

Using real patients to support application of EBP skills in undergraduate medical training

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Background

Year 1

- Background and theory learning

Year 2

- Communicate evidence to patients

Year 3

- Apply evidence to patients in practice

Year 4

- Practicing skills and generating evidence

Year 5

- Embedding EBP in daily clinical practice



Year 2 – Answering patients questions with evidence



Aims

- Derive a focussed ‘answerable’ question from a patient’s story
- Find the best available evidence to ‘answer’ the question
- Critically appraise and interpret the evidence
- Present the evidence and appraisal to the patient
- Communicate the clinical recommendation to the patient



Method

- Patients and students were asked to complete a post-session survey
 - Likert scale questions regarding engagement and application of skills
 - Free-text responses to questions regarding lessons learnt and outstanding learning needs
- Simple-thematic analysis was carried out on free-text responses from both students and patients
- Main themes were identified



Results

Likert scale, 1= do not agree, 5 = completely agree

Q1. The sessions helped me to apply my EBP skills

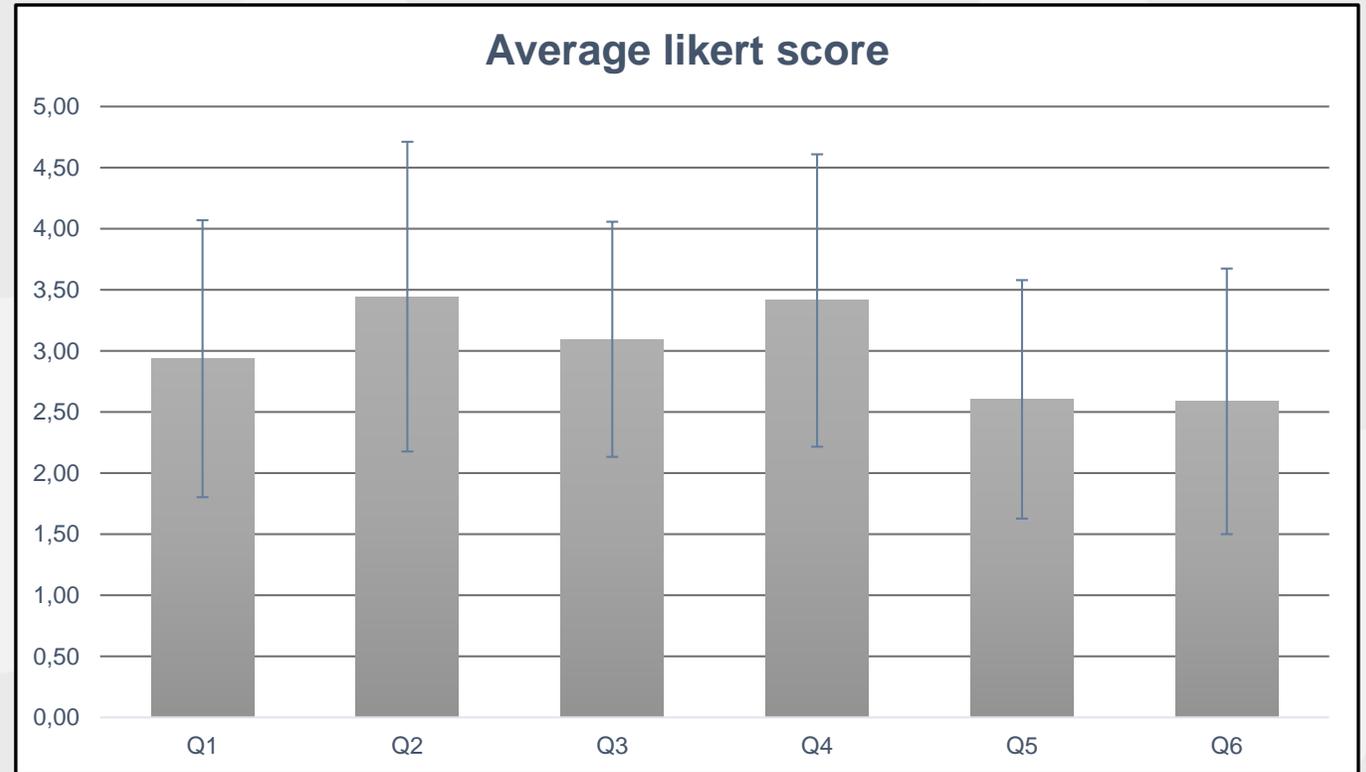
Q2. The use of real patients helped provide context to my learning

Q3. The sessions supported my learning of interpreting and communicating evidence

Q4. Working with real patients made me think about interpreting evidence

Q5. The sessions brought together all aspects of my learning so far

Q6. The sessions were engaging



Response rate = 64%
Expressed as an average of scores
Error bars = Standard Deviation

Themes identified

STUDENTS

- Navigating patient narratives
- Complexity and uncertainty
- Taking a history in a large group
- Working as a team
- Complexity of communicating evidence to lay audience
- Clinical relevance
- Questions related to EBP practice

PATIENTS

- Feeling of being 'listened to'
- Disappointment regarding 'answer'
- Making a difference to student learning
- Professional expectations



Navigating patient narratives

“Not having all the patient history and tests results made it difficult to come to a conclusion”

“Patient histories were confusing so clarifying a question was difficult”

The hardest part was deciding on the clinical Q to answer from the patients history

“didn't know what the patient was suffering from”

“thinking about what the patient wanted to know from the data rather than what the Dr wanted to know”

“Very limited medical history which made giving a recommendation quite hard”

“Had very little past history from the patient which made it very difficult. Other groups had clearer questions”



Working in groups

- “hard to distribute work within a group”
- “difficult to spread equal workload”
- “hardest part was working with a group who doesn’t care”
- “most difficult = groupwork”
- “getting the group to work together”
- “should be simpler tasks/questions to make it standardised for groups”



Complexity in communication

“definitely helpful trying to think about how we would explain evidence to real people”

“the information was given on a real condition on real people added more gravity to the research”

“Having a real patient helped understand how data can be interpreted”

Clinical relevance

“I felt like I could have used this time better to learn things more relevant to the course. We already apply EBP skills in other aspects of the course...it felt really forced and not clinically relevant



Limitations

- First time the session has run
- One cohort involved
- Patients were given much flexibility and autonomy
- Several patients had similar concerns



Bottom line

- **Using real patients supports students learning and application of Evidence Based Practice**
- **Both students and patients benefit from the experience**
- Training and support for both students and patients is vital
- Students need support as they are pushed out of their comfort zone
- Students at this point in undergraduate training find groupwork very complex

