

9G Short Communication: The Patient

Location: MR 113 – P1

#9G1 (134090)

How Patients' Voices are Shaping the Future of Healthcare

Agnes Ryzynski, Sunnybrook Health Sciences Centre, Toronto, Canada*

Susan DeSousa

Thiago Moreira

Anita Sarmah

Jordan Tarshis

Background: Patient voices in undergraduate medical education are too rarely heard. Standardized patients (SP) may not represent the experience of an actual patient. It was decided at a corporate level to directly involve previous patients in healthcare education. At the Sunnybrook Canadian Simulation Centre, medical students interview SPs during a simulated preoperative anaesthesia assessment. Previous patients have been introduced into this day with the goals of providing feedback about the students' performance using the lens of their personal experiences.

Summary of Work: Several patient volunteers were carefully selected and received instruction regarding process and delivery of feedback prior to engaging with 250 University of Toronto medical students. The simulated preoperative assessment continued to use an SP as the "patient", while the patient volunteer role-played a family member of the SP. Following the pre-operative interview, the patient volunteer discussed his/her real-life pre-operative experience addressing concerns, system gaps, and positive aspects. Students were then given the opportunity for questions and feedback.

Summary of Results: Volunteers' feedback: 1) students need to simplify their language, avoiding medical jargon 2) active listening skills require improvement, 3) students confidence and professionalism were high. Student feedback: opportunity to experience patients' perspectives and anxiety before surgery. 77% of students indicated they will change their practice, specifically with respect to body language, active listening, increased sensitivity, empathy and mindful communication.

Discussion: Three impactful themes emerged from the volunteers' feedback. Medical students' feedback was excellent and felt it contributed to their professional development

Conclusion: Introducing this interactive opportunity with real patients has highlighted unperceived gaps for 3rd year medical students and provided novel opportunities for public engagement in health profession education.

Take Home Messages: Patient voices can have a profound impact in educating future physicians. Real patients engaging students in a safe learning

environment encourages reflection on practice and provides feedback from true healthcare consumers.

#9G2 (133961)

Involving patients in the early-career medical curriculum. An experiment in 3 medical schools in France

Nicolas Lechopier, Faculté de médecine Lyon Est, Université Claude Bernard Lyon1, Lyon, France*

Carole Hem (Université Claude Bernard, Lyon, France)

Evelyne Lasserre (Université Claude Bernard, Faculté Lyon Sud, Lyon, France)

Bettina Granier (Université Claude Bernard, Lyon, France)

Céline Douzet (Université Claude Bernard, ICAP, Lyon, France)

Alain Moreau (Université Claude Bernard, Médecine Générale, Lyon, France)

Background: Over the past 15 years, in a context of evolving medical education and practices, the patient's voice has become increasingly important. What is the place and role of patients in medical training? To what extent and in what settings can real patients improve learning skills in students?

Summary of Work: In 3 French medical faculties, we have been testing various interventions involving real patients: patients' interventions in optional humanities courses with in-depth exchanges with 20 students, guest lectures given by patients in large amphitheatres followed by questions and answers with around 100-150 students, student exploratory interviews with patients, etc. We have involved patients with a diversity of profiles: representatives of patient groups; "expert patients" engaged in therapeutic education; activists working on the co-production of knowledge; individual volunteer patients from the clientele of a general practitioner.

Summary of Results: The analysis was centered on students' learning experiences via observation, focus groups, questionnaires, written productions and interviews. Thematic qualitative analysis shows (1) enhanced motivation in learning (2) effective acquisition of factual knowledge concerning symptoms, the medical system, and doctor-patient relationships; (3) incitement to personal and professional reflexivity.

Discussion: The results of this action-research cannot yet be generalized, but the main lessons concern (1) the importance of a clear framework in place prior to and post discussion with and between students about the meaning of a patient-as-teacher; (2) qualifying patients as potential sources of learning seems to have the potential to transform students' representations and attitudes toward future patients, who can be considered potential partners for better care.

