



INTERNATIONAL JOURNAL OF CLINICAL SKILLS



A Peer Reviewed International Journal for the Advancement of Clinical Skills
- *'docendo ac discendo' - 'by teaching and learning'*



In this issue:

Involving patients as educators: adding value to clinical experience

Emergency department ultrasound

Examination of the cardiovascular system

Medical student theatre etiquette course

The OSCE: a marathon, not a sprint!

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The International Journal of Clinical Skills looks forward to contributing positively towards the training of all members of the healthcare profession.

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Foreword

Chairman of the Academy of Medical Royal Colleges



The searching reappraisal of almost every element of health care that we have seen in recent years has brought challenges and stimuli to all who have a part in this enterprise. Ultimately, the quality and safety of patient care depend upon the professionalism of people of many disciplines who have a responsibility to deliver that care, and therefore upon the quality of their education and their training and the ability to exercise their clinical skills and competences at the highest possible level in practice.

The mission of the International Journal of Clinical Skills is to support and promote that professionalism and I wish it growing success.

A handwritten signature in black ink, which appears to read 'Carol Black'.

Professor Dame Carol Black DBE FRCP FMedSci
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Involving patients as educators: adding value to clinical experience

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Simulated patients
Standardised patients

Abstract

Simulated and standardised patients have contributed to medical education for over 40 years. Building on this principle, patients are now becoming more involved with teaching, providing feedback and assessing healthcare students and contributing to curriculum design. Involving patients in the education of healthcare students offers wide ranging benefits to students, provides the patients with greater understanding of their illness and affords them the opportunity to contribute to the education and training of future healthcare professionals. In this paper the Patient as Educator programme at the University of Sheffield is described and the evaluation of one format of educational engagement is presented.

Background

The value of standardized or simulated patients to support the teaching, learning and assessment of clinical skills of medical students was recognised over 40 years ago [1]. Barrows conceived the technique to help him solve an assessment problem in his clinical field of neurology and developed the concept to be ubiquitous across the medical curriculum. For Barrows a simulated patient is “a normal person who has been carefully coached to portray a specific patient”. The definition of a standardized patient includes both simulated patients and real patients, “who have been coached to present their own illness in a standardized way”. He saw the strength of standardised patients in their availability, specificity to curricular outcomes, reliability and consistency of engagement with each student as well as their willingness to participate. He believed that standardized patients could be a transitional step to help junior medical students hone their skills without embarrassment, to perfect clinical techniques, and to practice in emergency and sensitive situations [1].

It is from these beginnings that the standardized/simulated patient movement developed. Standardized and simulated patients can contribute to medical education programmes in the role of “patient” [1, 2, 3], “assessor” [4, 5, 6] and “teacher” [7-12].

One way to encompass the benefits of including simulated and standardised patients in teaching, learning and assessment and to involve patients more broadly in curriculum design is to develop a team of real patients with a specific educational remit. The strengths of this approach are to:

- Enable students to meet patients who have time, enthusiasm and expertise to facilitate their learning
- Provide consistency of the student experience
- Provide protected learning opportunities
- Standardise opportunities and approaches for patients to give feedback
- Give real opportunities for patients who are interested in the educational process to contribute to the development of the healthcare practitioners of the future
- Involve patients in the design and delivery of undergraduate curricula

Students have always encountered patients in the course of their practice-based studies. However, in many countries there have been changes to the delivery of healthcare in recent years [13, 14]. These include the move from hospital to more community based care [15], pressure on clinical supervisors [16, 17], consultants' contractual changes [18] and increased patient autonomy [14]. This has led medical educators to seek ways to ensure that students have realistic clinical experiences, which meet curricular requirements, and are delivered at a pace that enhances learning.

Increasingly too, it is recognised that patients are, and should be, significant contributors to their own health and care [19, 20]. It is therefore logical that the patient partnership in healthcare delivery is extended to teaching and assessing as part of clinical education [21]. The idea of the "expert patient" is becoming firmly embedded in health policy and medical education goals and practice [22, 23].

The Patient as Educator (PaE) programme has been developed at the University of Sheffield School of Medicine. This paper describes the process of establishing and delivering the programme, the educational activities undertaken and the contribution to the students' clinical and professional development.

