

Session plan Module 4:

Recognising fact and opinion and confidentiality in the NHS

Group: _____

Tutor: _____

Location: _____

Aims

- To explore the difference between fact and opinion.
- To discuss the issue of patient confidentiality and the importance of confidentiality in ensuring good customer care

Outcomes

Participants will have:

- discussed the role of fact as opposed to opinion when completing documents at work
- discussed the issues surrounding patient confidentiality
- explored strategies for maintaining confidentiality at work

Activity and time	Tutor activity	Learner activity	References
Introduction 10 minutes	<ul style="list-style-type: none"> • Recap on last week. • Introduce aims and objectives using module 4 presentation slides 1- 3. 	<ul style="list-style-type: none"> • Listen and respond 	SLlr/L2.1 KSF LI Core 1,2
Fact and opinion 10 minutes	<ul style="list-style-type: none"> • Introduce difference between fact and opinion. Discuss implications of writing own opinions on work documentation e.g. forms and care plans and the impact this may have on the customer care ethic. Ask what type of language should be used? It should be formal and informative as opposed to informal and emotional. • Show presentation slide 4. 	<ul style="list-style-type: none"> • Listen and respond. • Speak to communicate. 	SLlr/L2.1 SLc/L2.1 KSF LI Core 1,2,5
Completing care plans 20 minutes	<ul style="list-style-type: none"> • Give out Completing admission assessment sheet activity. • Ask participants to work in pairs to complete activity. • Take feedback. 	<ul style="list-style-type: none"> • Listen and respond. • Paired activity – complete care plan. • Give feedback 	Wt/L2.5 KSF LI Core 1,2,3,4,5,6

Activity and time	Tutor activity	Learner activity	References
<p>Between the lines: fact or fiction 20 minutes</p>	<ul style="list-style-type: none"> • Distribute Between the lines – cannabis warning activity. • Give participants 5 minutes to read through text and then go through the contents with them checking for understanding of vocabulary e.g. schizophrenics, psychotic. • Refer participants to activity 2 on the sheet. Read questions aloud and ask participants to tick answers as they go. • Take feedback. • Introduce presentation slide 5 and discuss bias. • Ask participants, in pairs, to highlight evidence of bias in the text. • Take feedback. 	<ul style="list-style-type: none"> • Listen and respond. • Read through text. • Individual activity – complete question sheet. • Paired activity – use highlighter pens. • Give feedback 	<p>Rw/L2.3 Rt/L2.4 - 5 KSF LI Core 1,2,3,4,5,6</p>
<p>Test practice 20 minutes</p>	<ul style="list-style-type: none"> • Distribute and set Practice Test questions. • Take feedback, go through answers and discuss. 	<ul style="list-style-type: none"> • Paired activity. • Read and respond. 	<p>KSF LI Core 1,2</p>
<p>Break 20 minutes</p>			
<p>Definition of confidentiality 10 minutes</p>	<ul style="list-style-type: none"> • Introduce activity by showing presentation slide 6 explaining that the purpose is to come to a shared definition of confidentiality. • Organise participants into small groups to discuss ‘What does the word confidentiality mean to you?’ • Take feedback and summarise. • Write a shared definition of confidentiality on flipchart. 	<ul style="list-style-type: none"> • Listen and respond. • Speak to communicate. • Give feedback. • Agree definition and include in own notes 	<p>SLlr/L2.1 Slc/L2.1 KSF LI Core 1,2,3,4,5,6</p>

