

Walking In Our Patients' Shoes

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Background

Medical education in the United States emphasizes the need for a competency-based curriculum focused on coordinated care, patient centeredness, and holistic medicine.⁴

Accreditation and professional standards reflect the importance of interprofessional teams to address the needs of patients and their families.⁶

Physicians, therapists, nurses and clinical pastoral staff should receive training on the value of spiritual assessment and the tools that should be used to address a patient's spirituality

Understanding the complex relationship patients have with self, others, and society enables holistic care.

Background

Medical care is paying an increasing attention to the so-called “care humanization.”

It is necessary to improve the knowledge about the importance of a holistic approach within the current healthcare.

The curriculum promotes awareness of the social determinants of health that impact patients and their care.

Cultivates humanistic perspectives thereby “humanizing the soul of science.”

These practices need to be developed on the basis of scientific evidences. ⁹

Goals

Demonstrate the influence of the social determinants of health and systems issues that influence patient experience (i.e. management and compliance and the patient/physician relationship)

Offer experiential awareness of the challenges faced by patients, especially those plagued with the social determinants of health.

Equip participants with additional skills to communicate and understand their patients

So...Why Patient Simulations

Offer awareness to learners of patients' with limited resources

Challenges to comply with the physicians' treatment plan⁵

Provide learners additional resources alongside their approach to patient care

Make the non-physical aspects of personhood explicit in a clinical setting¹

Equip learners with additional ways to communicate and understand their patients

Participants

2011 we started with the 1st, 2nd, and 3rd PGY medicine residents

2014 we began to include medical students

This simulation has now been added to the capstone course

The core medicine faculty are invited along with other medical staff

Setting

The Participants are put into groups of 3 or 4

They are given their diagnosis and treatment plan from patient case studies they have been involved with

The groups are required to be compliant with their treatment plan while managing their monthly earnings – with the goal of making ends meet for the month

The simulation has 6 stops that each participant must make but in no particular order: 1) Housing, 2) Transportation, 3) Clinic, 4) Pharmacy, 5) Legal Aid, and 6) Grocery Store

Every 5 Mins. is a week with everyday “hiccups” along the way

After 30 mins. the groups discuss the challenges and ways their physician might have better developed a treatment plan

You Are Now the Patient

A 58 year old male who was just discharged from the hospital:

PMHx: H/O CVA w/ deficits, left sided weakness, HTN, uncontrolled T₂DM, tobacco dependence, COPD, CAD with MI, recent non healing ulcer and cellulitis right leg

SocHx: Single, no children, lives alone, does not drive, lives alone, has no PCP and is uninsured

Meds: Plavix, ACEI, Beta Blocker, Metformin, Glyburide, Albuterol, Augmentin for 2 weeks

Your Treatment Plan

At discharge you were provided the following:

- Discharge instructions on taking medications
- An appointment with a PCP at the Health Center for follow up in three weeks
- Two week supply of medications
- Rx for meds that will need to be filled before your medication supply is exhausted

Your current resources:

- Monthly income of \$800
- Food benefits (EBT) of \$50/month
- No Savings
- No property or other assets

Your goal:

- Comply with the treatment plan for four weeks and keep the appointment with your PCP

Facilitation Debrief Questions

What are some of the challenges you faced in following the treatment plan?

What steps can be taken to help a patient succeed in caring for herself/himself?

In what ways can Social History, General History, and Spiritual History, inform the development of a patient's treatment plan.

What assumptions by the medical providers might help or hinder compliance by the patient?

