A teaching course 'Experience of a diabetic patient' based on the partnership of a teaching patient and medical doctor

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ABSTRACT

Background: Teaching patient centered approach (PCA) is a key issue in medical studies. The faculty of medicine in Lyon organized a two hours course intended for medical students in the fourth year. It involved a diabetic patient and a doctor (endocrinologist or general practitioner), working together as teachers. The aims were to show the students the value of hearing the patients’ experience of living with a chronic disease, such as diabetes, and develop their communication skills. The course started with a brainstorming. Students discussed why and what doctors should explore during a consultation, and how they should listen to the patient. Then, they were encouraged to explore the teacher-patient’s (TP) experience of diabetes, applying the communication skills they had previously identified. The objective of our study was to evaluate the students’ satisfaction about this course.

Summary of Work: We conducted a descriptive quantitative study with a qualitative insight. The students answered questionnaires containing Likert and open-ended questions. We conducted a statistic analysis, combined with a qualitative thematical analysis by three researchers.

Summary of Results: 205 students out of 396 answered the questionnaire. After this course, 85% were convinced that exploring the experience of a patient with a chronic disease is helpful. They appreciated being able to talk freely with the TP outside the usual context of the medical relationship. For 79%, it helped them develop their communication skills, especially their empathic attitude. 91% of the students found that the presence of a doctor and a patient gave complementary perspectives on care. Nevertheless, they sometimes found that the TP felt uneasy during the class. Some students considered the TP 'too good' and suggested they could learn more from patients having trouble controlling their disease.

Discussion and Conclusions: The positive perception of this course by students is in line with the results of educational programs with TPs in France and abroad. Discussing the profile and recruitment of TPs, and the relevance of a specific pedagogical training for TPs seems important. This study encourages the implication of TP in the medical studies.

Take-home Messages: TPs help students to learn communication skills and give a new perspective on care.
Empowering adolescent patients in undergraduate medical education

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ABSTRACT

Background: Adolescent patients (AP) with chronic health conditions (CHCs) often spend extended periods as inpatients, and contribute to medical education through clinician-led bedside teaching. There is little literature exploring AP perceptions of this role, but increasing recognition that young people should be involved in issues affecting them.

Summary of Work: Our aims were: to empower APs through participatory action research, to understand their perspectives on interactions with medical students, including acceptability, practicality and consent; to facilitate their input into the development of an adolescent consultation tool (ACT) to improve undergraduate medical students’ AP consultation skills. We recruited 8 APs aged with CHCs (with appropriate ethical approval and consent) through purposive sampling. All had experience of repeated admissions and involvement with undergraduate medical teaching in the ward environment. Their experience and perceptions were explored through audio-recorded semi-structured interviews lasting 20-30 minutes in 2013.

Summary of Results: Successive interviews were conducted until data saturation was achieved. Interviews were recorded, transcribed and analysed by young adult researchers using a thematic analysis approach. The ACT was developed from five key interview themes identified: behaviours; communication and getting to know the patient as a person; respect; choice about student visits and empowerment and positive effect. Themes will be illustrated with quotations.

Discussion and Conclusions: The first three themes form the main ACT domains. The remaining two themes optimise the involvement of APs. Positive interactions are promoted by: preparation for the encounter; allowing patient choice; demonstrating respect; and using appropriate non-verbal and verbal communication skills. APs want to be involved in the medical education process: empowering them to do so can be profoundly positive both for them and for medical students.

Take-home Messages: A key message from our research is the desire for choice. APs want a say in who sees them, timing and location, and number of visits. We need to move the locus of control from the clinician teachers to the APs, so empowering them within the education process. Their wealth of experience can contribute to improved student education, better AP consultation skills, and improved patient care.
Seeing is believing: role of dermatology patient educators in undergraduate medical education

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ABSTRACT

Background: Skin diseases are the 4th leading cause of non-fatal disability on a global level. Essential medical training in dermatology would help reduce the socio-economic burden of skin diseases through high quality care. In a specialty with significant visual and psychological impact, patient volunteers with skin diseases can play a valuable role as educators for medical student teaching.