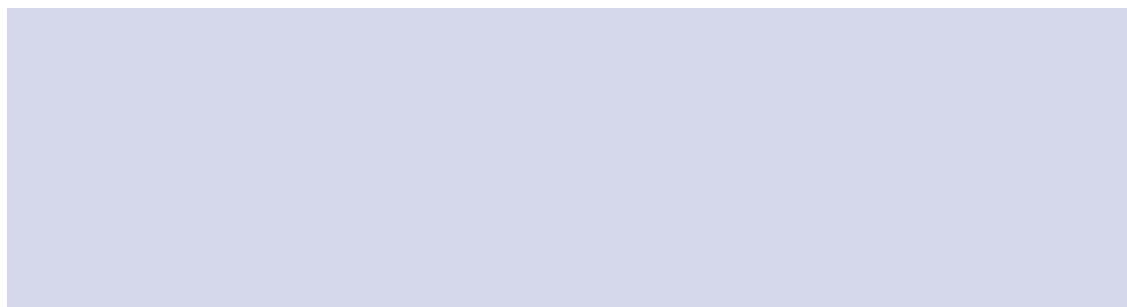
Activity and time	Tutor activity	Learner activity	References
<p>Passing on information 10 minutes</p>	<ul style="list-style-type: none"> • Introduce topic by showing presentation slide 7 and asking participants to consider: <ol style="list-style-type: none"> 1. What information might end up being discussed and why? 2. What kind of information might need to be passed on in the best interests of the client and why? 3. How does the inappropriate dissemination of information impact on customer care? • This activity could lead to a discussion about the difference between passing information on in the best interests of clients and gossiping. • Link to reporting fact and not opinion. • Summarise key points on how we can be careless with information about clients. • Distribute Golden rules and your responsibilities handout and discuss. • Take feedback. 	<ul style="list-style-type: none"> • Listen and respond. • Speak to communicate – discuss passing on of information for legitimate and illegitimate reasons. • Give feedback. 	<p>SLlr/L2.1 Slc/L2.1 Sld/L2.1-2 KSF LI Core 1,2,3,4,5,6</p>
<p>Getting to know your client 20 minutes</p>	<ul style="list-style-type: none"> • Give out Getting to know your client - case studies (3 case studies per group). Participants to work in pairs or small groups to highlight any areas of sensitivity for where there is a potential for a breach of confidentiality. • Take feedback. • Ask participants to identify five people who may be allowed access to information and five people who should not have access to information – list these on the flipchart. • Discuss issues of consent with participants. 	<ul style="list-style-type: none"> • Listen and respond. • Read case studies. • Paired/group activity – highlighting relevant text. • Give feedback. 	<p>Rt/L2.5 KSF LI Core 1,2,3,4,5,6</p>

Activity and time	Tutor activity	Learner activity	References
<p>Confidentiality quiz 25 minutes</p>	<ul style="list-style-type: none"> • Participants to work in small groups. • Give each group a set of confidentiality cards. • Each group to take turns taking a card, reading it aloud and answering the question. Give each team a limited amount of time to answer the questions. Cards are a mixture of good practice, poor practice and general questions. Participants must give reasons why they make their choices with some explanation. • Encourage discussion. • Correct answers to be marked up on flipchart and the winning team is the one with the most points. • Manage the activity. • Answers to questions appear on the Answers – Teacher resource sheet. 	<ul style="list-style-type: none"> • Listen and respond. • Speak to communicate. 	<p>SLlr/L2.1 Slc/L2.1 Sld/L2.1 Sld/L2.4 KSF LI Core 1,2,3,4,5,6</p>
<p>Summary 10 minutes</p>	<ul style="list-style-type: none"> • Revisit session aims and objectives. • Take feedback and questions • Give out evaluation sheet for module 4. 	<ul style="list-style-type: none"> • Listen and respond. 	<p>KSF LI Core 1,2</p>



Resources/aids

- Module 4 PowerPoint presentation/OHP slides
- Handouts: Golden rules and your responsibilities; Getting to know your clients – case studies; Answers to confidentiality quiz; evaluation sheet
- Activity sheets: Completing admission assessment sheet; Between the lines – cannabis warning;
- Practice test questions
- Confidentiality cards
- Egg timer
- Highlighter pens
- Flipchart and markers



Assessment evaluation




Individual learning planning


MOVE ON in the NHS
Module 4: Recognising fact and opinion and confidentiality in the NHS







Aims

- ➔ To explore the difference between fact and opinion.
- ➔ To discuss the issue of patient confidentiality and the importance of confidentiality in ensuring good customer care.






Outcomes

Participants will have:

- discussed the role of fact as opposed to opinion when completing documents at work.
- discussed the issues surrounding patient confidentiality
- explored strategies for maintaining confidentiality at work



get on at work Fact and opinion

What is the difference between fact and opinion?

- **Facts** provide information that can be proven by observation or reference to a reliable source.
- **Opinion** persuades the reader and cannot be proven.



get on at work Bias

What is bias?

- **Bias** is a subtle way of letting an opinion emerge without actually expressing it. For this reason, people are often unaware of their bias.



get on at work Confidentiality

The purpose of this activity is to come to a **shared definition** of confidentiality.





at work Passing on information

Consider:

- What information might end up being discussed and why?
- What kind of information might need to be passed on in the best interests of the client?



Activity summary and guidance sheet

Module 4

Introduction

Recap on previous session using Q and A to assess understanding. Introduce Module 4 aims and objectives using **slides 1 and 2**.

Fact and opinion

Ask participants to explain their understanding of the difference between fact and opinion. Discuss the implications of writing own opinions on work documentation e.g. on forms and care plans and the impact this may have on the customer care ethic. Ask in what way could this make them vulnerable as forms, reports and care plans need to be transparent and available for scrutiny. Ask what type of language should be used? Stress it should be formal and informative as opposed to informal and emotive. Show **slide 3**.