Results

Data gathered Oct 2014 to Dec 2015 indicate the program participants reported:

Higher levels of confidence regarding treating even difficult patients with empathy

Stronger tendencies toward demonstrating empathic concern toward patients

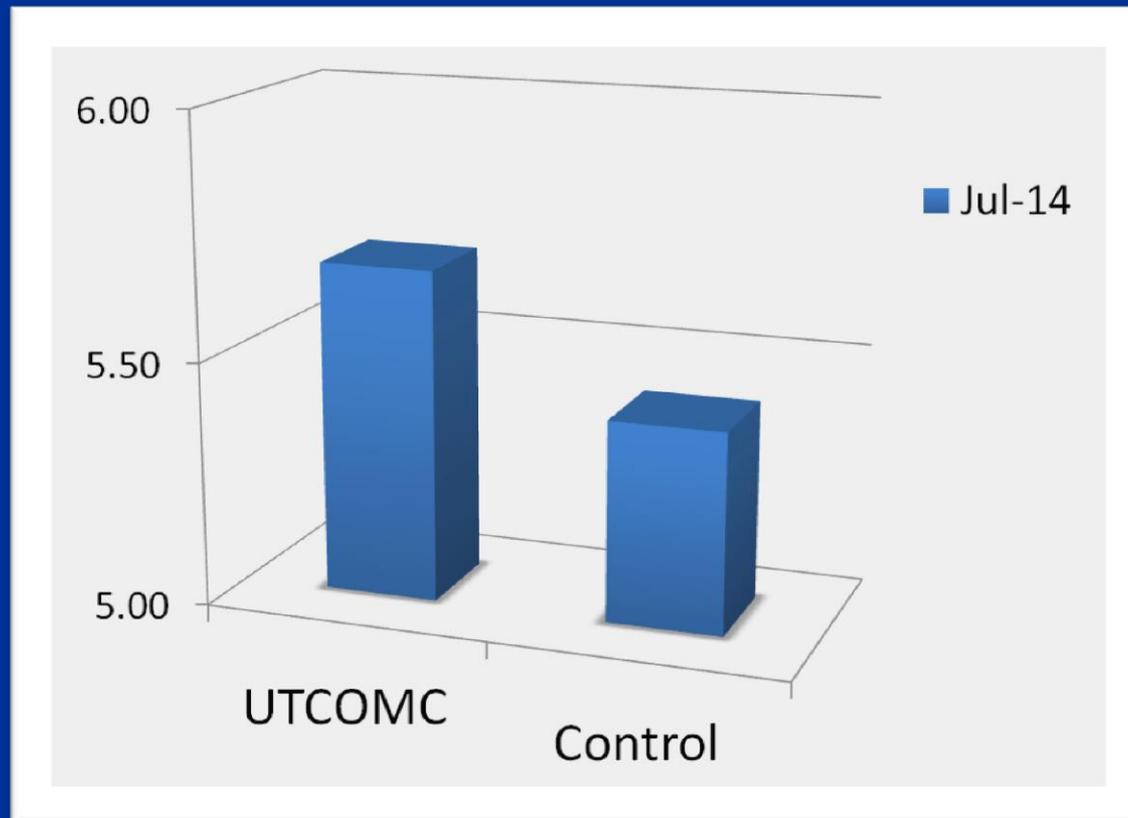
Weaker tendencies toward experiencing personal distress when dealing with emotions during emergencies

Learning tangible examples of what compassionate and empathic connections with patients can look like

When asked if “clinical objectivity” is put at risk, 75% of the respondents stated “No.”

Results

Empathy Level Comparison - Residents



Lessons Learned

The responses of first-, second-, and third-year residents were assessed regarding the perceived value of these simulations integrated into their curriculum.

Likewise, the residents were assessed as to how their understanding of the patient was improved and how their understanding might impact their care of the patient.

When asked if “clinical objectivity” is put at risk 75% of the respondents stated “No.”

Rich learning is gained from multidisciplinary perspectives.

Implications

- Offer humanistic perspectives and depth to physicians and to improve both physician-to-patient communication and relationship skills.
- Enables sustainable holistic care and facilitates better health-outcomes.
- Modeling holistic care heightens the medical team's awareness of circumstances surround the patient while increasing compassion and empathy shown.

Challenges

Need:

Identify value that directly links to the patient experience

Limited time for staff

Dissemination to all departments

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