foundation module. Just a card is just a simple thing just to learn a bit more about the biopsychosocial model of pain. so I thought. When I do this, I thought, not sure I have to say, uh, it's. I think it's actually changed the way I consult and I thought that was quite good. So I think for me the big pluses were the ,I sometimes perhaps not emphasized the benefit of certain medications with chronic pain. So 'cause I've go very much by the evidence, 'cause generally they're not that good and so one thing I have changed the optimistic thing, so I'm optimist more optimistic about. Say what I'm trying to get over and that could be pharmaceutical or non pharmaceutical. But the big change for me was also the at the end of the consultation is to re emphasize the optimism and so I've been doing that since I since I found, since I found the module yeah and it felt really good. So that's that's one really positive thing. The empathy I think I've always known about, but I liked the videos. I thought that you know that they hit home? Yeah, I think they're very good and you can. Body language, just the language that's used. Certainly dealing with doctors and training that this. This is the help they need is it's it's. And if you can encourage doctors in training to look at the videos and then put it into practice, I think it's a really positive really positive thing.

Reference 2 - 0.86% Coverage

 I don't think so. Uhm, I just say I liked it. I thought it was. It was. It's good. It's it's you can you can do the training pretty quickly and I sat module time on on one morning, another module, another morning. I don't think so. Uhm, you know I'll have another look.

Reference 1 - 2.11% Coverage

**So I wonder if you could just tell me, just overall in general what you thought about completing our empathico training?**

 I thought it was in an easy to understand format. I liked the breakdown by different modules, whilst I was able to complete it all in one go, if I hadn't been able to, there were natural points where I could pick back up with the, with the training and I liked the links into further reading and other resources. And the checklist as well, so the fact that you come away from the training with with some resources to take with you and to refer back to is is helpful.

Reference 2 - 1.91% Coverage

**And did you watch some of the videos as well?**

Yeah, I watched some of the videos which, I'm I'm quite visual with my learning style, so that helped me put into, well with my reflections, to kind of think about maybe how my body language is is sometimes where you see this sort of the doctor in the video kind of leaning back a bit and being a bit withdrawn from the consultation, It just makes you you have that really clear image of actually how influential our body language can potentially be within the within the consultation.

Reference 3 - 1.84% Coverage

**So how easy was the whole website did you find to access and and navigate your your way around?**

Really easy. I had a link sent to me, the link worked first time and password and username worked fine as well. I like that there's a, there's a home page so again you can go back into the training, you can use the individual modules as references as well. You don't have to go through the entire training from start to finish, you can then go back into the training to look at a reference. So a usable format, yeah.

Reference 4 - 1.95% Coverage

I think I'm, the the training was was useful. I was able to draw things from it that I can revisit in my practice and and strategies to look to use in the practice. It may be that some individuals find it quite challenging to complete the reflection and maybe are not so confident or able to form strategy with how they might use or trial things, so maybe sort of suggestions with potential strategies. ie, if you have found that you struggle to end the consultation on an optimistic note, consider consider this, or consider that potentially.

Reference 1 - 2.21% Coverage

**There we go, so we are now recording. So firstly, could you tell me just generally your experiences of overall of of using our Empathico training?**

Yes, it's very easy to use, there's not too much content on each side, so you didn't feel like you were kind of having to work/wade through things before you made some progress. Yeah, it was. Everything was just really well referenced. If you wanted to read more on a particular topic then you could do, just to get the, I guess the kind of the summary principles you could get that in sort of move on. Yeah it was. It was very nice to use.

Reference 2 - 3.33% Coverage

Yes, yes, I maybe I'm just a bit more that way inclined, and I did look at some of the bits and just to see where it would come from so that that was helpful. I don't know whether some people might feel that that kind of clutters it a little bit. Just with all the references and extra links, but I I find that was helpful to see what context things had come from. Particularly because it was obviously it was geared up to osteoarthritis in this sort of instance. There was some circumstances where I thought, OK, this this would work well in that context. I can see that. But in terms of other patients, maybe it might be a bit more difficult, or maybe it wouldn't work quite so well. So then it was helpful to see. OK, well, why did they come to that conclusion? And OK, what can I take from this? And what bits may be more specific to that sort of context. So yeah, that was helpful.

Reference 3 - 1.33% Coverage

**Did you do it all in one go or did you do over over sections over different times?**

So I did it, did it over sections. Trying to think I think I did it sort of half half roughly.

**Why was that? What made you from stop one bit and?**

I think just just getting the time to do it. Yeah, time is always limited, so managed to grab it here and a bit there.

Reference 4 - 3.53% Coverage

**Yeah could you see it generally as, you know as a wider tool, it's something that you would do in one go or something that you would dip in and out of?**

Yeah, so I think. It, the aspects to build on each other so it is useful to be able to remember what what's come before. I think. It is a lot to take in, so I think actually I I found it more helpful to do it in two steps because there was enough time to get a bit of a build up and understand where things were going, but then also have time to think about it a bit more and then come back to it and do the rest. If I would have done it in lots of little sections and it would have forgotten bits and would have been a bit more fragmented. And equally I think I've done it all in one go. I would have forgotten certain bits as well because I haven't had time to think it through and to see any consultation. Maybe oh actually. See how this would be useful in that context. So yeah, OK.

References 5-6 - 1.01% Coverage

Yeah, so it was easy to navigate and hopefully you can see the little. I think there's little dots to show you how far through you were and each of the units weren't weren’t overly lengthy and broken down into sort of 20 minutes slots, the right amount for each topic.

Reference 7 - 1.21% Coverage

Yeah, and then once you get the certificate for each section as well rather than the whole thing, and I don't know whether it was my computer, but the certificate was a little bit hard to download in the right proportions so I had to fiddle around with that as well. But it's nothing, no reflection on the material itself.

Reference 8 - 0.39% Coverage

**OK, and is that something that you would use the certificates for your?**

Yeah yeah yeah. As an incentive

Reference 1 - 6.47% Coverage

**Okay lovely, so could you just firstly tell me what your overall experiences were of of using our our training tool, the Empathico.**

Yes, I think it was, it was easy to access, it was user friendly, it seemed quite straightforward and following the the instructions through the course, it seems very targeted, it was it was brief enough not to become too onerous I think some of these online learning tools can become quite burdensome in the time that they take, and they don't allow you to read through at the speed that you want to. So it it was, it was brief and to the point, but had enough information to allow you to grasp what the aims of it were and for you to sort of personalise it to your own experience. I think the videos were were good, they were helpful. They were perhaps quite specific to, to consultations that, might not be as challenging as a lot of the consultations were having at the moment. They may have been slightly over simplistic perhaps, but I I don't want to criticize it on that, I just think at the moment everything seems a lot more complex, than it has been in the past. And yeah, I liked the fact that you could just, identify sort of three key targets for yourself. And it was good to get that sort of reminded, that that reminder email at the beginning. I do wonder if it might have been worth resending that, you know a couple of times, maybe. Because, I think, it can sometimes just be helpful to have that reminder that nudge, to keep trying and you know, especially when we're hot rooming it’s not something that you can, yeah I put it on a post-it to begin with, but then that was just for the first sort day, 'cause then the next day I was in a different room, it doesn’t follow me around

Reference 2 - 2.02% Coverage

No, I did it all in one go, the training.

**And how did that feel doing it all in one go?**

It’s a little while ago now. It it felt fine, I don't remember it being, as I say, I don't remember it being particularly onerous. It it it was shorter to do all in one go, than some of the online training that we have to do so our practice use blue streams to deliver mandatory training and some of those packages are quite lengthy. So it it didn't feel as as clunky or as, as kind of mandatory training like as some of these packages that I’ve done.

Reference 3 - 0.59% Coverage

No, I would have done it at home in my own time, I don't really get much time in the practice to do anything other than the direct patient care to be honest.

Reference 1 - 2.75% Coverage

**So just firstly, I wonder if you could tell me what were your overall thoughts about the- the EMPATHICO training package that- that you looked at?**

So, I liked the fact that there were sort of videos and examples and things like that, because I think when you have a training package, and it’s just working through text that can be quite- it's not stimulating is it. Whereas when you can watch videos, you can kind of see examples of sort of good practice, and then maybe not so good practice and reflect on that. I think that’s quite a good sort of prompt, for kind of thinking about your own consultations and the way you might phrase things and things like that. So, I thought that was, that was good the way that was structured with kind of the videos and then the prompts to think about what happened in them.

Reference 2 - 2.00% Coverage

**Oh yes. Did you do the training all in one go? Or did you chop it up into sections? How did you use it?**

Okay, so I mainly did it in sections purely because of time. So, I kind of did a couple of modules one day I think, and then I did the other modules the other day. And I think actually that probably worked quite well, because it meant that I could think a little bit about the first ones that I'd done. And then it meant it when I came back to the next set of modules, I could sort of- I had a bit of time to reflect on what I'd sort of read in the first ones and those sorts of things.

# Code: 2. Empathy

## Excerpts about empathy: empathy in face to face consultations, empathy in telephone consultations, empathy in video consultations, empathy in PPE, views on the empathy module (helpful and less helpful aspects).

Reference 1 - 4.65% Coverage

**In general, what parts did you find a less helpful, or less useful?**

I suppose I don’t know if it is less helpful but it’s got me reflecting so it will be helpful with some bits about uhm Asking patients about how the symptoms affect their life and I put that down as one of my goals, but in a shortish consultation I probably actively don't do that sometimes just because I need to limit what's being discussed. If I had long period of time to discuss things to great detail with patients then I would be interested in it would be useful information to find out how for example symptoms are affecting their life. I haven't gotten in the habit of routinely asking that, unless it's really very relevant an in terms of assessing severity of an illness just because I think it it can open up a whole dialogue, which would be quite hard to shut down. So some tips about how to do that in a time limited consultation, in a way that's meaningful, but that probably is there anything I could say that could be improved, but I thought I just think it's very good. It's got me reflecting. I don't do it and iI set that as a goal and I do need to focus on doing that more, so it served its purpose is just still not quite clear how to do it in a short conversation?

Reference 2 - 4.87% Coverage

**So to go back to the consultation, how do you think that that part would work, sort of in your remote consultations? So over the telephone and and maybe video consultations? Finding out a bit more about the patients and what they. And and what's important to them?**

I don't think really the content be any different from the remote conversations or in face to face really I mean in some ways it's a bit easier for doing a video consultation 'cause you straight away get to see a bit more of a patient's life and that has prompted some discussion at times. But in terms of actually opening up that conversation, I don't think it be that, that different. Yeah, I I supposed the way in terms of pushing it into the training it’d be examples of what people have found helpful. But I guess some of it's just that you have to explore And so I was going to, as a result of doing the training, I was going to test out a few ways of doing it myself, but they haven't haven't got to that point yet with the patient. But yeah, I think I think, yeah, just examples really of phrases, so that’s what I found helpful about some of the positive safety netting it sort of gave examples of the way that you might say stuff. Then you you can adapt that to your own style and language, but at least having starting points quite helpful.

Reference 3 - 1.19% Coverage

**OK, so something more, more specific like that for these other elements of.**

Yeah because you can adapt it, I wouldn’t want a script for consultation, but if people have got phrases that they use at work, so you can then build that into your reportorial if you’re consulting, we tend to have a bit of a script, don't we.

Reference 4 - 3.14% Coverage

**Yeah, yes, yes, so um it’s sort of split into so personalization so knowing the patient. Listening, validating their concerns um. Were those the sort of things that you that you probably do anyway?**

No, well no, that that was where this thing about um, really finding out how how it effects their life wasn't it is coming from, I thought that that’s where that goal came from. So no I think, I mean a lot of, half of it I can’t remember, but there’s a lot of it I’m thinking I am doing this I'm doing this but so there were bits and things like that, so there was knowing the patient area without them knowing how it effects them was a bit that I… I felt like it prompts me to think I'm not doing that enough. Anything more specific, I’m not sure I’ve got recollection of the content well enough to comment, sorry. I should’ve done it again before I.

Reference 5 - 3.09% Coverage

**OK, well that's helpful, um, so just thinking about, uhm, you know your current remote consultations, but also your face to face consultations wearing PPE. What do you think the effect of wearing PPE has itself on, on the expressions of empathy in a consultation?**

It's dreadful. I much prefer to do a video than to do a face to face at the moment. 'cause you can't, even patients that know you, don't know it's you when you.

**Oh really?**

You’re having to introduce yourself to people that you know and you see before and your oh you. So yeah I think that in itself creates a barrier, which then makes anything sort of deeper, bit more difficult. They feel very much more like transactional consultations rather than any sense of empathy. Where I think with the videos and the telephones it's much more like my normal consulting style.

Reference 6 - 1.44% Coverage

**OK, um one of the sections at the is is about warming up through a consultation. Did you, had you come across that before? Do you remember that as part one and part of it, one of the training pages?**

No, I don’t, I don’t have a clue. No.

**You missed that one.**

Well I, I can’t remember it, I I didn't say, I I don’t, I definitely went through it all. I don't remember that particular page.

Reference 1 - 1.77% Coverage

**Would you? Yeah, there's a lot of uhm, interesting ,um, work at moment trying to find out about empathy and within. You know, wearing PPE, you know communication wearing PPE is, gonna be quite an interesting, uhm.**

 It, it, it's amazing the difference and with the kids I mean I worn because I've seen a lot of them really hate it when they see people in masks they really don't. I mean, I've got kid friendly scrubs. You know I've got up to person stuff like that cat that you put a mask on and they just, several, just screamed. It's interesting, yeah, interesting, very interesting. So yeah, I can definitely do some videos for you that's no problem.

References 2-4 - 6.71% Coverage

**Ok, so if I could just obviously going to quickly talk to you about the intervention itself so, uhm. I thought you, you completed the intervention and you set yourself some, some you've reflected and, and goals so that supers if we just ask, so firstly about the empathy module. So, what did you think about that? In general, the that those sections**?

I thought it was really useful tool to use, and I've always classed myself as a very empathic doctor. And, and I, I think I probably am. But watching yourself and actually looking for empathy. I realized what I even though I might be feeling empathy. It doesn't transmit also always to my face, and I Have a and so it so from the video I could see I frown a lot. I often use the computer 'cause I'm trying to work out the problem and because I'm looking back at things and trying to work it all out, I look at the I use the computer a lot. Um? And so those were too so, so I thought that the empathy part of that was very good in just pointing out a few. Not too many things. That will be useful. So, for me, I think I do acknowledge the patients problems except for a few of those are straightforward, but my facial language did not mirror what I said, which was really useful and could be very confusing. I think to a patient who perhaps (00:25:28)??? Yeah.

 **Ok, uhm, so how do you, um, sort of with, um the remote, uh, Currently the remote consultations and telephone and video consultations, what? How do you think? Sort of empathy can come across in those environments, and what you think you do in those.**

Yes, you have lost a huge. We've lost a huge thing in terms of the nuances, the facial gestures of the patient, the hand movements. Would you can't? He can't see them if in order telephone and so you often end up neither of you talking or both of you talking and then a flustered, I'm sorry you go first or whatever, but so the one thing which I think the video pointed out very well is acknowledge their their issue. Say, have I understood that? and I think I usually do that, so I have understood you think that this is the main problem, and this is. What really affects you? And so I think using language to say what your face might normally say. So, you have to set you bit more explicit over the phone, but you might otherwise be. And I think that the empathic that the training package just as a few basic things, that if you know you've done, you probably will achieve that empathy even over the phone actually.

Reference 5 - 3.72% Coverage

**What did you think of the the warming up? Did you come across warming up? Is there a concept? Is that something you'd come across before?**

Yes, but I mean I mean, assuming by warming up you know you just generally, you know, getting patients into the consultation. I took it as is that what it's supposed to be announced that I understood. I'm not sure if I did fully understand that properly. I think I came away at the end. Thinking is that what we normally do anyway? By just, you know, getting the, patient.

 **OK**

Feel easy, and at home.

**Oh, uhm, It is a slightly different concept. Yeah, it's the sort of you using different expressions of empathy. Different parts of the consultation, so starting up in a way of listening and not being too over empathic at the beginning or over positive at the beginning. So yeah, I remember now we don't use the words but more sort of cool at the beginning and warmer at the end. Hum, yes, I hope you get that concept across.**

 Yeah, and I think I I do remember that now I'm not being over the top of the beginning. Otherwise yeah, no. That's so somehow that didn't stick in my brain because obviously didn't stick in my brain 'cause I would've done. Remember understanding it at the time, but now you don't ask me, I could, I didn't. I couldn't recall it so it didn't stick in my brain. I don’t know a color? OK, and what about, uhm?

References 1-2 - 6.49% Coverage

**So just thinking about, uhm, the empathy module. So what did you like about if you thinking back?** **If you remember part of that training, what do you like about that module?**

Um? I think it's something that. I would reflect on are not great at doing actually. Um and I think it's something, so it's I think it is a good good thing to actually discuss and bring forwards about how you use empathy and how you can actually bring. Because what you doing? I think I am conscious of not being overly sympathetic and being drawn into that patient’s kind of distress. Having that level of objectivity for using those empathetic skills to show that you have an understanding and concern for the situation that they're in, but you're maintaining that decision-making and understanding role. So I think, that it is useful to overall to look at what empathy is and. How? Yeah, just just what empathy is and and maybe being more conscious of it rather than just being something that naturally happens, Uhm. And. I think I read the wrong question that really stood out is the use of just asking the patient ‘How does this affect you?’ Uh, I think I would usually be driven more by a decision-making questions, you kno. ‘Is it painful when you see it or painful when you walk?’ or trying to be more potentially a little bit more specific in terms of what information I want to gather. But actually I found that that open questions ‘So how does it affect you?’ You will get all that information anyway, right? And then sort of the diagnostic reasoning it's done whilst being empathetic and getting an understanding of where they're coming from, something that was really helpful.

References 3-4 - 5.27% Coverage

**So which of these sorts of ideas and thoughts are actually new to you, and how many do you think you were aware of already?**

 I think I was aware of quite a few, so I've done motivational interviewing courses before I've done some communication work with [name of person] at Southampton University. The opening part of the consultation and where you see it and those kind of thing. So starting the communication side of things. I was quite conscious of already. Empathy in itself? Maybe not as much in as much detail. Kinda knew what it was, but not really overly conscious of actually say, Well it's only not have to structure it now to be conscious of applying it to an appointment

**Right.**

An yeah. Um? I think the use of goals so using when you when you have asked that patient how it's affecting them is been using that to. To kind of set where was going forwards, I would have done before, but my thought process probably would have been more treatment driven more sort of..

**Right,**

if somebody felt that their leg was weak I would then give them some leg strenghtening exercises, so that would be my thought process. Wherease This is maybe think well actually weakness may be a problem that person is having. So strengthening will help their problem. Looking at different thought process,

**yes, slightly different perspective.**

 Thank you**.**

Reference 5 - 3.43% Coverage

 **So, uh. You know, obviously we developed all of this around face to face consultations. So now sort of relevant. Do you think some of the things that we said in the training is to telephone consultations?**

Probably more so than a face to face appointment because I think in a face to face appointment you have got all your nonverbal communication say yeah, or which you don't have over the phone, but I think I've seen it is probably more important, probably more helpful.

**could you see there was anything within that module that wouldn't be relevant or pertinent for the telephone consultations.**

Body language – probably doesn’t matter does it? Computer uses - sometimes after you stop and just wanna be typing away it saying, I'll say probably again, even more so because it's just quiet on the phone. You might just be thinking for minute doing something, uhm? OK, yeah.

Reference 6 - 2.27% Coverage

**How do you think that would fit within a face to face consultation while still wearing PPE?**

Yeah, too. I guess that's really interesting . I was with a patient when I was in full gear and I think I smiled or something. You know, I gave some physical communication - I think I smiled at somebody and they were just looking blankly at me. And then I realized actually with your face mask on they don't know what you're doing so yeah, again, you lose that verbal so that non verbal communication. So I think yeah again, your question in your languages. Is more important. Yes, Yeah.

Reference 1 - 1.38% Coverage

You know I can't remember the exact phrase now, but it was not not kind of give loads of empathy at at at the start, but do that use that kind of warm end or active listening discover the goals and then do the empathy. But patients don't like it if you. If you haven't already been listening and trying to get almost like a, fake, you didn’t use the word fake though

Reference 2 - 1.47% Coverage

**So this warming, this warming up element to?**

So I’ve not heard that terminology, I'm familiar with the with motivational interviewing, and interviewing styles and then all those type approach. Yeah, sort of an open-ended question of affirmation, reflection and summarize. But I hadn't heard of the the the warming, the warm end and and the the active. The attentive beginning and that.

References 3-4 - 3.45% Coverage

**so if I could just ask you to think about the first module, so it was the empathy module. So what did you like about that section?**

Yeah, OK, so I. I like the way it it. Again, it grows empathy down into. What it what it is I don't think I into the kind of the personalization, the validation and the warming up. And how it talked about the appropriate use of it rather than just using it. And how it broke it down into defining what empathy is in terms of frame, putting yourself in the patients position and acknowledge the feelings and concern. And then the number of verbal communications are good. Using body language to show empathy I always associate empathy in terms of trying not to show sympathy in terms of the language that I use but actually to use body language to show empathy. I had, that was something that I did take away in the way that my arm not folded or leaning forward type thing.

References 5-8 - 3.29% Coverage

**OK. So whether, what sort of parts of it that did you find less useful or less relevant, or you you liked least of that section?**

I. Just looking online. I think I suppose some of it was fairly straightforward, maybe pitched a little bit basic I I suppose a lot of it. I could say is this stuff is not not new to me and. And perhaps you could almost have a slightly more interactive approach that you could get the person to write and question in the personalization section. Either open ended or reflect empathy and and something like that. Or you could have a lots of questions. If it’s open ended, yes or no. Or is this? Does this show answer yes or no and you could have, you know I've almost been interactive bit because you give a lot of the answers you know with the questions. I suppose if you want me to be picky you could probably challenge me more.

References 9-11 - 2.58% Coverage

**OK, now that's interesting, so so bit more interaction and, uh. A bit more yes, challenging the.**

I think, I don't think it highlighted, you know how it can be slightly negative from a patient experience to other clinician to provide sympathy. I think, that’s something I see is that if you're sympathetic you sort of, or if we are firm in negative beliefs or catastrophisation with empathy as well that they sound the same and they are they are, you know ones are proactive tool and one isn't. and I don't think it really touched on sympathy. But you might have done. I might’ve missed that but I don't remember that. That kind of cleared different distinction between the two.