Conclusion: Student and patient feedback encourages us to pursue this experience and strengthen patient involvement in teaching and evaluating students, as well as elaborating curriculum. Institutional support and that of colleagues are essential for going further.

Take Home Messages: Patient involvement in early career curriculum enhances students' motivation to learn, stimulates knowledge acquisition, and reinforces their reflexivity.

#9G3 (131775)

Patients as educators in health professions education: sustainability and outcomes

Angela Towle*, University of British Columbia, Vancouver, Canada

William Godolphin (University of British Columbia, Vancouver, Canada)

Cathy Kline (University of British Columbia, Vancouver, Canada)

Beth Lown (Harvard Medical School, Boston, USA)

Jools Symons (Leeds University, Leeds, UK)

Jill Thistlethwaite (University Technology, Sydney, Australia)

Background: Over the past 25 years reports of inclusion of the patient's 'voice' in the education of health professionals have increased. However, factors that promote sustainability are unknown. We asked: To what extent have patients-as-educator initiatives been sustained? What factors influenced sustainability? What information exists about learner outcomes?

Summary of Work: 111 registrants at an international conference, 'Where's the Patient's Voice in Health Professional Education?' from educational institutions with established patient-as-educator programs were surveyed on-line to discover what changes had occurred since their programs began, and what factors promoted or prevented sustainability. 50 respondents from 9 countries completed the survey.

Summary of Results: 40 programs (most surviving 6-20 years) grew and spread to other programs. Major factors for continuation were interest of patient educators, funding availability and student feedback. Major barriers were lack of funding, additional workload and lack of institutional support. Evidence of impact was non-existent or limited to learner satisfaction.

Discussion: It is gratifying that so many patients-as-educators programs are being sustained and increasing in scope allowing study of factors promoting this growth. However, there is still a lack of long-term impact studies which are required to show effects on desired learning outcomes such as shared decision-making, relationship-centred care and empathy.

Conclusion: Patient-as-educator programs are increasing in size (numbers of students and patients involved) and in the diversity of roles played by patients, especially at the institutional level. Interest of patient educators, funding, student feedback and institutional support are important for sustainability of these programs.

Take Home Messages: Patient-as-educator programs are becoming embedded into educational institutions but more research is required to study the long-term

impact of involving patients. Sustainability is important to the efficiency, quality and impact of educational innovation, ensuring that front-loaded investments are not wasted.

#9G4 (132115)

Early active Patient involvement in medical education: A synthesis of year 1 medical programme activities

Janet Garner*, University of Central Lancashire, Preston, UK

Morris Gordon, School of Medicine, University of Central Lancashire, Preston, UK

Background: The UK General Medical Council support user involvement in all areas of the training of future doctors, but evidence on how this should be achieved is limited.

Summary of Work: The University of Central Lancashire medical school has involved the university's service users group, Comensus, in the design and development of the course. The group of diverse individuals were trained and supported by dedicated staff to deliver and participate in curriculum delivery, teaching and management of the MBBS programme.

Summary of Results: The Comensus group are now involved strategically throughout the quality management infrastructure as well as the ongoing selection, teaching and assessment of students throughout Year One. We will present the characteristics of each area of involvement in the first year of the delivery of the MBBS programme. Early feedback from students has been positive and highlighted how this involvement has impacted their learning.

Discussion: The model of fully integrated early service user involvement in medical education has been demonstrated to be feasible, with strong support from the patients themselves and students. Students have evaluated that such involvement has in particular authenticity to teaching sessions and teaching content. Faculty have highlighted a number of areas where this involvement has had impact, specifically admissions.

Conclusion: Service user integration in all phases of medical education in all activities is feasible and of benefit. In the future, we will evaluate the impact of user involvement throughout the course on the formation of professional identity and how students learn

Take Home Messages: Service users can be successfully integrated in all aspects of the early phase of medical education and transition to medical school.