Completing admission assessment sheet

Give out Completing admission assessment sheet activity. When completed discuss the implications of what had been written originally and how this was inappropriate. Discuss what impression they had of the person who completed the form. Did they appear to like or dislike Mrs Jones? If they appeared to dislike Mrs Jones what would be the implications if Mrs Jones or her relatives lodged a complaint against the member of staff? Also discuss inclusion of irrelevant detail and why it is a waste of time.

Between the lines – cannabis warning

Give participants 5 minutes to read through the text and then go through the contents with them, first checking for understanding of vocabulary. They should then complete activity 2 which is designed to check if they understand the difference between fact, which is information that can be proved by observation, and opinion, which persuades the reader and cannot be proven.

Show **slide 4** which introduces the concept of bias and explain how bias can be reflected through the deliberate choice of emotive vocabulary (on the part of the writer) in a text. Ask participants, in pairs, to highlight evidence of bias in the text.

Definition of confidentiality

Show **slide 5** and explain that the purpose of the activity is to come to a shared definition of confidentiality. Organise participants into small groups to discuss 'What does the word confidentiality mean to you' and summarise feedback. Write a shared definition on flipchart.

Passing on information

Show **slide 6** and ask participants to consider:

- What information might end up being discussed and why?
- What kind of information might need to be passed on in the best interests of the client and why?

Participants should come to their own conclusions about the necessity to pass on information for reasons of health or safety. The discussion should also centre on the difference between passing information on in the best interests of the clients and gossiping. The link should again be made between reporting fact and not opinion. This may apply to verbal and well as written communication.

Summarise key points, on flipchart, on how we can be careless with information and hand out **Golden rules and your responsibilities** to conclude the discussion.

Getting to know your client – case studies

Participants to work in pairs or small groups. Hand out three case studies per group and ask participants to highlight any areas of sensitivity where there is the potential for a breach of confidentiality. Take feedback and discuss with whole group. Summarise key areas on flipchart. These may include personal details, nature and seriousness of illness, type of medication, mental health issues etc. Ask participants to identify five people who may be allowed access to information, for example doctor, health visitor and relatives and five who may not, for example dinner ladies and cleaners. Note these on flipchart for use during the **Confidentiality quiz**.

Confidentiality quiz

Participants to work in small groups of 3 or 4. Give each group a set of **confidentiality cards**. The cards can be photocopied onto card and guillotined. It may be useful to laminate the cards if they are to be used frequently. Split the 36 cards between the groups. They should set them face down.

Each group to take turns taking a card, reading it aloud and answering the question. Use a timing device (such as an egg timer) to time each group. This will ensure that the pace of the quiz doesn't flag and participants don't get bored. The cards are a mixture of good practice, poor practice and general question cards and participants must give reasons why they make their choices. Encourage discussion between members of the group and they must come to a consensus before answering the question. Draw a scoresheet on the flipchart – perhaps each group can assign themselves a name – and assign one mark for correct answers. Suggested answers can be found on the **Answers: Confidentiality quiz (Teacher resources)**. Assign two marks if you think the group answered the question particularly well. The winning team is the one with the most points.

This quiz is an adaptation of a confidentiality activity devised by the DFES Standards Unit for use in Health and Social Care. The activity is much more detailed than this quiz and is designed to fill one or more three hour sessions. If you have access to the DFES activity, you may find it useful for background information.

Summary

Revisit session aims and objectives, using **slides 1 and 2**.

Activity: Completing admission assessment sheet

You may be asked to complete documentation such as care plans or admission sheets. Read Ethel's admission assessment sheet. The language isn't always suitable and there are also some unnecessary or irrelevant details. Use the information to complete the second sheet more professionally.

Admission assessment sheet – sheet 1

Personal information

Name: Ethel Jones
DOB: 05/06/1924
Admission date: 19/03/2005
Address : 27 The Buildings, Newtown, Northshire, NS69KL
Name and address of next of kin: Mrs Mary French, 25 Oak Street, Newtown, Northshire, NS1 2WS
Relationship: Daughter. Her daughter is a very important person who has a high-flying job at the bank and she will be annoyed if she is telephoned during the day.

Medical history

Name and address of doctor: Dr A Richards, The Practice, Newtown, Northshire, NS9 8YG
Allergies: Nuts – but Ethel doesn't really like nuts anyway, especially peanuts. She prefers to eat dried fruit.
Aspirin.
Medication: Paracetamol if pain killers needed.
Weight: 75kg
Urine: Glucose present
Comments: Ethel is really overweight and should watch herself especially as she is diabetic. She should be more sensible about her diet.

Additional information

Mobility: Uses Zimmer frame
Anxieties: She keeps going on and on about her cat. She thinks her next door neighbour won't bother to feed him.
Interests: She plays lots of bridge. She also enjoys watching TV programmes like 'Countdown' and 'Who wants to be a millionaire?'. I warned her that programmes like that would get her overexcited and she'd better be careful.

