

A Patient Centered Exploration of Health and The Health Care System

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I. Specific educational aims:

1) Engage patients as partners in early medical student and physician assistant education at Stanford. 2) Formalize opportunities for MD and PA student early clinical experiences, collaborating and engaging with diverse patients and families early in their training. 3) Develop specific learning objectives for student- patient partnerships that are appropriate, challenging, engaging and that generalize across clinical settings and interprofessional (MD and PA) learners. 4) Create a student support system for pre-clerkship exploration of both the individual patient experience as well as the broader challenges of managing optimal health in a complex health care system. 5) Develop a system for enrolling and matching students and patients, and operationalize that system with a template that can be replicated across clinical departments. 6.) Test and evaluate the sustainability of a program for enabling patient – student pairings, with a view to scaling these programs within the context of the restructured curriculum which will require Early Clinical Experiences.

II. Project rationale:

Students currently seek out early patient interactions through various formal and informal channels. A systematic review of the current medical school courses reveals that outside of the required Practice of Medicine course series, of the 973 courses currently offered, only 31 explicitly include reference to early clinical experiences or pre-clerkship patient interactions in the course description. Of those 31 courses, 13 are defined as observational experiences. Only 3 courses include opportunities for sustained patient interaction. These are courses in pediatrics, obstetrics and gynecology, and the Stanford Healthcare Innovations and Experiential Learning Directive (SHIELD) early clinical experience course for first year students.

There is currently no standard set of learning objectives for experiences that engage early learners with patients on a longitudinal basis, nor are there standard learning objectives for clinical shadowing experiences. There is a clear opportunity for standardization and consistency across venues and disciplines as the SOM pivots toward requiring early clinical experiences. This is both necessary from an LCME regulatory standpoint and desirable from the perspective of students who deserve transparency, high quality and consistency across courses^{1,2}. In addition to curricular structure and accountability, developing a system of support for students engaged in these patient interactions will promote student wellness and serve as a source of reflection and a safety net.

For **clinical sites**, providing technical guidance to departments will ease integration of learners across specialties and potentiate increased capacity. With consistent goals and objectives across disciplines and venues, we can provide faculty development regarding how to integrate early learners in to their clinical sites with patients¹. Furthermore, faculty development can include “just in time” information about what students are learning in their Practice of Medicine course.

Our **patient partners** yearn to be involved with early medical student education. We hear a consistent message that our Patient and Family Advocacy Group partners want to help shape future doctors’ empathy and appreciation for the complexity of the patient’s experience.³ By providing structure, with both a clear process for engagement and explicit expectations, we are connecting the patients with students in a safe, controlled and respectful way.

III. Approach:

Inspired by the realization that future leaders in medicine need to understand the patient's lived experience of health and the healthcare system and further buttressed by a call for exposure to the cutting-edge challenges to the quadruple aim (quality, value, patient experience and joy of practice)^{4, 5}, this curriculum focuses on authentic patient centered clinical immersion, in a wide range of settings. In a 3-part monthly format, students will first learn about national, state, and local perspectives and explore the broad impact of the monthly topic on patient care and health. Patients are equal partners in the seminars, providing the lived experience of the monthly topic and infusing the sessions with the "reality check" of patient perspective. Each seminar will also include relevant practical skills development, which will be linked with application exercises for the clinical practicum. Students will be encouraged to take a mindful approach to both their experience and their own wellness, through supported reflection exercises and wellness assessment and coaching.

Outside the monthly seminar session, students are matched with a patient/family partner for the duration of the course, and meet on a monthly basis at the medical center or other location key to learning about the patient's journey, and explore together the impact of the monthly topic at the individual level.

IV. Timeline and plan for implementation:

Implementation Task	Fall 2017	Winter 2018	Spring 2018	Summer 2018
IRB Approval & Course Initiation				
Didactic and Clinical Curriculum Implementation				
Student and Patient Pairings				
Student Clinical Site / Mentor Pairings				
Student Wellness and Reflection Support				
Scholarly Events (Student/Patient presentations)				
Evaluation Plan implementation				
Program analysis / evaluation				

V. Anticipated work product:

At the end of the project we will have formed a founding community of medical education patient-partner volunteers, with future volunteer recruitment bolstered by stories and experiences from project participants. We will also have baseline data for student, patient partner, and preceptor experiences before and after the course, which will be used to inform future curricular discussions regarding the sustainability and scalability.

VI. Evaluation plan:

Pre/Post:

1. Patient and student expectations at the onset of the program, and satisfaction post-program
2. Student perceptions of wellness challenges
3. Enrollment in early clinical experience courses pre/post system design intervention
Preceptor expectations, ease/difficulty of precepting, awareness of SOM curriculum connections, awareness of and ability to deliver on the learning goals and objectives

VII. Dissemination of results:

Results of the project will be shared with School of Medicine leadership, and the Committee on Curriculum and Academic Policy to help inform future decisions on the integration of early patient interactions. Students will share their reflections of their patient experience at a year-end event for the Stanford Medicine community. The project will first be presented as a work in progress to national conferences in education and patient engagement, and project outcomes will be submitted to national journals.

VIII. Budget and justification:

	Item	Justification	Amount
Compensation			
	Research Assistant. 10% x 3 quarters	Develop survey instrument, implement evaluation plan, and perform initial data analysis	\$6000
		Total compensation:	\$6000
Non-compensation			
	30 gift cards x \$10 ea. x 3 quarters	Coffeehouse cards to facilitate quarterly student/patient partner initial meetings/relationship building	\$900
	30 gift cards x \$25 ea. x 3 quarters	Patient appreciation / incentive for participation in monthly student partnership activities	\$2250
	Food and materials for annual patient recognition and student reflections event	Event to acknowledge patient contributions and highlight student reflections	\$800
		Total non-comp:	\$3950
		Total request:	\$9,950

References

1. Carney, P. A., Bar-on, M. E., Grayson, M. S., Klein, M., Cochran, N., Eliassen, M. S., ... & Nierenberg, D. W. (1999). The impact of early clinical training in medical education: a multi-institutional assessment. *Academic medicine: journal of the Association of American Medical Colleges*, 74(1 Suppl), S59-66.
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3. Karazivan, P., Dumez, V., Flora, L., Pomey, M. P., Del Grande, C., Ghadiri, D. P., ... & Lebel, P. (2015). The patient-as-partner approach in health care: a conceptual framework for a necessary transition. *Academic Medicine*, 90(4), 437-441.
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5. Ward, H. O., Kibble, S., Mehta, G., Franklin, M., Kovoor, J., Jones, A., ... Carson-Stevens, A. (2013). How Asking Patients a Simple Question Enhances Care at the Bedside: Medical Students as Agents of Quality Improvement. *The Permanente Journal*, 17(4), 27-31.