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Design my doctor: a student-led intervention

Background

Many opportunities for patient and public involvement already exist in medical education. Current approaches may not fully harness the educational potential of the patient voice so it appears new approaches are worth exploring. This paper, co-written by students and faculty, describes an educational initiative in which medical students had opportunistic conversations with randomly selected members of the public to explore their priorities regarding healthcare.

Method

The project, called “Design my Doctor” (DMD) enabled medical students to hear participants’ spontaneous responses to the question; “What should our medical school teach your future doctors?” Students experienced the unfiltered patient voice. The 183 responses were analysed using nominal group technique. Responses were recorded in writing and on video, and analysed using nominal group technique. The themes focussed on the healthcare priorities of members of the public.

Results

Themes from the public data included “interpersonal qualities”, “empowering patients” “medical knowledge” and “the health system”. Student reflective pieces showed how powerful hearing first hand, unfiltered feedback can be. Engagement in collecting and interpreting data enhanced the significance of the content and the process for the learners. Students realised that “medical knowledge”, though important, was not the overriding priority for patients. Students identified specific areas for future application and considered how it could be incorporated systematically into their programme.

Discussion

As medical educators, we can use interventions like these to facilitate and support students to proactively seek and reflect on patient feedback.

Introduction

The UK National Health Service (NHS) recommends the inclusion of the patient's voice in healthcare planning and delivery (1). In their guidance on patient and public involvement in medical education, the General Medical Council (GMC) emphasises that strategies to increase patient and public involvement "are expected to have been embedded in the medical schools' curricula" (2). The GMC cites the growing evidence that suggests exposure to the patient's voice plays a formative role in undergraduates' experiences, shaping their approach to the doctor-patient relationship (3). Benefits to patients from involvement in medical education are also cited (4).

Curriculum-mapping can identify patient and public involvement opportunities, including expert patients-as-teachers, patient involvement in assessment, evaluation and steering committees (5). It has been noted that many patient and public involvement activities risk the patient's voice being subverted by the educators' agenda (6). As Bleakley and Bligh observed, most direct clinical encounters between students and patients are selected, orchestrated and managed by teachers, limiting potential learning from the patient's genuine voice (7).

Aim

This paper describes an evaluation of the educational benefits of an intervention co-designed with students to increase students' direct engagement with patients and the public.

Methods

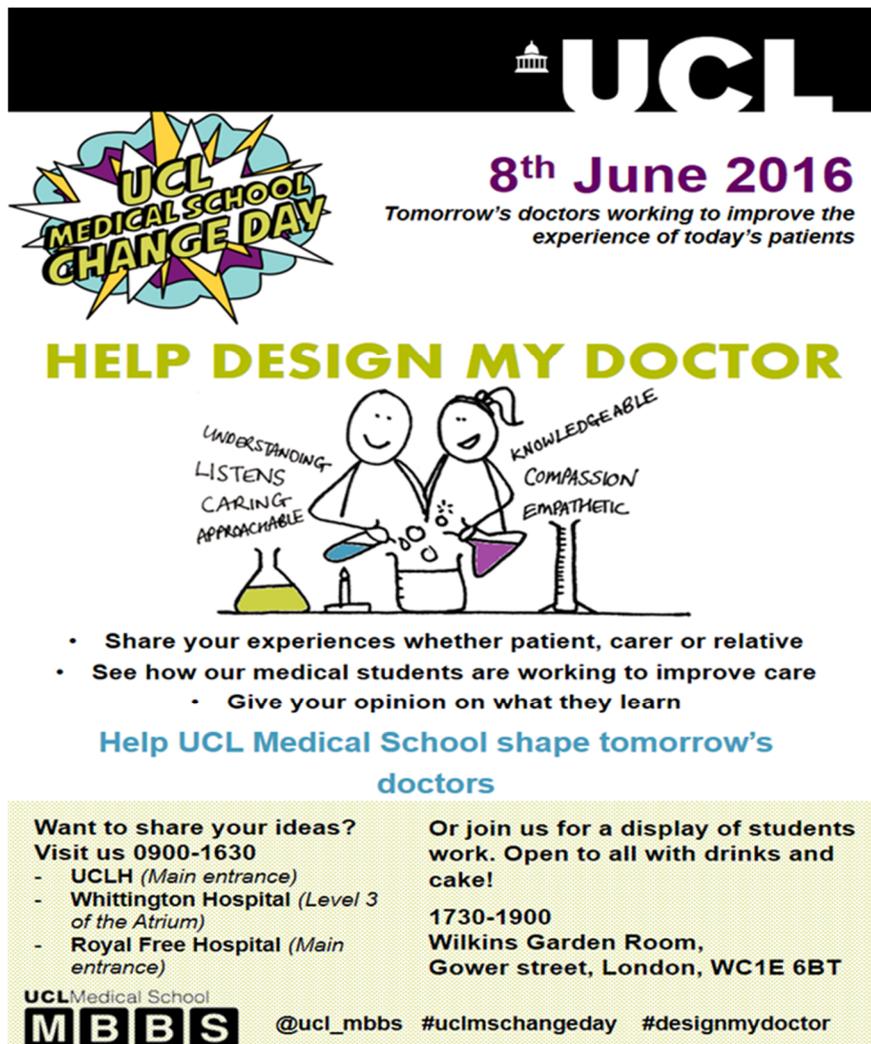
This paper, co-written by students and faculty, describes an educational initiative at a London (UK) medical school. This initiative aimed to bring medical students into contact with members of the public, at medical school-affiliated hospitals. Students had previously participated in NHS Change Day; an annual day for collective action where staff pledged to improve the NHS

