

Learning and teaching with patients (compiled from workshop, Business meeting, 1.2.12)

Workshop 1: How do we engage patients in medical education?

- Dedicated teaching with patients
- Home visits
- Professional shadowing (student interactively observing GP consult)
- Student consulting (GP observing)
- Student consulting GP comes in after consultation to hear presentation and discuss management
- Professional patients
 - Do you have any expert patients that could lead part of an educational session? Could you train any up?
- Students running lunch time blood pressure clinics etc.
 - kills two birds with one stone – QOF for practice and clinical experience for students
- Longitudinal (patient journey)
 - student follow up a patient seen in clinic at home – to hear how patient is doing, review patient started on treatment, to check BP, to hear more of patient story etc
 - trainee select patient from the GP surgery who they connect with and could possibly follow up, with patient consent

Considerations regarding clinical education engaging patients

Some considerations for preparation/delivery/feedback/evaluation of the session

- How will you find the patient?
 - e.g. Practice based patient list for teaching, recent encounters, a patient you know well
- What kind of patient?
 - e.g. Good story, good signs, likes being involved, interested in student education, a patient you need to clinically spend more time and thought on
- What information will you give the patient prior to the session?
 - e.g. level of students, what the session is about, how the patient can contribute, what kind of F/U – phone call or letter etc
- How will you find out student level of knowledge?
 - e.g. Tutor guide, past experience, questioning them
- How will you prepare the student(s)
 - re *knowledge* e.g. of medical condition or management,
 - re *skills* e.g. of relevant history taking or examination, problem solving and noticing cues,
 - re *attitudes* e.g. confidentiality, respect, valuing patient perspective, concern for patient dignity etc?
- What information will you give the student(s)
 - e.g. patient notes, patient experiences, clinical teaching etc
- Where will the session be?
 - e.g. home visit, your consulting room, seminar room
- What will you do if the patient does not turn up last minute?
 - use notes and narrative, support with patient experiences online (see below), have a reserve patient, have reserve educational resources
- How will you keep the students engaged and interested?

- e.g. education at right level, treating students as adult learners, draw on their experiences and understanding, asking questions, encouraging dialogue etc
- How will you feedback to the students?
 - Will you obtain patient feedback (e.g. phone the patient after the session), will you feedback yourself?
- How will you evaluate your session so that you might improve it for the next group of students?
 - Ask students verbally or with your own written questions, wait for student online feedback, student mini assessment (e.g. reviewing learning by re asking pertinent questions at the end of the session)
- How might you support it with educational resources
 - e.g. web pages, youtube links, patient narratives, papers, clinical reading (GPs have emailed the students in advance of the session with weblinks, or formed a facebook group where interesting relevant links can be posted)
- How will you reflect on the session +/- and add to your appraisal documentation?
 - E.g. reflective template (what did I enjoy/do well/find challenging/need to develop in these teaching sessions)

Workshop 2: Process of engaging patients in education

Register of willing patients

- Read code patients who have stories/signs that might be educational and who would be happy to be involved in the education of future doctors
 - Keep list of patients for each topic taught who are willing to be involved in the education of future doctors
 - Involve reception in finding lists of patients with certain conditions – doctor or admin team then phones the patients on the list to ask if they would be interested in educating future doctors
 - Practice manager gets involved in asking patients if they would be happy to be part of future doctor education and creates a list, noting proximity to practice also
 - Ask patients opportunistically when seen if they would be interested in being involved in future doctor education

Consenting patients

- Phoning/emailing the patient around time of teaching to ask if still prepared to be involved
- Explain what will be involved
- Some people give the patients written information to explain what the session will be about

Motivating factors for patients

- Have longer session with GP, more full history and examination
- Feeding into future doctor education
- They will be being treated by these doctors in 5-10 years time
- Opportunity to educate future doctors with the patient experiences and perspectives

Thanking patients

- Standard practice letter
- Phoning and thanking patient (whilst also getting feedback for the students about the patient-student interaction)
- Certificate

Alternative to live patient teaching

- You tube links – watching links e.g. for neurology patients not seen during attachment
- Video some consultations and if patient consents to use for teaching students
- Patient websites e.g. www.patientvoices.org.uk - digital stories from patients, carers etc. or <http://www.healthtalkonline.org/> - personal experiences of health and illness.
- Attach a patient narrative (word doc) to their notes with patient consent to convey patient lived experience

Engaging patients in clinical teaching (workshop handout)

Why

- Holistic learning – where students can put together knowledge, skills and attitudes around consulting

Ethos

- Role-model active patient participation – patient-centred approach
- Reflect increasing acknowledgement of ‘patient voice’ and shift towards a partnership and personalised care agenda
- Structured learning event where students have support in making sense of what they see through dialogue with clinical teacher
- Students learn through interplay between existing knowledge and new knowledge (cognitive learning theory) – through teacher questioning, explaining, promoting reflection
- Ethical issues: Consent, Confidentiality, Choice all being modelled

Delivery of session

- Think:
 - Who am I teaching?
 - What am I teaching?
 - How will I teach it?
 - How will I know if the students understand?
- Draw on:
 - Knowledge about the learners
 - Knowledge about learning and teaching
 - Knowledge about the subject
 - Knowledge about the patient

Challenges

- Ensuring the needs of both learners and patients can be met
- Time pressures
- Often opportunistic – planning more difficult
- Increasing numbers of students
- Student non-attendance

What can go wrong with clinical teaching

- Lack of clear objectives and expectations
- Factual recall rather than development of problem solving skills and attitudes
- Teaching pitched at the wrong level
- Passive observation rather than active participation of learners
- Little opportunity for reflection and discussion

- Lack of congruence or continuity with the rest of the curriculum
- Lack of respect for privacy and dignity of patients
- Not gaining informed consent

Advantages

- Integration of clinical & communication skills, problem solving, decision making and ethical challenges
- Learning in context
- Opportunity for role modelling
- Increases learner motivation
- Increases professional thinking

Student preparation

- Appropriate dress and behaviour
- Confidentiality

Patient preparation (for patient educators)

- Suitable patients are those whose eyes light up when you ask them to talk to medical students.
- Do some lesson planning with the patient (so that they own the session).
- Prepare the patient to feel challenged.
- Preparing the students to meet a person e.g. with cancer (something like: 'be open but be sensitive').
- Be ready to deal with student reactions – this can be a powerful experience.
- Debrief your patient to see whether there is anything that he or she needs to discuss

Benefits cited by patients

- feelings of altruism and helpfulness
- 'repaying the system'
- learning more about their clinical condition or problem
- being given more time and attention by clinicians – a better service
- being valued and enhancing self-esteem
- companionship and relief for social isolation (e.g. community visits to elderly patients living alone)
- reassurance of wellbeing ('a good going over')

Factors that cause patients to feel reluctant to participate in clinical teaching include the following.

- Feeling embarrassment or anxiety about emotional problems or intimate examinations.
- Learners' gender or other cultural factors, for example male students being involved in gynaecological or obstetric procedures and consultations
- Previous poor experiences with learners.
- When there are relatively large numbers or less-experienced learners.
- When the consultation or encounter is 'high stakes' (such as birth, being given bad news, a difficult, painful or sensitive examination or procedure).
- Repeated contact with doctors and learners can also reinforce feelings of ill health and emphasise the medicalisation of health issues