#9G5 (134043)

An Evaluation of an Education Intervention that Employs the use of Patients in the Teaching of Values and Behaviours to Junior Doctors in the UK

Kym Best, University Hospital Bristol NHS Foundation Trust, Bristol, UK*

Faith Prottis (University Hospital Bristol NHS Foundation Trust, Bristol, UK)*

Sabi Redwood (University Hospital Bristol NHS Foundation Trust, Bristol, UK)

Rebecca Aspinall (University Hospital Bristol NHS Foundation Trust, Bristol, UK)

Background: Good values and behaviours of healthcare providers are essential for the provision of a quality healthcare service that promotes good outcome for patients. It is recognised that values and behaviours are difficult and complex attributes to teach. The dynamics of effective educational interventions that address this affective domain of learning need to be better understood.

Summary of Work: A cohort of patients was selected to tell a group UK Foundation year 2 junior doctors the positive and negative aspects of their experiences with healthcare services. Discussions among doctors and with patients were encouraged throughout the sessions. Semi-structured interviews with junior doctors were conducted to qualitatively assess the value of this intervention.

Summary of Results: Junior doctors strongly valued the involvement of real patients to inspire positive behavioural changes. The sessions were considered to be thought-provoking and they stimulated reflection and an increased active awareness. Interviews also revealed that the disproportionate emphasis on the negative aspects of the stories was interpreted by some candidates as an attack on them (junior doctors). This resulted in some candidates feeling frustrated and demoralised. A defensive attitude was cultivated, and candidates were somewhat marginally sympathetic towards the care providers in the stories.

Discussion: The difficulties associated with teaching values and behaviours are further compounded by an element of compassion fatigue and low professional-morale of junior doctors. Further research is required on how to effectively achieve affective objectives in the light of these constraints.

Conclusion: At a time when the overall morale of UK junior doctors is low and working in a healthcare environment that inflicts high demands and expectations with limited resources, the disproportionate emphasis on the negative aspects of patient experiences to instil good values and behaviours, can be detrimental and futile. Positive examples are equally important and can reduce the risk of demoralisation and defensive attitudes.

Take Home Messages: The educational value of these sessions was determined by the ability to maintain the delicate balance between the positive and negative aspects of patient experiences.

#9G6 (126431)

Teaching musculoskeletal medicine and surgery in dedicated teaching clinics: The role of patients as tutors

Caroline Dover, Shrewsbury and Telford Hospital NHS Trust, Shrewsbury, UK*

Charles Wynn Jones (Shrewsbury and Telford Hospital NHS Trust, Shrewsbury, UK and Keele University, Newcastle under Lyme, UK)

Background: The valuable role of patients and professionals in teaching and training has long been acknowledged; much research has been undertaken to compare differing teaching methods. As well as highlighting improved student satisfaction with patient-led teaching over theoretical learning, studies have found the former to be associated with better examination results.

Summary of Work: Previous studies examining the success of differing teaching methods were critically analysed, before drawing upon their findings to identify a set of "needs" to be met within our orthopaedic clinics. Our clinics were then audited, through the use of questionnaires, to evaluate both student and patient satisfaction (Likert scale).

Summary of Results: 96% of students rated this teaching method as "good" or "excellent". All students agreed that, following their involvement, they were more confident in their history taking, examination, and management. All patients "strongly agreed" or "agreed" that this was a positive experience, and that they were happy with the clinical consultation.

Discussion: It was Sir William Osler who first said that the "best teaching is that taught by the patient himself". Through examining the literature available, and with the results of our student survey, the authors were able to suggest how to run a dedicated teaching clinic as an effective teaching method.

Conclusion: The results of our audit found patient-led clinics to be a relevant teaching method, beneficial to students and patients. We must teach by example, and our clinic is a setting in which this can be undertaken. We believe it has a valuable role in the curriculum, alongside traditional teaching methods.

Take Home Messages: The authors concur with Spencer's belief that "it is the only setting in which the skills of history taking, physical examination, clinical reasoning, decision making, empathy, and professionalism can be taught and learnt as an integrated whole". The authors commend this teaching method.