Admission assessment sheet – sheet 2

Personal information

Name: Ethel Jones
DOB: 05/06/1924
Admission date: 19/03/2005
Address : 27 The Buildings, Newtown, Northshire, NS69KL
Name and address of next of kin: Mrs Mary French, 25 Oak Street, Newtown, Northshire, NS1 2WS
Relationship:

Medical history

Name and address of doctor: Dr A Richards, The Practice, Newtown, Northshire, NS9 8YG

Allergies:

Medication: Paracetamol if pain killers needed.

Weight: 75kg

Urine: Glucose present

Comments:

Additional information

Mobility: Uses Zimmer frame

Anxieties:

Interests:

Answers: Completing admission assessment sheet

Admission assessment sheet

Personal information

Name: Ethel Jones
DOB: 05/06/1924
Admission date: 19/03/2005
Address : 27 The Buildings, Newtown, Northshire, NS69KL
Name and address of next of kin: Mrs Mary French, 25 Oak Street, Newtown, Northshire, NS1 2WS
Relationship: Daughter. Contactable evenings only.

Medical history

Name and address of doctor: Dr A Richards, The Practice, Newtown, Northshire, NS9 8YG
Allergies: Nuts. Aspirin.

Medication: Paracetamol if pain killers needed.
Weight: 75kg
Urine: Glucose present
Comments: Diet necessary to control diabetes.

Additional information

Mobility: Uses Zimmer frame
Anxieties: Is concerned about a pet cat.

Interests: Plays bridge. Enjoys watching quiz programmes on TV.

Activity: Between the lines – cannabis warning

Activity 1

Read this text carefully and highlight any words you are not familiar with.

CANNABIS WARNING

WIDESPREAD USE OF CANNABIS, the most commonly used illegal drug in this country, could soon cause a disaster on the scale of that caused by tobacco.

In the psychedelic sixties, the cannabis in 'peace' joints was less potent, and relatively risk-free. Today's high-strength cannabis is a time bomb waiting to explode.

By ignoring the toxic side effects we are taking dangerous risks. The hallucination-inducing drug could trigger psychotic delusion and produce a nation of schizophrenics.

Lung disease will increase too; evidence suggests that just three joints can inflict the same damage as 20 cigarettes. And cannabis users inhale more deeply as they strive for a better 'high'. Cancer could also be on the cards. Cannabis joints have 50% more carcinogens than ordinary cigarettes.

Pro-legislation politicians, by harping back to their heydays as sixties hippies, are potentially harming the young of today. They have had their past; they should let the young have a future.

Activity 2

Tick the relevant boxes.

		Fact	Opinion
1.	Cannabis is the most commonly used illegal drug in this country.		
2.	Cannabis could soon cause a disaster on the scale of that caused by tobacco.		
3.	Cannabis in 'peace' joints was less potent.		
4.	Cannabis in 'peace' joints was relatively risk free.		
5.	By ignoring the toxic side effects we are taking dangerous risks.		
6.	The drug could trigger psychotic delusion and produce a nation of schizophrenics.		
7.	Lung disease will increase too.		
8.	Three joints can inflict the same damage as 20 cigarettes.		
9.	Cannabis joints have 50% more carcinogens than ordinary cigarettes.		
10.	Pro-legislation politicians are harming the young of today.		

Practice Test Questions:

Recognising fact and opinion

Questions 1 to 5 are based on the following document.

For Sale by Auction

Church End, Church Lane, Gingham Common, Wiltshire

Situated on the outskirts of this small town, Church End is a property with significant historical connections. Built during the Civil War, this listed building is reputed to have hidden many a Cavalier who was being pursued by the Roundheads. The house is currently owned by the well-known television personality, Samuel D. Rose, who now has a new show in the USA, and will reside there.

The detached house consists of entrance lobby, living room, sitting room kitchen/breakfast room and conservatory on the ground floor. On the first floor there are three charming bedrooms with oak beams and panelling. Each bedroom has a compact en suite bathroom. The second floor beneath a thatched roof has two box rooms which, if converted, would make a studio or fourth bedroom. There are extensive gardens to the front and rear and excellent views of the surrounding countryside. The boundary of the property is the bank of the River Luke. The ground amounts to three-quarters of an acre.

The property will be offered for sale by auction on 23rd April next at 11:00am at the King George Hotel in Greater Balchester.

