

**#3K Short Communications: The Patient**

Location: Room 101 d

**#3K1 (948)****Patients in Education: creating a community of patients to engage with the university****Angela Towle, University of British Columbia, Vancouver, Canada***Carolyn Canfield, Patients in Education, Vancouver, Canada**William Godolphin, University of British Columbia, Vancouver, Canada**Shelley Hourston, Patients in Education, Vancouver, Canada**Cathy Kline, University of British Columbia, Vancouver, Canada**Darren Lauscher, Patients in Education, Vancouver, Canada*

**Background:** Learning from patients and caregivers helps students integrate knowledge, makes it practical, and fosters commitment to improving care. Creating an infrastructure to support and sustain patients as active institutional collaborators (teachers, assessors, curriculum developers and educational decision-makers) is necessary to ensure true partnership between university and community.

**Summary of work:** We describe development of Patients in Education (PIE), an organization that engages with the university to enrich the education of students through inclusion of the patient's voice. We aim to move beyond individual patients invited into the classroom to an independent organization able to partner with the university.

**Summary of results:** Since January 2016, PIE has: developed a vision, mission, guiding principles and identity; instituted a process for meeting requests for patient involvement in teaching and curriculum development, and for a patient / community advisory committee; engaged community organizations in joining PIE; developed a communications strategy and website.

**Discussion:** We have identified critical factors that have contributed to success so far. These include: a history of patient involvement at our university; an international conference that inspired a core group to meet to further advance patient involvement; and early successes in fulfilling requests from the university.

**Conclusion:** This collaboration represents an innovative approach to partnership between the university and a developing independent community-based organization. The foundation is a mutual desire for excellence in training for the next generation of health professionals, co-created with patients for an enduring appreciation and career commitment to the patient experience.

**Take-home message:** 'Patients in Education' is an independent patient organization, developed to expand patient partnerships with the university to enrich and strengthen the education of health professional students. We describe its evolution, lessons learned and key factors for success during the first 18 months.

**#3K2 (299)****'Reflective writing': A Tool to enhance SRL and developing future PDP****Rahila Yasmeen, Riphah International University, Islamabad, Pakistan**

**Background:** Reflection is a metacognitive process that creates a greater understanding of both the Self-regulated and lifelong learning. The Aim of the study was to explore the post graduate student's thought processes and critical self-evaluation for self-regulating their learning process & development of future PDP through reflective writing skill.

**Summary of Work:** 70 students of Master in Health Professions program of three batches, 2014, 2015, 2016 of Riphah International University students have submitted their 'reflections' as a part of their course work assignment at the end of session.

**Summary of Results:** The text database was collected, analyzed and coded manually and themes/ categories were identified through qualitative narrative analysis research study design. Finally, conclusions drawn that without an initial self-awareness and constant self-monitoring of thoughts and emotions no reflection can occur.

**Discussion:** Self-regulated and lifelong learning have reflection as an essential aspect. Cognitive theorists refer to capability for self-reflection as metacognitive capability. The self-regulated learning model provides a useful framework to guide educational strategies that can be used to develop reflection. Increased awareness can be developed by constant self-monitoring of thoughts and emotions

**Conclusion:** Reflection helps the students in improving the quality of learning by creating self-awareness of their own thinking process in learning and identifying strengths and weakness in learning process through critically self-evaluating their selves.

**Take-home Message:** Self-evaluation is our personal guidance system for action.

#3K3 (2312)

**Working with 'real' patients with Mental Health conditions: Helping medical students prepare for clinical placements in Psychiatry**

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*Martin Hague*

**Background:** Medical students may feel overwhelmed when meeting patients with mental health conditions and find it challenging when interacting with them. Following a review of the current Psychiatry curriculum we decided to recruit 'real' patients with Mental Health conditions, aiming to provide an opportunity of high educational value to medical students.

**Summary of work:** Recruitment was organised through information leaflets. Patients attended an interview and familiarisation process. Psychiatrists facilitated the teaching supported by the Patients as Educators (PaE) team.

As part of the course evaluation, patients were requested to feedback. The PaE team were interviewed to explore their experiences of working with the patients.

**Summary of results:** 26 patients were recruited and 24 took part in the sessions. 8 completed the evaluation questionnaire. Key themes relating to the positivity of the experience, altruism, therapeutic benefit to self and benevolence were identified.

The PaE team identified key differences which related to the process of recruitment and support for the patients.

**Discussion:** This novel initiative led by the department of Psychiatry and the PaE team resulted in the provision of an excellent opportunity for medical students to engage with the 'real' patient.

Patients felt that the experience had a cathartic benefit and found it reassuring that clinicians were present to provide support.

**Conclusion:** We implemented a successful learning opportunity for medical students in collaboration with 'real' mental health patients to help prepare students for their psychiatry placements. The first enrolment of mental health patients within the Patients as Educators scheme has been both beneficial to the medical students and for the volunteer patients.

**Take-home message:** This unique initiative will help medical students to develop an understanding of real-life clinical challenges when working with patients who have mental health conditions, better preparedness for practice and a smoother transition into clinical practice. Patients found the experience rewarding whilst contributing to communication skills training for medical students.

#3K4 (1051)

**Collaborative competencies at the primary secondary care interface: the patient's view**

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**Background:** In a society where ageing of the population and the increasing prevalence of long term conditions are major issues, collaboration between primary and secondary care is essential to provide continuous patient-centered care. The mainly separated postgraduate training programmes of primary and secondary care physicians should include training in collaborative competencies.

**Summary of work:** To define collaborative competencies we started with the view of the primary stakeholder: the patient. Focus groups with patients were conducted. These results will be augmented with results from a literature review and an ongoing Delphi study among physicians from both primary and secondary care and their residents.

