



SAAHE
South African Association of Health Educationalists

**SOUTH AFRICAN ASSOCIATION OF HEALTH EDUCATIONALISTS CENTRAL
REGION NEWSLETTER**

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**Opinions, views and comment expressed by contributors are not necessary the official
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I. Report on the SAAHE council meeting 7 March 2018

Conferences

The 2018 conference will take place at the Gateway hotel, KZN from 28 to 30 June 2018. Early registration is open. The organisers plan to publish the conference abstracts as proceedings and await the quotation from AJHPE.

The 2019 SAAHE conference will take place in Bloemfontein at the University of the Free State with Prof Mathys Labuschagne as the convenor. More details will be available after the 2018 conference.

Honorary membership

The SAAHE constitution makes provision for honorary membership. Honorary membership is intended to acknowledge meritorious service to the organisation such as promoting SAAHE matters, and keeping SAAHE on the radar internationally.

Awards

The distinguished educator and SAAHE research awards will be announced at the next SAAHE conference. A new panel and chairperson will be elected. The SAAHE Council Medal will be awarded for lifetime service to health professions education in the country as opposed to specifically in the service of SAAHE.

Membership fees

The matter will be finalised and an update will be provided at the SAAHE AGM during the conference.

IP of podcasts

It was established that there is no IP conflict associated with a podcast. Podcasts on a variety of topics are available on the SAAHE website.

Proposed constitutional change

SAAHE council supported a request from Zimbabwe to become a chapter/region of SAAHE. Such an inclusion will require a constitutional change. The constitution needs to be amended to include a section on associated regional membership.

Fogarty grant proposal

The President, Prof Francois Cilliers spearheaded a proposal to apply for a grant with SAFRI and FPD. The grant (if we are successful) will assist SAAHE to present a large variety of activities to the members.

Upcoming meetings

SAAHE council approved in principle to conduct meetings via Skype. This is an attempt to save costs, distribute the agenda items between meetings and keep momentum.

The next council meeting will take place on 27 June 14:00 to 18:00. The AGM will take place during the conference.

Hesta Friedrich-Nel

II. Effective communication in Health Sciences

A very apt quote by George Bernard Shaw states "The single biggest problem in communication is the illusion that it has taken place" and that is often the problem during communication in health sciences.

The importance of communication skills in Health Sciences should not be underestimated as it enables us: to accurately obtain the full history of the patient; efficiently discover the problems that the patient wishes to address; collaboratively negotiate a mutually acceptable management plan and supportively form a relationship between the patient and the health care profession. At the centre of all of these objectives is the patient, which emphasizes person or patient centeredness.

The ideal framework to use in providing not only structure to our communication session but also assisting us in building a relationship with our patient is the Calgary-Cambridge Guide. Between the two pillars of the framework lies the guiding steps, which includes initiating the session; gathering information; the physical examination; explanation and planning as well as closing the session. Although all these steps are essential for effective communication the content will differ from profession to profession. As part of the initiating session, it is important to identify the patient's problems; elicit the patient's narrative and to negotiate the agenda taking into account the patient's needs. I am sure that you would not ask the question why there is a need to elicit the patient's narrative. The advantages to encourage the patient to tell their story in their own words from when the symptoms first started to the present moment provides a clear picture of sequence of events; enhances accuracy of biomedical information and helps with an organizational framework to contribute to clinical reasoning. A useful phrase to guide the patient in the right direction

is "Tell me all about it from the beginning" or "I am curious to know why you are here today". Micro-skills are essential for effective communication and include using open and closed questions at the correct times and engaging in active listening, which can be non-verbal or verbal. A further micro skill is to allow for silence or pauses during the session which most likely precede disclosure from the patient. It is also important not only to feel empathy for the patient but actually showing the patient that "you've got it", this can be shown verbally or non-verbally. The last micro skill required for effective communication is the ability to summarise the information provided by the patient – this shows the patient that you have heard them and invites the patient to check, expand and collaborate.

What makes a good clinician? Is it your excellent academic knowledge? Is it your sound clinical reasoning skills? Is it your good interpersonal skills? Obviously all of the mentioned but The most important skill is communication skills. Chris Gardner (1982) stated: "If you can't communicate it doesn't matter what you know". Your clinical reasoning and hypothesizing, which ultimately lead to your choice of management plan for the patient all depend on the quality of the information you obtain from your patient. What needs to be acknowledged is that the content of the information you obtain and how you communicate rests on your personal beliefs, attitudes and feelings during the encounter. Therefore, therapeutic efficacy depends on the cognizance that every session with a patient depends on the effects from the content of the specific intervention as well as the effects due to the context of the encounter with the health care professional. Contextual effects can either enhance or reverse the effects of interventions and the therapeutic relationship is viewed as the most important contextual factor. What is often not realised is that the therapeutic relationship depends on effective communication skills and is therefore a core clinical skill, which underpins effective care. The good news is that effective communication skills can and should be taught, starting at undergraduate level.

*I would like to acknowledge my communication mentor Beverly Bolton for her phrases that inspire me.

Rolene Barnes

III. The Ethics Interest Group of the Faculty of Health Sciences of the University of the Free State

The Ethics Interest Group of the Faculty of Health Sciences of the University of the Free State was recently launched. The group consists of staff members of the Faculty of Health Sciences who regularly meet to discuss matters relating to Ethics and professional conduct in the Healthcare environment.