Reference 12 - 4.00% Coverage

**So what did you think about how relevant some of the things were to be used in telephone consultations?**

Yeah, OK so you. I mean the main barrier and certainly I see it as a clinician, is the non-verbal communication is really difficult because we actually can't do it on a telephone interview, so I can't read whether someone is, you know the same way that a patient would read my nonverbal communication. I can't leave that in terms of whether they're engaging with with what we're trying to say. And so I while I found lots of questions really helpful. It's a very difficult topic to do on the phone when you can't make that report with the patient and you can't react to what they're saying. So I I, you know, I write down a lot of the questions that was that was used in the training because I think a lot of it you can ask over the phone. You can ask how that's affecting someone. You can ask what's troubling them, you can ask what can you do now that you want to? I'd say more of its relevant than not, but it is hard to deliver over the phone.

Reference 13 - 3.15% Coverage

**Do you think we are missing anything with respect to what, in the training terms of how we might be able to help people be more empathic over the telephone.**

Yeah, good question. I think that's quite difficult because you're dealing with a range of clinicians that have a range of appointment slots with the GP there might have 7 minutes to an MO that has 15 minutes to a physio that has 45 minutes, so I think that's quite a wide range of to cope with any you could. I could feel that the training was delivered more towards that 15 minute consultation or 10 minute consultation then perhaps a 45 minute consultation in terms of depth of which you can explore. When it comes to sort of goal setting and that sort of thing? But that being said. You know, I, I still felt that I came away with stuff I could use on the phone.

Reference 14 - 3.08% Coverage

**So on the other things, so your face to face consultations that your minimal number that you do I I would imagine you are wearing PPE to conduct those at the moment. How do you think empathy comes over whilst you're wearing protective equipment?**

Uh, incredibly difficult. Yeah yeah. I mean, it's really difficult. Not only is it a distraction to the clinician in terms of comfort. But you can't read with it, it's about those like that's what it's going to be, an actual physical barrier so. When you're trying to make a connection and empathize, you’ve got a physical barrier to overcome? No two ways about it? Having said that, you can still use language, the craft is being able to use the language to to get someone to think about their condition in a different way. So it’s still achievable I think.

References 15-17 - 3.20% Coverage

**And you get a sense of, I know It's quite difficult on the telephone, but how patients are receiving that?**

I think actually what I know, maybe this is my bias, but I I feel they take probably take that on board more than me saying actually there's a lot of really good research out there that that that's very robust. You know that shows this works really well. I think actually changing the word research to study, I I, I think is a less threatening word study that shows that this is really good, that gives them the kind of confidence that this is the right approach, but then to to make it meaningful to the patient. I actually think when I say look I've got, I've had lots of people that got similar problems, similar presentation. They’ve responded really well. I think it actually probably gives them hope. It adds one meaningful step.

References 1-2 - 3.50% Coverage

**. So, we’re just thinking about the empathy module to start with. So, what did you like about this- that section?**

Well, I liked the- the principle I suppose of it. I suppose it was not something I particularly thought about. I mean, it’s not to say that I think my practice is generally not empathic at all; but because of the concept of using empathy as a tool and sort of bringing it more deliberately into the consultation and actually thinking about it I suppose, was something that I hadn't particularly done before. And so, I quite like the fact that that felt sort of novel and different and useful. I like the fact that you gave the, the evidence for what you were trying to teach and sort of, you know a little bit of background as to- that it had been shown to make some difference.

References 3-4 - 2.50% Coverage

**What do you think of the level of evidence that we, we presented in there?**

I thought it was probably about right because it was- you could sort of go into it or not. I would have thought most people would read through, because it's- you know it wasn't a lot to- to read through the sort of short sections of evidence you gave. But I think it gave it context and kind of made you feel like it was worth- something worth considering. And there were, you know, references if you wanted to go further into it weren’t there? So, I thought that was probably about right.

References 5-6 - 1.15% Coverage

I think if you just attached the paper say or linked it to the paper, I think it would be less accessible for people in terms of time. I guess people would then probably not go into the depth of reading the original research, so just summarising it was helpful.

Reference 7 - 3.23% Coverage

**Is that right? Good. And what sort of parts of it do you think you liked least or were- were less relevant?**

I don't know about less relevant, but I suppose some of it was a little bit more simplistic maybe. Or- I suppose the sort of- you know getting to know the patient, how to introduce yourself, getting the Information about what the problem was. Although I guess it's hard not to put that in because that's all part of it, but that felt a bit like- patronising isn't quite the right word, but I suppose simplistic. Like I said before, probably the best way of describing it. But that was just a small part of it, and then it moved onto sort of more specific tips and advice and suggestions,

**Yes.**

For the consultation so yeah.

Reference 8 - 4.36% Coverage

**So, some of these- these elements of, in the empathy module including things like listening and knowing the patients and, what, what- how relevant or how useful are some of these things in the current climate of remote consultations?**

Yeah, it’s interesting, isn't it? Because I think- I did think about it in that context as I was going through it really, so obviously where it's talking about body language. I mean, although doing some video consultations, it's very few- most of it is by phone. But it did make me think about verbal responses and the importance of just some encouraging noises as somebody was talking, to kind of show that you were actively listening. So, yeah. So, it's still- I suppose the body language bit maybe is less relevant, but the principles of it and why you're trying to do that- as in to build up a rapport, I think it's still very important. It's just maybe you have to think about different ways of being able to do that, with remote consultations. Yeah.

Reference 9 - 5.23% Coverage

**Is there anything- so yeah, that's interesting, that rapport building. Is there anything you think you do then to try and build that rapport without having the body language?**

Well, like I say I suppose kind of just verbal. Rather than sort of nodding and smiling, it's trying to convey that verbally, isn't it I suppose? It did make me think about my body language as I'm sitting listening, and I think that that still probably makes a difference to your tone of voice and how you respond to things. I'm kind of making sure that I am giving it my full attention, not being distracted by things on the computer screen or whatever, as I would if I was looking at somebody directly. And probably even still using hand gestures when talking and things, because I think that probably then comes across in some way verbally. Even though the patient can’t obviously see those. And then I suppose, maybe just being a bit more conscious of techniques like reflecting back what they said; checking you know- sort of chunking and checking and checking understanding. Those kinds of techniques that are more verbal become a bit more important when you haven't got the body language to convey that.

Reference 10 - 5.30% Coverage

**That’s really useful. Do- see when you only telephone with your with your patients, do you use the computer at that point or are you- so part of our training is also about knowing the patient and understanding a bit about them. I mean do you, do you do that before your telephone consultations or are you- or are sort of reading up about them If you’ve had the patient beforehand?**

I still very much read through before, probably in the same way as I would, if not more than when somebody's coming in. So, sort of read- read back to make sure I know what they might be phoning about and what’s been going on recently and looking at any recent results and that kind of thing. And then, I can't type and talk and listen, so I don't. I don't tend to type while I’m talking, and I may go back through and look at something if they're talking or if they ask something where I need to refer back to their notes. And I’ll occasionally type something like if it's a date, or you know something that’s a factual piece of information I just need to jot down on the notes and then I can come back and write it out later. But I very much still talk to them and hang up and then right up the consultation afterwards.

Reference 11 - 0.46% Coverage

**Do you?**

Which definitely makes me slower. But I, I just find I can't- I can't do both at the same time.

Reference 12 - 8.35% Coverage

**So just one- the other thing, just that empathy. Obviously if you're having face to face consultations, you're wearing PPE at the moment. And is there- what sort of elements of empathy do you find difficult during that, during that period? Or what in that interaction what- what do you think- how do you think the patient is affected?**

Yeah, it definitely makes it harder, I mean not being able to see your facial expression, you know you lose a lot. And I, I've definitely noticed it with older patients in terms of them not being able to hear so well.

**Right.**

So, I went on a visit the other day to somebody and I ended up- I just had to take the mask down, because they just actually couldn’t hear me, I just thought this is pointless.

**Oh no.**

And you know we're standing at a distance in her house, but I just thought- yeah there are times when actually it is very difficult having a mask over your face. The rest of the- gloves on anything doesn't make too much difference really. But I think the mask has a big effect and not being able to- just not being able to read people's expressions as easily I suppose.

**Yes. Have your patient got masks on aswell?**

Yeah so I was just going to say, Yes. So, they are now starting to come in, in masks and- and it is harder to, well- I guess it's harder to get that initial rapport and connection. In particular if it's someone you don't know. Because it’s harder to judge how their interpreting what you're saying or how they're feeling about what they're telling you.

**Yes.**

If you can't see their facial expression fully.

**Yeah, we read a lot into people’s faces, don't we?**

And I suppose when we see people at the moment, we have talked to them on the phone first. So, I suppose that makes a bit of difference, then if it was somebody coming in, telling you the full story from the start wearing a mask. But yeah, it still is a barrier.

References 1-2 - 4.53% Coverage

**So if we can just so you could see was split into a number of modules, so um, and you mentioned the empathy module itself, so you can just sort of have a think about that, um, so with your GP trainer as well. So you come across some of these things before.** **What what part of it was, if anything was knew to you?**

Uhm, I think probably different ways of getting to the nitty gritty about empathy and about how you is the language you use in the early part of the consultation to really engage the patient. So the video with the chap I think he's got back pain or he’s got knee pain. Quite a large chap and you know there's. Instant recognition about how. How it's affecting his life and about what outcomes he would like any treatments to offer. So I think he mentioned about going up and down stairs and I think that's that's that's good because it sets reasonable goals. You are exploring what the patient wants you are incorporating that into your hand over your shared management plan and you're not over promising. and I think that sometimes where we fall down we overpromised treatments. But it's. On the flip side, is also being optimistic, so I thought in the empty module it was good to get that out and and that's easily. That's something a change. You can make quite easily I think in your consultation style. And one thing we've always done, and it on this really sort of reaffirmed it is to get the psychosocial out early.

Reference 3 - 5.17% Coverage

**So part of that module was uhm, towards the end it was looking at about how you use different expressions of empathy. Through the consultation with this idea of. More listening and validating at the beginning** **and and warming up towards the end. I mean, had that? How did you come across that before? Did that? Did that come across in that in the training that you did?**

Um, that was new to me, or some of it was new to me and I've got the module in front of me and I thought What was what was useful was the summary. So there was a sort of, uhm? It was just a summary of box. I can't find it now. Which I thought was was new to me. Here we go, checking you understand them. I mean, I do confirm understanding anyway, but I think for me what is new is summarizing what they want to achieve. We use summarization anyways. Away of you summarize, then cross the bridge into the management plan. And Uhm. The other thing I thought was very good and this is sometimes and I struggle with it, but sometimes my trainees double is the is the simple language that sort of confirmation of understanding? So traditionally when it we've always done the exam response so so just I'm. I'm happy in my own mind. Can you repeat that? What it what you understood about stays consultation? I thought actually your way of confirming understanding. Going through the drug those things of the paracetamol, the ibuprofen and being absolutely explicit with the patient so that they are not, you know they are getting the the correct information and I thought that's actually a lot more practical way as opposed to sort of the long windowed exam technique way.

Reference 4 - 5.48% Coverage

**So some of these things, of course, since we've put all this together, we've now got these more remote consultations. So how relevant do you feel that the module was, uhm, and things that you're being trained to do to use in telephone consultations?**

I I think it's more relevant actually. Uh, and I'd say I've been doing a lot of remote consulting and and so I have made some changes in the way I'm doing it and I'm finding myself being more enthusiastic about what I'm offering. And I also think with e-consults as well. You're also getting some of the, UM, the data gathering as well is helping, but I think probably with telephone consults before I've been sort of practice a bit briefer, whereas now I'm finding that I'm exploring more about the psychosocial I'm, you know, I'm more happy, sort of. Talking about, yeah, be about being empathetic. There was one thing I have changed and I think it was. It was not talking about your own thing and I used to do that so there was. I can’t remember what it was now, uhm? There's something about, uhm? So sometimes I talk about my own experience and, um, so it's not the personalization it was. Yeah, avoid getting drawn into social chat, so I'm not doing that anymore, and that's quite an easy thing to do on the phone, 'cause sometimes you can get a bit chatty 'cause you know you haven't got the nonverbal nonverbal. So actually I'm using some of the techniques like how's that been you for home? I've introduced things like you know with kids you know comes up must be difficult with home schooling and just leaving it and just getting the patients talk. So actually I think it's been a really positive thing. Right and and and I've used it, uh, so it's not just me saying that?

Reference 5 - 2.77% Coverage

**OK, no, that's that's good. So in the telephone consultations, of course you don't. You have no none of the nonverbal communication so. Have you changed in any other ways that you might any other ways that you might verbally? Communicate or why you may communicate empathy? Uhm. Over the telephone.**

Um? I think. I don't know really I I think apart from what I've already spoken about, uhm? Probably not, but I am using empathy more. Uh, and um. So, so I'm making a conscious effort. And it's not just with depression, but with with other chronic conditions. So I have a couple of patients who you do have chronic pain, but they maybe have some mental health problems and just emphasizing emphasizing the that must be tough. How is it affecting your home life, you know? And just just being being aware that the effect of my language has on the dynamics of the consultation.

References 1-2 - 4.09% Coverage

**So as you rightly said, it’s split into a number of modules, number of sections, so if you can just think about the empathy section to start with. So what in particular did you like about that section?**

I liked the section in relation to the body language and also the affirmation section as well. I think these are things that no matter how long you’ve been a clinician for, they’re always good to go back over and just take that time to reflect on the way in which to do things, the way in which your patients might perceive you and sometimes you can be, you could be saying one thing but your body language might be saying another, so ofcourse you need to make sure that the the two marry up. Goal setting, I’ve done quite a bit around goal setting before. But again, I think it's just useful just to make sure that when we set goals with our patients, they are collaborative, and we’re not necessarily leading the patient on a goal that we think is best for them, and making sure that they are part of that, that process as well. To get that buy in, in terms of them doing what we would like them to do for their, for their well being.

Reference 3 - 1.24% Coverage

**OK. And what sort of parts of it did you like less? Or did you dislike or find not not so interesting of the empathy section?**

 I think there was a little bit around computers and body language. And the only reason I would say that that was less useful is because of the setting that I’m in. We don't have computers in the consultations with us.

Reference 4 - 1.40% Coverage

So in terms of that, are we, we’re engaged with the patient. We wouldn't have that natural potential for sort of body language issues by turning to look at a computer and not making eye contact with the patient, because we just don't, we just don't have that in our setting, but if I worked in a different environment than that might become something that then might become more applicable.

Reference 5 - 3.90% Coverage

**So as far as, just thinking about the empathy module, in the current climate of remote consultations, sort of which parts of that empathy module do you think is most relevant and usable perhaps in telephone consultations?**

I think in telephone consultations the active listening side becomes even more important because the the flow of the conversation could be slightly different when it's on the telephone. Then maybe where is when your face to face might add on to points or interject a little bit more just to confirm things. You have to wait until you’ve got all of the information before you then go back into discussing things with the patient and potentially as well for, so when it's a new patient as well, just that initial kind of, sort of warming up and almost sort of a bit of a general chit chat at the start just to get them comfortable with being on the telephone, get used to the volume on the telephone, and things like that. So again, you don't have any issues with technology when you’re in the consultation 'cause that could be quite frustrating to a patient. Yeah.

References 6-7 - 2.19% Coverage

 **Are any of the things that we were talking about in that module, things you think it would be more difficult or or not relevant in a telephone consultation?**

I think the only one that would be less relevant if it was just a telephone consultation would potentially be body language because that is visual. However, having said that, I think sometimes our voice can also reflect our body language, so even if we're not seen by a patient, if we're not kind of moving in the way or sitting in a way that we would do in a in a face to face consultation, potentially some of that might come through in our voice.

Reference 8 - 0.99% Coverage

**That's interesting point, thank you. So do you, have you been doing any video consultations yourself?**

 I haven't done any yet, just because we're probably going to move to the face to face ones rather than video consultations for our role. And no I haven't done any of those.

Reference 9 - 8.07% Coverage

**What sort of things, you know, with with empathy, for example, what sort of challenges or things you might find difficult with PPE?**

 I think probably from from a visual point of you. It's gonna put a lot more, sort of impetus on our ability to read someone someone's face through seeing their eyes alone effectively, which is a very specific skill to have, so I think possibly that might take a little bit of getting used to. Again, with the physical barrier across the mouth and the nose- having to be a clearer with the voice, speaking a little bit slower, speaking a little bit louder. That might prove prove a little bit of a challenge as well. But I think other than that, because we’ll probably be quite functional with our assessment and working, probably at that sort of 2 meter distance, I don't think it's gonna limit too many other things for our specific type of assessment.

**Right, OK. And in communication terms, then, so the masks obviously have a have an effect there on on you reading the patient. What about your, the way that you communicate what the patient understands from you?**

 Naturally in in terms of what we do with our assessments, we have quite a strong functional element to them, so we will quite often demonstrate or move. Or we may our patients to demonstrate or move to explain. For example, if they're trying to describe a particular positional movement that they may be feeling umcomfortable. That might help help with our with our understanding and obviously not being able to see the the mouth region, it will be difficult is how if someone is grimacing, if something is really, really uncomfortable. So I think we're gonna have to be quite clear with highlighting to the patient. Obviously we do get a lot of our information from facial expressions and we won't be able to see those. We might maybe ask a few more questions about the feelings in the sensations that they've got just to make sure that we are interpreting their movements from their actions and any information they give us correctly. There will probably be a lot more in terms of confirming with the patient that we we understand what it is, but they are they are telling us potentially more than actually if we didn't have that barrier of PPE.

References 1-3 - 7.70% Coverage

So I think empathy is really important within primary care and it is important throughout medicine but is particularly where we are and more based at the very first presentation and trying to figure out what's happening within the person's life and context to make that, gives the meaning and relevance in what they're doing and also empower them in terms of treatments, so that, yeah, so it was useful in terms of just re framing that sort of thinking how how we do that. Well, and I think one of the things I was thinking it about, so I guess classify myself as a relatively early career general practitioner and the medical school I went to put quite a strong emphasis on communication skills, so we did have quite a lot of training on that. So a number of the things I had some awareness of through medical school or actually and so preparation for the skills based exams in general practice training as well. Completely unknown in terms of trying to identify the patients concerns and their impact on their life and things like this. But I think it was a helpful reminder after having worked for a couple of years in general practice to go back to I guess that structure and there's always the concern that, as is said, sort of empathy get squeezed out. The pressures of time, and you think well, it takes more time to listen to the patient fully to know exactly what's happening, rather than they've got this presentation. The guidelines would say these are the three managements and identify what the presentation is it to the three management options, so that was helpful. I guess we'll go onto application in a minute. Everything by telephone or video at the moment, so that threw it off as a glass vector. Empathy out the window to some degree and that's you can see the consequences of that in consultations as well. Try and find out what's happening, but when you can't read the body language in the same way, it's hard whether that’s landing well or not. So that's that was a bit of a challenge from from thinking through those things.

References 4-5 - 2.78% Coverage

So I apologize that so in my my mind that the different modules are blurred a little bit into one, so not quite sure which of the discrete components of each of them. But I think so yeah, I would say probably 3/4 of it were things that I was familiar with, but it was helpful to be reminded of their use in practice and then a few bits were when you are I think particularly. Check that was most of empathy, but yeah, just reminded the importance of finding out how it practically impacts on a person's day-to-day life to be able at real context and to be asking explicitly for that. I think I was the thing that was refreshing to think is that if it's done well, actually it doesn't take any more time. Something that is helpful to be told.

Reference 6 - 3.28% Coverage

**So with the so just with the general training, was there anything that you felt so in in the whole training that wasn't relevant or or wasn't appropriate, so you thought with incorrect for example.**

No, I think it was all or correct or relevant, but some I think was maybe specifically relevant to an osteoarthritis context. Less to some of the complexities that we sometimes see within general practice. Thinking in terms of maybe the more diagnosis props, the less well defined or less clear treatment pathway, heads of options or or maybe chronic issues that, something which is going to be ongoing, and even if you haven't met the patients expectations, so I guess maybe requiring more a relational aspect, the management of that rather than use evidence based treatments that you've already tried and actually haven’t, provided you the benefit that you're hoping for.

References 7-8 - 1.38% Coverage

Yes, video broke things up. Yeah, that was helpful, good form of learning and yeah, good to see things applied in that context as well. I think one or two videos were for a bit long. Reflection of my short attention span. But yes, I think there's one that was getting on for 10 minutes in length, which I think was a bit much, but overall they were useful. Yes, yes.

Reference 9 - 11.83% Coverage

**So yes, we're talking about remote consultation, so if you were just sort of talking about empathy and you mentioned obviously not being able to get the visual feedback from patients and also your own your own body language, and the impact that has on your consultations. What about the other elements of the things that we talk about? About listening, attentive listening, and validating patients concerns? And how does that? How can you apply that? How important is that on telephone consultation?**

So it is interesting that on the one hand maybe some of the things with the less relevant because of the telephone consultation actually. On the other hand of certain aspects were maybe more relevant so. Yeah, definitely, so as you're saying trying to to find out more about the direct implications for how it's affecting the patient to be able to get that understanding and trying to build some sort of relational empathy with the patient was realizing it's increasingly important. And also, I think some of the other techniques as well. That's why you are relying on less information to try and get the same outcome, and that increase the importance of other things as well. That when you're presenting management options and to be able to show that you're, you care about the patients and that you are addressing their concerns. You're giving the treatment options that do have a strong evidence space that have been useful in other people that you're trying reassurance through just a voice without the body language to be able to support it, so having the tools to be able to do that and try and show that you are caring and that you are meeting their needs by giving them good quality evidence based treatments that have worked for other people. Then I think it was had extra benefit in that regard, particularly in difficult consultations where, when I think back is the times that I've used the skills, though, I've learned from the the consultation that has been those from the module. Sorry it has been those most of fractious consultations. My patients have come in their unsatisfied, or they have been suffering for a period of time or just their maybe their character means that they're slightly harder to negotiate whether they're coming with quite strong agenda into the consultation, those skills have been particularly useful in that context. The most agreeable outcome that they feel is is helpful for them, so I guess you don't have the body language to be able to diffuse those situations. It's just a voice of trying to get what they want from the end of the phone. And is this person or not, rather than it being a person that they're dealing with, it's just. Yes, this doctor at a distance whoever they are. Then yeah, I think particularly well as I'm the practice. I've been there for about 3 months now, so I don't know a lot of the patients and their family history and their backgrounds. And with the the corona virus pandemic I have actually have not been able to meet them face to face to be able to develop that relationship. So I feel that I'm one step removed which is added challenge. With the help in that context.

