Short Communications: The Patient in the Education Process

Utilising the patient’s perspective and experience in undergraduate medical education

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Background: Tomorrows Doctors (2011) highlights the importance of patient involvement in undergraduate education, especially within chronic disease. Diabetes is a chronic condition that requires patients to self-manage complex elements to reduce the risk of acute and chronic complications.

Summary of Work: In 2011 we designed an 8 week programme to enable 2nd year students to experience the complexity of diabetes management. A patient with diabetes reviewed the curriculum and participated. The programme incorporated different practical elements of living with diabetes. Students completed a pre/post questionnaire about degree of difficulty maintaining the individual self-care elements and were assessed by presentation.

Summary of Results: 21 students have completed and 10 students have started the programme in 2015.

Discussion and Conclusions: All students struggled to maintain a ‘diabetes regimen’ more than a few days. Although pre / post questionnaires revealed very little change in how well they felt that they could manage diabetes, they demonstrated a significant change in their understanding of the complexities of managing a chronic condition in their presentations. From the patient’s perspective she felt that students had a greater appreciation of the impact on the patient’s life and translated this to the necessary quality of any interaction between doctor and patient. Students demonstrated a greater appreciation for the role of healthcare professionals and the patient in diabetes management.

Take-home messages: Engaging patients with chronic disease in undergraduate education provides the students with a deeper empathy of the relentless nature of chronic disease self-management and patients with confidence in the holistic approach of tomorrow’s doctors.

Patient involvement from the beginning: User integration from inception of a new Medical School in the UK

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Background: The General Medical Council (GMC) ‘Tomorrow’s Doctors’ states that ‘patients should be involved in quality management’ of medical schools.

Summary of Work: The University of Central Lancashire in the UK has founded an independent medical school, currently attracting international applications. The university has a community engagement and service users’ support group (Comensus). Comensus are a group of diverse individuals who are interested in shaping the education of future healthcare professionals by sharing their lived experiences.

Summary of Results: Comensus were invited to join the design team from its earliest meetings to ensure the principles and values of a patient centred approach to medical training were embedded within the school. Service users and carers sit on all academic committees within the school quality management structure. The GMC cited this authentic involvement in their examples of good practice in their most recent report.

Discussion and Conclusions: Patient and Public involvement is now mandatory within a large amount of health and social science research output, as well as being encouraged within medical training by bodies such as the GMC. We present a unique model of integral and on-going partnership working with users from the ‘ground up’. Further works are needed to study how and why such involvement is valuable from the student perspective and within other settings.

Take-home messages: Patient and Public involvement can and should occur at all stages of undergraduate medical education. The UCLAN model of on-going partnership working with service users within the medical school seeks to produce doctors who truly understand and value their local community.
#4G3 (26867)
Exploring Ways of Gathering Feedback from Patients Involved in Undergraduate Medical Education

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Background: The GMC in Tomorrow’s Doctors (2009) state ‘Quality Data will include feedback from patients’. This research explores ways in which feedback can be gathered from patients involved in undergraduate medical education at The University of Edinburgh. A literature review has identified a scarcity of relevant existing research.

Summary of Work: Questionnaires were distributed to UK medical schools assessing their processes of gathering patient feedback. Following ethical approval, focus groups were undertaken with patients who help in planned teaching sessions. Questionnaires were used for patients assisting in opportunistic clinical bedside teaching. Data collection was transcribed and thematically analysed.

Summary of Results: Medical institutions agree gathering feedback from patients is important. This research reveals real patients are keen to have a greater level of involvement during assessments yet are fearful of shouldering responsibility for students failing. Not all patients wish to extend their role in education beyond that of the ‘patient’. Simulated patients would like more feedback from tutors on their performance. A full summary of results will follow at the presentation.

Discussion and Conclusions: Patients feel their efforts helping in medical education are appreciated yet aspects could be improved. A structured system of patient feedback will allow accurate measurement of performance and improvements to be made; this system would be accessible to other institutions. However, it cannot be assumed that the majority of patients will want to offer feedback.

Take-home messages: Inviting patients to feedback on their experiences within medical education will enable them to be involved at a greater level and empower them while giving maximum quality information to medical schools.

