

Student perceptions of a consumer led discussion group format to improve awareness of the patient perspective.

Dr. Josephine Thomas¹, Agnes Vitry², Julie Marker²

1. School of Medicine, University of Adelaide; 2. Cancer Voices SA



BACKGROUND

Can patients be teachers?

A UK report on involving consumers in healthcare professionals' education identified a variety of strategies, including **patients invited into the classroom to share experiences of chronic illness**. Both students and consumers reported benefits from this model: perceived relevance; enhanced understanding of patients' perspectives; enhanced communication skills; increased confidence talking to patients; learning in a non-threatening environment¹.

'Patient narrative interventions' are reported to deepen understanding of the experience of disease and teach about the impact on social, psychological and socioeconomic status, lifestyle and well-being aspects². The complexity and richness of the non-scripted interactions that real patients bring, is greater than that seen in didactic teaching scenarios and unlikely to be replicated by simulation^{3,4}.

Patients feel their experiential knowledge of illness and the healthcare system should be included in medical education. Patients present a holistic approach that encourages students to think more widely than the medical model. Patients involved in medical teaching programs have largely reported positive feedback, with agreement for repeated involvement.

Reflective writing aims to promote reflection and empathy. This may foster greater understanding of the patient's emotional and social perspective of their illness and its consequences⁵. Reflective writing is thought to enhance clinician self-care expressed as increased job satisfaction, engagement and patient care along with decreased risk of burnout and compassion fatigue⁶.

The University of Adelaide MBBS is a 6 year undergraduate medical student curriculum. Students spend the first 2 years learning with simulated patients and case discussions. In year 3 they undertake clinical skills training with hospital inpatient and GP consultations.

"I want to encourage these students and urge them: aspire to be the best doctors you can be"

AIMS

To evaluate student perceptions of a discussion group format run by healthcare consumers with experience of a cancer diagnosis. The consumers' satisfaction with the sessions was also assessed.



Top picture: University of Adelaide students with consumer Jack.



Bottom picture: Feedback/ review session with volunteer consumer speakers; left- Louise with Dr. Jo Thomas; right- Letchemai and Tony listen to feedback.

METHODS

Year 3 Medical Students attending the Royal Adelaide Hospital for their clinical skills training in 2013 were scheduled to attend a 1 hour session in groups of eight, to discuss the consumer perspective of the medical journey and how our approach as health professionals impacts on a consumer's experience.

Learning objectives for the session:

- To gain awareness of the impact of a serious diagnosis for a patient
- To appreciate a patient perspective of the health system
- To practice reflective learning techniques

Each session was led by a consumer (volunteer speakers), with peer support person(s) who shared their experiences of a cancer diagnosis, with the aim of improving quality of care in the health system by enhancing communication and understanding.

The 10 speakers provided a range of perspectives: patient /carer; different cancer types and stage; various cultural/social/economic backgrounds; different age and gender; different sexuality; urban/rural background.

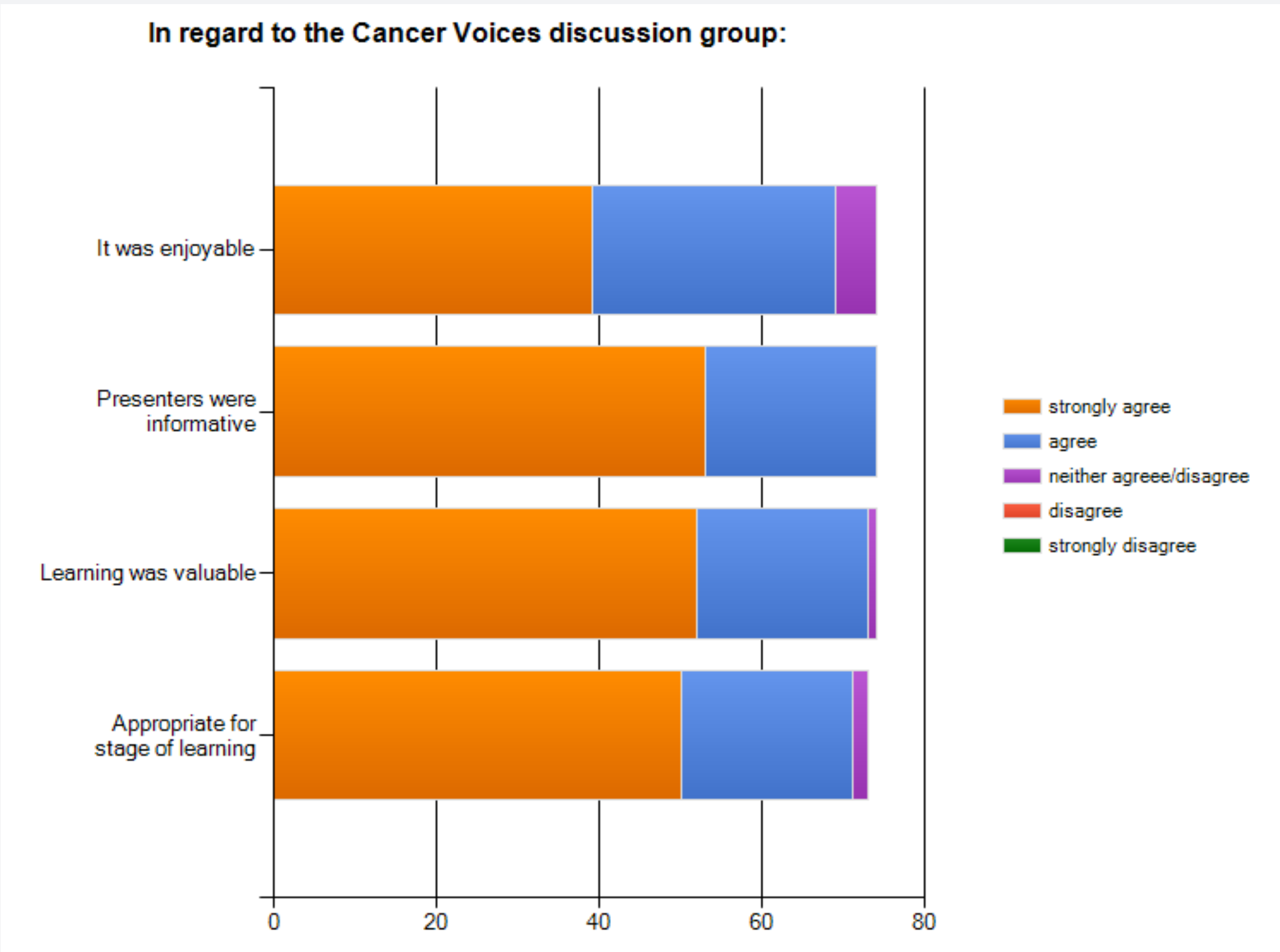
Students were required to submit a one page reflective piece and were given questions to stimulate their writing.