Reference 10 - 4.60% Coverage

**Yes, I can understand that. Just about body language. It's just so a couple of other people I’ve interviewed have just commented on on the telephone. When you're having a telephone consultation that your body language, potentially you are still using. Yeah, see somebody, uhm. Whether you think actually body language while you on the telephone actually reflects your tone of voice or reflects what what you're saying do, do you have any sense that. By sitting in a certain way when you're talking to a patient on the telephone whether that there's any change in how you're communicating, depending on how you're sitting?**

Yeah, possibly I guess. I have the phone squashed between my head on my shoulder anyway, so maybe position, and to free up my hands to be able to to use the computer if needed. So I think that's part of it I I think yeah, as I was saying, it's. The more challenging consultations where it's particularly useful and. Yeah, I don't know whether I perhaps have been doing that less or not, 'cause I've been thinking more about how to try and focus in on the phone and deal with whatever's coming from there. In that feedback myself to be able to judge how to respond. Yeah, I'm not quite sure with that.

References 1-2 - 2.82% Coverage

I think, I mean I I'm not a particularly young XXXXX it's a while since I’ve done my XXXXX training but, I I think communication skills were very much part of my training and assessment and yeah I think it's always good to be reminded of those. I don't think there's anything particularly new in there. And, but it's not a problem to be reminded, and I think it was brief enough not to become, you know, too much of a, ??? (0:04:46) sort of exercise. So so yeah it it was fine, it was a good reminder of what good communication skills are and how they can benefit patients as well as you know our own satisfaction that we get from being consultation with patients.

Reference 3 - 7.05% Coverage

**So what's, what parts of it, or how, how relevant did you feel it was in light of your current consultations? Over the telephone I I presume and…**

 Yeah, yeah, I mean it, I think all this is really quite tricky because, you know we've been so used to, communication being face to face and our practice really didn't spend much time on telephone triage and telephone consultations so, the very rapid switch with no real, sort of directed training to communication, communicating with patients over the phone has been quite a challenge. I think there's been an awful lot of sort of complexity that's been added into consultations over the phone. There are very knew types of risk that we're not used to taking that we’re now having to sort of incorporate into our daily practice.

**Right, in what sort of way?**

Well everything is triage based and we’re very much limited to the amount of face to face contact we can have with patients, so whilst our employers CCG allows us to see patients face to face everything is a risk benefit, balance to assess as to whether it's it's it’s beneficial to the patient to see them face to face, and if that benefit outweighs the risk of them being exposed to Covid. Or us exposing ourselves to Covid. So within the practice because of the size of it and the number of rooms that we have that can be kept sort Covid clean, we've got to be very very succinct in the number of people that we have through at any one time so, I think we’re trying to deal with patients over the phone in a way that we never have done before. And that in itself takes quite a lot of concentration and sort of… it’s hard, it's stressful. So I think having small tips as to how empathy can be incorporated in everything else that's going on is a good thing. But I think it's having you know, it’s perhaps being out competed by all the other things are going on at the moment.

Reference 4 - 9.29% Coverage

Of course it's relevant, it has to be relevant, and we need to try and keep things as human and personal as as possible because I think speaking people over the phone particularly can be quite remote. I find video consultations easier to be honest, where you can actually see somebody and see how they're looking at you, and how they’re they are in the home environment. And it very much depends on the patient, I find that some people, who are particularly, you know isolated or have been you know on their own for a period of time now, really like speaking to you on the phone and they want a good chat. And and that that whole thing about being an attentive listener and not breaking into that first part of the consultation where they’re explaining to you their their problems and their their concerns perhaps can be quite tricky because you know if your face to face with someone, you can use nonverbal cues to sort, bring the consultation forward whereas on the phone that's more tricky so you know you don't have those sort of non-verbal interjections that you might sometimes need to view the consultation on. So you could have people chatting for for minutes and minutes which isn't feasible in the, you know time constraints of a busy surgery where you have lots of other people to see to. So so I think telephone consultations do have their own challenges when it comes to, you know attentive listening, use of non-verbal cues and you know in that sort of warm-up part of the consultation, it it can become very very lengthy if you don't inject somehow.

**Yes, yes. So do you think just in anything about the training that we're suggesting in in in empathy that we need to change or modify sort of for telephone consultations?**

I suppose it's just attending to those, the lack of ability to use nonverbal cues. To show that you know 'cause If you look at somebody then you can show that you're listening to them, you can use eye contact, you can use body language, you can reflect their body language, you can do all these different things, but you can't do that on the telephone. And and sometimes you feel like you have to be a little bit rude and say, okay let's just bring it back to the beginning and I hear that you're talking about your chest pain and you’re concerned about anxiety and you've been waking up with knee pain and because people you know, just like I'm doing now, talk quite profusely sometimes about their their the things that they've been worried about.

Reference 5 - 7.16% Coverage

**Yeah, okay. So empathy obviously we’re thinking about in terms of for your face to face consultations, you're wearing personal protective equipment that what sort of challenges do you think of empathy as we've been describing it is in those type of consultations at the moment?**

Wearing PPE?

**Yes.**

So so, when we have been seeing patients face to face of course we’ve been wearing PPE. The greatest challenge is actually with the sort of older frailer people who don't hear very well so, it's tricky speaking to them on the phone if they can't hear you very well. And then the patients that we have brought in, we found that using sort of visors and masks has also been really hard to, use through in communication because they often use sort of lip reading and that kind of thing to, to find what you’re saying. So if you put that barrier in front of your face, then that makes any verbal communication difficult again so, that's been quite tricky. And it's just depersonalizing isn't it, you just become a set of eyes to people. So, wearing PPE, again is tricky. We've been trying to keep clinical contact, face to face to a minimum, so the idea is that we've collected most of the history when we've spoken to them on the phone so, the actual face to face contact is very much focused around the examination and that has to be quite quick but, we find that again with people who've been, you know isolated and haven't been out huge amounts, they they really appreciate the time to chat. And that’s been quite a challenge 'cause it’d be lovely to be able to spend time with people, but that time is it is potentially dangerous to them and to us and, it means that we can't see other people because that times been taken up and it's very precious. So so we've had to try and be quite focused in the reason that we've seen people face to face and the examination that we need to perform. So yeah again it’s not been…

References 1-2 - 4.50% Coverage

**So just thinking about, obviously they’re split into different modules there. So, the first module that you would have come across was the empathy module. So, what did you like- firstly like about that section?**

I suppose it was just thinking about how you could sort of make sure that patients knew that you were truly trying to be supportive. And I suppose in the way that you're able to kind of just think about, perhaps different bits of language to use and maybe thinking about the sort of ways in which we show empathy. Sometimes we think we're being really empathetic, but actually it might not always come across to the patient if they've not got- they don't feel they've got our full attention, for example, and things like that. So, I suppose it just- just reminds you, I suppose to be a bit mindful a bit about the things you do. So, you know, showing the patient that you are listening to them and making sure that their- your body language tries to mirror theirs as much as possible. And thinking about you know- If you’re going to look at the computer, tell them ‘I just need to look at the computer because I need to just check this’. So, you’re kind of signposting to them that you're not- you’re not sort of just disregarding what they're saying or thinking. You're trying to kind of get more of a complete picture.

References 3-4 - 5.30% Coverage

**So, was anything in that section that you read- was anything new to you, or novel?**

I think sort of the kind of the thinking about the situations where it was difficult but beneficial, was quite nice. Because I think there's sometimes there's sort of, you only get the patient that comes in, the patient ???(03:05) already, already may be upset about something or distressed or angry. Or they've got very, very firm expectations of what they think is going to come out of it, and you have to kind of navigate that amongst sort of what you feel is appropriate and what the patient wants.

**Uh-huh.**

I suppose thinking about actually, if you can try and make sure that you are empathetic as possible in those difficult consultations, actually, they'll probably go better, and they’ll probably be smoother. Which I think is, I think there's sometimes a tendency when patients come in, and are sort of maybe- not aggressive, but maybe sort of that, you know, they've got an agenda, and that's what they kind of want to achieve out of the consultation. Sometimes it can be quite difficult, kind of talking them down from that and trying to make them see that actually, what they're wanting, maybe there's a better option. Or maybe we could talk about the options, rather than rigidly sticking to one ideal.

**Uh-huh.**

And I suppose thinking throughout we can be a bit more empathetic. Hopefully we can use that as a tool to try and sort of win patients around a bit and make them feel like they're being included in the decisions, rather than it becoming the doctor said it.

Reference 5 - 2.97% Coverage

**Okay, that's interesting. So, thinking of that section, what parts of it did you like least, or didn't** **resonate so well with you?**

I suppose the kind of, the sort of getting to know the person bit, because I think that's probably something that I kind of always do. So, I suppose that seems like a sort of, kind of- maybe that's something that perhaps, maybe I was taught in medical school. About how, leading with open questions and then sort of delving down into more closed questions- the things like the first page talked about like, how can I help you? Or, what's troubling you? What's your problem? Or something like that. And then there is some of that, well I suppose I felt was maybe a bit basic, but it's- it's a recap isn’t it? So, it’s not wasted learning, but it's kind of- it was kind of recapping things I suppose are fairly, I feel are fairly ingrained in me now.

Reference 6 - 3.54% Coverage

**Okay. So, obviously the current situation, consultations have changed slightly to remote consultations. Do you, are you using telephone mostly at your practice, or video consultation?**

So, it’s a bit of a mixture. We’re sort of doing, kind of operating from a sort of telephone first model, and then we convert to video, if we feel that necessary. Obviously, there’s drawbacks to that if the patient can't access the technology and that- I found that a few times, particularly with older patients. I've got- I've got a fairly older patient demographic in my practice there's been a fair few patients where actually a video would have been brilliant, but they just didn't have the tech to do that in their own homes.

**Right.**

Or they didn't know how to use the tech, which obviously poses challenges. So, perhaps those patients, I've been having to see face to face in a cold clinic or in- we have a gazebo outside our practice, but we see people in their car.

**Oh, do you?**

If it's something non-intimate and we just need to examine them quickly.

Reference 7 - 6.98% Coverage

**So, just thinking about empathy. So firstly, over the telephone- so some of the things that we were talking about in the training; how, how relevant is some of that- do you feel for telephone consultations?**

I suppose it's probably- you've got to be really aware of the words that you use, because I suppose we're so used to being- thinking about our body language, and our demeanour and our tone and our- and our language. Whereas I suppose over the telephone, all the patient gets is your tone and your language- that you know- for all they know, you could be sitting slacks down in your chair, or you could be bulk up dry. Or you could actually be doing something else, you know you could be distracted while you're on the phone with them. And I think I found telephones quite- I found them quite tiring actually, and I've been surprised how tiring I’ve found them.

**Right**.

So, I feel then perhaps face to face, because I think- I think you miss like, there's little sort of nuances of human communication, that you would just pick up without thinking. So, you would get some- an idea of someone’s demeanour when they walk through the door if you were seeing them face to face. Whereas I feel like on the phone, particularly if you've not met somebody before- I sort of try and say to people ‘I'm sorry we're meeting over the phone’, and then I try and kind of break the ice a little bit with them; so they know that we find this a bit strange, just as they probably find it a little bit strange.

**Yes.**

But I do think it's- I think it's useful and it's going to be a way of changing our practice moving forward. I certainly think, we’ll do a bit more with telephone in the future and who knows what normal will look like in a few months time.

**Yes.**

But yes, I do find it- actually find it quite tiring and I get to the end of the day, and I think gosh I have not done that much, but I feel really quite tired today. And I feel like I have to concentrate more when I'm on the telephone perhaps then when I've got someone face to face. It feels like it's harder

Reference 8 - 5.00% Coverage

**Yes. So, talking about picking up on patient cues over-over the phone. What- how do you feel that you come across to the patient, obviously, they can't see you then as well, is that…?**

So, I use quite a lot of echoing. So, I tend to repeat back sometimes when people are speaking, I say Okay, so you said ‘dududu’ and say, so that they know that I've heard the words they’ve used.

**Okay.**

Things like that, or I'll just say, ‘can I just stop here just a second? Can I just take you back to when you said this? Because actually, I think that's really important and we didn't really unpick it’, or I'll make a note to myself to go back to ask them about that. Whereas, when they were face to face, I find that I wouldn't be needing to make notes or so, so- so- as much, or I would feel like it would flow better. I do think it's harder though, and I do worry that I perhaps don't want to come across as robotic on the other side of the phone, you want to come across as a person, not just a professional.

**Yes.**

And I suppose I, I do find myself sometimes chatting with people a bit more than I would do face to face. Which is not something- yeah, so I find, I end up asking them about their day a little bit more. Or I end up asking about how they're managing at the moment and it takes more time sometimes that way. But I feel like I get a bit more of a connection from them and I suppose they feel like I'm interested in them as a person, not just a set of symptoms or problems.

References 9-10 - 7.58% Coverage

**Yes, yes. So, when you do a video consultation, what are you- what are your views about using body language then, over when you can see each other?**

So, it is interesting because it's- It's almost a bit like a home visit, you get an insight into somebody's home life when you’re doing a video consultation. You know you either see their living room or you see their bedroom, you know wherever it is they’ve chosen to take the phone call. And sometimes you know, I've had patients only in relative different states of undress, or some of them very smart and some of them have been less so and things like that. And it is a different dynamic I suppose to face to face. But- and I found myself, which is really silly and a lot of people have said this on Twitter- I've found myself waving goodbye to people and I think, I never wave goodbye in a normal consultation. But I sort of feel like ‘hello!’ and I wave, and I think oh goodness me do they think I'm stupid? But patients usually wave back, so it's usually gone down okay.

**Right.**

So, I suppose it's just- I think it’s, it's just novel in a way and I- I don't think the novelty has quite worn off for me yet. But using video I do quite like them in some way, but I do think it’s also- the communication is difficult when you transfer, for example, asking somebody- getting them to show you the range of motion in a joint or something like that. I was trying to get someone the other day to show me how to- so I could try and see what their rotation was like in their hip and bless them, between us we just couldn't – I couldn't figure out the way to describe it to her. She just couldn't get her head around it and I thought gosh if she was in front of me, I would've done that in seconds. Because she's on- on like you know, only like a mile down the road, but because she's on a video, the language I'm using- it is clearly just not working. And that made me think, gosh actually a lot of what we do face to face, is not verbal. A lot of it is non-verbal cues and nonverbal communication

**Yes.**

And I think I've picked- I've felt, I've felt a lot like I do miss that non-verbal stuff, because I think it just gives you so much information that you don't have- really even have to work for.

Reference 11 - 3.96% Coverage

**Yes, okay. So, is there anything do you think, in our training that, just thinking about empathy that you think we could add or enhance sort of for telephone or video consultations?**

I mean I, I like the sort of the optimism bit, because I thought it kind of struck a chord. I've got a lot of patients recently that are quite- that are struggling, that perhaps normally wouldn't struggle with mood or feeling anxious. And I quite like the kind of being very specific, being positive and staying positive. And I suppose that sort of during COVID that perhaps, maybe that could be emphasised a little bit more. Because actually I think some of the things that were said in there, about how to phrase things or saying- not saying, ‘well, this doesn't work for everybody, but you can try it’ and saying something along the lines of, ‘well, actually lots of people find this is really successful, and I think it might work for you’. It's just something- it's just a really simple way of rephrasing things, but it's quite helpful to have that in mind because you think you know, don't be negative, go down a positive route and actually what impact will that have on the person.

Reference 12 - 3.75% Coverage

On the phone, there's a lot of kind of ‘hmm’, ‘okay’, ‘yes’, and a lot of positive sort of encouraging noises that you can make. But I sometimes feel a bit like a parrot going ‘okay, yeah’, ‘go on’, ‘carry on’. And you sometimes think, do they think I'm being in some way strange in some way? You think what does the patient think of how often I'm kind of nodding along as well. Because I forget, they can't see me nodding along, I’ve not given a verbal cue that I'm listening and I found that a little bit- I suppose in some ways felt forced to kind of verbalize that I was listening. Because I'm so used just letting people talk. I still operate the kind of golden minute at the beginning and try and get people to sort of tell me what's going on and try and interrupt as little as possible, unless I think ‘oh there's loads of stuff going on here’, and I need to be a bit more targeted in how we approach this one, which doesn't happen usually often, luckily. But I think over the phone, it is more challenging to kind of impart these things. So, I have been having to think about it a bit more consciously.

# Code: 3. Optimism

## Excerpts about optimism: optimism in face to face consultations, optimism in telephone consultations, optimism in PPE, views on the optimism module (helpful and less helpful aspects, challenges, novelty, relevance).

References 1-2 - 5.45% Coverage

 **so thinking about the the optimism module. So you have, you mentioned that positive language. I mean what, what generally do you like about that, that section, what was useful and relevant?**

I think it is about, it's not about just giving both … optimism but patience. I said one of my research projects I’m doing at the moment is looking at how we explain osteoarthritis, and which is probably why said some of the stuff I think I I probably knew. But there is, what patients were saying in that in my study is that, that they want to be given a sense of hope and they, they need a sense of hope and they want every explanation to give a sense of hope, but equally don't want it to be false hope. So I think the way that the module laid that information out was appropriate, 'cause it didn't say just you know, be positive all the time. It was, you you still, even with the safety netting have to be framing it such that if things don't work out as desired, you still need to act so it, so your not sort of saying alright so this will definitely help, even though you know it might not. But it's sort of reframing those discussions to still provide hope that it might work, and so tailoring it to if it's not as good as you expected, I thought was quite helpful. So you know, it's about meeting some of the expectations rather than absolute it’s worked or it’s not worked. If, if that makes sense. So I just saw it in terms of the way it framed realistic optimism was useful.

Reference 3 - 3.73% Coverage

**Yes. OK, that’s some, that's useful. Do you think, how do you think some of that, those types of behaviours and and statements? How relevant is that sort of in telephone and video consultations? Is there anything else we need to think about or change or add to it?**

No, again I think I think that same information applies however you’re delivering it really. Can’t … no I, no I don't think it it is. It’s err think for the point in time you've got to the point of delivering information, however you've got to that point, it doesn't really matter. You should have made sure you've got the information you needed, if, if that makes sense. So like if I, if I think I’ve got enough information to make a diagnosis or to give a natural history or to discuss the management plan, I, it doesn't really matter how I how I got to that point. I think then the delivery of your information and whether that’s optimistic or not, is the, is the same however you're doing it. So no I'm not, I'm not sure it needs adapting.

Reference 4 - 3.90% Coverage

**Okay, but what about being optimistic or positive whilst wearing PPE?**

I think I, yeah, I think any any form of communication is difficult in that situation you I, you I mean, I think it’s something about the PPE. There's also something about positioning, so you’re often in more traditional face to face consultations, we've been closer so you can reach out and just touch someones arm if you want to or … sort of even just sit and give someone space. Whereas they say it's just much more transactional now in the face to face, people want to be in and out as quickly as possible, and that's both the patient and the clinician, and minimize patient contact. So I think, I just think the whole consultation feels very different. So I, I think in terms of the words you use it’s no different but in terms of body language and how you choose to set it out to give optimistic messages is hampered. But I think you can still use phrases that are suggested and the approaches that are suggested ??? (0:18:05). It's just going to be the nonverbal stuff, isn't it?

References 1-2 - 4.47% Coverage

**And what about, uhm? So what do you think about the optimism module? Was that something that was novel or?**

Novel and it was made to be very achievable, that's it is achievable, and probably something we don't. We don't, we don't do normally, so I remember thinking a few. Up to date facts and figures, not too many. This is what? You couldn't, and making it setting that very plainly, which is probably what we do normally. But adding using the optimism in that this is I've looked at this and I think this. It is very possible for you, so I really liked a, yes I like that and I think that's probably it. Been eroded away here because we often see the people who don't manage, and so whether or not one becomes a bit. Automatically goes to the worst outcome, I don't know, but that's what I remember. I was thinking that I was going through. I'm no longer. Yeah, I go straight for the worst outcome probably. So, I liked that. That was like a re-grounding and it made me think that there will be set conditions. I should just work out a set optimistic. Pathway for a lots of things, for example ??? (00:31:30). This is a really good one over thinking. You know, if you're not optimistic about it, you know people do bad. He would tell us anyway. And that's a really good one. You could be very optimistic, or you could be more optimistic. You should show some optimism about it, so that's what I came away from that thinking, right set conditions quickly do if you get myself a quick note about your hand out thing that simple brain so I can just put this set. Figures out and be more optimistic. That's what I came away with from that. Yeah, OK, yeah.

References 1-2 - 13.50% Coverage

**Um, so the next section was about optimism. Uhm, So what did you like and dislike about that Module?**

Um? A harder module I think than empathy

**Was it hum?**

 I think. I think I’m actually optimistic and I think I'm am naturally. I often get a lot of feedback from patients that you've been very reassuring and that you're giving me some optimism. So I think it's something that I naturally do. I guess the challenge is again being conscious of that and and if you need to, how you structure it . And I guess the difficult part in some persistent pain syndromes and I guess osteoarthritis there. It's getting across an acceptance and that patients may not have sensible expectations. So how you balance optimism and reassurance and positive management versus an acceptance and understanding of prognosis. I guess the - I think things. I think this is an example that positive safety netting. Just safety netting is all about something getting worse. Safety netting against that, so I'm not quite sure how you positively safety net. I think that was potentially difficult. Um and again, yeah, I think is how to be perhaps would what would be is how to be optimistic and when to be optimistic. Because sometimes actually. It might be helpful not to be optimistic.

**Did you feel that you had any guidance from that through the module?**

 Hum. I'm thinking so you know an. I think it was probably more around the positive. You know, using optimism. Positively not I don't remember much of a section about when it when it might not be appropriate to be optimistic. If there is a situation when you wouldn't want to be optimistic having. I guess sort of to give you a context, I'm wondering if somebody is as a moderately arthritic joints and their expectation is to walk it, because this is probably quite specific to our potential specific to our region, people have expectations to want to walk maybe 5 - 6 miles. And you're saying that you know you're not going to be able to achieve? Yeah, being active you said being optimistic that they're being active and keeping exercising but you know expectations are too far apart. And how you? Whether there's a place for optimism there?

