Patient-centred care in clinical education

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About REd

REd is published four times a year by the North West Rural Medical Education Unit of the Monash University School of Rural Health. It provides resources and practical tools for clinical educators. Back issues are available. Phone (03) 5440 9000 or see our web site: www.med.monash.edu.au/med/srh/medical-education/resources.html

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ISSN: 1835-1891

Partnership in health professional education

The rise of biomedical science during the 18th to 20th centuries tended to overshadow the importance of the person at the centre of healthcare. Contemporary practice, however, once again acknowledges the individual. Patient-centred care – a recognition of, and respect for, the person – is now at the core of most health services. As a concept in health professional education, however, it may need to be considered more explicitly and integrated into existing programs.

This issue of REd discusses the global phenomenon of patient-centred care, and looks at ways of making it more central in health professional education.

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“…while I may not have known it when I signed up for this job, I now understand that, as a physician, I will need to work together with my patients through the hurt and chaos of illness in the hopes of achieving the relative calm and order of wellness.”
Alison Block, junior doctor 2014
Although not a new concept, the engagement of people in their own healthcare has become a major consideration for health services and professionals globally. In 2011, the Australian Commission on Safety and Quality in Health Care released a discussion paper entitled Patient-centred care: improving quality and safety through partnerships with patients and consumers in response to evidence that suggests patient safety and quality of care can be increased by including patients as partners in their healthcare. Recommendations from the discussion paper included the statement that ‘patient-centred care should be a component of undergraduate and postgraduate education programs for all health professionals’. 1 Subsequently, ‘Partnering with Consumers’ became Standard 2 of the National Safety and Quality Health Service Standards.

Curriculum development
Incorporating patient-centred care into the curriculum creates a dimension of active patient engagement in healthcare that may or may not be present in current health professional programs. Patient-centred care (PCC) is a concept arising from the recognition of, and respect for, the individual. It is a term used widely in medical models of healthcare and encompasses the concept of shared decision-making that goes beyond policies of informed consent.

Other terms are often used interchangeably with PCC, for example, person-centred care, consumer-centred care and people-centred care. Each term has its nuances. Person-centred care is the term most often used when talking about the healthcare of older people and has, as its central concept, personhood and inclusion. Tom Kitwood, social psychologist, defines personhood as ‘...a standing or status that is bestowed upon one human being, by others, in the context of relationship and social being. It implies recognition, respect, and trust’. 2 The World Health Organisation prefers people-centred care to encompass individual clinical encounters but also ‘the health of people in their communities and their crucial role in shaping health policy and health services’. 3 In Australian health services, the most common term is patient-centred care.

Patient-centred outcomes
PCC has an emphasis on quality of care for patients rather than seeing successful patient outcomes as only linked to therapeutic outcomes. This has meant a strategic and cultural change for educational institutions as well as health services. Hearing the voice of the patient and recognising the importance of individual, social and political context is a critical dimension in contemporary healthcare.

The focus on PCC has led to creative health service innovation, for example, the development of the Hush Music Foundation4 by Dr Catherine Crock of the Royal Children’s Hospital (RCH) in Melbourne. Believing that music can help ease the distress of being in hospital, Dr Crock worked with local composers and musicians to create music specifically for RCH patients. This innovation could be used as an example for students.

Contemporary practice
Integrating PCC principles into health professional curriculum may need a review of program design and development. There also needs to be a consideration of the settings in which learners are placed. Engaging students with PCC concepts from the beginning of their professional education will help prepare them for contemporary health professional practice.

References:
In Practice ... Partnering with patients

Implementing and progressing patient-centred care in health professional education can be challenging but offers learners opportunities to experience contemporary models of health care.

Patients in teaching:

Patients as teachers and collaborators

Involving patients in the educational process strengthens the patient-centred focus. Patients generally see that they have much to offer health professional students especially with educational contributions that cannot be gained by other forms of teaching, for example:

- the patient as expert in, or as an exemplar of, their condition
- as a conduit for learning effective communication skills
- contributing to a student’s professional formation.

Simulated patients

A trained simulated patient offers students chances to practice a range of clinical skills in partnership with a patient.

Feedback from patients

Making patients aware of the learning objectives of educational sessions and teaching them appropriate feedback techniques means that they can give feedback to students about their performance, whether in a simulated or real encounter.

Patient journeys

Patients provide keen insight into healthcare services including organisational structure, waiting lists and costs. Opportunities for learners to hear patient stories may assist in their understanding of the complexity of healthcare systems, especially in areas where access is limited.

Patient-centred health service activities:

‘Respecting patient choices’ (advanced care planning)

This is a program in place in some regional hospitals that helps patients consider their current and future healthcare needs. Discussing or demonstrating the elements of such a systematic approach to healthcare planning can assist students in considering patient wishes.

‘Quality Framework for Australian General Practice’

The framework has six domains, one of which is ‘patient focus’. This domain considers the patient as actively involved in their consultation as well as taking into account the setting of the care and population health. Using this framework as a guide to providing healthcare enables students to see patient centred activities around a healthcare setting such as enabling access, seeking consumer feedback and patient-centred models of consultation.

Institute for Patient and Family Centred Care (IPFCC) PCC assessment tools

The IPFCC has a number of tools on their website that assist in fostering better collaboration between patients and the health service. Investigating these tools and applying them to aspects of care may assist students in explicit learnings about PCC.

Key Concepts

Shared decision-making:

Working towards mutually agreed healthcare goals with patients and other health professionals

Health literacy:

‘...the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health.’ (WHO)

Patient journey:

the experiences and processes the patient goes through during the course of a disease and its treatment

Old Man

Flickering hostel lights
Dance on his shiny head
Beads of sweat beneath his brow
Steel eyes stare ahead
His slumped and withered body
Once strong and tall and fit
Now shuffles across the room
With quiet steadfast grit
He left when they were very young
To get on with his life
She’d give him an ultimatum
Choose them or me your wife
There was a time not long ago
It seems like yesterday
The world was at his feet
But wait, that time’s today
His crooked fingers punch the phone
He’s desperate to get through
He hears him answer expectantly
It’s no good, this won’t do
If only he could turn the clock
Not be the man to hate
How different that his life would be
Too late, time doesn’t wait
His body is now broken
Though his mind is cruelly sharp
Reminding him of deep regrets
A thing he cannot stop
If only he’d have known back then
You only get one chance
Don’t squander life because you can
No time for one more dance

Cathy Driver

‘Humanities in Health Care’ submissions are original creative pieces that reflect the nature of a health professional’s work and the care of patients.

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Humanities in Health Care

Find out more

Australian Institute for Patient and Family Centred Care

www.aipfcc.org.au

The AIPFCC was formed in response to the global movement towards PCC. Its website states that it offers some services for health facilities to assist them in reaching Standard 2 of the NSQHS, including training packages for health professionals, consultancy for health services and arts-linked programs. The AIPFCC has links to the Institute for Patient and Family Centre Care in the USA, among other organisations.

Active areas of the AIPFCC are the ‘Art, Architecture and Design in Health’ group with its emphasis on making healthcare environments more empathetic; and the theatrical production of ‘Hear Me, which toured regionally in 2014. These projects aim to improve communication between those that provide services and those that receive them.

...we can learn personally about how to conduct ourselves in this world, but you have to be listening. I have learnt much from my patients, innumerable such lessons.”

Abraham Verghese, medical practitioner