The objectives of the group is to spark conversation and reflection on Ethics; to create a platform where members could raise their concerns; and to create opportunities for earning Ethics CPD points. In order to fulfill these diverging needs of our members, the steering team use various formats for its events.

Our January event was a case presentation by forensic pathologist, Dr Chantelle Liebenberg, who demonstrated the ethical dilemmas in her working environment. On Valentine's day, we held a lively "Vox Box" discussion, where we held scenario-based discussions on issues that members identified as matters of ethical concern in their immediate working environment.

On the 14th of March 2018 we explored the theme "Bullying in the Health care environment". Our guest presenters were Dr Denine Smit from the Faculty of Law and co-author and editor of the recently launched book "Vulnerable employees"; and Dr Henriëtte van den Berg, a clinical psychologist. Dr Smit entertained us with a prezi on what bullying is, and highlighted the need for legal options to be developed in this field. Dr van den Berg elaborated on the psychological aspects of bullying from both the victim and the bully's view; as well as how to lessen the impact of bullying.

Please watch for our upcoming events during the year, hope to see you at our future events!

Paulina van Zyl
(Coordinator: Ethics Interest Group)

IV. The professional use of social media in the healthcare context: Reflection on workshop

Dr Henriette van den Berg is an expert on the psychological aspects of resilience and has provided multiple workshops on ethical issues within the healthcare setting in South Africa. In May, I was fortunate enough to attend her workshop on the ethical use of social media within the healthcare context. Here are a few of the aspects I found salient:

Healthcare professionals of a certain age (myself included) tend to view social media with reactions ranging from skepticism to outright terror. However, we do know that different forms of social media have proven to be excellent platforms for enhancing pedagogy. The uses vary from psychoeducation, providing access to experts and information in remote areas, to create a sense of community or teamwork surrounding a particular project or topic, building professional liaison and networks, enhanced and instant consultation between referral sources and experts as well as engaging with patients. This is a substantial list with immense benefits to healthcare professionals as well as students and patients.

Now for the scary part. For every benefit that social media presents there are risks of equal importance. Using technological devices such as cell phones, tablets and laptops provide mobile workstations and immediate sharing of information. They may also be stolen, lost, hacked or shared by other members of a household or office. This is why it is essential for each of us to become proficient and vigilant at installing and using software to protect our information, which includes encrypting data and password protecting our documents and programs. The maintenance of patient privacy and confidentiality should be an absolute. We also need to be mindful of the potential for the blurring of practitioner-patient relationship boundaries. Facebook, Instagram, Snapchat, WhatsApp, Twitter, LinkedIn and even Pinterest require the user to share, to varying degrees, private information and provide a particular glimpse into the private lives of practitioners, which patients would not otherwise have been privy to. We as professionals are now required to become mindful of what our social media accounts communicate about ourselves, and our professions, to society. We need to ensure that we adhere to our professional, legal and ethical guidelines not just in our physical interactions, but also to an equal, or even

greater extent, in our cyber interactions. Flippant comments made on newsfeeds or status updates on WhatsApp may have unintended effects on the reader and potentially unpleasant consequences to the author. Laws on defamation of character, right to privacy, hate speech legislation, *crimen injuria*, confidentiality, intellectual property, protection from harassment and the protection of individuals' right to an unimpaired reputation, are all relevant to cyber interactions within the South African context. Recent well-publicised cases regarding the unintended consequences of a quick response to a medical question on social media, remind us to type and post with extreme caution. What is regarded as a doctor-patient relationship is much less clear in cyberspace and the opportunity for misinterpretation and misrepresentation are immense.

Healthcare providers would do well to formalise patient-practitioner social media interaction in their written consent intake forms and include specific references to Facebook friend requests, WhatsApp availability and acceptable communication platforms in the case of an emergency. The limitations inherent to keeping electronic patient information should also be specified in such documents, while every possible measure should be put in place to protect their integrity. We were also advised to Google ourselves every few months – in order to audit the information that is available about our professional and private lives on social media and internet platforms. We need to check our security and privacy settings on all social media sites at regular intervals and change our passwords frequently. We also need to be conscious of the importance of avoiding slights to the organisations or companies with which we are affiliated. A derogatory comment made by a healthcare professional reflects poorly on them, their profession as well as their hospitals, clinics, companies and organisations.

When in doubt consult with your malpractice insurer, professional governing body or better yet, save that email as a draft, delete that WhatsApp even before it is sent, and give yourself a few minutes to cool off before responding to an online post. To surmise, the following quote explains the crux of social media use: "We must all suffer from one of two pains: the pain of discipline or the pain of regret. The difference is discipline weighs ounces while regret weighs tons." Jim Rohn
Angie Vorster

V. SAAHE News

The 2018 conference will take place at the Gateway hotel, KZN from 28 to 30 June 2018. Early registration is open. The theme for the conference is:

Deconstructed, decentralised, decolonised discourses and debates: Widening our horizon.

See the [conference website](#) for more information, or [submit an abstract](#) for consideration.

Contribute to the SAAHE Central Region Newsletter

All members are invited to present inputs for the SAAHE Central region newsletter. Contributions may be in the form of an article or a summary of an academic activity. Members may present contributions that were compiled by teams; you do not even have to do it on your own! Contributions may be send to Alwyn Hugo at Gnanaph@ufs.ac.za or Riaan van Wyk at VanWykR3@ufs.ac.za

Compiled by Riaan van Wyk May 2018