Summary of Work: At our medical school, fourth year medical students undergo a 2 week dermatology attachment which includes 3 patient educator clinics. Students in groups of 3-4 rotate between four stations with volunteer patients. Students have 15-20 minutes per station to take a history, perform a physical examination, and discuss the impact of the condition on patient's quality of life. Skin conditions include core-curriculum learning outcomes and range from chronic conditions like eczema, psoriasis and vitiligo to treated skin cancers. Facilitation and formative assessment is provided by a postgraduate dermatology trainee or consultant. Students receive immediate feedback on history taking, physical examination and communication skills. Patient educators also provide student feedback on appropriate display of professionalism, indicating values and behaviours experienced from a patient perspective. Student reflection on assessing a patient with skin disease can also contribute to logbook portfolio assessment. The session is evaluated via an anonymised student feedback and a numeric rating scale for global assessment.

Summary of Results: Student feedback (n=203) has been found to be exceptional for patient educator sessions with mean score of 8.8/10 for the year 2017-18. Qualitative themes from student feedback included practising clinical and professional skills in a ‘safe environment’, exposure to a wide range of skin disorders, recognising physical signs, gaining insight on the psychological impact and stigma associated with skin disease, and standardisation of stations allowing for time-bound preparedness for summative clinical assessments.

Discussion and Conclusions: Patient educators in dermatology have been a valuable teaching resource for medical students. Students perceive the sessions to be helpful in developing their clinical reasoning skills. The shared experience of patient educators helps students reflect on the socio-economic and psychological impact of skin disease and how these maybe addressed.

Take-home Messages: Patient educators in dermatology encourage development of a holistic approach to patient care amongst medical students.
Making a difference: practical insights from co-production with diverse patients and communities

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ABSTRACT

Background: Medical education literature highlights that diversity in patient and public representation (PPI) is a challenge that is rarely met in either education or research initiatives. Drawing on PPI evidence bases and our own research, we developed a pedagogy for co-production which recognises i) the requirement for different types and levels of engagement for different curriculum activities and learning outcomes ii) the importance of representation and ensuring diversity of patients and groups, and iii) the role of co-production in establishing ongoing evaluation and a rigorous evidence base.

Summary of Work: We used innovative methods to identify, recruit and work in partnership with a range of partners, including those with protected characteristics, hard-to-reach groups and vulnerable communities. We adopted a management model based on rhizomatic growth, whereby co-production does not conform to traditional linear or arboreal modes of project development, but rather accommodates the latent, unexpected and often serendipitous process of working together.

Summary of Results: Our work resulted in: i) replacing ad-hoc PPI with strategies and systems of co-production; ii) a move from classroom based activity to student experience of real patient pathways and wider health environments; iii) challenging silo-working in favour of multi-professional (health professions) and multi-agency (services/organisations) learning; iii) increased representation diverse health and lifestyle experiences in governance as well as teaching, iv) empowerment of all individuals involved, and v) appreciation of collaborative work with academic disciplines such as art, business and geography.

Discussion and Conclusions: In addition to experiential learning for the faculty, we witnessed some very practical benefits, not only to our students but also to patients and local communities. This included crucial learning and skills development to support complex capabilities for ensuring patient safety and quality improvement, dealing with complexity and uncertainty, safeguarding vulnerable patients, communication and interpersonal skills, and co-produced health promotion and illness prevention.

