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Where's the Patient's Voice in Health Professional Education? : INNOVATIONS

PATIENT BECOMES THE TEACHER

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PURPOSE

Back pain and its associated socio-economical cost is one of the major topics in today's healthcare politics. Triage guidelines (Waddell 2005) indicate that nerve root pain represents in approximately 5 % of back pain cases, serious pathology 1-2% of cases whereas 85-95% of cases are of musculoskeletal origin. It is therefore essential that the practitioners of the future not only understand the diverse causes of back pain but are also capable of explaining to their patients the concepts of the bio-psycho-social model and how these relate to illness behaviour and fear avoidance, which may present in musculoskeletal back pain.

.. students found it emotionally difficult to ask pertinent personal questions, as they were afraid of insulting or hurting a patient's feelings.

(Pfingsten 2001, Pfingsten et al. 2001, Carragee et al. 2005, George et al. 2005, Hildebrant et al. 1997)

The theories underpinning the bio-psycho-social model are integrated in all levels of the 4 year chiropractic degree at the University of Glamorgan, Wales, UK. However, it became clear that final year student clinicians were having difficulties when conveying interpretations relating to illness behaviour and fear avoidance directly to patients. Similar observations have been noted by Kern et al. (2005), who highlighted that though communication skills and the psychosocial dimensions of patient care are increasingly taught, this is not reinforced or optimally implemented in clinical training.

Following discussions with the students, it became apparent that that the students found difficulty comprehending and detecting the variety of emotional and psychological aspects at play in the bio-psycho-social Model and how these may present in the clinical setting. An equally important point was that the students found it emotionally difficult to ask pertinent personal questions, as they were afraid of insulting or hurting a patient's feelings.

DESCRIPTION AND PROCESS

In order to facilitate the students learning, a patient to whom the concepts of the bio-psycho-social model had been explained, and whom subsequently with support and treatment had decreased her disability score from 90% to 18%, agreed to participate in a lecture to the 4th year student clinicians elaborating on her experience. The students encountered effective and contextualized patient communication, as she willingly re-enacted, together with the author, the setting during which the rationalisation behind the concepts were explained in layman's terms. Additionally the importance of these issues was emphasized by her openly discussing how this

understanding had influenced her perception of her back pain and her ability to take control of her life, thereby subsequently decreasing her fear avoidance.

Outcomes

The impact on student learning from the session was assessed by a retrospective survey 3 weeks after the lecture, based upon the students' perception of:

• perceived pre- and post-lecture knowledge;

• perceived pre- and post lecture communication skills;

• perceived value of patient as educator;

• further study elicited by the experience.

The questionnaire can be seen in the Appendix and the results can be found in the Table.

The results revealed the students perception to be that they had gained further understanding of the subject, felt more confident should they themselves have to convey the concepts and moreover the experience had encouraged further self-directed study of the subject.

Table. Changes in student perception pre- and post- lecture

Students own Perception of:	Average Difference (pre – post)	Range of Differences (pre – post)
Knowledge Base	+ 0.68 *	-1 to 2
Communication Skill	+ 1.24 *	-1 to 3
Value of Patient as a teacher (score 1 to 5)	3 or higher 100% 4 or higher 98.5% 5 4.5%	
Further Self- Directed Study (score 1 to 5)	3 or higher 81% 4 or higher 24% 5 3%	

The average differences refer to the average change in students own perception in that category as determined following the lecture (using a five point scale; * indicates significance between pre and post lecture perception at $p<0.0001$, using Wilcoxon signed ranks test).

Both the perceived value of the patient as a teacher and the proportion of students who indicated on the questionnaire that they had completed further self directed study are outlined in the lowest 2 rows of the table. This data is presented as percentages of the total students sampled. All questions used a 5 point scale where 1 indicated a Poor or negative effect and 5 indicated a Good or positive effect).

Review and learning

Spencer et al. (2000) emphasised that direct student-patient contact can enhance a student's ability to understand the actual experience of ill health. Through such encounters students appear to gain an insight into a patients understanding of beliefs, ideas, behaviour, concerns and expectations and so develop a foundation from which the skill of empathy can further develop. Equally as poignant to consider is the patient-student encounter. Wykurz & Kelly (2002) pointed out the benefits for patients that can be achieved from participating in a teaching capacity. The most important component of that experience may be the sense of empowerment. The patient participating in our study has most definitely become empowered as outlined below. She went from being in constant pain for 5 months and unable to participate in her previous daily activities to:

• changing her disability score from 90% to 18%;

• starting a college course;

• taking assertiveness classes;

• starting a voluntary job;

• losing 3 stone in weight;

• changing partner;

• sufficiently enjoyed the encounter enough to return and present to other classes.

The potential benefits to both patient and students cannot be over-emphasised. Since this study in 2003 we have further developed the pre-clinical training specifically The Junior Clinic module which is placed in the 3rd year. Here special attention is on communication as well as the art of case history taking skills is highlighted. Emphasis is now placed on topics such as perceptions, fears, concerns and feelings adding to the student's clinical experience prior to entering the clinic as a student practitioner.

Furthermore the 3rd year students are encouraged to observe their 4th year colleagues during their patient interactions.

It is hoped that our willing participant will continue to help us educate chiropractors. We envisage development of a programme through which she and other appropriate patient-teachers may be able to convey their experiences to other patients, so helping them understand what in fact can be very difficult yet apparent concepts that are necessary to support the healing process.

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Appendix: A Retrospective Survey of the Student Clinicians at WIoC 2005

The following questions revolve around the topic of Yellow Flags (illness behaviour and fear avoidance) as well as the Chiropractic Diagnosis lecture during which a patient with high scores (78% / 84% / 90%) on the Revised Oswestry Disability Index was presented to the class.

Please circle the number which most closely reflects your opinion.

Student number:____________

PRIOR TO THE LECTURE:

1) How did you perceive your understanding of the term Yellow Flags?

Poor 1 2 3 4 5 Good

2) Did you consider yourself capable of explaining the concept to your patients?

Poor 1 2 3 4 5 Good

THE ACTUAL LECTURE:

3) How helpful did you find the lecture?

Poor 1 2 3 4 5 Good

4) How valuable was it to hear the patient's perspective – learning directly from the patient?

Poor 1 2 3 4 5 Good

SINCE THE LECTURE:

5) What is your current perception of your understanding of the term Yellow Flags?

Poor 1 2 3 4 5 Good

6) Have you studied the topic of Yellow Flags further? (If not further study do not answer question)

Poor 1 2 3 4 5 Good

7) How do you now consider your abilities to explain the concept to your patients to be?

Poor 1 2 3 4 5 Good