For full details and viewing contact the vendors, Humble, Strake and Gladstone on 01578 31467

line 1

line 2

line 3

line 4

line 5

line 6

line 7

line 8

line 9

line 10

line 11

line 12

line 13

line 14

line 15

line 16

line 17

line 18

line 19

line 20

1. According to the document, which of these statements is a fact?

- A The property dates back to the time of the Civil War
- B The property is on the outskirts of Greater Balchester
- C The property owns a stretch of the River Luke
- D Each of the rooms has its own en suite bathroom

2. The statement that the two box rooms could be converted into a studio or 4th bedroom is

- A a suggestion
- B an exaggeration
- C a request
- D a conclusion

3. What is the likely reason that the house is being sold?

- A The owner is moving to the USA
- B The gardens are too much work
- C The attic rooms need converting
- D The house is no longer big enough

4. The word **detached** as it is used on line 9 means

- A disconnected
- B unattached
- C linked
- D displaced

5. A person wishing to look around the house should

- A write to the owner, Samuel D. Rose, in America
- B call at the King George Hotel, Greater Balchester
- C telephone the agents, Humble, Strake and Gladstone
- D be at Gingham Common in Wiltshire on 23rd April

Questions 6 to 10 are based on the following document.

Standards Of Service Provided By Travel Agents

Travel agents have the benefit of providing a neutral and impartial distribution of air tickets to customers. They have defined standards of service whereby they are committed to:

- offer the lowest fare available through each travel agent office
- not increase any fare once the ticket has been issued, for date, flight and class of service booked
- make refunds to passengers entitled to them within seven working days
- provide assistance to passengers with reduced mobility.

You can **expect** clear and accurate information at the time of booking on your time of departure and arrival, the name of the airline company and the flight number.

When tickets are received you can expect:

flight times to be confirmed and information about the amount of luggage you will be allowed to take. You can also **expect** clear information regarding the cost of taking excess luggage on the plane.

line 1
line 2
line 3
line 4
line 5
line 6
line 7
line 8
line 9
line 10
line 11
line 12
line 13
line 14
line 15
line 16
line 17



6. According to the document a passenger can **expect**

- A assistance if they have mobility problems
- B to receive refunds if they have mobility problems
- C to only pay more after they have received their tickets
- D to pay the lowest fare of all travel agents

7. A travel agent is expected to

- A confirm the airline number when sending out the tickets
- B provide information regarding the amount of luggage allowed
- C help passengers who have problems carrying excess luggage
- D tell passengers where they should collect their tickets from

8. The words committed to (line 4) mean that this is

- A something the travel agents intend to happen
- B something the agents think might happen
- C something passengers would like to happen
- D something the travel agents wish to avoid

9. The language that the writer of the document has used is

- A persuasive in order to get people to use travel agents
- B legal so that all passengers know their rights
- C unambiguous so that everyone's responsibilities are clear
- D forceful in order to make everyone obey the rules

10. According to the document

- A any refunds to passengers must be made after seven days
- B fares cannot be increased after a booking has been made
- C passengers with excess baggage are liable to be fined
- D departure times are the responsibility of the travel agent

Questions 11 to 15 are based on the following document.

Home safety – the problem

There are about 2.8 million home accidents in the UK each year where the victim visits an Accident and Emergency department for treatment.

In addition, there are a similar number of cases where the victim is treated by a General Practitioner as well as millions of minor injuries which are treated at home. There are over 3,000 deaths due to home accidents – more than on the roads.

The DTI published research in November 1999 giving an overview of the current pattern of home accidents and to help identify the areas where there is greatest scope for reducing them.

line 1
line 2
line 3
line 4
line 5
line 6
line 7
line 8
line 9
line 10

	% fatal	% non-fatal
Falls	52	42
Accidental poisoning by medicines	20	-
Uncontrolled fires	11	-
DIY	1	5
Choking on food and drink	5	-
Packaging accidents	-	4
Burns and scalds	2	2
Clothing fires	1	-

We are likely to achieve some improvement through simple measures. What can we do? Everyone needs to be aware that they too can help to improve safety in the home, for example, by correct storage of medicines and detergents and by keeping matches away from children.

line 11
line 12
line 13
line 14

11. According to the document, the greatest source of accidents in the home is from

- A falls
- B fires
- C poisoning
- D choking

12. What is the **main** purpose of the document?

- A To treat minor accidents at home
- B To attempt to raise public awareness
- C To outline new laws coming into place
- D To give general advice to car drivers

13. According to the document

- A fewer accidents involving falls are fatal than are non-fatal
- B more deaths occur from DIY accidents than clothing fires
- C choking accidents are less frequent than packaging accidents
- D more people die from choking than do from burns and scalds

14. This extract from the leaflet uses a combination of

- A graph and text
- B diagram and list
- C text and table
- D list and graphics

15. The word **measures** as it is used on line 11 means

- A methods
- B evaluations
- C calculations
- D ideas

Answers to practice test questions

1. A

2. A

3. A

4. B

5. C

6. A

7. B

8. A

9. C

10. B

11. A

12. B

13. D

14. C

15. A

Handout: Golden rules of confidentiality

- Treat other people and their information with the same respect you would like to receive yourself.
- Regard any personal information as strictly confidential.
- Recognise that all individuals have a right at common law to expect a duty of confidence.
- Disclosure of information should be on a 'need to know' basis. People having access to confidential information should be kept to a minimum.
- Be aware that information given for one purpose may not be used for a different purpose.
- Always return sensitive documents or computer disks to source and never leave them lying around for someone else to read.
- Never discuss confidential issues in a public place.
- No one should be given cause to feel that the integrity of their confidence has been breached.
- Keep personal data accurate and up to date.
- Be aware that it is an offence to hold or disclose information in breach of the Data Protection Act.