Take-home Messages: Co-production in medical education brings complexity to already dynamic systems, and partnership with diverse and hard to reach groups requires appropriately responsive faculty management. Our own experience continues to provide useful insights, strategies and techniques for those seeking to engage patients and communities in their own curricula and outreach programmes.
#8H Short Communications - Patient as Educator 1

8H5 (2266)

Date of Presentation: Tuesday, 27 August 2019
Time of Presentation: 1500-1515
Location of Presentation: Room 1.61-62, Level 1

Patient educators lead and model social change - Youth facilitators teach students in the health professions about transition to adulthood for youth with childhood onset disabilities

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ABSTRACT

Background: Holland Bloorview Kids Rehabilitation Hospital has an organizational strategy that aims to lead and model social change by including the insight of people with disabilities to guide clinical, research and educational activities. Building on a strong foundation of youth engagement, new leadership and employment opportunities at the hospital were created in the form of a youth facilitator role for youth with childhood onset disabilities. In addition to influencing clinical care and research the youth facilitators embraced the opportunity to create new curriculum for students in the health professions on the topic of transition for youth to adulthood within the health care system.

Summary of Work: Informative and interactive interprofessional education sessions, co-created and co-facilitated by the youth facilitators (patient educators) have been developed and are being offered in both clinical and academic settings. Youth facilitators and students share tips for relating and collaborating with youth and identify the skills that health care practitioners need to support youth at the time of transition. In addition to sharing their lived experience, the youth facilitators also talk about their role and express their dedication to helping other young people with disabilities.

Summary of Results: Program evaluation efforts will include learner perspectives on the interprofessional education activity through survey as well as impact of the curriculum development and delivery experience from the point of view of the patient educators (youth facilitators) and other key stakeholders (senior leaders and mentors) through interviewing.

Discussion and Conclusions: Patients are keen to share their lived experience and organizational strategy and resources can support an enhanced role of patient as educator. Success in the role can be enriched through mentorship and faculty development. Youth who embrace the patient as educator role can influence the next generation of health care providers.

Take-home Messages: Strong foundations of youth engagement aligned with a spirit of innovation, mentorship and faculty development can lead to success for youth in the patient as educator role creating an environment where students in the health professions have an opportunity to see youth with disabilities in a new role and value their expertise.
Patient feedback in patient-centered communication skills training for medical students

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ABSTRACT

Background: Face-to-face feedback in medical education has primarily focused on faculty and simulated patients as feedback sources. Patient feedback is increasingly recognized as an important aspect of medical students' training and formative assessment, but little is known about its role and impact. The aim of this study is to explore: 1) What patients with chronic conditions emphasize in their feedback to students, and 2) How students respond to this feedback and what impact it has on their development of skills in patient-centered communication.

Summary of Work: This qualitative study involved observation of a patient-centered communication skills course for medical students in their 4th year (of 6 years), and video-recordings of communication training sessions, including direct patient feedback. 21 patient-student encounters were video-recorded, and feedback sessions were transcribed. Emergent themes were identified through multiple readings and inductive coding.

Summary of Results: In their feedback, patients emphasize feelings of trust and security, as well as assessments of credibility. Patients express to students that they perceive communication as trustworthy when student doctors present some authority, assuring them that they can handle the patient’s medical condition, but also listen and respond to the patient’s concerns and challenges in everyday life. The students view feedback from patients as spontaneous, honest and authentic. However, they also express feelings of insecurity about their interactions and communication with patients due to the variable needs and preferences conveyed in their feedback. Overall, our preliminary results indicate that patient feedback is more complex than traditional feedback. This complexity presents a challenge, but also provides opportunities for reflection which support the development of patient-centered skills.

Discussion and Conclusions: Patient feedback in communication skills training generates awareness of the emotional complexity of patient-doctor communication. Patients with chronic conditions provide rich and authentic feedback by sharing emotional issues, related to long-term interactions with the healthcare system. Patients’ diverse experiences and perspectives present a challenge to communication training, which can support the development of patient-centeredness.

Take-home Messages: Feedback from real patients in communication skills training provides the students with valuable perspectives, which can extend their learning and promote the acquisition of patient-centered communication skills.