**So that's a That's a. There's a gap there, so one of the I think uhm sections of optimism was like was in that sort of situation rather than. Walking six miles to encourage somebody to maybe try two or three miles for example.** **Or half a round of goals. Is that the sort of thing you might do?**

yeah. That kind of thing, yeah well versed in using pacing techniques and using that. I think it's being optimistic about the importance of active management and exercise. But I think there is there is sometimes a place to say actually this is (maybe I had a bad day at work yesterday or this morning!) There is, I think there is a place with certain people to say well, actually this this is where you are. So actually accepting the situation that you're in and living within that is better for them than saying that, actually what we working towards is to try and achieve the goal but not realistic. Yes, exactly not being optimistic could be helpful. So for example, if somebody then went forwards and say had a knee arthroscopy or joint injection with an expectation to get from 3 miles to 5 miles, it could be unhelpful.

**OK, so it's about a meeting their expectations and being realistic?**

I wonder if that might be the whole third section should be expectation management?

References 1-2 - 7.72% Coverage

**So we can now just start thinking about the optimism module. So that was the next module. Uhm, So what was your overall views of that section?**

Yeah, that I I really I really like that section too. I thought that's, that's something that the clinician, it's something we probably very good at being naturally, intuitively, but it's also something that drains from us over over a working week, so by Friday we kind of had that, kind of you know, drain on your mood all week so and it sometimes you can find the, when you're with a patient that is particularly negative, you know it hits you at the right time and you can see that spiralling yourself, with the way you're kind of going, well, maybe you're right, there is no hope to your knee pain or whatever it might be, so actually breaking it down to optimism being a specific. Seeing it if you like within your assessment actually was very easy to me, because I I push optimism, but now I suppose I've never really thought of it as a separate saying. It was sort of an umbrella term within motivational interviewing. Like actually my issue. I think about it as my optimism is my treatment, my treatment of the patient, then I can almost ring fence my own optimism as I'm dishing it out of its my goal. Like it like you would if you were giving someone a crutch or the painkiller or a plaster. You give, you know conceptually there, giving them optimism you know I found that module very good in terms of. using it as well, you talked about that like a placebo effect. But I also like the timing of it, so that would get you don't. You don't give a or it's probably better not to deliver optimism before you’ve understood the condition fully. and I thought that was a really, really good takeaway point with yeah, everyone's gonna see through that straight away if you just straight in their minute 1 being optimistic, it it won't wash. Whereas if you actually listen to the condition and then turn that into into optimism, I thought that was a really good takeaway point.

Reference 3 - 2.87% Coverage

**OK. And how relevant is that you think, how unusable Is that in telephone consultations?**

Yes, so I’ve actually, since since doing that training, I've used it, I would say in 80 to 90% of my patients, I've used the phrase now. I've seen other patients like you doing really well or or you know that what I like to tell your friend. The studies versus then taking it on to, but I’ve seen it in other patient sort of studies suggest XYZ. And actually I had a lot of patients who have found this really beneficial so I have used that in in, I would say almost every patient has spoken to since I've used that phrase under other patients like you doing very well, which I guess build into the expert patient kind of paradigm of of behavior change principles.

References 1-2 - 4.36% Coverage

**Okay, well that’s, you know that's helpful. Yeah, so the optimism module. So that's the- what did you generally think about that section? And some other things that we were talking about there?**

Again, I thought it was, I thought, was really useful. So, I think- It's another sort of concept that I hadn't particularly thought about explicitly applying in consultations. But actually, reading that there is evidence for it and why you might do it and the difference it can make was- was interesting. And then you know the tips about how you might go through and do that. So particularly the parts that spoke about being specific and being realistic, I thought were kind of helpful, rather than just a broad statement about trying to be optimistic. So yeah, sort of tailoring it through the consultation was useful.

**Were there any elements that you- that you didn't like or where- you thought were less relevant?**

I can’t think of any really. Yeah, nothing that immediately comes to mind

References 1-2 - 3.97% Coverage

**Right? OK. So the next module was was the optimism. So what was what did you like about that section was potentially new for you.**

Um? As I say, I it was actually being optimistic and realizing. I mean I I quite enjoyed reading the papers as well, so I've I've. I've nicked about four or five of the papers that is referenced. Change my book ends for reading later on and for me it was just I didn't realize that it can have. You know, being just simply optimistic and the timing of when you do it could actually have an effect. So that was educational for me. I should have read the papers, but I haven't so that was important. Remaining positive. I interesting because I'm just looking now so I I did use phrases such as it might work. It's worth trying and I think you know those are the ones I shouldn't be easy and and so and so actually I'm using a comment or phrases such as this. You know I've tried this and other patients and it's been a very effective treatment and I'm using words such as very and I'm also doing it in my summary in my hand over at the end of the consultation. Before we arrange follow-up and, uh. So that's been probably the the main things up now, whether that's placebo or not I don't know, but again, the evidence is there.

Reference 3 - 2.81% Coverage

**Was there anything in the optimism module that that didn't resonate well with you, or you didn't think was appropriate? Or when you might find difficult to use?**

I was I was chatting to my my registrar about this actually so. I, I suppose it's the it's the conflict between evidence based medicine and being honest with your patients about a medication that actually lost it may work. The evidence is pretty fit on the ground and also tried to put a positive spin on things. So, uh, for example, uhm, statins you know, for primary prevention I mean it numbers needed to treat of 120, and you cannot probably harm more people need that he benefit, but I'm trying to put a positive spin on that. So there is a slight conflict. About realistic expectations and and and being positive, so that was the only that was probably the only thing I found it as a bit of a sort of internal conflict.

Reference 4 - 5.27% Coverage

**Is that something that you feel you can overcome that conflicts?**

 I think so. I think so. Well, if I'm offering the right treatments, yeah, I think I think I can overcome it because actually you can. You can turn this round when you're trying not to prescribe in chronic pain or you try to ascribe appropriately. and I think this will be particularly useful in getting people off opioids for chronic noncancer pain and things like osteoarthritis or rationalizing their use so. The classic patient. When I was doing this classic patient, I was thinking about would be someone who's having regular prescriptions with codeine or tramadol and actually trying to. I suppose sell the non pharmaceutical approach the CBT approach, the sort of of the exercises and the manual therapy and actually being optimistic about that and saying that this can be a really positive thing and you can really help get some benefit from this and actually saying well. You know with opioids, yes, they have a you, so they're very good when you are in acute pain but actually more effective if you're not using them all the time. So I think that's how I'm going to manage it. I think specific that specifically for osteoarthritis and chronic non cancer pain I think, and this is passwords less or maybe slightly more difficult is that the mental health problems that patients who are on and off antidepressants when I'm pretty convinced it's a placebo response? But do you deny the patient? The drug that works for them, but it doesn't cost very much, you know? So I think I yeah, so I think there's there's still some conflicts to be resolved, but I'm happy that I can move forward with it.

References 1-2 - 5.56% Coverage

 **So what did you think, what do you like about that module or that section?**

 I liked the, the sort of the focus on the positive safety netting. So particularly when you have more challenging patients. I guess it's always giving them an option for, there's always another source of help, you'll never be on your own. There will always be someone that's available to support you, whether it's ourselves or another clinician is always, there was always something there. I guess I thought that I would probably naturally, fairly optimistic. But then actually do I make sure that I always in part that on my patience, and particularly when they are a bit more challenging, or maybe sometimes I have a little bit of a stumbling block where I'm abit sort of, I don't draw those positive experiences from previous cases enough and reassure the patient that way potentially. And again, also, sometimes it was interestingly, there were few areas that looked at sort of staying positive and and being optimistic and linking them with that they will sometimes if it's a difficult patient at 4:00 o'clock on a Thursday afternoon, are we as optimistic as we would be on Monday morning at 9:00 o'clock when where we crash into the week, and I guess it's then, it's making sure that you, where we have that sort of barrier up so we don't take on board too many of our patients emotions, but equally we have a barrier going the other way so we don't let them know that we may be tired or flustered Or ready for the weekend. You know, those kinds of things. So, yeah.

Reference 3 - 2.67% Coverage

 **OK, So what does that, what sort of things did you dislike or do you like least about the the optimism what we were saying there?**

 I don't remember anything I disliked. I thought probably the sections on explaining the treatment and giving clear instruction I just felt what would be, I’d like to think would be things that clinicians would do as standard. So maybe that was kind of going over an element of, of the consultation that to me I believe should be almost second nature.

 **OK.**

That care pathway to the patient, and however again I I can see that potentially in some settings maybe, particularly with a a difficult or complex patient, maybe some of that path we just get lost. So not this useful for my reflection point of view.

Reference 4 - 3.70% Coverage

 I don't think so. I think in terms of the safety netting, the clear instruction, of anything that's been become more important because some of the process is for booking other appointments and referring on have changed slightly and will continue to change as the weeks progress. So I think making sure that thats made clear to the patient and that they understand the ways to to communicate and make contact. There’s been the odd patient who has thought that we were, we were shut because we weren't seeing patients on site, but actually the Department hasn't shut at all. We’ve just moved our our consultations online and onto remote video consultations.

**OK, so there was that that awareness of that.**

Yeah, I think that might be quite specific to my current patient population. As a lot of them have been sent home and they can't really work from home, so it's almost like they're on extended leave, or special leave, I think there maybe assumption is that everyone within within our environment was also in the same position.

References 1-2 - 8.65% Coverage

So I think that's probably the module that I took the most away from. Its about appraise treatments, and it's a term in GP education theory which is called gift wrapping in presenting a treatment option. So I think that was was helpful, and particularly when it's something which the patient may have considered or may even have tried aspects of. But it's not worked as they have not used it in a way that is appropriate or as would be recommended. So that's yeah, that was helpful and also in terms of. Yeah, I guess just building the case for why something is useful even if the patient doesn't feel that it's useful. Yeah, so I have found that helpful, particularly when. It's a challenge if the patient has quite strong expectations and they feel that the GP is the barrier to them reaching their expectations, be able to justify and to recognize that what's going on to be able to link it into the context, but at the same time to say why I appreciate this is what you're looking for, but actually the guidelines say this and other patients have benefited from this, and this is why we feel that this is useful. That's what I'd recommend, it kind of gives a little bit more weighting to that. I recognized this still the challenge there that actually there's maybe a reason why they have not thought of that as the first treatment option. So say for instance, in the example I think was using a topical anti-inflammatory gel for instance in a lot of patients. and I bought that I've tried that hasn't worked for me. And then you say, well, OK, well well the guidelines recommend that you use it regularly. Use it three times a day and actually it has shown to have evidence if used repeatedly in this certain way. And this is how it works. You know helps to give just a bit more waiting to it rather than, oh they tried it. Maybe it just doesn't work for them. So it's kind of explore. That's a little bit more. So yeah, I know that I think that that was helpful. As I say that in the difficult consultations I found myself using the, or more challenging consultations, I found myself using those techniques more. I think in other contexts where the patient says OK, Doctor, yes, doctor. Yeah. So yeah, that's supposed to benefit could still be there in terms of giving that stuff therapeutic hope.

References 1-3 - 9.60% Coverage

**Challenging. So if we could just talk about, so the next section was optimism. So just if you can think back, I know it was a while ago, so what did you generally like about that section and the types of things that were being talked about?**

Yeah I, maybe, maybe I'm a natural pessimists or maybe a risk averse practitioner, but I thought this was quite a challenge for me and I did enjoy being challenged about it. Because it was it’s something that I've tried to incorporate with like a positivity to their interventions that I sort of maybe recommend or share with patients. So showing the belief that something will actually work for them, and how it might work, has been quite refreshing actually.

**Has it?**

‘Cause I think, I think sometimes we can at the end of the consultation is that kind of safety netting thing which, can inherently be quite negative because it's telling people what, bad things might happen and what to do if they do happen. But being able to spin that more positively, I think has been helpful. Yeah some of the tips that included about how to do that were really, really good and quite novel to me.

**Okay, so is that something that you’ve you yourself have now sort of tried to implement in your consultation?**

Yeah, so just trying to reframe the way that, I say safety nets. So yeah, I think it's very likely that this w ill happen, but it's always a possibility, so if it does, then so I think just trying to reframe things, has been, you know, a more positive way.

Reference 4 - 3.78% Coverage

**Yes. So is there anything in that we talk about in the optimism section that you that you disliked, or or you didn't think it was relevant or appropriate?**

I I, I suppose sometimes perhaps we don't have… as much belief perhaps in their treatment options that we've got available, and particularly around pain management and you know, we've seen huge amounts of, well I’ve seen huge amounts of, muscle seated pain for various different reasons, and you know it's tempting to prescribe escalating doses of pain killers, but I I don't think that's helpful or appropriate, really. But we're kind of limited in the interventions that we can, the nonpharmacological interventions that we can provide. So being positive about things that you don't think are necessarily gonna help very much can be tricky. And sometimes it feels or could feel, as if you’re trying to spin something that you don't really believe in, so almost promoting a placebo effect and I'm not sure how how wise or ethical that that is in practice.

Reference 5 - 2.40% Coverage

**Okay. Yes, so that's a that's an interesting point. Is that something that you'd feel uncomfortable with doing? Promoting something that you were not convinced was gonna work?**

Yeah and I I wouldn't do it to be honest. Yeah, I think you can say well you know we've got options and we can try these things and see how you, you know respond to it. But yeah, I I think again we’re just quite limited aren't we at the moment into what we can do for people. And investigations and referral pathways are beginning to open up but, it's not been particularly easy to have as you know the kind of tool kit that you would ordinarily have, to help people.

References 1-2 - 2.74% Coverage

I think just the kind of, like I said- just mentioned before- just thinking about the specific language that you use. And saying- rather than phrasing it ‘well lots of people struggle with this and it might not work for you’, saying, ‘I think this could really work for you, and there's a strong chance’. Or ‘it’s an effective treatment’ and things like that.

**Uh-huh.**

And I suppose it made me think about actually, how often do I say to people ‘oh it doesn't work for everybody, but it's worth giving ago’. Maybe I thought in the past that's a good way of putting it, because I'm trying to be realistic, but thinking about it from an optimistic perspective, maybe actually if I say ‘Well, actually it does work really well for some people’ and air on that side and then revisit if it doesn't work for somebody.

Reference 3 - 6.36% Coverage

**Is there as far as- optimism is broken down into a few different-different elements as well, but was there anything within there that you didn't think was relevant or appropriate? Or didn't like so much?**

I'm just having a look at the module now to remind myself. I suppose with the research side of things, I sometimes have a tendency to perhaps over provide information for some patients and I kind of get on to ‘oh there’s a really interesting study that tells this’ and stuff like that. And I suppose that’s more of a personal downside to kind of being optimistic and getting a bit too excited about what the latest evidence shows. So, I like the way that the data sort of said you know scientists find it very helpful, or research seems to be very effective. And the bit about the kind of authority bit was the only bit that I kind of sort of- the GP- I always, I always try to air on the side of caution because I don't want to say- don't want patients to feel that we haven't got expertise because we do; but we are expert generalist, not expertise in joints or whatever it is specifically they’ve come in for.

**Yes.**

So, I always sort of- the things like, the phrases like the ‘national guidelines say this and I found it works.’ I thought that was quite a nice phrase to use because it's suggested that that’s what we’re kind of guided with.

**Yes.**

But equally the things like ‘specialist doctors recommend this’ and ‘I've seen patients do very well with it’. I suppose I feel like I can say that with something like osteoarthritis or joints because I've done- I did an orthopaedic job when I was a trainee, when I was an F1, and so I feel like I’ve kind of got the authority to say that. Whereas I think if I maybe not worked in an area, I'm not sure I would feel as confident kind of saying that- making that kind of statement, because I haven't seen it myself, I suppose.

# Code: 4. Osteoarthritis

## Excerpts about the osteoarthritis module

Reference 1 - 2.82% Coverage

**And so just moving onto the osteoarthritis module. So obviously, that's of, of, that's your, that's your research topic area as well, so. What did you generally think about that section of how that was set out and and the information that was provided.**

There was nothing in there that I thought was at odds with what, what I've been finding out. So, but, obviously most of it, well all of it wasn't really news to me. I’m probably not the best person to feed-feedback on that one because they, but I certainly felt that the way that it was laid out fitted with the principles of what I've been finding out with my research. Nothing was hard.

**Okay. Well that in itself is helpful.**

Yeah. Good, for otherwise I probably I'm not the best person to feedback on that.

Reference 1 - 2.01% Coverage

**Yeah. OK, that's useful, um, so the last module main module was osteoarthritis. So well obviously This is something, but as a physiotherapist you may be quite familiar with that. What did you generally think about that section?**

Uh, I thought it was pretty straightforward. I thought it covered all the key things that I I've learned over the years I thought it was pretty straightforward. It hit the hit the keynotes quite succinctly. Yeah, but I'd probably say I kind of went through that pretty quickly. Really,

**yeah, yeah. And we've developed this for all primary care practitioners, so including GPS and nurses.**

so I think actually it's about the right sort of. I think it's how I would deliver something about osteoarthritis to GPs, and nurses. So yeah, I think, yeah, I think so, yeah, I think language just bringing up language and talking about the language we use. I personally is something that I think's really important in musculoskeletal medicine generally, but to get the right language used at day one in primary care, I think it's hugely important.

**So we've a suggesting avoiding the terms wear and tear. I mean, is that something that you use?**

Massively, massively yeah, yeah, I think it's then giving people other words to use,. we have these debates in back pain talks on a Friday just about with nonspecific back pain. What do we call it and does it matter? because I think there's. On the one hand, you know somebody turns up or rings up for an appointment. They've got knee pain and you say, well, yeah, you've got knee pain. You haven't actually achieved very much! But then, if it how? If being very specific about you've got 30 millimeters joint space in the medial compartment. |Is that of any help? Trying to find language is helpful, isn’t it?

**Yes,**

um. Say I I sort of like I think age related changes helpful, um? And I I quite like talking about function more than structure. That’s my sort of Go-to. I think if People have got fairly normal looking X Rays and scans and are really symptomatic, I tried to look about what it's about the function of your knee or hip or spine, and because then that then leads onto an action.. it's about the function of your knee more than the structure. And then that leads really easily into then active management, you know lose weight.

**Do you actually use the term osteoarthritis or arthritis with patients?**

 I don't actually. They often bring it to me really, do they? Yeah, yeah, uhm. Hey, I think I think it's often a bit of a throwaway term in there. I've got arthritis. What does that actually and often people have mild arthritic changes on an X-ray and maybe a transient symptom because they've overdone things that goes away and they just get badged of having arthritis. Yeah, I think I think probably I, I don't know any research, but you probably do the word arthritis I think people then think they are on a downward spiral You know, it's only ever going to get worse. They're going to end up having a knee replacement. I think I read something about expectations and using the word arthritis.

Reference 1 - 2.66% Coverage

Yeah, absolutely I thought it's really good. It raised lots of stuff up to me teaching to my team about how you can diagnose OA without an X-ray. It does, it is reductionist. If I look at it from with with my biases of physio having 45 - 60 minutes for the new patient, it does take a reductionist approach in terms of like here’s a couple of exercises, you'll be fine. Things can be more complicated than that I would suggest. But in a 15 minute consult I thought it was a really good way to to to show the elements of empathy, positive language and then the kind of the warming up. So yeah, look, I think it was a really good way to start people down the Self Management management approach, yeah?

Reference 2 - 1.23% Coverage

**And all the information we provided in there for clinicians did that all, was that, did all that make sense? Was that all quite coherent?**

Yeah, as I said before I found it quite intuitive and very easy to click on the links and then you know to the articles. I didn't look at the jigsaw. But I I looked at the other bit.

Reference 1 - 4.36% Coverage

**Okay. So, the third module was the osteoarthritis module. So, what do you think about that section?**

Yeah, I thought it- It was sort of useful to have gone through the empathy and optimism ones and then look at applying it in for a specific condition. Having the background on the condition was, was helpful. The sort of mix of things to kind of get you in that mode of thinking about that specific condition. And I suppose it is- it does seem particularly applicable to OA because- because it being a long-term condition and because of it being not- I think, sometimes it can feel like you haven't got very much to offer. When people have- when people have symptoms of pain, functional difficulties from their osteoarthritis. And I think going through something structured like this helps you realize, actually you can be optimistic and positive and realistic and you have things that you can offer, that somebody can go away and hopefully feel a bit more positive about their condition.

Reference 2 - 1.46% Coverage

**Okay. Were there any sort of elements of this that you didn't like so much about the osteoarthritis module? Or you didn’t think was appropriate or?**

No, I don't, I don't have anything I didn't think sort of fitted in or was necessary, or- I thought it all held together quite well as a module-

**Okay,**

In terms of what was covered.

Reference 1 - 3.99% Coverage

**Good, so uhm, the next module covers osteoarthritis, so it's just a relatively brief module overview of osteoarthritis. So what did you think about that section and in general?**

 I liked the MCQs. I thought that was good and the positivity. I think there was some I wasn't. I didn't realize this sort of, XXXXX actually you know it made me feel quite positive about manual therapy. I like also the, uh, some of the language being used. Uhm, so again, it's it's just so just subtle changes, so I'm on the optimism. Positive safety netting, nothing about some good phrases there like try not to use worse not getting better and it's just simple stuff. What you need is a little chart of phrases and ??? (00:18:52) desperately. Some of it I use already, so let me know how it's going. I use that already and so I thought those that was really good language and I did fill out the phrases on the second page. It's negative framing and positive framing. Again, I thought that was quite a used quite a useful exercise actually. Now that would be something that I'd love my registrars do my trainees. I, uh, and um, 'cause I think it will really help. Yeah.

Reference 1 - 2.13% Coverage

**So the last module, that, the main learning modules was about our osteoarthritis module. So did you think about that section in general?**

In terms of my patient population, I don't see a large percentage of people who can have osteoarthritis, but in terms of a lot of the the messages encouraging optimism, goal setting in the positive language, it just transfer really well to One of the patient groups I see, which is a lot of chronic back pain patients.

**Right.**

So, That was that was quite useful to draw across to that patient group. So yeah, there was there was transferability with that.

Reference 1 - 3.28% Coverage

**So with the so just with the general training, was there anything that you felt so in in the whole training that wasn't relevant or or wasn't appropriate, so you thought with incorrect for example.**

No, I think it was all or correct or relevant, but some I think was maybe specifically relevant to an osteoarthritis context. Less to some of the complexities that we sometimes see within general practice. Thinking in terms of maybe the more diagnosis props, the less well defined or less clear treatment pathway, heads of options or or maybe chronic issues that, something which is going to be ongoing, and even if you haven't met the patients expectations, so I guess maybe requiring more a relational aspect, the management of that rather than use evidence based treatments that you've already tried and actually haven’t, provided you the benefit that you're hoping for.