#4G4 (25895)
Patients’ attitudes towards bedside case presentations during attending ward rounds

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Background: Attending ward rounds have moved away from the patients, with patient cases being often presented outside the room. Calls are made to reinstate rounds at the bedside. However, concerns are expressed about presenting the case at the bedside because it might confuse the patients, be stressful for them or breach confidentiality.

Summary of Work: We designed a study to compare rounds fully conducted at the bedside (mode IN) with rounds during which the case is presented outside the room and then the patient briefly seen (mode OUT). The study took place in a department of general internal medicine. Patients to be seen during rounds were screened for inclusion. Afterwards, each attending round was randomized to either mode. A questionnaire was administered after the round. A full summary of results will follow at the presentation.

Summary of Results: 171 patients were included: 85 exposed to mode IN rounds and 86 to mode OUT. Patients in mode IN were less satisfied with the explanation of medical terms (78% vs 90% in mode OUT; p = 0.009). However, there was no significant difference in the perceptions that the round helped patients understand their disease (74% in mode IN and 68% in mode OUT). No significant between-group differences were noted with respect to patients perceiving that the round was stressful (10% in mode IN and 13% in mode OUT) or that doctors should pay more attention to confidentiality (25% in mode IN and 23% in mode OUT).

Discussion and Conclusions: Bedside case presentations during rounds did not appear to confuse patients or stress them. They did not affect patients’ perceptions of confidentiality either.
#4G5 (27253)
Living the experience of changing behaviors

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**Background:** Chronic diseases associated with unhealthy behaviors are the leading cause of mortality worldwide. However, behavioral risk factor modifications are difficult. The experience of attempting to achieve even small behavioral changes by students may enhance their understanding of and sensitivity to patients' barriers.

**Summary of Work:** We worked with 26 students in the second year from the Institute of Medicine of the University of Hospital Italiano who attended the course on Primary Care. The students were asked to choose one habit that they wanted to modify throughout a period of 30 days. They were informed with similar experiences in other countries, and received a motivational talk by a specialist in neurophysiology. The students kept a diary to record barriers found as well as facilitators. At the end of the 30-day period we shared results and drew conclusions and recommendations. Each student wrote an essay about the lessons learned.

**Summary of Results:** The students were able to analyze the experience and elaborate recommendations such as not to attempt changes alone; to ask for help from family or friends; to divide the task into small steps; to avoid cues associated with the habit they wanted to change. They found themselves in a better position to understand patients with these problems.

**Discussion and Conclusions:** Living the patient’s experience in trying to modify habits helped the students recognize barriers to implement changes by patients. They also were able to identify support tools and motivation strategies.

**Take-home messages:** A living experience with small behavioral changes enhance the students’ understanding of the difficulties that patients may have.

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#4G6 (25612)
The changing role of the clinician as patient educator: Is professional education and training keeping pace?

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**Background:** Increased patient demand for health information and the vast array of accessible online health information impact clinicians’ role as patient educator, with implications for professional education and training. However, requirements for patient education in contemporary practice are poorly understood. This study investigated clinicians’ awareness of, and engagement with health information for patient education.

**Summary of Work:** The study site was a GP teaching clinic in rural Australia, which utilised a model of care that involved clinicians developing individual care plans with patients. Data were collected through semi-structured interviews with practice clinicians (n=9); formal observations provided further insights.

**Summary of Results:** Clinicians considered patient education was their responsibility, yet they held multifaceted views on how to enact this. All clinicians disseminated health information (pamphlets, websites) with many relying on familiar, trusted resources. Most clinicians evaluated the suitability of materials and took into account patient preferences when tailoring information. Clinicians’ training in this domain was reportedly variable.

**Discussion and Conclusions:** The shared goal of the clinic to take time for patient education was reflected in clinicians’ awareness of, and level of engagement with health information. Yet, the diverse views of what patient education encompasses may be due to variable training and experience. This points to the need for a standardised approach to patient education training, which extends traditional views of patient educator to a more active role that is responsive to rapidly changing technologies and patient demands. Findings provide insights into patient education requirements in contemporary practice; clinicians recognised their responsibility and were highly engaged with health information.

**Take-home messages:** Patient education training needs to keep pace with changing clinical practice.