Handout: Getting to know your client – case studies

Tom

The day care centre keeps the following records on Tom:

Address, telephone number, names of his son and daughter-in-law with whom he lives.

Notes on his drug regime and the care he is receiving from his GP and other health and welfare services.

Tom is 77 and attends a day care centre five days a week. He suffers from severe arthritic pain in his hips, knees, ankles and feet. He has developed diabetes and this condition is very unstable. He also has breathing difficulties, which at times become severe. He is on very strong painkillers and medication for diabetes and to help with his breathing difficulties.

He lives with his son and daughter-in-law and their three teenage children on a remote farm. The farm is large and has been in the family for many generations and the family is the main workforce.

Tom is still a partner in the farm. Tom's son and daughter-in-law provide care at the weekend and evenings when they are also responsible for administering his medication. There are times when they find this difficult because of the demands of the farm.

It has been very difficult for a district nurse or agency care worker to provide the family with support because of the remoteness of the farm.

Tom reads widely about politics and business and likes to discuss these topics; he has strong views on some issues. He plays the piano and electronic organ and often entertains other patients at the day care centre when he is feeling well enough. He is adamant about not going into residential care, as he does not like to think of himself as being unwell or unfit.

Ella

The agency which supplies the day care staff have records of Ella's address, telephone numbers, number of her eldest son and the doctor's telephone number. They have the bank details because Ella's care is paid for by direct debit.

They also have notes they made after discussions with the social worker who visited Ella when she first became ill. They have the social worker's contact details.

Ella is 88. She lives in a retirement apartment. Her sons and daughters live over a hundred miles away; they keep in regular contact by letter and telephone. They also control Ella's finances. Ella was very fit and able to care for herself until 12 months ago when her sister died and Ella appeared to lose all interest in life. A niece, who lives locally and visits Ella regularly, became very concerned about the deterioration in Ella's physical and mental health. Ella had also become incontinent. The niece contacted Ella's sons and daughters and they gave the niece permission to contact local social services. Ella now receives day care from a local care agency. They supply care workers three times a day. The last visit of the day is never later than 6 p.m. when Ella is put to bed.

The doctor says that Ella is depressed.

Anil

Anil is a 25-year-old man who lives in a care home for people with learning disabilities.

The care home keeps records of Anil's medication.

Name and address of next of kin.

Anil enjoys music and going out with his friends. He particularly enjoys going clubbing as this combines both of his favourite things. Anil attends a local resource centre five days a week but would really like to get a job and he is currently looking for one.

Anil has learning difficulties and physical disabilities. He has a hearing impairment and communicates using Makaton sign language. He also has a book of symbols that he uses to support his signing.

Anil has said that he is feeling 'sad' at the moment as his mother died of cancer nearly a year ago.

Anil is prone to severe choking and often food and drink will enter his lungs when he eats. This causes him to be prone to chest infections. These have at times been so severe that he has had to be admitted to hospital.

During Anil's latest stay in hospital, he developed pneumonia and became so ill that the doctors advised his next of kin that he 'would not last the night'. Despite what the doctors said, Anil recovered from this and regained his health.

Anil sometimes has trouble breathing; he is on regular medication to try and improve this.

Jasmin

The ward has full details of Jasmin's home address, telephone number.

She would not supply details of her next of kin, but her daughter has left contact details for all of Jasmin's children and these are in the file, but not on the computer record.

The ward has kept notes of when Jasmin has been rude to staff or upset other patients.

Jasmin is terminally ill and she has made it clear to all staff that none of her friends and family should be told about her condition. Her daughter, who is a cancer specialist in a neighbouring hospital, has an idea about how sick her mother is and has been pressing for information. She is genuinely concerned. Her mother has refused to have any contact with her. Jasmin is refusing treatment, but has agreed to take painkilling drugs when this becomes necessary.