Reference 2 - 6.30% Coverage

**Yeah, OK, so the we then had a a brief module on osteoarthritis itself. So what do you remember looking at that? And what did you think about that module?**

Yeah so. It was helpful to see the things put into context. I think it did seem a little bit idealistic. Set for one patient. She seemed very accepting of the different treatment options and haven't consulted previously with the GP about it seems, and there wasn't any interjections there wasn't any other competing health needs in there is a single single point consultation are very clear. This is how it impacts my life with someone who was able to communicate relatively well and express their concern in a face to face basis, all of which have kind of gone out with. That's often be, for an osteoarthritis an elderly patients who maybe can't express themselves so easily, particularly over the phone. Who may or may not have considered using anti-inflammatory gel but can't see how it would help their problem. And actually they really want joint replacements which either isn't possible or you know that the system will bounce them back repeatedly. I'm trying to figure out how to navigate that and so to work with them when actually the relationship in the showing empathy is perhaps the most important thing in that context In dealing with chronic disease and giving hope and that then builds the confidence in the treatment options that you're recommending. But yeah, it's, I think it was helpful to see the things put into context, and it probably was suitable for it to be a straightforward example with that. And maybe wasn't as reflective of general practice, but the principles it was fine in that context.

Reference 1 - 4.61% Coverage

 **so the last sort of the main training modules was the osteoarthritis module. So what did you generally think about that?**

It it was good. It was, it was quite like I don't know if you come across the mosaics work that's been done at at Keele, it followed a similar line of consultation to the mosaics model so it felt quite familiar.

**Did it?**

Which is not a problem, I kind of sometimes, it it feels very rare that people come with that single problem, you know. At at the moment people often speak about one or two different things and then mention their hip or their knee pain or their shoulder pain, almost as a passing comment, so you know it it would be really nice to be able to focus on one problem in ten minutes in that kind of way but. Basically over the phone people try and get everything that's bothering them out at the same time so. It it doesn't mean that you don't have time to be empathetic, I think that’s that's the point of it isn't it, that empathy doesn't take any time and there are things that you can do, to to improve the consultation but yeah I I I thought it was it was fine. I just think it it, it's just a bit more, almost simplistic compared to the sort consultations that we're having at the moment.

Reference 1 - 8.98% Coverage

**Yes. Okay, that's interesting. Thank you. So just- just going onto the next module was osteoarthritis. So, did you- what did you think of that section that we've done?**

So I think the kind of- the myths bit was quite good because I think, sort of talking about kind of what other things that- about symptoms only get worse, and I think we have this- such this negative picture of osteoarthritis don’t we sometimes? That you've got wear and tear and that's it, and you're going to be in pain and you're never going to get better and it's not going to improve. And actually I think thinking about those myths and kind of trying to debunk some of those, because I suppose it's probably quite frightening for patients to say, you know I try- try and avoid using the term ‘degenerative' because, I feel like it's a bit medical and I feel like people tend to understand wear and tear more. But then I also think wear and tear suggests almost like somethings run out and that's it and it needs replacing. And I think sometimes patients get that connotation of ‘oh well it's worn out, so it needs replacing now’.

**Yes.**

And it's trying to sort of rephrase that as well- It's ‘yeah, it's a bit worn, but let's see what we can do to try and improve things, and let's strengthen the muscles around it’, and I suppose. But I thought that was really helpful, that kind of thinking about the myths around it at the beginning.

**Okay, that's good. Was there anything in that module that you didn't like? Or you didn't think was relevant?**

No, I don’t think there was anything that wasn't relevant. I guess the things like the leaflets and stuff like that, I sometimes feel like when I give them to patients, some patients go ‘well I’ve been doing that and it doesn't work’. And I think, oh right okay where do I go to next? And I even find that hard when I've got a patient, that kind of just goes ‘I've been doing this exercise’ and then I think well, actually how much have you been doing them? And how often have you been doing that? Have you been doing them right? Has someone really showed you how to do them properly? You know, has a physio gone through it with you? Because actually doing them badly or not properly or not as sufficiently, then of course they're not going to work. So, I guess, maybe that would have been the only thing that may be sort of perhaps might have been a little bit helpful to add. In terms of dealing with patients that struggle to be optimistic and struggle- that are quite negative when they come in, so perhaps how to try and rephrase that, I suppose. But nothing really in it that jumps out that I thought I didn’t really like that bit.

# Code: 5. Goal Setting

## Excerpts about goal-setting, including talk about making changes, implementing changes in the longer term, self-reflection, setting goals, and video-recording consultations.

Reference 1 - 2.37% Coverage

 I probably wouldn’t want to do the whole thing all over again, but I think there's something about, I like the fact that you set the goals and to then be able to go back and reflect on how you, how you’ve done with those would be helpful. So for that to be a bit more formal process, so like you get your email saying these are your goals that you set. And then have another check in, how have you got on with those and then maybe a link to the sections that you set your goals about so that you don't have to go into the whole module, you could just have, 'cause I think the goals are set according to the title of the headings weren’t they?

Reference 2 - 1.47% Coverage

**Yeah, yes. Ah okay.**

So if you could have a link to that section so you could reflect on what the content was, which prompted you to make that goal, and then reflect on how you done according to the content. I think that would be helpful. I don’t think I'd go through the whole thing again, 'cause there were some bits I I did feel like I'd mastered already, I probably didn’t need to go over that.

Reference 3 - 3.74% Coverage

**What do you think generally yourself about video recording your own consultations, and reflecting back on them? How, how does that work?**

I absolutely hate it.

**Do you?**

So doing it in training I absolutely hated it. I, but I do see the value in it, I do understand why this is a useful educational tool. I, I may not have participated in that if I was, if that had been been something I had to do for this.

**Would, really?**

In fact I wouldn’t have participated in it. So I think I I I completely get the fact though that I'm probably devaluing the … the module by saying that. I think it it would be best if, I think I would say it had to be optional. And I think also I used to find it quite damaging in that it points out some of your bad habits and things that you say that then become obvious, but I struggle to change them.

**Okay.**

Listening allowed type noises or movements which I just, change, became conscious off but was unable to change 'cause they were very ingrained and so I struggled with that.

Reference 4 - 3.62% Coverage

**Did you? Yes.**

I think for me I I'm fairly reflective though, so I think I don't, I don't struggle to sort of look back critically at how I’m doing on the whole, but I get the fact that you wouldn't know the frequency or you may think you've made something clear, as it was clear in your mind, but well actually if you listen to the words you’ve used, it wasn't clear. I think you would miss all that without the videos. I think I think having a second person observing is also helpful, 'cause again you still know if you're looking at your own videos what you were thinking. And so again it might be clearer to you what you were saying than if the third party was critically looking at the video and saying actually I don't know what you're going on about there or I think the patients misinterpreted what you said or. So I think I think on its own, just with me, I wouldn't find it helpful at all, but if there's a third party involved, possibly, but I’d find it very daunting.

Reference 5 - 6.09% Coverage

**Yeah. So is it, when videoing yourself, is it, is it the process of doing it, that you don't like? Or is it the actual looking back at your own, at your own?**

The lot of it. Yeah, I don't like I don't like having to introduce it. I don't like having to set it up. I don't like the fact that it’s a thing then, when you're consulting. I don't like watching myself back. I don't, yeah, it’s all of it, the whole, the whole lot.

**Yeah, do you think that's a general view? So if we rolled out this sort of training to be made widely available, should we find in the future that it is a, it you know, it does help practice. What, what do you think? Do you think people would do the video consult, video recordings and reflect?**

I think it’d vary, yeah. I do think it’d vary because I think previously that's how training and exams were, and assessments were done. So they'll be certain generations that will be very used to it. I think it's, certainly trainees in practice, in my practice, aren't usually very keen to do it either. So I think unless it was essential, I don't think it would happen. But other people particularly sort of educationalists type people do see great value in, obtain value, which outweighs the harm, you know, or the difficulties. But I I I'm not, I don't think it will appeal to everybody and I say I don't think it should be mandatory, to complete the module. I think it yeah, I think there's great value in doing the module without doing the videos. So I think, you know it, it might enhance it for those that are interested and feel comfortable, but I don't, I don't think it's essential to get value out of the training.

Reference 6 - 7.05% Coverage

**Okay. What do you think about that reflection module that we did? So you obviously reflected back just thinking about your practice or or recent consultation, how did that? How did you think about that?**

Yeah well I was, I easily able, I was easily able to pick out things that I thought I don't do. I was able to identify some things that I could easily change and just tweak how I say things like with the safety netting. I realise I probably don’t check understanding as often as I should, even though I know I should, so slap myself on the wrist. So I think you get into bad habits, don’t you, when when you’re consulting and so it, it was quite helpful although a lot of the information wasn't new to me, it was quite helpful to have it set out again and just make me critically appraise what I do, and recognise where I probably do need to go, go back to being a bit better and a bit more disciplined about asking certain questions. But say I’d, I I the only, so the only sticking point was this sort of lack of vision of exactly how to implement, this issue about getting the functional impact or or the, or the emotional impact on their life of their symptoms or whatever the impact is in whichever way it was. I, this, I do find some open questions like that you end up going down a rabbit hole of a load of information that hasn't really helped you to manage them. And as you've discovered my memory for, someone told me their life story I wouldn’t remember it the next week anyway. I can't even remember the content of the module I did a week ago. But say that's, it’s been longer than that actually hasn’t it. But, yeah so I think. That yeah, the fact that, that getting the right information in the small small amount of time is what I need to try and focus on. But I found I did find that reflection helpful 'cause it says, it’s jarred me into thinking about it, which I hadn’t never done before.

Reference 7 - 8.05% Coverage

**Is there anything else you think that the training tool could, could do after that? Or anything that would help you sort of implement the training going, implement what you've learned going forward.**

I don’t know, I think so, I think in terms of just checking in, with an automatic sort of message, say a couple of weeks down the line not too long afterwards, just the, prompt you to do it. 'cause I like the fact you got your email at the end saying what your goals were. It’s easy to sort of do the module and move on. So that was helpful. But I think something, that then prompts you to reflect not long after, and then maybe even say three months later, so if you have forgotten you've done it and, to see whether actually there have been changes that you’ve put in place, because sometimes a short period of times not long enough to ingrain the change in your style or in your behaviour, but after say three months you might have actually made the shift that you hadn’t realised. So I think, I think that would be helpful, and say that like I said before, links to those sections that you felt that you needed to change so you can revisit that information and see how you are doing now, that would be helpful, but I don't think there’s anything else.

**Okay. Is anything you think I would encourage you to implement the things that that you learnt or that you the goals that you set?**

No, well no 'cause I think … self-motivation is recognizing you're not doing something that you should be. So I felt that was what my motivation was, so I see the value in consulting in that way, completely and so that that that was clear in the modules. So, I was yes, the need is obvious, so it's really just a case of I could I could do better and I ought to really is not really a reason, not to change. So no I don't think I don't think there is anything else that you could have added if the if the needs obvious then the motivations there. It's not a massive change in behaviour, you’re still consulting, so you’re just tweaking what you're doing rather than completely doing something new. So it's not a big, I don't think it’s a big behaviour change, it’s just tweaking isn’t it.

Reference 1 - 11.55% Coverage

**So, can you describe the process of of, um, doing the baseline recordings at at your yeah?**

Well for me I I tend to do the research solo handed at the moment. I mean, I do sometimes have a physicians associate because she was up sick. I tend to do it myself. And so it and I make it easy just to slip in if I can. I don't make it easy not easy, but I try and slip it into everyday life if I can. But my XXXXX day off I often end up sorting a few a things out, then 'cause it's possible to sit and concentrate, but actually getting the videos done I gave. So I gave the information to the receptionist, asked them to sort of prep the patient, and then managed to just about. I think I did four. I sort of got four people just about a one I had to take off so it I've just about made through the three. It was easy just to whisk through the consent form when properly and sign it when they were with me in the room. I managed to, yeah, I know it says at the bottom left I think which copies go where, but you don't remember to look there when you first start, so I got the whole thing wrong to start off with a couple of envelopes, etc. The. OK, but the other thing which is very off putting it for me because I'm a tech mode XXXXX Oh the I thought Oh no. No, I can't do this. I haven’t got a clue what she's talking about and it was very nice to know that I could some I could arrange for these to be collected because then I could probably pass it all on to the practice manager and everything else but. [*deleted bit requested by participant*] So, and then,sigh, you know everything is encoded properly, so it all goes a bit wrong. So to know that I wouldn't have to worry about trying to understand how to send this confidentially. In a set way I can't remember which way it was supposed to be now reassuring for that. So did I think it was three, and I think the fact that I thought would collect them. I thought, you know, at least I know then it's done and it's suitable and know that it’s safe.

**Ok, you need to look at that and ???(00:08:50)**

 **??? (00:08:52)** people like me**.**

 **But what do patients? How do they respond to be out being asked being video recorded?**

They seemed absolutely fine about it. We're training practice, so they're not, not many of them get videod, but you know, we do video and it's made very clear we've got a board about being one of research practice and then to a training practice so you know they, they know that we do those these things, so they seem to slip in quite easily. First thing, two, I suspect, actually, I just realize I probably self-selected some patients who I knew wouldn't mind, umm, uh. I thought it would be more responsive to doing it. So, if I knew they were coming in for, aa um, potentially? Uh, there might be a sort of a difficult air to sort out. First of all, I wouldn't have even approached them if they were my sort of regular lot who, um. Actually, you don't have to be terribly easy going, they're not all easy going, but you know who are just regulars come in. Um, I probably would, you be more like to go for them because you know you're more likely to be able to go through it reasonably quickly. OK, so there was probably some self-selection bias on my part. If I'm honest, OK?

 **So, what, what effect, if any, do you think video recording actually has on, on your consultation?**

 Um, I've done quite a few, so I absolutely on the whole I forget it. I didn't forget it. I. Because I'm so so quite old now, I I've I you have yourself set ways of doing things which you would always fall back into. Whatever, if you have made so. Which is sort of protected you over the years as well to self ways of doing it, which you know work, and so I probably went straight back into my usual way of consulting. As soon as I turned it on and sat down.

**OK.**

There are probably not an awful lot with me for the patient, I think they probably forgot it as well. To be honest, because it's it's a very small camera. And. Yeah, I I don't. I don't think it made much difference. Knowing the patients that I do.

Reference 2 - 0.34% Coverage

**OK**.

That I know I they didn't seem to be ???(00:11:28) what looking at it and they didn't behave any differently to normal.

Reference 3 - 1.73% Coverage

 **That's really helpful. So just going into reflection and so we do have an osteoarthritis module, uhm? A man, then we went on to reflection. So your reflection did you? How many videos did you look back at? How? How did or did you?**

I looked at all of them yet and again so the frowning malarkey God that really trying to watch and if anyone concentrating, that's how I look when I'm concentrating just see the computer and the positive. I don't think I'm a positive language. I'm not sure if I did one of my goals. I can't be. What will my goals now but but you know, again using positive language, which I thought was was it was positive

Reference 4 - 2.59% Coverage

**Uhm, so you set the goals in your from from these things that you've told me about. So I mean, how did you find that sort of actually just about the reflection before we go into goals, is, uhm, guiding. Guided through that process, did that seem to make sense on the?**

It certainly made sense. It was very straightforward. When I self mark my videos I could, I could have improved on on everything. To be honest, it was quite it was. It was quite an enlightening thing. And I thought we yes, it was. You know, I've I've got a huge following of patience. And yes, all bloody hell. How can I find this video? I look this. It's that bad, but it's probably because they know me and you know, and I know them and etc etc. But it was interesting. You know there was so much there's so much scope for improvement to be honest, and it was. Yeah, we said enlightning and it wasn't difficult to do. It. Didn't take very long. We really didn't know. Just went through it.

Reference 5 - 2.41% Coverage

**Hum. So you set yourself the goals and what's up, and then you get, um, you get it. Did you get an email for the goals that you set? I can't remember how it works.**

I can't remember how I've got it and I don't know we should translate where I put it if I've got it. I probably got like Oh no, I can just log back into empathic. Oh can't I to see them at any point? So yes, I've put it on. Yeah, so just go straight back in and look at them and so part of my plan is to, as I say, to have this have a set idea if it's very common conditions. It's a part of my goals mean the one goal is not to use the computer as much and not to frown. So that was so that so that was something you don't do anyway. But there were other set things like I can pre prepare if you like for certain things. And it will be interesting to see if if I'm different it will be very interesting to see if I am different**.**

Reference 6 - 3.58% Coverage

**So we have done a sort of an intervention in a way that you don't need to video record, so you instead you thinking back on a recent consultation rather than actually observing yourself because not everybody is so keen on or is able to video record so much so that might streamline sort of the study. Just on reflection of you reflected on watching yourself what? What do you think about reflecting? Just like thinking back? Is that something?**

 I think you. I think you will miss. I think you will miss a lot of the. Oh I, I think you think you are different. You how you are there is you will miss that visual, which is very powerful.

 **Yeah,**

 it can't. I can't say how powerful a vision video recording is so you not just the founding and looking. It's also about how you sit and you can't remember so. So depending on what's happening, the practice on that day, it will affect you. How you're sitting. I think. I mean, I'm sure it does. And you won't. You automatically think you're very relaxed, I think, but you know it's quite interesting to see how you're not. Call my Boo Radley come on Duracell AAA's there and I thought I was quite in that, but I'm not. My heads moving all the time. Yes, I think we better not. Even if you just looked at one video, I think it's really helpful to look at. Watch yourself. Yes, OK**.**

Reference 1 - 4.30% Coverage

**So just you mentioned about video recording your consultation so I know you didn't. We didn't get to start that but what are your views about that and how do you think patients respond to being video recorded?**

 It’s difficult as I've never actually done it. This is would be my first time. I don't know. I guess when you think about it, you probably think I'm I act differently? Perhaps I might be more conscious of what I'm doing then if it was an invisible camera, say. But then I think probably in practice, once you get into your flow, once you get going, I imagine that you just you would revert to normal in and do what you do on a daily basis I think.

**Ok um, and what do you think patients? Do you have any perception? What you think patients might think about that?**

Yeah, I don’t know. They might be on a slightly better behaviour. Would they be maybe a little bit more guarded? Perhaps about particular somebody was particularly distressed, or disappointed in their care that they got there might be, might have slightly different behaviour if they knew they were being recorded, perhaps.

Reference 2 - 8.62% Coverage

**Yeah. So the last parts of the training was about reflecting on your on what you currently do and then goal setting. So what you might change. So think about the reflection. So we set this up initially to be reflecting on watching yourself in a video consultation. So out of what you did was about thinking back to your recent consultations. How did that work for you? How were you able to reflect on what you currently do?**

I think that I think that it's not mentioned early. I think I had a, I had structures in my mind that was sort of clinical reasoning driven asking these certain questions will lead me towards a diagnosis and Management Plan and I think what it's done is allow me to have a different structure to my consultations and still using that model that I've got, but then using this as well. So I think it allowed me to reflect on that structure, uhm? And. I think it allowed me to think about how I finished my sessions. Yeah, yeah, I think probably finishing the session so it's another. I don't think I had any sort of vever consciously thought how I finish a session, but now I'm quite consciously making sure I finish on a positive. OK, uhm, so I might use my safety netting towards the end and then make sure I finish on something more positive,

**OK? So was so how easy that you find it to do the actual reflection? So did you use the tools that we provided as far as taking you back like a list of the different uhm things in empathy and optimism?**

Yeah, I think probably where I learned a little bit. I think I just then went straight in. I think I'm actually quite reflective anyway, so I think it was. I just sort of naturally picked up outside and went into my next phone call. Yeah next appointment rather than actually sort of sitting down and reflecting on it. But I've just done the checklist while we were. Just before we spoke to yes. Just sort of look at the whole process, probably the last few months. Yes, um. And again I think it. Sort of brought a few things to the forefront that maybe I've not done as much. I think checking, understanding, probably or something that I find difficult to go back over things. And yeah OK, I've used that checklist. It's been helpful.

References 3-4 - 6.02% Coverage

**And how did you feel about setting goals about things that you might change? Was that helpful?**

 I think it's not something I'm very very good at to be honest. I think I'm good at setting goals. In terms of when to seek. You know, this is likely to take four to six weeks to improve. If it doesn't then speak to us again. If it gets worse in these time frames that you safety netting, I think they're probably the goals I'm used to setting. Probably where I didn't think I would go into details during a smart goal or anything to that degree. No, I think that might be a time driven thing I suppose., just having that detail. I think probably reflects what we're doing. Doesn't work I think. Perhaps that detailed goal setting if I felt somebody needed a real detailed smart goal in a timely review and probably send them to a different service.

**Yeah, yeah. OK, um so after doing the training, so can you describe whether it's had any impact on your consultations now?**

 Uh, yes, definitely impacted my consult. I think I I I'm consciously structured them differently so I gave you that model of letting the patient talk. Uh, get to know what I want to know. Try to reflect back on some of those goals, and then I again I make sure I finish on something positive for the general structure is changed. Hum. I definitely say when I'm using computers and not talking and I think actually that's bought me a bit of time just to be quiet. Uhm, yeah, probably say that that that sort of structures days. That is the big thing I would have changed

Reference 5 - 1.07% Coverage

**OK and how easy did you find that to implement in in your consultations?**

Yeah, really easy. Yeah yeah, I think it's something that just sort of naturally changed yeah.

**Ok, and is that something that you're continuing with?**

Yeah Yeah. Yes, continuing with yeah yeah,

Reference 1 - 2.52% Coverage

Yes, so I’ve actually, since since doing that training, I've used it, I would say in 80 to 90% of my patients, I've used the phrase now. I've seen other patients like you doing really well or or you know that what I like to tell your friend. The studies versus then taking it on to, but I’ve seen it in other patient sort of studies suggest XYZ. And actually I had a lot of patients who have found this really beneficial so I have used that in in, I would say almost every patient has spoken to since I've used that phrase under other patients like you doing very well, which I guess build into the expert patient kind of paradigm of of behavior change principles.