Methods

1. Developing the Patient as Educator (PaE) programme

The PaE programme was launched in October 2004, building on a small group of simulated patients and actors who were involved only in communication skills training and clinical assessments (OSCEs – Objective Structured Clinical Examinations). Initially, volunteers joined the programme following recruitment visits to patient support groups and to specialist and practice nurses. More recently, volunteers join because they have heard of the programme from friends. We now have a group of patients with a wide range of clinical conditions. The number of patients in the programme is shown in Table 1.

Table 1: Number of patients involved with the 'PaE' programme

Dates	Number of patients involved
Jan 2005 – Dec 2005	361
Jan 2006 – Dec 2006	484
Jan 2007 – Dec 2007	533
Jan 2008 – Dec 2008	631

Training is a crucial part of an effective PaE programme. All the Patients as Educators receive standardised training which includes an overview of the programme and the MBChB course. We ensure that they are aware of issues surrounding their ongoing consent, confidentiality and health and safety procedures. The educational activities of the Patients as Educators include:

- Developing the communication skills of students
- Providing students with constructive feedback
- Giving a clinical history
- Participating in being examined and teaching some examination skills

- Assessing clinical competence in OSCEs and similar assessments

The altruistic intentions of the volunteers in this programme are clearly evident and highly respected. Volunteers receive no formal reward for their involvement, however, we try to ensure that they have a personally valuable experience, feel truly involved and are recognised for the work they do.

The administration of the programme is key to its success. The dedicated coordinator and administrator know all of the volunteers personally and maintain close communication links with them. Transport is provided to bring the PaEs to events and to take them home and whilst they are with us, refreshments are provided.

In recognition of the important role the PaEs play we have a lapel badge which we give to volunteers (Figure 1) after 1 year's service and a gold badge for long and exceptional service. These badges are awarded at a special ceremony.

Figure 1: Illustration of a lapel badge issued to PaEs



2. Contextualising the Patient as Educator programme within the framework of the MBChB course

The Sheffield course is outcome focused and based on 92 core clinical problems [24]. In principle, in this kind of curriculum there should be learning opportunities for all students to gain the necessary experience and knowledge in the core elements of the course. The PaE programme has been designed to maximise the equivalency of experience in the early years of the course and to ensure all students have sufficient clinical knowledge and skills to learn independently in practice.

Patient as Educator activities

- *Patient Encounters* for first and second year students allows them to work in pairs with a PaE to take a clinical history, to explore the impact of their illness on them and their family, and to reflect on the process in order to set further learning goals.
- The Community Attachment Scheme (CAS) in the first year of the course enables students to meet patients in their homes to find out about the social and psychological aspects of their illness. Many of the PaEs are also part of the CAS group of patients.
- 'Consultation skills' training is an important vertical strand

of the curriculum. Some of the PaEs are involved in this training programme, which includes both basic skills and more complex communication topics.

- As part of students' clinical skills training, PaEs help them to develop and consolidate a range of clinical skills including general physical examination, vital signs and recording ECGs. Inherent in this process is the feedback given by the PaEs to the students.
- In 2007 we developed "simulated ward rounds". These provide students with the opportunity to see real patients who have conditions related to the core curriculum in the safe and supportive learning environment of the Clinical Skills Centre. The PaEs give their clinical history and support students as they undertake a relevant physical examination. Again, feedback is a significant element of this engagement.
- As in many medical and other healthcare schools, the OSCE is a part of our clinical assessment strategy. The PaEs are involved in history, physical examination and communication skills stations and in some cases contribute to the overall mark awarded to a student. A separate assessment of students' practical skills, Direct Observation of Clinical Skills in Simulation (DOCSS) was introduced in 2007 and the PaEs also contribute to this assessment [25].

3. Evaluating the education impact and volunteer satisfaction

As part of quality assurance and quality enhancement the students and patients are asked to evaluate their experiences of the PaE programme. The students complete an online evaluation and the patients complete a paper-based questionnaire. Ethics approval was granted by the University of Sheffield School of Medicine's Ethics Committee to gather, analyse and disseminate this data.

