



Learning for Professional Practice

Patient Privacy

As part of the Institute of Medical Illustrators' (IMI) scheme for continuing professional development (CPD), worksheets will be published at regular intervals in this Journal. These are designed to provide the members of IMI with a structured CPD activity that offers one way to earn credits. It is recognized that this worksheet requires some time spent obtaining and reading a number of publications. As a way of ensuring that the allocated time has been spent on the activities a number of self-assessment exercises (SAEs) have been included. The answers to the exercises along with any notes you make and other publications you find, should be kept in your CPD portfolio.

This worksheet does not rely on any specific research, but a list of references including websites and articles of interest related to privacy have been included. This worksheet also follows a pattern that could be used to look at other issues in your professional practice.

What is privacy?

It is important to start this worksheet with a clear understanding of what privacy means. The Concise Oxford Dictionary defines privacy as:

- a. The state of being private and undisturbed
- b. A person's right to this

Freedom from intrusion or public attention
Avoidance of publicity.¹

Article 8 (Right to Respect for Private and Family Life) of the European Convention on Human Rights, as set out in the Human Rights Act 1988, states that:

1. Everyone has the right to respect for his private and family life, his home and his correspondence.
2. There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.²

This worksheet is designed to be followed in order, so please read through everything first, then undertake the reflective exercises in sequence.

Reflection before action

**Exercise 1 – What steps do you take to ensure your personal privacy?
Write down a list of all the things you do to ensure your own privacy.**

This could develop into a long list and many of the items may be things you take for granted. To help you begin, do you usually draw the curtains before undressing at night?

Exercise 2 – Imagine that you have to visit your General Practitioner or go for an outpatient appointment. Using the list you made in Exercise 1, how many aspects of your privacy do you feel may be compromised?

Highlight these aspects and, if necessary, add extra items to your list.

It may help to think of your visit as a sequence, from phoning for an appointment to leaving the surgery or hospital. Consider what may, or may not, happen that affects your privacy.

Exercise 3 – Write a few short notes on how you feel about giving away your privacy. How does it affect you? Are you comfortable with having your privacy disturbed?

Reflection in action

Exercise 4 – Bearing in mind how you feel about your own personal privacy, observe and think about how patients' privacy is (or is not) preserved in your working practice and environment.

It may be helpful to use a discrete notebook to record your thoughts for a period of time. short notes, but if a particularly significant incident occurs, this may require more writing. This could be one to two weeks or longer, depending on how busy your department is or whether you work full- or part-time. These may well be short notes but if a particularly significant incident occurs, this may require more writing. If you find it helps, you could use a diary format but do not feel you have to write something every day. If you are not happy writing you could always use a small personal memo recorder to talk your feelings through.

Reflection on action

Exercise 5 – Read through your personal observations and feelings. Think about them; an important part of reflection is thinking.

It can be useful to start with a series of questions; the ones below are taken from an article by Bourner³. Do not worry if not all the questions are relevant to your experience in this exercise, they may not be useful now but could well be used for a different set of experiences in your professional work at a later date.

Questions that may be used as tools for reflective thinking:

What happened most that surprised you?

What patterns can you recognize in your experience?

What was the most fulfilling part of it?

And the least fulfilling part of it?

What does this suggest about your values?

What happened that contradicted your prior beliefs?

What happened that confirmed your prior beliefs?

How do you feel about that experience now compared with how you felt at the time?

What does the experience suggest to you about your strengths?

What does the experience suggest to you about your weaknesses and opportunities for development?

How else could you view that experience?

What did you learn from that experience about how you react?

What other options did you have at the time?
Is there anything about the experience that was familiar to you?
What might you do differently as a result of that experience and your reflections on it?
What actions do your reflections lead you to?

Record your responses to the questions. Do not forget that it is important to look first at your personal responsibility for patient privacy before looking at wider issues in your working environment.

Exercise 6 – Following on from the previous exercise, are there any issues that need to be addressed in your working environment?

It is important to look at the positive aspects as well as any negative issues to get a balanced perspective. Look at opportunities for your personal development.

Exercise 7 – Put together an achievable action plan with targets and check dates for follow-up.

It is important that reflection leads to ‘permanent change’ that improves conditions for patients visiting your department.

For example:

1. Raise issues with colleagues in medical illustration or other departments.
2. Undertake staff development or research into the effect of invasion of privacy.

N.B. Other aspects of privacy have been covered in the Continuing Professional Development activity sheet regarding Consent and Confidentiality⁴.

References

1. Thompson D, Ed. The Concise Oxford Dictionary of Current English (9th edition). London: BCA, 1996.
2. The Human Rights Act 1998. <http://www.hmso.gov.uk/acts/acts1998/19980042.htm> Accessed 15 Dec 03.
3. Bourner T. Assessing reflective learning. Education and Training 2003; 45 (5): 267–72.
4. Institute of Medical Illustrators. Informed Patient Consent and Confidentiality. J Audio Media Med 2002; 25(4): 181–182.

Useful Website

Department of Constitutional Affairs. Study Guide, 2nd Edition. Human Rights Act 1998, October 2002. www.humanrights.gov.uk/studyguide/index.htm Accessed 15 Dec 03.

Reference: Bryson, D. (2004) Patient privacy. Journal of Audiovisual Media in Medicine 27 (1): 37-8.