Reference 2 - 3.64% Coverage

**So just firstly with video recording, what would your views be about video recording some of your own called consultations?**

Individually, I don't have a problem video in my consultations. My immediate thought is currently the amount of staff I would have working in XXXXX to have that agreed just absolutely would be a real headache. So as a clinician you know, and I think probably you know. Again, maybe my bias, but I would say I think is it worth, videos are stronger than any other professional work is a very good at taking constructive criticism. Having peer reviews, doing feedback, watching people assess with these very much part of our professional culture. So I think I have no issue with, I mean so many people sit in and watch me or have to do it, you know, assess patients in front of lots of people so I don't have any problems with that on a personal level. But at a departmental policy level, I just I I don't know how easy that would be.

Reference 3 - 1.46% Coverage

All our cameras are disabled across the entire XXXXX, so that's why video consultation is taking such a long time to come about because we actually will have to use our own devices for the video part because of. XXXXX But it's just a bit of a nightmare. Something like that.

Reference 4 - 4.77% Coverage

 **So obviously as part of this you did the training and obviously that reflecting on your own practice. You would do that by thinking back to how you might normally run a consultation, so how easy did you find that to reflect on what you would normally do?**

Yeah, I I actually found it quite easy. I made notes on the training when I was going and then I also got the electronic copy from the tip study which I actually found really helpful as I had created an email folder with tip study so I can go back to it and look at my goals while I'm talking to my patient and then I can think, have I made it, you know, have I really made it smart. In my experience, so that you know, I talked about that and emphasizing experiences as one of my goals 'cause that really resonated with me when I did the training, that's probably something that I I have that type of language, saying I've had patients that have. I haven't used that. I use the studies show, and I probably quite good at smart goals, and I'm quite good at open ended questions I've spent years doing that, but that one bit I thought you know, well, that's that I can see how that really works. So I’ve made a real effort and I think I probably got that up to about 80 to 90% where appropriate.

Reference 5 - 3.86% Coverage

**OK, so reflecting on what you what you would. What you currently do? Do you use this? We had a checklist in there, did you? Did you refer back to go back to the training again or did you, so you said you made notes as you went through did that work quite well?**

Yes, I've been back to the training once, but I have I made a page notes for each module so we and I and I wrote things like either some takeaway messages or I write some of the. I actually wrote a lot of the clinical questions because I think that that's quite often a really good tool is having a script that that you can, not stick to it, but you can look at how you reframe the question. But it's based in a kind of logical you know evidence. So I I’ve logged back on back on once, but I have reflective and gone to the note that the paper notes that I made a couple of times 'cause I wasn't sure if I get locked out of the of the of the software at some point and then not be able to access the bits that I've done. So I made notes as I went along.

Reference 6 - 2.38% Coverage

Yeah, I think so because as clinicians here we, we slip back into what is easy and what we do in order to kind of get through a day in separate time. So requires it will cause individual effort to change practice. So to come back there in a month ago? Well actually I have slipped back into, you know, cutting call here and there. You know, I think that that is certainly something I try and do with my teams. Go and revisit stuff. We talk 2 -3 months ago. How many used XY and Z and you know it drops back to, people do what they do and you'll get a maybe a slight change. So reaffirming it, I think is probably a good thing.

Reference 1 - 3.48% Coverage

**So, just if we could think about the reflection first of all. So, how did you- how did you find reflecting on your, your own consultations? How did you go about doing that?**

How did I go about doing that? I mean I, I mean, obviously I went through the- the questions that were there, which kind of breaks it down for you doesn't it?

**yeah.**

Structuring it. So, you know I thought about a specific consultation-

**Did you?**

-And then tried to base it on that, but obviously not all of the elements were relevant to that particular consultation. So, then I kind of tried to just think more broadly about a usual practice, but then it becomes less easy to think about specific answers to questions.

**Okay.**

But yeah, I mean having the, having the structure of the reflection definitely helped.

Reference 2 - 2.33% Coverage

And the goal setting I think, I always find these things slightly tricky; not to feel like you just saying something for, for the sake of having to put something in that box. But there were definitely things that I thought when I was going through the modules, I thought yeah I will, you know- I do want to try and use that and so I guess that was the point where I could try and you know- I could write those down there. It's something to look back on, isn't it? To then think, Oh yeah, that was what I was going to try and do.

Reference 3 - 2.66% Coverage

**So, reflection when we originally set this up, was about video recording your own- some baseline consultations and reflecting back by watching yourself. How do you feel- what do you feel about videoing yourself in a- in the consultation and reflecting back in that way?**

I think for me, it just probably wouldn't happen. In that I just- yeah, I can't think that I would be able to easily just set that up on a day and think about how- it would just be another thing to try and do, rather than something that just fitted in easily into some learning. And so I think- sorry ??? (21:53-55) I wouldn’t do it

Reference 4 - 1.79% Coverage

**Okay. And is it the view of the processes or, or, what are your views about observing yourself?**

I suppose the last time I did any video consultations was during sort of registrar training. And so yeah, the thought of sort of going back and finding the camera and setting things up and getting consent and yeah, it- it feels like it would be a big thing to do. And that would put me off doing it, I think.

Reference 5 - 4.27% Coverage

 **So, the goals that you, you set yourself, what- have you, have you managed to implement any of those? Have you managed to try some of those things you were going to change in practice?**

So, I have been trying, Yeah. So, I think obviously knowing that you know, I’d gone through this process and then I had this phone call coming up, so it did actually have the sort of- my post it notes when I went into the practice last week to kind of think about it. But I think it was something from, from doing the modules that I was thinking about a bit anyway. Particularly, I think about being more- be more specific about instructions and expectations and trying to be more optimistic. Through referring to my own experience or using phrases like you know ‘many people get better with this treatment or find this helpful’, that kind of thing which maybe wasn't something that I necessarily did before. So yeah, I'm sort of thinking about, sort of warming up with the empathy.

Reference 6 - 0.38% Coverage

**Yes.**

I think kind of more consciously doing that, more overtly doing that I suppose.

Reference 7 - 3.70% Coverage

**And how do you think you can sustain the, the changes that you've made?**

I mean that's always the hard thing, isn't it?

**Uh-huh.**

I suppose it- you know what it probably requires is coming back to this kind of training every so often to kind of remind yourself. Or having at least the goals set, written down somewhere and actually consciously deciding to look at them in two months, three months, whatever it is. To kind of remind yourself what you were trying to do. So, it doesn't just kind of slip from memory I suppose. And I suppose, if you do it enough then it becomes habit and that's the, the goal isn’t it?

**Yes.**

But yes. It probably takes a bit of effort to get to that stage, I think. So yeah, that would be having some kind of strategy to actually purposefully go back to it or remind yourself of it at certain intervals.

Reference 1 - 2.24% Coverage

There's something about, uhm? So sometimes I talk about my own experience and, um, so it's not the personalization it was. Yeah, avoid getting drawn into social chat, so I'm not doing that anymore, and that's quite an easy thing to do on the phone, 'cause sometimes you can get a bit chatty 'cause you know you haven't got the nonverbal nonverbal. So actually I'm using some of the techniques like how's that been you for home? I've introduced things like you know with kids you know comes up must be difficult with home schooling and just leaving it and just getting the patients talk. So actually I think it's been a really positive thing. Right and and and I've used it, uh, so it's not just me saying that

Reference 2 - 1.92% Coverage

 I interesting because I'm just looking now so I I did use phrases such as it might work. It's worth trying and I think you know those are the ones I shouldn't be easy and and so and so actually I'm using a comment or phrases such as this. You know I've tried this and other patients and it's been a very effective treatment and I'm using words such as very and I'm also doing it in my summary in my hand over at the end of the consultation. Before we arrange follow-up and, uh. So that's been probably the the main things up now, whether that's placebo or not I don't know, but again, the evidence is there.

References 3-5 - 22.15% Coverage

**So can you, um, just firstly just take me through the process of how did you? How did you go about the reflecting on your practice? What? How did you use the tools that we put in the module? What did you think back on as you were doing it?**

There was a couple of consultations. I did look back at and um at again it was. It was using the just the language and I'm just getting the patients records up now. Actually, 'cause it there is a noticeable change and how. How I'm actually. Speaking. Uh, so this is a patient of mine who XXXXX. But I started off the consultation and I know the family very well. But I started off just emphasizing how difficult it was really, you know, I hope bonding with her. Just putting my trying to put myself into her her position so that was the empathy thing and I finished off by again emphasizing the antidepressants and deposit, and hopefully the positive results. So that was one. XXXXX Again, it was. It was emphasizing the positive. I actually what I did was. Been reflecting on the case. I went back to the module and particularly in the, uh, the framing thing. I looked the language I was using and remember the language and looked at sort of the different language I was using. So I think what this what this does? It gives you a real good tool for hanging your reflection on and you know if you are if you are into this. Way of learning and this experience Lando Learning. And it's a good way of reflecting and and, you know, hopefully improving. The only thing I would say is that sometimes people are a bit uncomfortable doing that. No, it's uh, and so it may not be taken up by may not be suitable for everyone. I'm personally quite happy to reflect on what I do and when thing's don't go well, I'm old enough to know that you know, not perfect. So yeah, so that's that's essentially how I use the reflection bit.

**So when we come, when we. Set this up to start with. Reflection was based on um video recording few consultations at the beginning. Before you did the training and then looking back on them and reflecting on what you did and said. By by seeing yourself. What do you think about that as a as a tool for learning, Videoing? And yeah, no video videoing your own face to face consultation and then looking back on it afterwards.**

To me, that's always been one of my most powerful tools. I know some people are not comfortable with it. I think it's a really positive thing and I think it's I think it needs to be done sympathetically. So if you're doing it on your own and I'm not sure that that's pretty good, but I think with the pier he's trained in feedback and maybe I've got to add. I used the checklist as well the refund? Yeah, I think that's a very good, very good tool, and I think we got it copyrighted. 'cause I think that's good. Uh, so I, you know, I think the video consultation analysis is very powerful and I do it my trainees. I haven't done it with myself for awhile, but I I I would like to go back to doing at one thing. This has prompted me to do is to is to is to actually do it again, right? Get back into doing it 'cause I think I'm doing things right, but you don't know. Uhm, and I think the other thing that brought brought that forward was we had we had some trial runs with the attend anywhere. We're doing it with role players. Oh yeah, I know that was. Yeah, that was quite powerful and I think if you were going to take this forward actually using role players and getting GPS to sort of consult that way would be interesting. Or health care professionals. So the role player can actually give feedback as well. Yeah, no, it's just it 'cause it will. I found it very powerful learning experience, so I think that's that's probably, you know, my take on it. But then I suppose I am slightly converted. Yeah, you jobing GP, who's got sort of 100 million patients a day or whatever, will probably figure it's just a load of. Don't think it's all college nonsense or something, but actually this is. This is really important. It's what I do. This is this is a certain that is nice for GP has the consultation. So I think that's quite important.

**So you so you set yourself some goals of things are going to change, and you obviously started implementing some of those. So what you think will help you sustain that usage of some of these tools.**

That's a good question. I was thinking about this before we were speaking and and I was also I don't know why there was something I was reading recently about how we actually confirm. How how good we are as consultants and there's a as an old consultation assessment tool called the patient enablement index. And yeah, so the GMC puts out their patient satisfaction questionnaire. And basically if you give the patient what you what they want and you're nice and you get a good score, but not always, that's not something that actually enables the patient to live their lives. XXXXX

Reference 6 - 4.89% Coverage

 **Yes yes, for for for doctors like yourself you know you do the training and then you start you set yourself some goals and you start using them. What helps you keep using them? Remembering to use them and sustaining that change?**

I think for UM, for the doctors in everyday practice, I think it's it's, um. For me it's it's. It's experiential. But also I I do small group learning with colleagues, peer, peers and things like this. I would bring along if I had a complex pain patients I would bring it along and I would part of the change process is commitment to change. you commit to changing your practice so regular attendance with my peers almost like a \*\*\*\*\*\*\* Group. You would talk about how I'm doing it. And maybe 3 months down the line. One of my colleagues say how you getting on by the way. And so so there's that. But I think it's also it's a personal commitment to change. And having regular patient Contacts and knowing that something works and an and regularly feeding it back, you know, sorry, reflecting on it will would be the the motivated for me. Yes I can go back and do the training. I think that would be useful but. Maybe they will it you know, like some training has subsequently you can. You can have a tool where you can reflect on a couple of cases and then you know and for us put it in your appraisall 'cause then that that does guarantee it so. That's probably more of an unknown, but I can certainly see this training you know, in in the context of of small group learning,

Reference 7 - 2.47% Coverage

 One other thing I want to say is that. Sometimes, yeah, when you're changing 'cause, I'm just thinking in the in the context of osteoarthritis and chronic pain. Sometimes it's just easier to reach for the prescription pad. Again that has more to do with service delivery not having time with the patients and also availability for alternatives to prescription pad. So things like CBT and physiotherapy. Now I know it's designed to actually, you know, to be self sufficient in the words you can direct patients to exercise programs, but that may be another barrier in in pressures. Elsewhere in the system. So a doctor might look at this and think that's all very well, but you know the only thing I can do is prescribe tablets. He may have that as a barrier, yeah? I hope not but.

Reference 1 - 3.99% Coverage

**So those were three main modules that we had and then we went onto a reflection, so asking you to reflect on what you currently do. So could you just tell me sort of how you went about the process of thinking about what you normally do? Sort of prior to you doing the training, what's? How did you go through?**

So what I did was when I saw what the the topic areas we're going to be. I just spent a couple of minutes and tried to my head picture some of my most recent consultations and perhaps some of my more challenging consultations just to think. And so then, when I went through the training and got the reflection at the end, I almost had a like a benchmark in my head for an occasion where maybe I did something well, or an occasion where I could have done something differently and I also did the training the day after I'd had quite a challenging new patient.

 **Right.**

 So as soon as I done the training I was, there were strategies within it, particularly around the optimism side of things that I thought, great, I can start to use these with my patient next week, when I when I speak to them again.

Reference 2 - 5.83% Coverage

OK. So thinking back on your consultations, did you use, have you done the training the checklist to remind you about what training was?

 Yeah I, I downloaded a copy of the checklist and I just had it with me as I was, as I was going through and then areas where I thought, What areas I could develop and it tended to be around all the optimism side of things, so really being specific with outcomes or positive safety netting as well. I just had that ready to go and I found that when I was talking and this was quite a positive of being on the phone actually, when I was talking to patients that were quite challenging, I could just look across and then go right OK, well actually, maybe I haven't given them so much detail on positive safety netting, so where they're starting to display some theoral anxiety around what if it gets worse, what do I do? I won't have an appointment with you for another week or so on. Just drawing it back to, well, we've got this strategy or this strategy or this strategy for how you could contact health professionals should you need something before before our planned phone call. And really trying to make sure that the appointment ended on a positive and ended on an optimistic point. So going back over the goals, going back over the plan for the next week and almost sort of setting up the next consultation to say so, next week we're going to start to think about XY and Z. Just so that that seed was planted for the patient, that this is a, this is a development and we will move on to other things, so we've got that kind of idea of there is going to be progress as we go forward.

Reference 3 - 5.58% Coverage

 **OK. So part of when we set up this study we were asking, going to ask clinicians to video record their consultations and reflect back on them. So by watching yourself and then observing actually what you do in practice and then reflecting and making changes based on that and what do you think in general about video recording your consultations? Is that something you've done? Or is that in any of your training?**

 So I haven’t done it for any, anything in a clinical setting. I have been videoed taking sessions from a teaching point of view.

**Oh yes**

But again, some of some of that has been around body language, words used, mannerisms that we use as well. Whilst it's not necessarily the most enjoyable thing to have to watch, watch yourself back, the more you do it, the more you get used to it. And if you try and be objective about it, actually, you do pick up on the fact that maybe you always start a sentence in a particular way or you just use a certain joining word when you're pausing from one from one sentence to the next, and so I think it is useful and It is beneficial to clinicians. But I wouldn't necessarily say that it's something that everyone would would want to do or would welcome. Based on the development to the training point of view, if you were looking to bring that in, maybe having it as an optional part of the training or something that's done once people have had time to take the strategies away and trial them a little bit as a kind of phase two. That that might prepare people for the thought of them being videoed.

Reference 4 - 6.31% Coverage

 **OK. So the, you obviously did the training and reflected and you set yourself some things that you were going to change in your in your practice. So how, how did you find trying to implement some of those things that you learnt? How easy was that or difficult was that?**

So the the first one, which was to really make sure I set quite clear and collaborative goals and I found that one that was OK to do, I'm already in the habit of setting goals. And it is just making sure that they’re in there as a baseline and that was OK. Specifying the treatment outcomes as well, so one thing I thought I needed to work on was kind of linking back to the evidence, but also linking back to past experiences of patients. So I was able to say, well, I've used this strategy successfully before for someone that had a similar injury to you and these were the outcomes. I think I always thought of that as being, I don't know, I I maybe made the assumption that patients wouldn’t find that helpful if I was making comparisons to other patients, but actually having gone through the training, I thought, well no I think they'll take that in another way. It will actually reaffirm that what we're planning is validated and has been successful before. So that I've added in a little bit more. And definitely more with the, the patients who are more challenging or there's more complex needs in terms of chronic pain or yellow flags around things, I find that they tend to need that sort of repetition of the treatment outcomes and the emphasising of past successes with they’re, with they’re problems to be reiterated a bit more frequently than maybe someone who has less complexity to their injury and is in a different sort of mindset to where they’re at with their rehab.

Reference 5 - 3.29% Coverage

**Right. And how easy, have you found it or difficult have you found it to actually do these things that you’ve identified? How, have you managed to implement them and you’ve trialled them and is it something will keep going on?**

 I think so. The goal setting and the specified treatment outcomes, I've been able to do those ones, I would say most easily out my three goals. The emphasising the past experiences I have just occasionally jotted down a little line of almost like, a reference point for me, just in case the conversation becomes sort of challenging or anything to sort of draw on specifics: right patient A, remember they were in this position and this was the outcome, Patient B and then remember they had this challenge and we tried this strategy, just so I've got some kind of key phrases to go back to to keep the conversation being optimistic and positive so that’s for the more challenging patients.

Reference 6 - 1.66% Coverage

But I think sometimes obviously with, with that side, the the optimism side of things, if it, the conversation starting to go on a tangent, that’s when things start to become a little bit more, less optimistic from the patient’s point of view. I think if you haven't got those reference points to hand to try and counter some of their, the sort of arguments, or their barriers to rehab, you can sometimes find in the moment but your mind almost goes a bit blank.

Reference 7 - 1.07% Coverage

Yeah and then you don't perhaps challenge the negative view or the sort of facing forward understanding of a certain treatment as well as you could do. So for those ones, I definitely need to just give myself a little bit of a of a of a reminder that I might draw before I have those conversations.

Reference 8 - 2.55% Coverage

**OK. So what's, might, so you, you, you are trying these things now, which is great what, how do you think it will be a month, two months down the line? Will help you keep going on using some of these things?**

 I think, probably to do a bit more reflection on what I've done, but also as well, I can see how some of my colleagues might find some of these strategies helpful as well. So it might be something, but I I have a role where I do some some clinical mentoring for some other colleagues, so I might try and draw some of these strategies into their mentoring and their training. And then I think that will then reinforce my learning as well, because I'll be passing on that knowledge to other clinicians.

Reference 9 - 0.94% Coverage

 Yeah, I think sometimes in a clinician’s week, we're quite good at setting goals for our patients because they are objective and tangible. But when it comes to implementing some of the development strategies for our self, we sometimes could use a bit of help.

Reference 1 - 3.51% Coverage

 **So, um, what do you think about recording your own consultations and reflecting back? Is that something your? Familiar, comfortable, happy with.**

So I think it's something I did as a training? I it was always a useful tool and although it is a little bit cringeworthy, I think. It does take extra effort to do that and forward thinking and planning, and just getting consent and always adds bit of nervousness to the consultation and I think it it always takes more time as well. and when you're a trainee and you have maybe 20 or even 30 minutes for a consultation, there is much more scope for that. And when there is a 10 minute consultation and you're running behind and it's an older person, is taking time to get into the room and is maybe not ideal in terms of communication for various reasons. Yeah, I guess they’re ones that you can learn from, but it does make it more challenging I think, but it is still a valuable tool.

Reference 2 - 2.57% Coverage

**Yes, so if you were doing this training as part of your everyday, you know going forward. If it was offered to, you know as as a general practitioner, do you think the video recording would be something you would do?**

If I’m honest, probably probably not. Yeah, I think yeah. So I was interested in the topic, but maybe not not enough to commit to that degree just due to the pressures that are going on at the moment and just happy as I am and how I could have little free time I have for that, and often feel that I'm not looking up at enough with, you know, just a regular information updates, let alone taking time out to reconstruct. Maybe how I'm doing my consultations in the.

Reference 3 - 4.88% Coverage

**So part of this. So obviously we made some changes and we asked to reflect back on what they currently do by thinking about maybe recent consultation that they had. So how did that did work for you? Do you do manage to reflect back OK on your consultation, did you use the checklist to help with all of that?**

Yes, so it’s funny. So that part I I found that the less at least maybe least engaging part of the training, but actually the most useful and at the end felt that being particular helpful. So I did use the checklist and that that was you. Reflected on the consultation that I've had that day and and could see parts of it maybe where I put it into practice. Maybe parts less so. Sometimes parts where I hadn't, so that was helpful in thinking going forward to what I might do next time and obviously had the recommendations there. Things I would change and print it out which I think was a useful option to have. I would need to think how would you best apply those going forwards. So yeah, I found that helpful I think. So that I was happy to do that, and much more so than say, do a video where there's just the extra time and thinking and planning through it. And then if I'm waiting and I'm taking a lot more time. So yeah, that was a feasible thing. I think that was helpful for me.

Reference 4 - 4.18% Coverage

**Was it? Yeah, so you selected three things to view that you were going to make some that you observed that you would make some changes in your own practice and how, how’s that? How's that gone then? Since you've done that, is that something you've managed to implement?**

Uhm yes. So I added, printed off and take it with me and unfortunately the nature of my practice building. I change rooms every time I'm in there, so I managed to put it up on the first day and then put it in my bag and then forgot to do that. But I remembered the list of the key things I've been challenged by through the materials and most into practice. And yeah, so definitely still thinking about the impact on the patient's life and then relating the management to that patient, and the importance of I guess like putting recommendations in place just to be using things like the evidence based behind it and that it works for other people and that actually is what the guidelines, national guidelines say is appropriate for this, the context. But there's two things I think with things I'm trying a lot more and they were on my list.