**Summary of results:** Using the patients' journey, several moments where collaboration took place were identified. Participants defined competencies necessary for collaboration. They emphasized the importance of patient centeredness: to see the patient as a partner in collaboration. Other competencies were communication, knowledge about the other, roles and responsibilities and collaborative attitude.

**Discussion:** Patients mentioned the importance of good collaboration between primary and secondary care. They found it hard to say what their doctor should do or know, but implicitly mentioned competencies by sharing their experiences. Strategies to acquire collaborative competencies, named by participants, include joint training and internships at each others' workplace.

**Conclusion:** The results of this study provide an understanding of the competencies patients expect their physicians to possess in intraprofessional collaboration at the primary secondary care interface. Future steps include the implementation and evaluation of educational interventions to acquire these competencies in postgraduate medical training.

**Take-home message:** Today's healthcare asks for professionals with collaborative competencies at the primary secondary care interface. Postgraduate training programmes should provide physicians with these competencies. To optimise patient centeredness medical education research should more often include the patient's view.

3K5 (976)

**Only heroic voices: the censoring of patient experience**

Susan Shaw  
Rain Lamdin

**Background:** Listening to or hearing the patient voice is widely considered to be a hallmark of modern health professional practice and there are widely publicised examples of patient stories, including those of high-profile practitioners who have become patients. However, many barriers stand in the way of publishing authentic and insightful accounts.

**Summary of work:** Following a patient/caregiver experience registered health professionals compared their journal with the clinical records of the hospitalisation. On finding clear differences between the two accounts they developed a scholarly discussion but struggled to have it published. The road to publication and the barriers encountered on it are interrogated.

**Summary of results:** The nature of barriers to publication and the history of them are considered along with the apparent privileging of some 'famous' patient voices. Risks and benefits of disclosure of personal experiences are considered with a view to how they may be used to inform research practice, education and practice development.

**Discussion:** The 'disconnect' between the espoused value of patient voice and barriers to presenting and discussing it is illustrated. Barriers include interpretations of ethical approval to share lived experience while the publication of some high-profile personal health journeys in professional and popular literature is apparently free of such sanctions.

**Conclusion:** Ensuring patient voice is acknowledged and valued is considered a particularly significant feature of health care as it can provide insights into refinements that would improve patient experiences and outcomes. While there are some risks with sharing personal information the stories of professionals as patients warrant a wider profile.

**Take-home message:** It is imperative that authentic and insightful patient voices are shared in order to inform the evaluation and refinement of health care delivery. This requires that attention be paid to how voices are acknowledged and disseminated within recognised and valued formats that are accessible to practitioners.

#3K6 (1941)

**Patients' and accompanying persons' opinions about the quality services of medical students during clerkship**

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**Background:** The increased intensity of hospital competition, demanding company to always incorporate the needs and desires of consumers and try to fulfill what is expected of consumers by producing quality satisfactory services.

During clerkship, students are required to rotate through different medical specialties and treat patients under the supervision of physicians.

**Summary of work:** This research aims is to know patients and accompanying persons opinions about the quality services of School of Medicine Unisba medical students during clerkship. This research method use cross sectional-descriptive eksplanatory survey with a questionnaire. 160 patients was participated with accidental sampling method. Statistical analysis use spearman correlation test analysis.

**Summary of results:** The results showed the services quality of of School of Medicine Unisba medical students during clerkship in a unit of outpatient Paediatric Department Al Ihsan Hospital, Bandung Indonesia rated good based on responsiveness component of 78,53%, the assurance component of 78,21%, 77.31% of empathy component and component reliability of 76,09%.

**Discussion:** Significant correlation and moderate relationship were revealed with  $p < 0,001$  ( $p \text{ values} \leq 0,05$ ) and correlation coefficient ( $r_s = 0,39$ ). A gap between patients needs and reality of these medical doctor services during clerkship can be used in drafting a strategy to improve the quality of services, increase patients satisfaction and loyalty.

**Conclusion:** This conclusion is the better quality services of medical students during clerkship can cause more importance quality service indicator.

**Take-home message:** The take home message is the quality service of medical students during clerkship indicator based on patients need can be used to improve patients satisfaction.

#3K7 (1663)

**What is Iranian Doctors' Perceptions and Experiences Regarding Physician - Patient Communication Skills in Cross-Cultural and Inter-Cultural Study? Micro ethnography approach**

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**Background:** Cross cultural communication between doctor and patient is a crucial for achieving to patient safety. The main goal of current study is to explore the perceptions and experiences of Iranian doctors regarding doctor-patient communication in Swedish context as well as their experiences with patients from in their home countries.

**Summary of work:** Participants watched the video of physician-patient communication in Sweden following that they were interviewed by main investigator. The simulated standard video was produced at Sweden. Doing interview which gave 20 units of experience (. 10 physicians answered the two research questions each);then the interviews with Iranian doctors were conducted.

**Summary of results:** Three themes was emerged; patient-contentedness, doctor-contentedness, and cultural diversity. The interviews regarding the first research question revealed two themes: cultural diversity and patient-contentedness. Two themes emerged from answering the second research question explored two themes: cultural diversity and doctor-contentedness.

**Discussion:** Compared to the findings of other studies mainly conducted in western countries, doctor-contentedness has been abolished in the west, however, in the eastern countries such as Iran, it has been still focused. It seems these countries experience the transition phase from doctor-contentedness to patient-contentedness.

**Conclusion:** Iranian health care policy and culture, influences on doctor communication skills with their own context and foreign patients. Hence doctor contentedness is a dominant theme in this study, change in the Iranian health care policy should be done faster in order to make a decisions about the treatment plan.

**Take-home message:** It is recommended to integrate communication skills regarding cultural diversity in the curriculum of health care professionals especially medical doctors