Students answered a brief questionnaire after the session, asking them to rate the session in four areas and describe what was good about the session and what could be improved.

Consumers answered a standard series of questions after each session to assess their satisfaction with the sessions

RESULTS

Students rated the sessions very highly for learning value and enjoyment. They considered the sessions appropriate for their stage in learning (fig1. below).



What students enjoyed about the session:

Students reported that the opportunity gave them a different perspective ie. a personal rather than medical account. They gained insight into the impact of a serious diagnosis and also the ongoing effects and impact of the illness on family, friends and finances. They found the speakers very engaging and described them as sincere. The (intimate) small group size was considered important and appropriate for the topic. Students felt they gained strategies for meeting different patient needs.

What students felt could be improved

Many indicated they would like more opportunities to hear personal accounts and viewpoints. They also felt greater opportunities to interact with speakers would be useful. Some indicated that linkage of personal accounts to further teaching of medical knowledge would be valuable. Student group discussion and 'debrief' time was suggested.

The consumers unanimously rated the sessions as worthwhile and valued the opportunity to participate in this teaching initiative.

"The questions the students asked were thoughtful and showed more than a medical consideration of the information, which perhaps means they absorbed the message to some extent"

Excerpts from student reflective pieces:

"The point was made that patients got a real emotional boost from talking to their doctor on the morning ward rounds, but that the doctor was so busy that they were hardly able to spend more than 5-10minutes with each patient. Hence it was important to be uplifting and encouraging, even if only for a short period of time"

"she gave us a checklist of qualities she found particularly striking in a health professional. The main theme I absorbed was to treat a patient as a real person, rather than a case to solve"

"At the moment I have time and I know that will change as I take on responsibility as a qualified doctor, but I hope that I will always make the time for a patient and consider them as a person"

"It made me realise that the majority of us are not faced with the concept of our own mortalities in our daily life. For the presenter it was obvious that thoughts of death pervaded every aspect of their life"

"It was interesting to see the patient's belief in dietary changes, positive thinking and meditation. Although I feel many of these therapies claiming to fix or heal cancer take advantage of vulnerable people.... I see a place for alternative therapies in providing quality of life"

Excerpts from student feedback comments:

"An amazing and intimate insight into the life of a family living with cancer. Interesting factors that I would not have otherwise learned/ heard about"

"Personal views about what doctors/ nurses did well and badly"

"Makes you rethink about how you will talk to and listen to patients when you are in the hospital. Opens your eyes to the way patients want to be treated and how much they want from the health system"

CONCLUSIONS

The discussion group format was highly valued as a learning opportunity by early clinical students and considered worthwhile by consumer volunteer speakers. Reflective pieces produced by the students have been of high quality and appear to show further enhancement of their learning in the group sessions.

The sessions have been a successful addition to the clinical skills course at this level. Further work will include expanding the program to link with previous and ongoing learning in this area. We will also look to evaluate whether there is any lasting impact from the program.

REFERENCES

1. The Health Foundation, 2011 Report: Can patients be teachers?
2. Jha et al 2009 Strategies and interventions for the involvement of real patients in medical education: a systematic review. Medical Education 43:10-2
3. Fiddes, Brooks, Komesaroff 2013 The patient is the teacher: ambulatory patient-centred student-based interprofessional education where the patient is the teacher who improves patient care outcomes. Internal Medicine Journal 43: 743-50
4. Birden & Usherwood, 2013 They liked it if you said you cried: how medical students perceived the teaching of professionalism. MJA 199(6) 406-409
5. Batt-Rawden et al 2013 Teaching empathy to medical students: an updated systematic review Academic Medicine 88Aug:1-7
6. Colwell 2013 Preventing burnout in oncology - accessed online <http://www.cancernetwork.com/print/article/10165/2147201>

ACKNOWLEDGEMENTS

Thanks to Cancer Voices SA and all the consumers who participated in these sessions. Volunteer speakers involvement was coordinated and supported by Cancer Voices SA, an independent 100% volunteer organisation representing people affected by cancer : <http://www.cancervoicesa.org.au/>

Thanks to the students who have allowed their photographs and work to be used in this poster.