Reference 5 - 3.98% Coverage

**Have you had any difficulties in implementing any of the any of these things?**

No, I think. Yeah, as I say, it's the it's the more challenging consultations where I seem to fall back on the more. So in my reflection I'm not doing it routinely, but only when I feel that I need to. But no, in terms of those things it's it's been OK. I think it helps. It may be diffused one or two sort of difficult challenges that would have been in the consultation otherwise. Say I do think that's because I'm a relatively new GP at practice. I perhaps don't have that relationship of trust or credits to be able to fall back on. Actually, when this idea of my GP, when you know your GP, you've got that aspect of continuity of care there, they know your context. There's trust their the GP, something they feel is actually going to be personally beneficial for them, rather than me the GP, they don't know. And then now speaking to on the phone, and we have the suffering and it's. I don't know whether it's being addressed by this person when whether they can trust them.

Reference 6 - 6.16% Coverage

**And finally, how are we going to? How we going? How are you going to be still implementing this in like a months time or three months time? What's what will help you going forward of of sustaining these sorts of changes that you've made?**

So I think the two things I've mentioned are. Yeah, relatively easy to interact with in the consultation, so that was maybe doing it to some degree before hand. From that way it's there's not such a big barrier to continue with that. As said I think I found that in most helpful in the more challenging consultations where the patients come in with very strong agenda or is maybe expressing their suffering in a maybe a quite confrontational way. I find myself using the more they are helpful in that context. Yes, I can see myself continuing with that. I think as well with it being on a telephone basis predominantly at the moment and there is a need to use skills like that, more so to try and make up for the absence of physical or, of the relational empathy that you can get through body language. Yeah, so maybe more because of that.

**Yeah, and would anything like a follow-up, evaluation or reflection, or email reminder or whatever the goals that you set, would that be helpful? As part of the training.**

Yeah, I think that would be potentially helpful as a reminder, definitely. I guess the challenge is we we get bombarded with so much information. Potential for it to be lost, but I certainly don't think it would be detrimental in anyway. In my mind it would be useful. I think it was a good idea to print it out and put it up on the wall in the room as well as a reminder, yes, yeah.

Reference 1 - 4.45% Coverage

**Video recording your consultations and and reflecting back based on on this type of thing?**

Yeah, I I it’s something that I've I've not done for a very long time, videoing a consultation, it would be an interesting training exercise, and now if there was time and capacity to do it in the practice then you know I’d be happy to be to give it ago.

**Is it something if you were, if it wasn't part of a research project or something, that if you were doing some training that you might consider doing?**

Probably probably not no, not unless. There just isn't time or capacity in the day to do it. You know, to to to the trainees obviously do it, but they have much longer appointments, and fewer patients and the patients who are coming in know that it’s going to happen. And it's quite a burden from a like you know a secretarial point of view to administer I I suppose ‘cause you need consent and happy be happy to have it done and then you know the tech side and you know the practice set up because we've got trainees. But yeah, there needs to be some kind of pre-specified clinic with times will allow for these things to take place which where I am at the moment isn't all that feasible.

Reference 2 - 2.49% Coverage

Reflecting on a particular consultation, yeah so I I did think yesterday when I was speaking to a patient about how my practice has changed and if it's changed, and I think there are certain components, particularly around positivity and optimism that I had tried to carry through. And you know I, I think it is a real benefit actually, and certainly gives the patient a bit more confidence in what you're saying, and in their their outcomes hopefully. So you know I don't think it will necessarily work for every consultation, perhaps, but, you know for those where, I think communication and reassurance is particularly important then yeah it's definitely a benefit.

Reference 3 - 3.17% Coverage

Yeah I think pretty much more more in general, but then there are particular consultations where you think this is actually really pertinent and helpful and is a benefit. Yeah I I think, as I say there’s kinda of so much going on there is acute chance of headspace, to do this on a, you know on a very… sort of… lost my train of thought. Having those three you know just having three key targets is ideal, and I think if you’re sort of going into having very long checklists, then for me it's not going to happen because you know there's just too much going on in the day. But if you got those three key things that you can try and work to, I say on your consultations in general, and identifying those things as being particularly important for you in your consultation. Then you know that that's, so having that brief intervention’s ideal really.

Reference 4 - 2.19% Coverage

**Okay. So you set yourself three goals and then do you say you you put them on a post-it note or something on your screen?**

And yes, I started off with a post-it note. Problem is it gets lost, but I I kind of remembered what they were so. But I I you know if it weren't for hot rooming and not being able to have things around the room at the moment for infection control purposes and then then post-its work well. But I do wonder if you know sort of nudges, every week or two you might be of benefits, just to sort of refresh and remind you of what you said you were going to try and do.

Reference 5 - 5.60% Coverage

**Okay. So how easy were was it to or difficult to implement those goals that you said you were going to do?**

So the first one was, warming up and being an attentive listener at the beginning of the consultation and that's why I said that, yeah that can be quite tricky on the telephone where people will just have a chat and, you know it's quite difficult to stop people talking 'cause you don't have these nonverbal cues but, you know it's certainly something that you can, have a try at and see how the patient's going to be. ??? (0:27:05) so initiate that first part of the consultation. The second one was around safety netting, so being more positive in the way that you deliver the safety nets ‘cause I think that can often be a quite frightening part of the consultation when you're telling people what you know, I don’t think it's going to happen, but it might happen so if you do become septic then go to hospital, you know there are there are better ways that you can kind of reassure people and just reframe the way that you deliver those sort of red flags to watch out for when you when you’re sort of doing your safety netting at the end of a consultation. And I think wrapped up in that was my third goal which was sort of closing positively, and that that's why I say, you know, sometimes it's a bit tricky to be positive when you don't have like a firm belief in the like effects of an intervention. I think it's good to try and leave, leave the patient with you know, with hope really.

Reference 6 - 6.50% Coverage

**So just thinking about, thinking about sort of all these things that that you you're wanting to implement, are there any sort of barriers do you think about about using any of those that we haven't spoken about going forward 'cause I know you've been quite reflective on what's what's helpful and what’s, what's, what situations you might not be able to implement some of these things, is there anything any other sort barriers you think to any of this optimism or or or empathy?**

Of course I mean this is all quite doctor focused isn't it? And yeah, sometimes patients aren't receptive to empathy you know, if they’re they've got particular severe mental health problems. Yeah I, I speak to a lady yesterday who was acutely psychotic and you know, it requires a very different approach to communication in that sort of situation. Yeah, I think this is really good for Paediatrics actually, you know, when when I've been speaking not necessary to parents but to children. I think the way that you speak to children's very different to how it can be to adults, and you do have to be far more reassuring and, in the way that you speak to them and examine them so I think you know there's some really useful tips around, sort of speaking with children and just toning down the complexity of your communication but retaining some of those sort of positive elements. Different populations, yeah, I think I think some people just prefer you to be completely straight and they give you that impression very quickly and you know want you to be quite black-and-white about things. So you know obviously you got to sort of adapt the way that you approach a communication to the particular individual. You might not like, you know that type of approach?

Reference 1 - 3.33% Coverage

**But firstly, what do you think about that as a way of reflecting on your practice? Video recording yourself and- and, and watching it back?**

I think, it’s something that I was used to doing as a trainee, so I think I'd probably be fairly comfortable with it. Because it's not a sort of abstract concept to video myself and review it back. I do wonder if perhaps somebody who's been a GP for 20 years, who's perhaps never done that, might find that a bit daunting- I don't, I don't know, that’s me speculating. But certainly, from my position because I did them-I qualified as a GP in March last year in 2019. So, I’ve only been a GP for a year and a bit. But it still feels quite familiar to me, the idea of that- we did lots of that in medical school. We videoed ourselves at every degree at medical school, so it felt like- so it just felt normal to have a video camera there. And so yeah, that wouldn't have been- that wouldn't have been a problem for me, I wouldn't have thought.

Reference 2 - 4.23% Coverage

**So obviously we didn't do that as part of- obviously looking at this training. So how did you- how did the process work for you to be thinking and reflecting back on, on your current practice? Did you think about a recent consultation that you'd had? Or did you use the checklist for yourself through it?**

So, I had a sticky note that I put on my computer before, that’s what I kind of thought because I- you know I’ve always got that right in front of me and it reminds me. And I put on the thing about the ‘think about avoiding negative phrases’ and ‘ending the consultation in an optimistic way’, so the last thing they remember you saying is a positive thing.

**Oh yes**.

Which I think I probably try and do that anyway. I try and be positive and at the end I try and do a little summary for people because I think there's so much goes on in the consultation that actually you can't expect patients to remember it. It's not their sort of expert area, it's mine as it were, and I remember all of it, but they're not going to remember every bit that I said, or they might not remember it the same way that I remember it. So, trying to end in a positive way and summarize things, I think is kind of- It's just quite a nice way to kind of wrap things up.

Reference 3 - 2.62% Coverage

**But did you, after you’d done the training, did you reflect sort of on what you normally do, before you done the training? Did you think back?**

Yeah, I think the thing about negative phrases, that's probably the biggest thing I've taken from this, is trying to think about how I phrase things and rather than saying ‘well, it works for 50% of people but not the others’. Thinking about actually ‘this works for over half of people, lots of patients find it very successful, lots of patients get some benefit from it’. And trying to think of it in a much more positive way. So, I'm not trying to mislead people but, thinking about it in and trying to just- just remove that negativity I suppose. Which I suppose sometimes just creeps in without us really maybe realizing it.

Reference 4 - 5.04% Coverage

**have you- how have you managed with implementing some of those things?**

So, I guess again it’s different- I think it would have been different if I'd been seeing patients face to face. Because I think the stuff that you kind of- within the content, about body language and active listening and things like that, I think that's easier to do when someone is in front of you.

**Yes.**

On the phone, there's a lot of kind of ‘hmm’, ‘okay’, ‘yes’, and a lot of positive sort of encouraging noises that you can make. But I sometimes feel a bit like a parrot going ‘okay, yeah’, ‘go on’, ‘carry on’. And you sometimes think, do they think I'm being in some way strange in some way? You think what does the patient think of how often I'm kind of nodding along as well. Because I forget, they can't see me nodding along, I’ve not given a verbal cue that I'm listening and I found that a little bit- I suppose in some ways felt forced to kind of verbalize that I was listening. Because I'm so used just letting people talk. I still operate the kind of golden minute at the beginning and try and get people to sort of tell me what's going on and try and interrupt as little as possible, unless I think ‘oh there's loads of stuff going on here’, and I need to be a bit more targeted in how we approach this one, which doesn't happen usually often, luckily. But I think over the phone, it is more challenging to kind of impart these things. So, I have been having to think about it a bit more consciously.

Reference 5 - 7.46% Coverage

**One of the- so making some of these, these changes that you've set yourself and you know, trying to implement them in the different situations. Sort of thinking forwards, how do you think you will be able to implement these- like one month, three months down the line? Is there anything that you think we can do as a training package to support the continual use of these things?**

I think it's easy when you learn something to kind of practice it for a bit and then maybe forget about it if you don't consciously think about using those skills. So maybe kind of a reminder email maybe, or something to say don't forget you did this a month ago. And how are things going, or just a kind of memory jog I suppose, to kind of say you know how's it gone? And then if you’ve maybe not been thinking about it, if you think maybe, actually I had a consultation where I could have used that, or actually could have done that better. And I suppose, I wouldn't say going through it all again is necessarily going to be very helpful.

**No.**

But kind of act as a kind of memory or sort of a reminder, I suppose.

**Okay. Well what about a small reflective exercise. As far as…**

Yeah, I think if it's something that's only going to take a few minutes I think would be fine. Because I think anything that takes a couple of minutes, you’re probably going to be doing it anyway without thinking about it. But just using it via a training package, just structures your thoughts, perhaps a bit more. Because I think most GP’s whether they like to admit it or not, are probably quite reflective people and doctors are probably quite reflective people. You know they want- they want to do better. They want to learn, they want to give the best to the patients and they want to be as good as they can be- well most I would say. So, I think we're all naturally quite reflective people, but I do think some people struggle when you say ‘right reflect on paper’, or I think sometimes I can't reflect, but they're probably doing it without even thinking about it.

**Yes.**

Because they've never thought of it as reflection. They think of it as almost self-criticism or growth, but actually it can be incorporated into a reflective process.

# Code: 6. Recommending to Colleagues

## Excerpts about recommending EMPathicO to colleagues.

Reference 1 - 7.00% Coverage

**Yes, so… would you recommend this sort of to other colleagues, other primary care professionals? Think it's a…**

Yeah even trainees as well I think and undergraduates as well, but I think they probably wouldn’t, get quite as much out of it but I well just because they haven't done as many consultations. Or meaningful ones. But I do think it would be relevant all the way through and it and across disciplines as well there’s no reason why it has to just be a doctor it could be a, anyone who consults so from physios to pharmacists to PAs anyone could use it couldn't they to, ‘cause it’s all, it’s just consultation skills really isn't it.

**It is. We've been so we've we’ve directed this towards more primary care, so nurse nurses, nurse practitioners, primary care physios, at this stage we’ve had them look, look at it so, hopefully we're trying to make it more widely relevant, but um okay…**

Yeah, I mean PA PAs would be another good area to…

**Oh physician, physician assistants.**

Associate yeah, yeah.

**Associates yeah**

Yeah so because I mean they only have relatively brief clinical trainings so it’s two years so anything like this where they can enhance their consultation skills I think it would be quite helpful. XXXXX

**Yes, the training. Yeah.**

Yeah, but it’s certainly there, there’s about, well there was about two hundred and fifty across the country last year and that those numbers are rapidly increasing.

XXXXX

Well yeah cause they they they really they struggle ‘cause they haven't got, they have a CPD requirement and they have to revalidate like doctors do, and nurses, but they don't have any that many resources so I think this would be really useful to them.

Reference 1 - 0.36% Coverage

Novel and it was made to be very achievable, that's it is achievable, and probably something we don't. We don't, we don't do normally,

Reference 2 - 2.19% Coverage

 **So is that something you think you'll follow forward and have a** ?

Yes, very much right now, but I'll take it to the practice as well and to the trainees. Yeah, I know, yeah, I think it's really good and I think you know because they usually a bit softer anyway. The trainees a bit more every fair if you know, I mean because you know they have longer, they take longer that they have got so much other stuff on their mind in terms of practice stuff. So so they tend to be. But yeah, I think they'll they'll really like it. I think it's very, very doable, especially the ones who come perhaps from hospital into general practice. Yeah, I thought because they're very much. Based on the worst case scenarios, well, probably more so than me, I suspect. So you know that will be it. Be really useful tool to have.

Reference 3 - 2.87% Coverage

 **What do you think for your physician associates as well? This? Would that be a?**

XXXXX In general. I think it would be very useful. XXXXX Uhm, I think again that can be very useful for them, but I think it's got to be, uh. I think that it it they've got a lot on their plate at the moment.

Reference 4 - 0.69% Coverage

**No necessarily the priority then?**

You know what the hell is going on here? What do I do? You know, 'cause if they've only been doing it for two or three years, you know I've been doing this for 30 years and I still don't know just what I mean. Yeah, yeah.

Reference 1 - 4.88% Coverage

**OK. So just sort of finally just thinking about that training and using it in wider clinical practice. I mean, would you recommend this training to other colleagues?**

Yeah, I think I would. Yeah, yeah. I I think. Yeah, I think I mean something like myself where I'm fairly invested in communication and language and things like that are still pick up a few bits from it an and I think I'd be interested. Maybe sort of people that aren't invested in this how they found it, but yeah, I'd certainly encourage people to do it.

**Can you, um? I think what any barriers might be to using it to a wider roller in clinical practice.**

I think probably the biggest barriers that was that traditional medical model of orthopedics and musculoskeletal. So I think if somebody is invested in how much pain somebody has is dependent on how bad their X Ray looks, and there are only likely to improve with steroid injection or knee replacement that might be the end if there might need to be some background work in terms of how active management and understanding and fear and all those kind of things have a big impact on pain. It might be that yeah, some understanding of the complexities of pain and. Active management of arthritis that that could a barrier?

Reference 1 - 3.61% Coverage

**OK, no, that's that's useful. Thank you. So just finally, would you sort of recommend this training to other colleagues?**

Yes, and I have I. I've been in touch with [trial manager]. And I’ve managed to beg and borrow and get one more of my team to to do it so. Because I know you're kind of full. You've got your cohort, but if you could squeeze one more because I do think it's really, it's a clinician friendly, nonthreatening way of approaching you know. To be honest, kind of fully rounded, patient centred approach to managing patients, you know, kind of within a common sense model or biopsychosocial model. And I think it's I want to see more of my team, you know, being comfortable with it. Everyone knows about it theoretically, but. Yeah, and I thought I thought This is. I guess the the term I keep coming back to is it a kind of bite sized, nonthreatening introduction to it? Yeah, that's very practically oriented, which I really like.

Reference 1 - 1.57% Coverage

**Okay. Would you sort of recommend this training to other, other colleagues of yours or other primary care professionals like nurses or first contact practitioners?**

Yeah, I would. So yeah, I mean I don't know if it's available yet for people to use, or if it's still in the- the sort of study stage. But- but, yes I would. I would recommend it to people.

Reference 1 - 3.22% Coverage

**So in general, just so that's an interesting point. Who did you feel that this training could potentially be helpful for?**

Yeah, so I work, my specialism is XXXXX. So for me there were lots of areas that I've sort of looked into before. I think this is really, really good for clinicians who are perhaps new to practice, or maybe as part of any mentoring or annual reviews that clinicians have where it's identified that they've got a learning needs to focus on some of these areas. So for example, if someone's got some development to do around their body language or developing active listening skills, those kind of things, almost that it's something that should become part of the framework of of development, particularly for for, I would say junior clinicians.

Reference 2 - 4.25% Coverage

**So we developed this for, for primary care practitioners, so people are seeing patients as a first line consultation. So how relevant did you see it might be for nurses for example, or and GPs?**

 I think it would be relevant for all clinical specialisms because it quite clearly outlines the structure, the structure of the of the soft skills within the consultation so the body language, the active listening, the concerning that you’ve understood what the patient's expectations are, confirming that the information you've gained from them is the information that they wanted you, to give to you as a clinician. So I think it it would cross lots of different clinical specialisms, from doctors to nurses, to physios, to rehabilitators because ultimately it's ensuring that within that consultation, you take as much from it as you can, but you also give the patient as much as they need from that that time, and sometimes appointment times are quite short. You can miss elements or not go into things in quite as much detail, but this would definitely kind of just keep you on track with those things to make sure you get everything you need from me from the consultation.

Reference 3 - 3.86% Coverage

 **OK, that's really useful. Thank you. So that's just yeah, just so, just interested about, whether you would recommend this sort of training to other of your colleagues, other clinicians?**

 I definitely I definitely would. Particularly for Clinicians that I would say are slightly newer or maybe have less, less experience of Sort of the range of challenging patients as well. Sometimes when they’re, they’re new in our setting we are, we are kind to them to begin with so they don't get too many challenges in terms of the other things to consider with patients. It's just about getting their confidence up that would be with the attachments with a relatively routine assessment. So I think this would be good, good for them once they've been in practice probably sort of three months or six months or so just to think, right actually, we should be moving out of that phase of just going through the process of the assessment, the clinical reasoning should be firmly in place. But now let's have that extra extra layer added on at the end. In particularly the optimism as well.

Reference 1 - 0.84% Coverage

**Okay, no that's that's really, that’s really helpful. So as a training generally, do you think that's something you would recommend to other colleagues?**

Yeah, definitely, yeah yeah, I'd have no hesitation in recommending it.

Reference 2 - 1.76% Coverage

**And how relevant do you think it's for other primary care professionals such as nurse practitioners for example?**

Yeah I mean I think it can be applied across the board, so I don't think it's necessarily sort of GP specific. And a lot of our sort of nurses, nurse practitioners, adverse nurse practitioners you know have very sort of similar roles now to, to GPs and have similarly complex consultations with you know some of our more challenging groups of the population.

Reference 1 - 3.66% Coverage

**So, when we developed this training package, we did it for primary care practitioners, so including nurses and- and you know, first contact practitioners. I mean, how relevant do you feel working through that, that is to the other health care groups? Health care professionals?**

I suppose- I guess it depends what their kind of training packages have been like. Because I could say- well, I know what GP training’s like, because I know what it's like to be a medical student. I don't know how much emphasis there is in other kind of professions, around things like empathy and building the relationship and all that kind of- that sort of thing. I suppose if they don't have any of that in their kind of undergraduate or postgraduate training packages then- then definitely, I think it would be helpful. But even if they do, it’s a recap isn’t it? A bit like as I've said, it has been for me in some ways, that sort of recapping.

**Yeah.**

But then other bits- sort of thinking about the negative phrasing and making it more positive, has been a sort of nice kind of reminder I suppose.

Reference 2 - 5.78% Coverage

**Okay, that's good, thank you. And is it the sort of training do you think in normal situations, you'd recommend to other colleagues?**

Yeah, I think, I imagine there would be some people that would just say ‘Oh I don't need do a training package, because I do that anyway’. There's always going to be people that say things like that-

**Yes.**

-Sort of, or maybe don’t prioritize this kind of learning. They will more prioritize perhaps say the more sort of biomedical knowledge as opposed to the kind of- maybe the softer more human skills. But I do think it's important that we remember that to be a sort of a complete GP, you don't have to be perfect in terms of your knowledge all the time. And actually, being sort of you know, empathetic and approachable and feeling personable and sort of being able to build a relationship with the patient- actually, a lot of patients will remember the feeling that you gave them, as opposed to the perfect advice that you gave them. So, I do think there’s a lot to be said for sort of acknowledging that these skills are really important and need to be kind of reviewed regularly. You can't just think ‘I’m a nice person, so I'm fine’. You know, we need to think about these things and think about how you, how you work- and everyone changes as you get older. I suppose your relationship changes perhaps within your practice, you might go from being a trainee to working there, to maybe being a partner or a senior partner, whatever. And I suppose the dynamics between you and your staff change and maybe the dynamics between you and your patients change. I don't know, but kind of being brought back to these basics I think is probably quite helpful for a lot of people.

# Code: 7. Relevance to Other Conditions

## Excerpts about the relevance of EMPathicO to other conditions, beyond osteoarthritis.

Reference 1 - 2.20% Coverage

**And you said at the beginning you thought it was relevant outside of osteoarthritis as well, for other** **conditions?**

Yes.

**Are there any other things that we could focus on? For example, what would you consider it to be most- other conditions, most relevant?**

Well I suppose there is a lot of overlap with, with chronic pain and many pain conditions isn’t there? So that would be my first thought, but you could probably use the principles for- for most long-term conditions, I would have thought.