Jasmin is proud and happy to tell staff and the other patients about her many men friends, her glamorous life in the media spotlight, her exploits with heroine, cocaine and LSD, her travels abroad and her six children by six different fathers. She likes to show staff her collection of jewellery and explain the history and value of each piece. She has arranged for a hairdresser to come in twice a week to attend to her hair and wigs and a beautician makes a weekly visit. She has many visitors and she describes their background and lifestyles to the rest of the patients when they have left. At times her behaviour irritates and upsets other patients and puts strain on staff.

Tara

The college has Tara's home address and records of her progress, and the personal and learning support she receives.

Tara is 17; she has spinabifida and a kidney disorder. Tara achieved six grades A–C in her GCSEs. She now attends a college in a small town and she is taking three A levels. Tara is occasionally incontinent and has a support worker who supports her with this at college.

Tara lives at home with her parents and her younger brother and sister.

Tara spends much of her day in college in the library, in the student common room or the student dining room. Her attendance record in classes is good. She says that she comes to college to build a social life as well as to learn. She has described herself as 'boy mad', and has many boyfriends who she sometimes meets after college. She often spends her lunch break out of college with her friends and sometimes comes back to college smelling of alcohol.

Tara's parents have been in contact with her tutor as they are concerned about Tara's social life. Tara and her parents have argued about this. Tara has told her support worker that she wants to move away from home. She has also told her support worker that she sometimes lies to her parents about where she goes after college because they might be angry.

Card 1

A care worker discovers an empty whisky bottle hidden in an elderly man's locker; she knows he is a diabetic. She quietly informs the senior member of staff on duty.

Is this good or poor practice and why?

Card 2

A domiciliary care worker notices bruising on the arms and legs of an elderly woman cared for by her son. She makes a record and informs the domiciliary supervisory.

Is this good or poor practice and why?

Card 3

You share information with a member of a client's family, without asking the clients permission first.

Is this good or poor practice and why?

Card 4

On the page for January 10th in the diary, you write in that Billy has an appointment with the doctor about his 'piles'.

Is this good or poor practice and why?

Card 5

You pass information about one of your clients to someone over the telephone, without verifying his identity.

Is this good or poor practice and why?

Card 6

Rana tells the care worker that other residents call her racist names when no staff are around. The care worker confirms that such behaviour is hurtful and unacceptable and informs the senior member of staff.

Is this good or poor practice and why?

Card 7

A care worker notices needle marks on the arms of a young boy whilst playing pool with him. The care worker quietly reports his observation to the senior member of staff.

Is this good or poor practice and why?

Card 8

A relative tells a nurse that he thinks a volunteer at the residential home has a criminal record. The nurse thanks the relative for telling her and asks him not to discuss the matter with anyone else. She then informs the manager.

Is this good or poor practice and why?

Card 9

When telephoning the doctor about a client, you tell the receptionist what is wrong with the client.

Is this good or poor practice and why?

Card 10

You leave notes out in full view of others.

Is this good or poor practice and why?

Card 11

You discuss a client's condition with the cleaner.

Is this good or poor practice and why?

Card 12

You are asked to update a client's care plan. You run out of time at work so you decide to take the care plan home to work on.

Is this good or poor practice and why?

Card 13

What does the term 'confidentiality' mean?

Card 14

Name one law to do with confidentiality.

Card 15

One of your clients asks you how another client is getting on.

What should you do?

Card 16

You arrive at your workplace one day and discover there has been a fire overnight. A journalist stops you before you enter the building and asks you about the fire.

What should you do?

Card 17

Who can give you permission to pass on information concerning a client?

Card 18

During a brief stay in hospital, you find that one of the carers knows one of your friends. After leaving hospital, you find that your friend knows why you are in hospital.

What should you do?

Card 19

You are worried that confidentiality is not being kept at your work placement.

What should you do?

Card 20

When a client is admitted, a lot of information needs to be gathered.

How can staff ensure that, in gathering the information, they do not breach confidentiality?

Card 21

Name one way that the confidentiality of information stored on a computer can be secured.

Card 22

You go home after being spat at by 'Ben' (a client who has continually attacked you both verbally and physically). This has understandably upset you.

How could you talk this through at home without breaching confidentiality?

Card 23

A person knocks at the door of the care home in which you are working and tells you that he is an inspector from the National Care Standards Commission.

What should you do?

Card 24

A member of staff is asked to send confidential information to the doctor's surgery by fax.

How could they ensure that this information remains confidential?

Card 25

Name two ways that you can keep paper records confidential.

Card 26

When writing an assignment to do with your work placement, how would you make sure you don't breach confidentiality?

Card 27

A client is upset and tells a staff member that she has something important to say. She asks the staff member to keep the information secret.

What should the staff member do?

Card 28

Name three pieces of information that should be kept confidential.

Card 29

In the waiting area where relatives meet, a client starts to tell a care worker about her father. She is clearly upset.

What should the care worker do?

Card 30

The law is one of the reasons why it is important to keep information confidential.