Results

The overall evaluation of all of the PaE activities is consistently good. One of the more complex clinical activities in which PaEs are involved is the Simulated Ward Round. The evaluation data for one series of Simulated Ward Rounds for third year students in 2008 is provided here. The questions on the evaluation form completed by the PaEs are shown in Table 2. All patients (n=20) either strongly agree or agree with the statements, with none disagreeing.

Table 2: Patient as Educators' evaluation – Simulated Ward Round November 2008

A. Organisation:
I received adequate information about the session.
I received information in good time.
Transport arrangements were satisfactory.
I was welcomed on my arrival.
Refreshments were satisfactory.
I felt supported by the staff during the session.
My comfort/dignity was maintained.

B. Training:

- I received adequate training for the session.
- I was satisfied with the venue.
- I had opportunities to contribute to the training.
- I had opportunities to ask questions.

C. Teaching / Assessment Session:

- I understood my role as a teacher/assessor.
- Students were respectful / professional.
- Students asked my permission before they began.
- Students maintained my dignity.
- Students asked appropriate questions.

The free text comments illustrated the patients' enthusiasm for their engagement:

"I feel by taking part in this activity, I am giving something back for the healthcare I have received."

"Without exception, all students were 'brilliant' and deserve to do very well. It was a privilege to work with them all."

"Some excellent students which bodes well for the doctors of tomorrow".

"All students have been respectful, attentive and appreciative – a pleasure to spend the afternoon with."

"Very impressed by the attitude, manner and professional conduct of all the students in this encounter. Great willingness to listen to advice. Good to see hygiene procedures carried out thoroughly. I look forward to the next session."

"Seemed a valuable exercise. Was impressed by the students' readiness to learn and interest in our experiences of illness/treatments".

The questions on the students' evaluation form are shown in Table 3 and the results illustrate the high level of perceived educational gain.

Table 3: Students' evaluation – Simulated Ward Round (SWR) November 2008

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
I understood the purpose of the S.W.R.	107	89	9	7	1
I felt adequately prepared for the S.W.R.	32	117	34	26	1
Overall the patients were a good representation of the Core Clinical Problems.	97	98	13	4	0
I had sufficient time with each patient.	39	76	31	51	9
I received constructive feedback from the patients.	97	93	13	5	0
Overall, the S.W.R. was a valuable learning experience.	147	61	3	0	0
As a result of S.W.R. I have identified further learning needs.	146	65	1	0	0

Themes of the free text comments

• The positive

Students overwhelmingly valued the Simulated Ward Round. They liked the session both for the opportunity to consolidate their skills before the OSCE and to identify their personal learning needs.

"It has given me a kick up the bum!! Vital learning points are needed to be worked on. Very useful morning – will work hard to improve!"

"It was really helpful to focus the next weeks of studying and what problems I have."

They valued the input of the PaEs and their feedback. As the students were in pairs many valued the opportunity to watch another student undertake the physical examination to reinforce their own understanding.

"The patients were extremely helpful and taught me a lot."

"Good to see another person doing an exam and to be able to criticise each other."

• The negative

Students would have liked longer with each of the PaEs and some would have rather worked on their own to maximise the opportunity.

"Such a helpful learning opportunity – I wish I had longer."

"10 minutes didn't seem long enough time but this may indicate where I need to speed up."

A number of students would have liked feedback from clinical staff in addition to that given by the PaEs.

"Having an assessor at each station (e.g. a FI doctor) would be helpful just for the clinical examination feedback."

For some students the instructions were not clear and they commented that they would like a more precise briefing.

• Further learning opportunities

Many students found this experience so useful that they requested further similar opportunities and one student suggested peer assessment as part of the exercise.

"We should have more sessions like this."

"Helpful to have another one to see if I have improved."

Discussion

In a changing clinical and educational environment, involving patients in the education of healthcare students seems to be wholly appropriate and desirable. It fulfils the needs of the curriculum by providing clinical activities that match precisely the outcomes of the course in a supportive environment that is not subject to the time pressures of the NHS service delivery. The involvement of real patients maintains the validity and fidelity to real clinical practice and the educational benefits are enhanced by their training and personal engagement with students.

If we seek to encourage patients to make informed decisions about their clinical care and increasingly to assess doctors in training [26], it seems equally appropriate to offer them the opportunity to be involved in the training and educational process that lead up to independent clinical practice. The PaEs report informally that their involvement in the programme has enhanced their ability to talk to healthcare professionals and to make informed decisions about their care.