Reference 1 - 1.39% Coverage

Uh, and um. So, so I'm making a conscious effort. And it's not just with depression, but with with other chronic conditions. So I have a couple of patients who you do have chronic pain, but they maybe have some mental health problems and just emphasizing emphasizing the that must be tough. How is it affecting your home life, you know? And just just being being aware that the effect of my language has on the dynamics of the consultation.

Reference 2 - 2.73% Coverage

 **What are the sort of areas do you think in Healthcare? You think it might be? Might be helpful. This type of a communication skill.**

I think this is designed, you mentioned osteoarthritis, but I think any chronic pain syndromes. I think it will be. It will be useful for anyone who whose condition defects their activities. Daily living significantly. ??(00:12:51) on tablets, musculoskeletal, as well as but also mental health. Yeah, I think that's that's that's quite important. Where it might help. Those would be probably the main areas, possibly some chronic diseases as well. Some people can catastrophize about certain chronic diseases, and I think anywhere where you have this catastrophisation you could actually do you turn things around a bit by using this language. So for example diabetes, people with maybe some like epilepsy or something like that.

Reference 1 - 4.13% Coverage

 **OK. Well obviously we’ve, we’ve done some some of this around, most of this around osteoarthritis. How transferable do you think that some of the things that we're talking about are two other other areas and other conditions?**

 I think that was a good level of transferability, particularly when you spend a lot of time trying to encourage people to get into to physical activity, when they maybe haven't been active for a long period of time. So that understanding that movement isn't gonna make things worse. You may feel uncomfortable, but it's quite natural to feel uncomfortable when you're starting to use muscles in the body that haven't been used for awhile. And significant transferability to lots of patient populations, whether that's people getting back into exercise, people with chronic pain, anyone who's adopted any sort of fearful or avoidant behaviours around training. And again, equally, maybe because some patients from mental health populations as well. It's important for them to know that they might feel certain sensations within their body, but those are to be expected when using the body again after a period of inactivity.

Reference 1 - 1.76% Coverage

**And how relevant do you think it's for other primary care professionals such as nurse practitioners for example?**

Yeah I mean I think it can be applied across the board, so I don't think it's necessarily sort of GP specific. And a lot of our sort of nurses, nurse practitioners, adverse nurse practitioners you know have very sort of similar roles now to, to GPs and have similarly complex consultations with you know some of our more challenging groups of the population.

# Code: 8. Suggested Improvements

## Excerpts suggesting improvements to EMPathicO

Reference 1 - 1.39% Coverage

So if you could have a link to that section so you could reflect on what the content was, which prompted you to make that goal, and then reflect on how you done according to the content. I think that would be helpful. I don’t think I'd go through the whole thing again, 'cause there were some bits I I did feel like I'd mastered already, I probably didn’t need to go over that.

Reference 2 - 1.67% Coverage

**And sort of the training that’s, that we say in the training tool, you think that's relevant and appropriate to telephone and video consultations as as they are? Is anything else you think we could, need to consider or add to it to make it relevant to telephone, video.**

I don’t, no I don't think so. I think I, I mean I think the contents the same really. No I, I don't think I can't, I can't think of an example of anything which should be different.

Reference 3 - 4.28% Coverage

**Okay, I think, so just sort of finally do you think there's anything we could improve on with with the whole, with the whole intervention?**

I don't know I think I was. I suppose it yeah I I. I was expecting there to be more video and actually there was there wasn't that much it was at the beginning wasn't it I think that was the video clip just introducing it but actually, I it it worked absolutely fine without that, so I think 'cause sometimes when there there’s video you kind of think that’s the only way to do it whereas the way it was set out it was really more about the principles of examples. And I I think, initially I would have said more but no I think I think it was absolutely fine.

**Balance was okay?**

And as to say it was the right length so I didn't feel like oh god there's still more to do, which is how you feel with some of these things isn’t it. But maybe, maybe I should have retained more of it than I did, but I think I I I tend not to, I tend to remember principles you see. So I I, I don't remember the content exactly, word for word, but I can remember what I took away from it so. No I don’t think you need to change anything.

Reference 1 - 2.35% Coverage

**Do you think we need to make any adapted anyways, anything else, we could add**?

OK, uhm? So I had to go through it twice to really be sure, but quite frankly I usually have to go through things twice to make things stick in my elderly forgetful brain, but let's think. Highlight as in with the flow chart. Somewhere. It's great you got it is having the framework to hang it all on. I think the three sections I think you you put it into three sections. If I remember right there when I did it yeah and that was useful. I think that was really good. 'Cause you knew what you were trying to achieve in both I'm not. Yeah, I did not realize I probably can't think of anything. Keeping it simple is always good. Yeah, with with, with three sections and Headings and not too much info. The video was except was really good so I thought that was really helpful. What he did.

Reference 1 - 1.17% Coverage

So I I’ve logged back on back on once, but I have reflective and gone to the note that the paper notes that I made a couple of times 'cause I wasn't sure if I get locked out of the of the of the software at some point and then not be able to access the bits that I've done. So I made notes as I went along.

Reference 2 - 4.97% Coverage

Having said that, I wonder if you know whether that's a kind of recorded just two or three key slides of the more more depth in terms of whether that's the theory behind what you're trying to achieve in terms of motivational behavior change, the goal, is it self empowerment in times of the terms of behavior change with physical activity levels, weight of obesity, smoking whatever? Or is it reducing costs on on the NHS? And so maybe maybe. I mean, maybe a learning task, maybe enough? I don't know. I suppose an assessment. Yeah, multiple choice question. Have you have you learned something from this? But did you do it a week later or something like that? To look at long term long term. Behavior change in the short term, but whether that long term you know. Again, I suppose you don't know. You can sign on in a month, or can you get released that you, maybe get released a multiple-choice question in a month time. You know the. Have has it changed your practice, yes or no? Give us three examples? Is this question open ended? It just reflects empathy. When would you use it in the consultation? Is it at the end of it in the middle optimism? Why would we use it yet? I don't know something like that to see have I retained that information in too much time and am I still using it with my patients.

Reference 3 - 1.42% Coverage

 Well actually I have slipped back into, you know, cutting call here and there. You know, I think that that is certainly something I try and do with my teams. Go and revisit stuff. We talk 2 -3 months ago. How many used XY and Z and you know it drops back to, people do what they do and you'll get a maybe a slight change. So reaffirming it, I think is probably a good thing.

Reference 1 - 7.13% Coverage

**Yes. Do you think there's anything else we should add to our training? About- about communication or empathy during these different consultations?**

It’s really hard isn’t it? I guess it depends on how long it all goes on, in terms of the COVID situation, if you need to wear PPE and where you see your training fitting in.

**Yes.**

Because- yeah, we- we just don't know how long this is going to be with us for do we? I suspect for awhile and if you want people to start using it now and being able to put it into practice now, maybe you could have a little section on it. And then I suppose you could take it out later if, If it came-

**Yes,**

-More obsolete. But it wasn’t something I went through and thought ‘oh none of this isn’t relevant because we are now doing things in a different way’. So, I still think there was a lot of elements of what was in the modules that were relevant even in the remote consultation settings.

**Okay.**

Just maybe have to try a bit harder and try things in a different way I suppose.

**So, If we could just move to the other-**

-And I, sorry yeah.

**Sorry, no, no after you please.**

No, I was just thinking that actually some of it- some of the advice is even more important probably, when you're talking to people on the phone. So, the things about being very specific about instructions. Actually, I'm finding- I think, that kind of thing is probably as I say more- more of a consideration, when you can't see somebody to know that they are understanding what you're saying. So actually, those kinds of things that- that it talks about in your modules are highly relevant, yeah.

Reference 2 - 0.93% Coverage

But yes. It probably takes a bit of effort to get to that stage, I think. So yeah, that would be having some kind of strategy to actually purposefully go back to it or remind yourself of it at certain intervals.

Reference 3 - 3.25% Coverage

**Do you- what do you think about us adding to the, to the training, to come back to it in a months-time, for example? And reflect on what you're currently doing or giving you a brief overview?**

Yea, I think that would be- if it was something short then I think that would be almost like- I can’t remember if there was like a summary at the end of each- that could just be looked back at- just that page for that module or something like that, could be really useful actually. And if you could set up some kind of like automated email or something so it just said ‘just have a look at this page’ that would- that would keep it in mind then, yeah. I mean that- different things work for different people, but that would probably work for me.

Reference 1 - 1.89% Coverage

. I like the resources and you know. So all the papers. Yeah, there was. I think I I got about five or six papers out of it, so maybe at the end. So let's reading. You might want to boost that, but I know that is that a professor [name] who was at Southampton? . So I need a lot of stuff on ear infections. Waited on a lot? **Yes yes yes.**

So those papers were great. But you may want to just. Maybe it's just being meeting me. Expand the list of selected readings. The some people will be interested in reading about the background, but I just I just collect the papers as I went through the training

Reference 1 - 2.42% Coverage

**So is there anything we could do from a training perspective, including things like revisiting or sending reminders or doing anything a bit further along down the line?**

 I think potentially the option of videoing the the consultation that would be that would be challenging, but I think it would be would be of interest. And yeah, maybe just in a couple of months time, just an email for a sort of an extended reflection so so the reflection down the line: Have you developed the strategies anymore? Have you stopped using any of the strategies? If you said you have, Why? Has it been time or some other issue? Just to see what the kind of longevity is at the the training.

Reference 2 - 1.95% Coverage

I think I'm, the the training was was useful. I was able to draw things from it that I can revisit in my practice and and strategies to look to use in the practice. It may be that some individuals find it quite challenging to complete the reflection and maybe are not so confident or able to form strategy with how they might use or trial things, so maybe sort of suggestions with potential strategies. ie, if you have found that you struggle to end the consultation on an optimistic note, consider consider this, or consider that potentially.

Reference 1 - 4.50% Coverage

**Is there anything else that you know that you could give us feedback from the whole training or anything around the content of that that helpful for us?**

So I think it was it was a useful package. Uh, as I say, the number of bits from it I had some awareness off, but it was nice to be refreshed of that particularly after working in practice. The colour scheme in the layouts was maybe less, less refined than maybe some of the learning packages that I've done. That's a minor thing. And certainly it didn't stop or affect his functionality. But I'm but no it was. It was interesting and I enjoy doing it and which is an yeah. Learning idea and things like that. It felt relevant and interesting and it was a nice mixture of different learning formats and it was helpful to have the evidence to look at to support it and to know actually everything that was being said, there wasn't just someone's opinion, but it had been thought through and carefully constructed and having the application bit at the end was was a good thing. I don't think I would have thought through it or applied the material as well if I had not been made to. Begrudged at the time, but the most beneficial afterwards so.

Reference 1 - 0.40% Coverage

So, you know, it might just be an idea to send a little nudge or reminder out after a week or two perhaps.

Reference 2 - 1.73% Coverage

And yes, I started off with a post-it note. Problem is it gets lost, but I I kind of remembered what they were so. But I I you know if it weren't for hot rooming and not being able to have things around the room at the moment for infection control purposes and then then post-its work well. But I do wonder if you know sort of nudges, every week or two you might be of benefits, just to sort of refresh and remind you of what you said you were going to try and do.

# Code 9. Wider Implementation

## Excerpts about barriers to wider implementation of EMPathiO.

**Name:** 9. Wider implementation of training modules

Reference 1 - 3.32% Coverage

 **Just thinking about the training overall, what sort of barriers do you think there might be- we might encounter in trying to spread this out wider to get more people using the, the training intervention?**

It's just about time and competing priorities, isn't it really? So, I suppose it's making- It's about somehow advertising it in a way that people think yes, that's actually really important to look at, to start doing. Because you know it's, it's not onerous and I'm sure for most people there would be some useful learning points in there. But there are so many tools, training, things to look at; learning modules that it’s just kind of making it more prominent, isn't it? Which is probably yeah, I don't know how- how best to sort of embed it in.

Reference 2 - 3.42% Coverage

-updates say. Yeah, I mean they probably are prioritised less I suppose. ???(28:18) probably because obviously they have a much broader application. Yeah, I'm just trying to think of what would, what would make me do something if it- if it was just one of many things on offer. So, people have to see it as a, as a need, don't they? I think the fact that you know- the fact that it's taking a different slant on it, you know it's not it is not being sold as- was not being- you’re not marking it yet. But you’re not talking about consultation skills as such,

**No**.

And you're not talking specifically about osteoarthritis. You know the- the idea of empathy and optimism is, is quite novel, and I think that might attract people. So that that would be a sort of selling point.

Reference 1 - 6.13% Coverage

 **So finally, what sort of barriers do you think we might encounter in trying to get the usage of this sort of training out in wider clinical practice?**

 I, I think with. I'm going to be slightly controversial here. I think it was the younger generation. I think you'll be fine. I think actually people are hard. You are GP that they maybe they won't be partners. Maybe they'll they'll have more portfolio careers. I think more of them are actually having portfolio careers with education and other things like that involved, and they're interested in general practices as a specialty. I think with the slightly older GPS are partners, dare I say it, slightly burnt out once they will just look at this as they say is just something else. You know, this is just a load of academic, sort of. Navel gazing, so there may be some resistance there. Uh, I mean, I, you know I'm I'm quite old now, but to me it's but then I'm an educator and I've always been interested in this, so I think you might have some resistance to that in that cohort. But this is, you know that things are changing, you know, take this with the important thing in the pandemic is done is actually reduce the pressure on services. Maybe that cohort it was so busy delivering those 50-60 consultations today will actually have time now to actually reflect on their practice. Actually be a GP as opposed to just being someone who who who literally is like a convey about so you never know. So I think that's as opposed to a barrier. That's the pandemic is is more of an opportunity. I think you also have a small cohort who who regardless of what you do that it's just not their style of learning. You know and you get that in any with any health care professional. They're not reflectors, and they'll just go sort of by the book by the guidelines. Those are perhaps the ones you can't change anyway. Like it? Those would be the two barriers. Can't think of anything else.

# Code 10. Participation in the Trial

## Excerpts discussing participating in the trial, including aspects such as randomisation, recruitment, and the questionnaires.

Reference 1 - 1.82% Coverage

**Just finally, right at the end of the module there was some questionnaires, this was part of the the study that we were that we were planning on doing it’s about looking at your own, how likely you are to, use empathy and optimism, and in your consultations. Do you, do you remember doing those questionnaires at the end? Do you know how you felt about doing them?**

I think I need to go to a memory clinic. It shows how much you just process doesn't it. No I don't, I don't remember doing them.

Reference 1 - 12.01% Coverage

**Ok. So we're recording now. So just to start with uhm, obviously your practice was, uh, approached to be involved in the tip study. Uhm, so what encouraged you as the practice to take part in this particular study?**

 I thought it looked quite doable. And one of the easier ones to sort of understand and, and get a grip with and first thing. Two, I always thought I was quite empathic anyway, and, I just thought that it would be something that we could do quite well actually, and three, probably I think empathy. And I didn't realize about optimism to be honest, but empathy. Uhm. I you know, I think that is important in your consultation, especially more pre ??? (0:01:04) with mental health actually. But but you know so I think it is an important aspect of consultation. Parlance, if you like.

**Uh-huh So what were your sort of expectations of taking part.**

I thought we'd we do it, and when I looked at the video, I think yeah, I do this anyway. This is brilliant and that's not what I found at all. Embarassingly.

**Um? I’ve got, obviously we will talk about that in a move if that's alright, but could you describe any reservations you had about taking part?**

The reservations were not initial when I was going through the site file and the patient site site file. Oh, it just looked so complicated. That's the one thing I came away with. Oh bloody hell, I thought you know, sorry am I not allowed to say bloody I just thought you know what what is this you know the different consent forms at different times and it just seemed a bit complicated.

**Did it?**

 But, but once you could find what I always find very helpful is if I can find a flow diagram somewhere and I keep going back to that. I have got a basic skeleton on which to hang all the different forms so that made it a bit easier right? But the flow diagrams were really important for me in there they helped me. Have a very quick grasp of what we're doing.

 **Yes, OK, uh, because there was a number of elements of course associated with the trial. Do you think it could have been streamlined then in some, some way?**

Yes, that that would be good. The, the ,I think it's the same thing form for GPs. I think most GPs think every trial could be streamlined and probably actually can't we just hope they could be more streamlined to the way we're used to thinking and working.

**Yeah, OK, good, that's, that's helpful. So I just want to talk about generally the trial. So how would you encourage other practices to take parts? How do you think we could do that going forward?**

I think first of all I think it would be exceptionally good study for trainees to try and do if they're allowed to do GP registrars. I think you learn an awful lot from the training in a training video which you have access to either during if your randomized or at the end if you haven't been randomized to receive the training, and I think it's a really valuable thing. I think it gives a. To do so, first thing too, I think it's for everybody. It gives a really good method of looking at specific parts of your consultation, looking at certain things that you probably wouldn't do otherwise, and so I found it really helpful. Three or I thought the tips on what how to change things were really good for. The other thing I came away with. The idea of if you have a very brief summary. A bit more than your normal patter, possibly about different different. Conditions you can roll. You can develop that and keep that in your consult. So therefore, you provide information more optimism, which is quite important. Actually, I think in the oh, a video you showed about what is achievable in real life and you can start bringing that into other categories of medicines as well so you improve your, not just your empathy, but your information giving and hopefully the outcomes. You know, for the patient, I guess in lots of different. Categories of medical fields of medicine. So I think there's a really strong point actually for drawing people in. And it wasn't, It's not arduous. You feel it can't be arduous when you look at it**,** but it's not when you get down to it**.** If you see what I mean**.**

References 2-3 - 25.16% Coverage

**Good, ok, um, just if I could just ask just about the randomization? So you were randomized at a practice level so I know it was only yourself who was taking part time at your practice. But what do you think about this? So it's called cluster randomization, so the whole practice any of your, um, colleagues. If they've taken part without being in the same group, how do you feel about that? As, as far as, as a trial is concerned?**

I haven’t pre thought about that, but I can’t see if there is a problem. XXXXX

**Uh-huh**

For me, as I say, it doesn’t really matter today ‘cause it’s me doing it**,** but yeah.

 **Ok, and how was it communicated to you?** **How your, what group you were in?**

But yeah, I can’t remember. I think, I think I just got it. Actually now, I really can't remember. I think I just got an email saying through you can now go on to the study. I think I've got a link since we didn't buy something like that, and I did it. I went through a couple of times actually. First time I did it 'cause I thought I've got to do it and I want to just quickly know so I can get going. And, and but was it with everything when their new ideas? You just need to often go back and think. Well, actually, how am I going to do this? Let me definitely sort this out in my mind, and, it was worth. and I remember thinking when I did it. This is really worth while doing properly. This is good. So ,Yeah.

**Ok, good yeah. So was the around. This time was when we went into the lockdown measures and the actual patient. Nothing sort of started as far as their proper patient recruitment. But just as. Uh, before we talk about the sort of intervention itself. The uhm, the patient recruitment, what would have gone on to happen is then we’d have recruited patients with potentially a researcher in the waiting room to, to help with that. How would that have worked it at your practice? Do you think that would that have been helpful to have?**

 Oh definite, oh God, yes, I would have. I mean, I still,I still assume I'm going to be doing the next bit, aren't I?

Reference 4 - 4.07% Coverage

 **You know why during your practice as well. I mean, do you think there's anything that we could improve upon sort of from the intervention concern, or from the tip study that we haven't talked about?**

 I've got very confused - empathica/TIP to be honest. So I think I think what would be very helpful is because. Out because you I got back into this research periodically. Wanna think back I haven't done it for a bit, but it going pretty look and see where I am on this. I think if it can be somewhere written the difference between empathico and tip is that that's. If you if you can do anything like this again, it would be really helpful so that you've got a clear in your mind. I know there is a slight difference, but I cannot, I can't remember, you know, you just can't, so that is the one thing. What's the difference? Flowcharts are really useful charts and even with color. Even better. It's just so good. Less information is better, right? Those are and. Oh yeah, there can't be too probably too many flowcharts. Yeah, that's a good thing keeping it nice and streamlined and straightforward. Absolutely because of the way GPS will work, so there will be will be dotting back in. We may not have a set of that very few packs I think. Have a set research nurse. I know [surgery name] do, but that's because [dr's name] is there and you know and they're very set up and I think the [place name] one does because again there on the high level of research, XXXXX

Reference 5 - 1.53% Coverage

Well, so from what just to make sure I understand now. So first of all they do pass it back. I think it's a brilliant study and I think the learning package is really good. I think they've really nailed that well.

Reference 1 - 1.78% Coverage

**The interview is now being recorded.** **Firstly, uhm, I just wonder if you could tell me a bit about, uhm how you first came to know about this study that we were. Planning to run the tip study?**

Um so I've relatively recently started working for the surgery, and I know that [name of GP] runs the research side of things for the network and she brought it to my attention. Really that there was going to start and that we could participate if we wanted to.

Reference 2 - 3.76% Coverage

 **Yes, definitely. So just going back to the tip study so when *[gp name]* asked you obviously to get involved, So what were your expectations of what you thought you might need to do?**

So my expectations for the original model was that we would be recorded with doing how we would normally assess you know a normal appointment with somebody with osteoarthritis. We would then go through an education component. Uhm, and then be videod again with Potentially, and a change in our practice or changing our language. Or yeah, or a change in that appointment, really.

**And how did you feel about that?**

 Uh, well uhm, I think being interviewed and videod is always a little bit unusual, but actually an opportunity to change the practice is always gratefully received. Personally, I think that. the communication side of things. Empathy. I think that's a huge component to managing musculoskeletal problems. So quite excited about building on those skills, really.

Reference 3 - 3.48% Coverage

**Ok. And so can you describe any reservations you had about taking part in the tip study to start with.**

 I wouldn't say had any reservations just to just process things really just getting set up and time to do the study. Yeah, just those sort of logistical things really.

Had **you seen any of the set up documents or any of the process things? Do you see what you would need to do?**

Uh, I don't remember day. Uhm, I know I spoke to [name of GP]. I think they've videos consultations before, so I think they felt confident in a process that worked in the clinic rooms that we've got, so I think I just got sort of we had a sort of a dry run of what would what would work in the surgery and what has worked before.

**Right**

 So we’ve used that.

**Uh-huh okay, so having the support within from the practice and that practice experience.**

Yeah, yeah, I think they've done it before. Yeah yeah,