What other reasons can you think of?

Card 31

A man you have not met before comes along to a fete that has been put on by the care home where you are working. He introduces himself as 'Esther's son'. You chat about what a lovely woman Esther is.

Is this good or poor practice and why?

Card 32

In the canteen at a local hospital you overhear a group of student nurses discuss the personal hygiene of a man who has recently been admitted to the ward where you are working. You tell them to stop talking about the patient.

Is this good or poor practice and why?

Card 33

A group of patients in the day room want to know why the police are with a patient in a side room. You reassure them that they are not in danger and that the patient is helping the police with their enquiries.

Is this good or poor practice and why?

Card 34

Name two ways that you can keep paper records confidential.

Card 35

How might a new member of a staff team find out about what to do to keep confidentiality in a clinic?

Card 36

You are on placement at a care home for people with learning difficulties. A service user has received a letter and asks you to read it to him as he can't find his glasses. You read it to him in front of other clients.

Is this good or poor practice and why?

Answers: Confidentiality quiz – Teacher resource

- Card 1: Good practice. Review the resident's rights and the role and responsibilities of staff.
- Card 2: Good practice. Participants should explore possible causes and effects for both the woman and her son and the implications for the domiciliary worker. The requirement to remain objective and to show understanding for both the woman and her son is important.
- Card 3: Poor practice. This is breaching confidentiality as you should always ask the permission of the client before passing information on.
- Card 4: Poor practice. This is breaching confidentiality as people not concerned with Billy's care might see this and they do not have a need to know.
- Card 5: Poor practice. This is breaching confidentiality because you cannot be sure of the caller's identity and you have taken unnecessary risks with your client's information
- Card 6: Good practice. Check the participants' understanding of racism and the legal framework. The need to report facts objectively and record accurate accounts is essential.
- Card 7: Good practice. Focus discussion on the importance of remaining non-judgemental. Equally, the importance of recording suspicions as a factual record with dates, times and clear observations should be highlighted.
- Card 8: Good practice. The question enables you to lead learners in considering the reasons for police checks on potential staff and volunteers.
- Card 9: Poor practice. This is breaching confidentiality because the receptionist does not need to know this information.
- Card 10: Poor practice. This is breaching confidentiality as people who do not have a need to know might see the notes.
- Card 11: Poor practice. This is breaching confidentiality. Unless the cleaner has a need to know this information, then they should only have access to it if the client tells them directly.
- Card 12: Poor practice. It is important that confidential documents stay in a secure environment, otherwise they could be lost, stolen or seen by someone who should not see them.

- Card 13: Ensuring that information about a person is treated as personal and only shared with others on a 'need to know' basis, based on the best interests of the client.
- Card 14: The Data Protection Act 1998, Public Interest Disclosures Act 2003, Common Law Principles of Confidentiality (all now under the Data Protection Act 1998).
- Card 15: Tactfully ask her if she would like to ask the other person herself if appropriate.
- Card 16: Say you are sorry but you can't talk about it.
- Card 17: The client can give permission.
- Card 18: Find out what the hospital complaints procedure is and make a complaint.
- Card 19: Talk to your supervisor. Bring it up at a staff team meeting.
- Card 20: Make sure that information is gathered in a secure environment. Make sure only information that is needed is gathered.
- Card 21: Passwords; limiting access to computer.
- Card 22: Talk about how you feel; but not about Ben, as this will breach his confidentiality.
- Card 23: Ask to see his identification. Get your supervisor.
- Card 24: Telephone the person who is to receive the information to ensure they are who they say they are. Mark all pages 'strictly confidential'. Avoid if at all possible!
- Card 25: Some acceptable answers may be: by locking them away or having a person designated to look after them.
- Card 26: Use false names for people and the establishments. Ensure that no one can tell who you are talking about.
- Card 27: Remind the client that it might not be possible to keep that promise.
- Card 28: Acceptable responses will vary but may include: age; diagnosis; background; address; sexual orientation.
- Card 29: Find a quiet place to talk with the client.
- Card 30: Moral reasons, it's the right thing to do; to build trust; to promote recovery; to guarantee safety.

- Card 31: Poor practice. This is breaching confidentiality because you cannot be sure he is who he says he is.
- Card 32: Good practice. Clarify the meaning of professionalism. Also explore the issues of confidentiality beyond written records to include any kind of information about another person and its use and misuse.
- Card 33: Good practice. Discuss the danger of not giving adequate information whilst preserving the rights of individuals. Explore what is considered to be 'adequate' information to reassure patients.
- Card 34: Some acceptable answers may be: by locking them away or having a person designated to look after them.
- Card 35: Training; ask their supervisor; read the confidentiality policy.
- Card 36: Poor practice. The letter is to the service user only. Other people could hear what the letter has to say.