Altruism is one thing that makes humans different from animals and is attributable to various motives. Sometimes it is demonstrated in the knowledge that the individual will gain some kind of reciprocal benefit [27]. However in the case of the Patients as Educators, they do not benefit directly from the training of the students. It is the future patients of those students who will reap the rewards. Providing opportunities for individuals to express this element of human nature enriches their lives in equal measure to the educational benefit accrued by the students. A striking feature of the patients involved in this

programme is their commitment to giving something back to the health service freely and without tangible reward.

We have been very fortunate to gather a group of highly motivated and committed Patients as Educators. Their tireless generosity enhances the learning activities for our medical students. Patients in hospital are often too ill to be asked to provide feedback to students on their performance and in any case it is not possible to train them to do so. The advantage of involving patients who have a stable clinical condition is that they have the time and training to be able to provide the most fundamental aspects of educational information, namely, feedback.

The students value the PaE programme highly and have learned much more than just clinical skills from the patients to whom they and the Medical School are hugely indebted. They have a realisation that behind every "patient" is a person; a member of a family and a community.

Conclusion

Involving real, trained patients in clinical skills education and training enriches the experience for the students and provides an opportunity for patients to share their experiences and to give timely feedback on students' performance. Students are able to spend time in a supportive environment to develop clinical and interpersonal skills and an understanding of the psychosocial impact of illness, which supports and scaffolds their learning in clinical practice in hospitals and primary care.

Acknowledgements

We are grateful to all the University of Sheffield medical students and the Patients as Educators who work together to make better doctors for the future. In addition, our gratitude for their evaluation of the programme that helps us to constantly refine and add to the learning activities.

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Patsy Stark is Professor of Medical Education and the Academic Director of Clinical Skills and the Patient as Educator Programme. She holds a University of Sheffield Senate Award for Teaching Excellence and is an advisor on clinical skills in the UK and overseas.

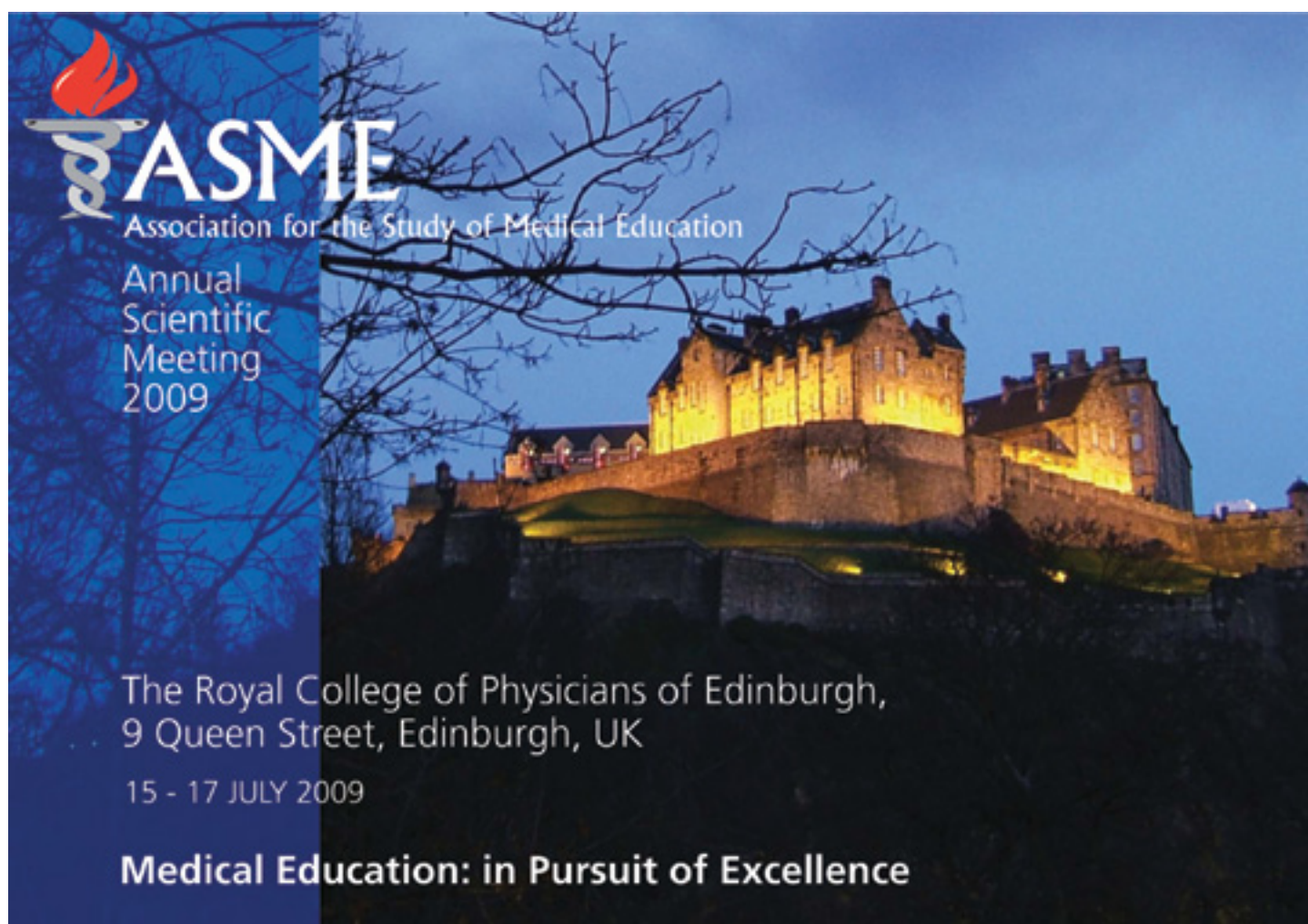
Martin Hague has been the Coordinator of the Patient as Educator Programme since its beginning and has been pivotal in the recruitment, training and support for the volunteer patients.

