EXPANDING OPPORTUNITIES FOR EXPERIENTIAL LEARNING FROM PATIENTS

Two, web-based projects to expand the range of educational opportunities for UBC health professional students to learn from patients and community members

Project 1: Student-initiated experiential learning with patients: expanding opportunities

Funded by the UBC Teaching and Learning Enhancement Fund (TLEF)

Project 2: "It's unlike anything I ever imagined": Visualizing the lived experiences of disability

Funded by the UBC Equity Enhancement Fund (EEF)

Focus Group Report

Executive Summary

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INTRODUCTION

Multi-professional and inter-professional experiential learning opportunities for students to learn from patients are offered by Patient & Community Partnership for Education (PCPE) in the Office of UBC Health. About 350 students from across all health professional programs participate each year but demand is higher. Patient involvement within professional programs is also limited. Building on the expertise of PCPE and their patient/community collaborators, the following two, related UBC-funded projects will develop and test a model to support more students to learn from patients. The ultimate goal of both projects is to ensure that UBC students are well prepared to meet future health care needs through incorporation of patient and caregiver perspectives in their education.

Teaching and Learning Enhancement Fund (TLEF) project: *Student-initiated experiential learning with patients: expanding opportunities*

> This project will develop and test a web-based platform to support more students to learn from patients in a variety of ways by linking them with experienced patient educators who are willing and able to share their lived experiences and expertise. Learning requests, facilitated by enhancing the functionality and resources of an existing website, could be initiated by students (individuals or groups) or faculty.

Equity Enhancement Fund (EEF) project*: "It's unlike anything I ever imagined": visualizing the lived experiences of disability*

> This project will develop, evaluate and disseminate learning modules (video-vignettes and supplemental materials) to support more students to learn from the lived experience of people with a range of disabilities. The focus will be on: stereotypes, barriers to access, and communication and include multiple perspectives on each of these three topics.

NEEDS ASSESSMENT FOCUS GROUPS

Six focus groups were conducted with UBC health professional students and patients and community members in June to August 2017. Information was obtained on the following:

1. How patient and community educators are currently involved in UBC programs;
2. Topics of interest to students, patients, and community members;
3. Principles and key themes to guide development of learning materials;
4. 'First products' to be developed for both projects.

Eleven students from nursing (4), midwifery (2), and one each from medicine, OT, PT, social work and speech-language pathology took part in 3 focus groups. Eighteen patients, caregivers and/or community representatives recruited from the Patients in Education (PIE) network and the interprofessional Health Mentors Program participated in 3 focus groups.

RESULTS

1. Current involvement of patient and community educators

Students provided a few different examples of learning from patient and community educators beyond clinical or mock-clinical situations. The most frequent examples were guest lecturers visiting classes to share their lived experiences, including members of the LGBTQ community, people living with HIV/AIDS,

patients with acquired brain injuries, patients with mental health challenges, new mothers, and others. Such classroom visits were frequently not linked to curriculum objectives. Other examples of learning from patients included:

- Learning pelvic exams from gynecological teaching associates.
- An ongoing partnership with the Advanced Language and Literacy Program of BC.
- Practicing clinical interviews and history-taking with volunteer patients.

Overall, students were mostly unable to identify ways that patients are involved in their learning in capacities other than as guest lecturers or as standardized/volunteer patients.

Patients and community participants had a range of experience educating health professional students at UBC and in the wider community. Many had previously facilitated workshops for post-secondary students and/or had been guest speakers at high schools, universities and conferences.

2. Topics of interest

There was considerable agreement and no major points of divergence between students, patients and community members. Students tended to identify specific *topics* of interest whereas patients and community members emphasized broader underlying principles and 'best practices' to guide student learning (see 3 below). Topics of interest for students in order of popularity were:

- *LGBTQ/2S Health*: an increasingly important patient population due to increased awareness of LGBTQ/2S issues in society and more people becoming comfortable coming out. Existing curriculum content described as limited and/or "not up-to-date". Students interested in using appropriate and inclusive language, etiquette, creating safe spaces, and providing sexual and reproductive health care to the LGBTQ/2S community.
- *Cultural competency*: cultural competency and/or safety training usually limited to Indigenous communities and needs to be broadened to include other populations especially newcomer health including immigrants, refugees, and migrant workers.
- *Addiction*: particularly relevant in context of the ongoing fentanyl crisis. Areas of interest include de-stigmatization of addiction, learning about different pathways to addiction (poverty, prescription painkillers, as a health care provider with access to substances) and harm reduction approaches.
- *Mental Health*: how to ask difficult questions about mental health status, e.g. when working with patients at risk of self-harm.
- *Sexual Health*: how to have conversations with patients about sex, particularly individuals who are sex workers, live with physical or cognitive disabilities, and/or have experienced sexual trauma.
- *Chronic Pain*: patient experiences living with chronic pain conditions and the links between chronic pain and mental health.