"by one simple act" (8). We noted the experience provided students with realistic insights into **staff** challenges and aspirations (8).

Faculty priority for the next Change Day was to empower students to engage opportunistically and directly with randomly selected members of the public. All year groups were invited to become "Student Public Patient Involvement (PPI) Champions", via a lecture shout-out, poster and social media campaign. Eleven champions were selected from written applications, demonstrating interest and motivation. The majority were in the first half of their medical programme. The Student Champions chose to refocus the Change Day intervention by developing the concept of "Design-my-Doctor" to capture the experiences of members of the public in hospitals: patients, carers and visitors.

Promotional materials (flyers and posters, shown in image 1) were produced. A stall was set up in a public location with high footfall to encourage interaction in each of the three major teaching hospitals. This was subsequently repeated in a smaller specialist teaching hospital.

Figure 1. Promotional poster for UCL Medical School Change Day

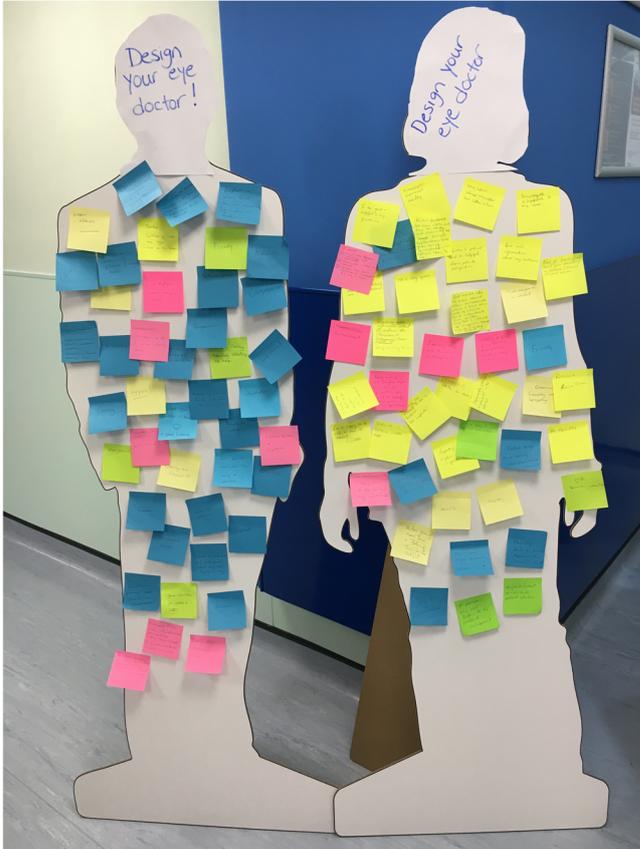


On the day (July 2017), students spoke to members of the public opportunistically, not to seek feedback regarding a clinical encounter, but asking them to specify the qualities of their “bespoke” doctor. After introducing themselves, the students asked a pre-prepared open-ended question: “What should our medical school teach your future doctors?” This concept aimed to invite patients to consider the characteristics they valued in their doctors.

Patients recorded their responses on “post-it” notes, or permitted students to write their

comments verbatim (Image 2). Some patients opted to record a video response.

Figure 2. Patient responses recorded on “post-it” notes



All students completed a reflective statement after Change Day. To reduce barriers to student engagement faculty did not predefine learning outcomes, but assumed a secondary supportive and evaluative role. There were no *a priori* guiding questions or assumptions by faculty regarding questions to the public nor did faculty choose to guide or restrict students' reflections. As this was an educational intervention rather than a clinical encounter, formal ethical approval was not required. Students gained consent verbally, explaining who they were, the purpose of the activity and how responses would be recorded anonymously. Written consent was gained prior to video recordings (undertaken at one site).