Nigel Bax is Professor of Medical Education, Head of the Academic Unit of Medical Education and Director of Teaching. He was awarded a UK Higher Education Academy National Teaching Fellowship in 2003, which provided the initial funding for the Patient as Educator Programme.

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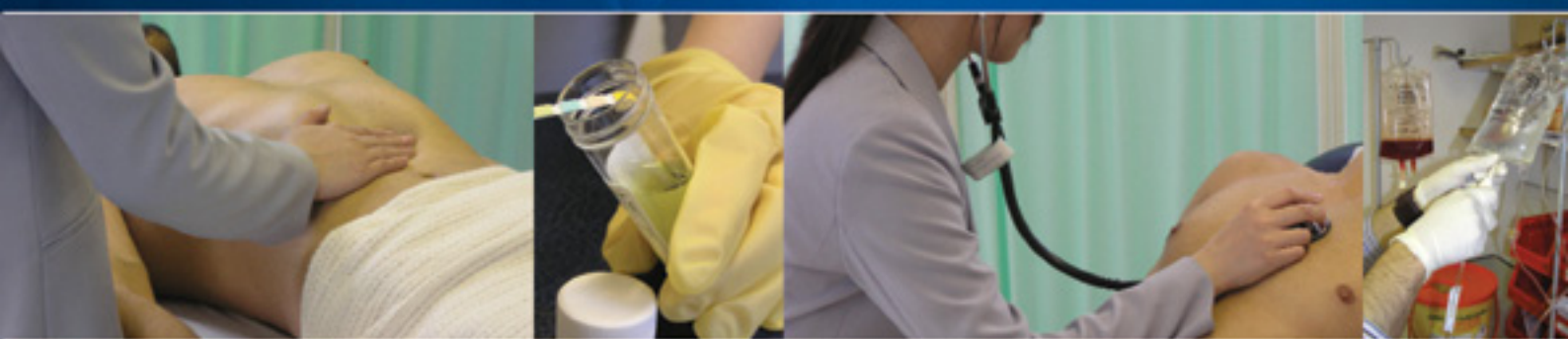


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Clinical Skills Lab (CSL)



The Clinical Skills Lab database will comprise information on over 200 clinical skills, broadly separated into:

- History taking skills
- Communication skills
- Clinical examination/interpretation skills
- Practical skills

Not only will this valuable resource provide material to students as a learning tool and revision aid, for example, OSCEs, it will also offer educational materials for teachers from all disciplines, allowing some standardisation of practice. The Clinical Skills community will also be encouraged to contribute, making this database interactive.