Disability

Disability was not initially identified as a priority topic, but when brought up by the facilitators students agreed that disabilities – particularly non-physical disabilities – receive little attention in their programs and that they would like to learn more, especially about the *experience* of disability. Students were

interested in learning about invisible, developmental, intellectual/cognitive and psychiatric disabilities as these are taught less than physical disabilities. Specific aspects of disability of interest included how to talk about sex and sexuality; de-stigmatization; awareness of how health care providers can create and perpetuate barriers for patients living with disability; technology that facilitates communication; financial costs associated with technological advancements.

3. **Principles to guide development of learning resources**

Family-centred care: look beyond an individual's biophysical health status (focus of current curricula is on the biomedical) to the entire family or community unit.

Empowerment-oriented care: emphasize patient's strength's abilities and potential rather than deficits. Focus on empowering patients to define health concerns and patients as experts in their own lives.

Intersectional care: consider social determinants of health (race, ability, sexuality, sex, gender, class, age, and culture) synergistically and in tandem.

Patient advocacy: understand barriers patients face (e.g. language), as well as social and emotional needs so that future health providers can anticipate them and advocate at system/institutional levels.

Appreciate diversity and recognize stereotypes: recognize that patients are not a homogenous group, and may have different care goals and needs; avoid making assumptions or generalizations based on visible social categories.

Communication skills: encourage students to be inquisitive, unafraid of asking questions, and ask deeper questions. Specifically address tips for communicating with patients with limited English language or disabilities that affect speech or comprehension.

Empathy: help students learn about the day-to-day experiences of patients in order to better understand what patients are going through.

Self-reflection: recognize one's own biases, cultural values, and worldviews and how these can influence relationships with patients; reflect on own understanding of a situation and share interpretations with colleagues in other disciplines.

4. **'First products'**

Online resource library/inventory

- A curated database of web links and resources created and/or hosted by other organizations or individuals (e.g. YouTube videos about living with disability, a guide to gender-inclusive language, links to patient advocacy organizations or resources for specific conditions).
- Community members identified that many health care providers are unaware of resources and services developed and/or offered by community organizations. Interested organizations could provide a summary of the patient population they serve and/or the services they offer to go in the library.
- Organizations could list a contact person students could get in touch with if they wanted to learn more, although cautioned against placing additional burdens on community organizations that may not have the resources or capacity to respond to student requests.
- Students, faculty, and community members could suggest resources; contents would be refined with their input.

- Students could access this library to engage in self-guided learning about a specific condition or population to build on what they have learned in-class or elsewhere on the TLEF/EEF web platform.
- Students were receptive to the idea of a resource library, but may need incentives to actually access the material. They suggested enlisting faculty to include some of the resource library materials as course readings or references to give students an initial reason to access it.
- Resources in the database would be assembled and maintained by PCPE staff.

Online calendar of community events and volunteer opportunities
- Community members advocated for the creation of an online events calendar to connect students with extracurricular opportunities (e.g., fundraisers, workshops, classes) hosted by patient and community organizations. This could provide experiential learning opportunities for students without creating more work for organizations. Getting students out into the community could help them develop their patient advocacy skills early on in their careers.
- Students expressed interest in attending community-hosted events. They noted that student schedules are very busy and not all students would be interested in or able to attend activities outside of class time.

RECOMMENDATIONS
1. Establish clear learning objectives with links to existing curricula (integration).
2. Set clear expectations for students and patient educators.
3. Ensure adequate institutional support and financial will to support the projects.
4. Encourage students to share and reflect on what they have learned with colleagues.
5. Maintain engagement by including an interactive component as part of the learning modules.
6. Take advantage of web-based delivery to increase participation of populations facing physical and/or social barriers to participation.
7. Provide students with opportunities to engage in advocacy work with community and patient organizations.
8. Keep up to date and responsive to current societal issues.
9. Focus on the positive: what future health professionals can do to improve health care.