

Learning to Partner: Medical Facilitation as an Educational Tool



Hira Qureshi, Oliver Schirokauer PhD MD
Case Western Reserve University School of Medicine

Background

An ongoing challenge for healthcare education^{1,2} is to develop compassionate providers who

- have an affinity for partnering
- are adept at communicating
- recognize and respond to the many different contexts of illness
- engage in ongoing reflection about their professional role.

Medical facilitation is a clinical service that provides support related to communication, information processing, and decision making to patients who are adjusting to serious illness.



Offer an intensive early clinical experience³ in which students train as medical facilitators.

Course

- Clinical component:
 - Each student will be paired with a patient who was recently diagnosed with a serious medical condition.
 - **Students will accompany their patients to their medical encounters.**
 - Students will experience healthcare alongside their patients over an extended period of time.
- Classroom component:
 - Interprofessional: medical, nursing and physician assistant students
 - Weekly 2-hour meeting: Theme-based activities and discussion of patient cases
 - Weekly written reflection
- Student time commitment: 6 hours/week for 8 weeks

Weekly Themes

- Personal context of illness
- Communication I: listening and trust
- Communication II: overcoming obstacles
- Partnering
- Structural context of illness
- Self-awareness and self-care
- Professional identity
- Synthesis

Pedagogy

Activity based: guided discussions, exploratory exercises, improvisational games

SAMPLE WRITING PROMPT (*adapted from the professional identity assignment*): Write a brief job announcement describing your dream job in your profession. If you were hired for this position, what do you expect would be the greatest challenge in your new work?

We are collecting responses to this prompt to share with our students. Please take a few minutes to submit anonymously using the QR code in the top right corner.

Evaluation

Qualitative study, using weekly reflections:

- Primary interests: approach to work with patients, understanding of professional role
- Secondary interests: interprofessional identity, view of system-based practice, self-care

Program evaluation, using written and oral feedback from students and faculty:

- 8 domains: organization, logistics, clinical experiences, class sessions, assignments, workload, coordination with affiliated programs, missed opportunities

Conclusion

Because our course comes early in training and gives students the opportunity to experience medical practice and the impact of disease from the patient's perspective, it will

- create a foundational and lasting awareness of what it means to be on the other side of the medical encounter
- foster an approach to learning and patient care that is characterized by compassion and clarity of purpose.

References

1. Plotkin JB, Shochet R. Beyond words: What can help first year medical students practice effective empathic communication? *Patient Educ Couns*. 2018, 101:11, 2005-2010. doi: 10.1016/j.pec.2018.07.013.
2. Gonzalo JD, Ogrinc G. Health Systems Science: The "Broccoli" of Undergraduate Medical Education, *Academic Medicine*, 2019, 94:10, 1425-1432, doi: 10.1097/ACM.0000000000002815
3. Yardley S, Littlewood S, Margolis SA, Scherpbier A, Spencer J, Ypinazar V, Dornan T. What has changed in the evidence for early experience? Update of a BEME systematic review, *Medical Teacher*, 2010, 32:9, 740-746, doi: 10.3109/0142159X.2010.496007