CSL is a free not for profit database. Visit www.ijocs.org for access

Clinical Skills Notice Board

This section of the Journal can be used by Clinical Skills Centres, and other members of the healthcare community, to relay important messages or key dates across the International clinical skills community.

For further information please contact the Editor at editor@ijocs.org

2-6 May 2009

2009 Canadian Conference on Medical Education (CCME, Edmonton, Alberta, Canada
www.mededconference.ca

13-14 May 2009

The 5th Annual World Health Care Congress Europe, Brussels, Belgium
www.worldcongress.com/europe

14-15 May 2009

BEME Conference (Best Evidence Medical Education), Warwick, UK
<http://www.amee.org/index.asp?lm=115>

17-22 May 2009

Harvard Macy Institute Program for Educators in the Health Professions, Boston & Cambridge, MA, USA
www.harvardmacy.org

20-22 May 2009

Collaborating Across Borders II (CAB II), Halifax, Canada
www.cabhalifax2009.dal.ca

27-29 May 2009

eLearning Africa, Dakar, Senegal
www.apbam.org

5-6 June 2009

First International Conference on Virtual Patients, Krakow, Poland
www.icvp.eu

11-13 June 2009

RCN Beyond the borders: International nursing education in the 21st Century, Glasgow, Scotland, UK
Contact: holly.peppiatt@rcn.org.uk

11 June 2009

15th annual meeting SESAM (Society in Europe for Simulation Applied to Medicine), Mainz, Germany
<http://www.sesam-web.org>

14-19 June 2009

Harvard Macy Institute Program for Leading Innovations in Health Care and Education, Boston, MA, USA
www.harvardmacy.org

21-24 June 2009

Association of Standardized Patient Educators (ASPE) 8th Annual Conference, Las Vegas, USA
www.aspeducators.org

24-25 June 2009

3rd UK Simulation in Nursing Education Conference, University of Glamorgan, Wales, UK
http://www.meti.com/uk_simulation_conference.htm

29 June to 3 July 2009

IAMSE 2009 Conference (International Association of Medical Science Educators), Leiden, Belgium
<http://iamse2009.wikispaces.com/>

1-4 July 2009

3rd International Clinical Skills Conference, Prato, Tuscany
<http://www.internationalclinicalskillsconference.com>

10 July 2009

3rd Children & Young People's Nursing Clinical Skills Conference
Grounds of St Cadoc's Hospital, Caerleon Campus, Cardiff School of Nursing and Midwifery Studies, Cardiff, UK
<http://cardiff.ac.uk/sonms/newsandevents/events/nursing-clinical-skills-conference.html>
E-mail: clarkedj@cardiff.ac.uk

15-17 July 2009

ASME - Medical Education in Pursuit of Excellence, The Royal College of Physicians of Edinburgh, Scotland, UK
http://www.asme.org.uk/conf_courses/2009/asm.htm

29 August 2009

AMEE 2009 Conference, Malaga, Spain
<http://www.amee.org>

10-11 September 2009

Scottish Clinical Skills Network 9th Annual Meeting, University of Glasgow, Scotland, UK
<http://www.scsn.scot.nhs.uk>

16-19 September 2009

15th Wonca Europe Conference, Basel, Switzerland
www.woncaeurope2009.org

24-26 September 2009

The 2009 International Conference on Residency Education (ICRE), Victoria BC, Canada
<http://rcpsc.medical.org>

28 October - 2 November 2009

The Third International Conference on Medical Education, Khartoum, Sudan
www.edc.edu.sd

5 - 7 November 2009, Glasgow

UK Royal College of General Practitioners (RCGP) Annual National Primary Care Conference, Excellence in Practice: winning ways for primary care, Glasgow, UK
www.rcgpannualconference.org.uk

6-11 November 2009

AAMC 2009 Annual Meeting (Association of American Medical Colleges), Boston, USA
www.aamc.org/meetings/annual

16-20 May 2010

Ottawa Conference, Miami FL, USA
www.ottawaconference.org

4-8 September 2010

AMEE 2010 Conference (Association for Medical Education in Europe), Glasgow, UK
<http://www.amee.org>