

How Does Patient Inclusion in Medical Learning Environments Shift the Patient, Learner and Attending Experience?

Author: Bavenjit Cheema, Daniel Ho, Erica Amari, Heather Buckley, Carolyn Canfield, Cary Cuncic, Cheryl Holmes, Laura Nimmon, Kiran Veerapen

Presenter: Bavenjit Cheema, Daniel Ho

Moderator: Andrea Larson

Time: 12:45 – 1:00

Although much has been written about the medical learning environment, the patient, who is the focus of our care, has been systematically excluded from this discourse. The purpose of this study was to explore the role of the patient as an active participant with agency in an authentic medical learning environment from the standpoint of the learner, the faculty and most importantly the patient. We hoped to gain insight into the reinforcement of positive professional values such as patient-centred behaviours and a respectful environment. The study recruited attending physicians and medical trainees to adopt a “patient-centered clinic” approach where all case presentations were conducted in examination rooms with the patient, as opposed to a conference room. Using a design-based research methodology, semi-structured interviews explored the impact of the new learning environment. After each week of interviews, the study members discussed insights and the interview questions were refined. The preliminary sample included of the study with 5 attending physicians, 8 trainees, 5 patients and 1 family member. Results revealed three themes: 1. The teaching model allowed for a more patient-centered and inclusive health care environment; 2. Attending physicians and medical trainees reported that presenting cases with the patient present challenged normal teaching practices and may have limited teaching opportunities; and 3. Although it was difficult to ascertain the effect on professionalism, patients felt more respected. This study provides a valuable platform for exploring the evolution of a positive learning environment with the lens of patient agency and centeredness.

Key words: Medical Learning Environment, Patient Centered Care, Professionalism

You Who Aren't Well, Come: Re-Thinking Medical Education as Hospitality

Author: Brett Schrewe

Presenter: Brett Schrewe

Moderator: Andrea Larson

Time: 1:00 – 1:15

What problem have you identified and/or tried to address?

Many health care professionals spend significant time within acute care hospitals. These contexts are imbued with familiarity for those who practice and train in them, such that they carry a connotation of a professional home. Yet for patients – already confronting the uncertainties of illness – hospitals can be unfamiliar, unpredictable, and even frightening. How might we better educate learners to address these concerns?

What did you do (a description of methods and/or innovation)?

In this philosophy of medical education work, I draw upon phenomenology to describe how the onset of illness is accompanied by a sense of significant self-displacement for patients. I then draw upon Ruitenberg's ethic of hospitality to consider how we might help trainees learn to best support patients in both biomedical and interpretive aspects of clinical encounters.

What did you discover in the work (findings and/or lessons learned)?

Patients must contend not only with the uncertainty of illness but also the need to seek health care in places they may not wish to be. Employing an ethic of hospitality reframes clinical encounters in ways that may address this vulnerability, specifically by: attending to the unfamiliar position in which patients find themselves, recognizing the potential for confusion in the language professional medicine uses, and making explicit institutional logics and practices that physicians draw upon without a second thought.

Why is this important (implications and/or future directions of the work)?

The onset of acute illness is a time of unavoidable precarity. While there may be little we can do to offset this aspect, educating for hospitality offers a promising approach by which health care and medical education systems may attenuate the vulnerabilities that accompany patients' experience of illness.

Keywords: Philosophy of medical education; hospitality; system design

Encouraging Assessment of Patient-Provider Communication - an Interdisciplinary, Global Perspective

Authors: Suzanne Hetzel Campbell

Presenter: Suzanne Hetzel Campbell

Moderator: Andrea Larson

Time: 1:15 – 1:30

Future health care providers require education in therapeutic communication in order to minimize or eliminate miscommunication and to enhance the ability to deliver safe, quality, patient-centered care. Using simulation as a teaching tool to improve the health communication skills of health care students is not new, however reliable and valid instruments to effectively evaluate the communication between providers and patients is still evolving. In that evolution, feasibility testing of reliable scales is required. A multi-site study in British Columbia, Canada tested two versions of the Global Interprofessional Therapeutic Communication Scale© (GITCS©) using live and video-taped simulations at eight schools of nursing, including on-line evaluations of the scale and its use by faculty and students. We found it feasible to use a Likert-type scale to evaluate nursing students' health communication after participating in a live simulation and/or watching a video-recorded simulation. The second phase of testing in the province will encourage interdisciplinary and global use of the scale. This presentation will summarize the research to date and encourage multi-disciplinary and global use. The scale presented provides one option for educating faculty in the use of scales to measure health care provider-patient communication. Focusing on the critical importance of patient-centered care, mutual goal setting, and collaborative care-planning this scale has promising utility in measuring student and practitioner performance.

Objective: Participants will be able to: identify key components for formative and summative assessment of patient-provider communication.

The Role of Clinicians' Disability Experiences in Building Connection with Clients

Authors: Alfiya Battalova, Laura Bulk, Laura Nimmon, Tal Jarus, Rachelle Hole, Terry Krupa, Michael Lee, Yael Mayer

Presenters: Alfiya Battalova

Moderator: Andrea Larson

Time: 1:30– 1:45

An estimated one in five Canadians (or 6.2 million) aged 15 years and over had one or more disabilities that limited them in their daily activities, according to the findings from the 2017 Canadian Survey on Disability. Students and clinicians with disabilities are under-represented in the academic health programs and professional clinical settings. The lived experiences of disability present unique ways of knowing and being that clinicians with disabilities can offer in their work with clients. Based on a larger grounded theory study of the experiences of students and clinicians with disabilities, this research examines the role that clinicians' abilities to draw on their personal experiences of living with a disability have on their interactions with clients.

Guided by the grounded theory, the research team conducted semi-structured interviews with 56 clinicians and students with disabilities from the fields of nursing, occupational therapy, medicine, physical therapy, medicine, and social work. The analysis of the interviews contributed to the development of the theory of epistemic connection established in the process of clinician-client interaction.

The theory is informed by the following three (3) themes: (a) Building rapport through understanding, (b) From Understanding to Advocacy and Creative Approaches, and (c) Between professionalism and disability. The study results reveal that students and clinicians with disabilities consider their personal disability experiences as important factors shaping their clinical practice. The findings emphasize not only the importance of diversifying the health care workforce but also incorporating disability epistemology into the health care culture.