Evaluation

We analysed three data sources: comments - written and videoed – from the public, and student reflections. We applied the nominal group technique to identify patients’ issues and their suggested solutions (9). As a research tool, it employs both qualitative and quantitative analytic techniques. We reviewed and discussed quotes and, after initial sorting by the team, we sought consensus amongst the researchers on the emergent themes.

Results

Responses from the Public

There were 183 written responses and six videos transcripts. Collated data from four sites generated similar themes.

The dominant theme from the public data was “interpersonal qualities”: empathy, good communication, integrity and sensitivity to individual needs. A separate but related theme emerged: “empowering patients” incorporating collaborative relationships. “Medical knowledge” was important but less so than the students expected. A further theme related to the “health system”: respondents expressed concerns about the impact of structural challenges, such as limited resources and bureaucracy, on their doctors’ work, as well as on the doctors’ wellbeing (Box 1). The majority of comments demonstrated high levels of satisfaction with doctors.

Box 1. Themes identified from the public data

Public data; theme	Quote
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<p>“Empowering patients”</p> <p>-facilitating collaborative relationships.</p>	<p><i>“Good listener, empower patients, non-judgemental or moralising, proactive, common sense rather than bureaucracy”</i></p>
<p>“Health system”:</p> <p>effects of structural challenges, e.g. limited resources on doctors’ work and their wellbeing</p>	<p><i>“Ask me questions! Maybe the less attentive doctors are under too much pressure”</i></p> <hr/> <p><i>“Do the best work you can under the circumstances”</i></p>

Some members of the public shared their experience of the care they received from doctors under pressure and made recommendations for improvements, at an individual and organisational level.

Themes from student reflections

After the event, Student Champions’ unstructured reflections were analysed by faculty. The most striking finding was the effect that hearing direct feedback had on the students. The unfiltered first hand, narratives incorporated emotional depth, context and true subjectivity (Box 2). Some students concluded that they would recommend seeking direct patient feedback and that this should be formally incorporated *“throughout medical school to enhance our approach to clinical practice.”*

Box 2. Themes identified from student reflections

“The impact that patient feedback can have is immense as it allows us to build our professional attitude around providing the most welcoming and comforting service to our patients.”

“One particular experience made me aware of the deep troubles patients can experience when they feel uncomfortable in the healthcare environment. She was very distressed [by] an unprofessional and inappropriate doctor ...how doctors and healthcare professionals treat their patients can have negative effects on the public’s trust of the NHS as a whole”.

“Something so simple, just one question regarding how they would like to be addressed - that can have a big impact”

“NHS is becoming increasingly computerised, which is beneficial [for] patient records ..., but computers are increasingly becoming the ‘third person’ in the consultation. Several patients mentioned this– they felt that doctors were not listening to them when typing...”

In students’ written reflective pieces, additional themes emerged, such as increased confidence in approaching and talking to members of the public.

Discussion

The results suggest that the process of seeking lay feedback appears as important as the content. The data derived from the public are not novel, replicating undergraduate goals for professionalism and communication (10). The student data, however, shows that collecting and analysing patient feedback provides a new level of authenticity. The act of seeking feedback increased its significance, credibility and impact. Bleakley suggests this learning is augmented by the absence of the teacher (7). Educators, regularly give students feedback and

seek their feedback on us. Clinicians are expected to reflect on patient satisfaction data.

However we rarely ask junior students to seek direct lay feedback.

Major strengths of this project were its commitment to a student-led approach, conducting it away from clinical care encounters without input from clinicians or faculty and using a simple, consistent open question.

There were a number of limitations. As encounters were brief and recruitment opportunistic, we elected not to collect respondent demographics and therefore cannot comment on representativeness of the data. Furthermore, we were unable to verify our findings with the participants. While this project was conducted at multiple sites, we cannot assume that this data is generalizable to other settings. Finally, students were volunteers so we infer that this initiative would have a similar benefit on all students with caution.

Conclusion and recommendations

It is evident from the students' reflections that they greatly value directly interacting with the public, independent of faculty, early in their course. The educational impact of the patient and public's voice was maximised by the absence of teachers, and student involvement in project design, data collection and analysis. Some suggested all students should routinely ask the "Design my doctor" question. As a team of students and faculty we suggest that this type of patient and public involvement could help shape students' understanding of relationships and the structural factors that affect them, and develop a lifelong habit of seeking and reflecting on lay feedback helping adaptability in uncertain times.

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