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AMERICAN MEDICAL STUDENT ASSOCIATION

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PATIENT-BASED LEARNING

MED SCHOOLS TRY TO KEEP THE PATIENT IN FOCUS

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FEATURES

Reflections From the Wards
Clinical training is based on experiences with countless patients and their ailments. But sometimes a single patient leaves behind a lesson. Here are the stories of three such patients.

Patient Science
Medical schools are trying out many different ways to give medical students clinical exposure earlier, even on day one. Read about how some schools are doing that.
by Janice Neumann

Patient SCIENCE

Medical schools extend patient contact through all four years to keep students focused on what matters.

by Janice Neumann

With no experience performing clinical exams, Mary Bacsik and a group of medical students were introduced to the inner world of depression by a patient on their first day at the University of Wisconsin School of Medicine and Public Health (UW). Bacsik said it was an awe-inspiring experience and showed her that patients were central to her future medical school education and career.

"It struck me just how privileged we are to really be allowed into the deeper aspects of people's lives that we see around the community," said Bacsik, a third-year, noting the patient's relative worked in an office at the school.

The meeting occurred after students and patients were introduced during orientation in a striking way. Patients came up to the auditorium stage, introduced themselves and talked about their illnesses, saying, "I am the face of such and such a disease." A slideshow about the illnesses was also shown.

Like many schools, UW has had a Generalist Partners Program for about a decade, offering early patient contact through primary care physicians in the community. But the school added the orientation with patients several years ago, trying to further impress the importance of patients.

These days, patients expect doctors to be technically skilled clinicians and top-notch communicators who consider the person behind the disease. Medical schools began tapping that demand in the 1990s with an increasing amount of early patient contact.

But more recently, educators have begun switching from discipline-based courses like anatomy, physiology and biochemistry to system-based classes, which include the cardiovascular, respiratory, gastrointestinal and musculoskeletal systems.

At New York University School of Medicine (NYU), patients start talking to students about their diabetes, cancer, HIV and AIDS, and tuberculosis, which the school terms disease "pillars," on day one.

For the first two years, students shadow primary care physicians, following and interacting with their patients even as they go for tests like echocardiograms. Students also learn about population health issues like epidemiology, health disparities and cultural competence, and then practice what they've learned in a rural or underserved area.

"We try to make the patient experience relevant to the course work they're taking in the first year, so if they're learning really complicated material [about diabetes], they then actually see a patient who has to take insulin and gets complications from insulin," says Dr. Steven B. Abramson, professor and vice dean for education, faculty and academic affairs at NYU. "Our students are therefore much more engaged."

When students study geriatrics early in their first year at Florida State University College of Medicine (FSU), they first practice physical and mental status exams on standardized patients who are senior citizens. Students are then paired with "mentors" in the senior community, visiting them in their homes and discussing their experiences with the health care system, the medications they take and the activities that boost their mental, physical and social capabilities.

Dr. Ken Brummel-Smith, professor and chair of the department of geriatrics at FSU, says the early exposure to relatively healthy older patients helped students develop positive attitudes toward this growing age group and meant they were better equipped to deal with more complicated cases by their fourth year.

By the end of the first year, students are assigned to a physician specializing in primary or geriatric care in an inner-city or rural setting.

Dr. Alma Littles, senior associate dean for medical education and academic affairs at FSU, says students need to learn enough about their patients to be able to communicate clearly about their course of treatment. For example, instructing an African-American female with a skin condition to not wash her hair for a week would not be clear without explaining the importance behind the suggestion.

Medical schools continue to search for better ways to integrate science and humanity. Basic sciences courses swallow a huge chunk of time, and using real patients continuously can be complicated and expensive.

"One of the things that is certainly recognized now is that if you're not able to communicate with a patient at a level and in a language they can understand, it doesn't matter how great the care you're trying to deliver to them is, it may not actually get there," says Littles. "The greatest advice will just be a flop because it's not making sense to a patient," she says.

Andrew Hogan, a third-year at FSU who hopes to specialize in surgery or orthopedics, sees the importance of both an expansive knowledge of medicine and the ability to communicate.

"You can have a great doctor

who is not a people person whose patients are not going to want to listen," says Hogan. "You have to make [patients] feel like you are there for them, and they're not just writing a check and getting a diagnosis."

The push toward including patient contact and communication skills early on was a long time coming, following slowly on the heels of the civil rights movement and social unrest of the 1960s, according to educators and medical historians. Schools traditionally followed the 1910 Flexner report's suggested two years of basic sciences coupled with two years of clinical experience structure.

"Medical students frequently grew impatient for patient contact—the first two years without seeing patients could seem quite long," says Dr. Kenneth Ludmerer, professor of medicine and the history of medicine at Washington University in St. Louis School of Medicine. "In the 1960s and 1970s, student voices became louder in medical schools, as everywhere during the protest years. And in response, most schools began providing earlier exposure to patients."

"Medical students seem to like this, but whether this produces a better product in the end is uncertain," says Ludmerer, referring to the difficulty of measuring and evaluating the change.

Many medical schools began increasing that early contact in the '90s, with the dearth of primary care doctors, as they tried to encourage students to pursue careers in that field.

Recognizing the importance of integrating basic sciences with clinical training, the Medical College of Wisconsin (MCW) in the fall of 2010 moved from a discipline-specific curriculum to a system-based curriculum, with an apprenticeship component in which students spend half a day per week paired with physicians in an ambulatory care setting, learning how to communicate with patients and applying the basic sciences they have learned.

"Patients don't come in and have a problem with biochemistry, so it's all kind of connected, and we're trying to teach it as all connected, exposing students to patient experiences to see how it's applied in the real world," says Dr. Karen Marcdante, professor and senior associate dean for education at MCW.

Like other medical schools, the University of Illinois College of Medicine at Chicago is moving toward a similar curriculum and recently began including neuroscience and cardiovascular physical exam experience on standardized and real patients in the first year. The change reminds students why they are becoming doctors and also provides a break from basic sciences classes, says Dr. Abbas Hyderi, assistant dean for curriculum at the school.

To make the case for early exposure to system courses and patient contact, Dr. Jess Mandel, associate dean for undergraduate medical education at the University of California, San Diego, School of Medicine (UCSD), points to his own experiences as a patient.

If Mandel visits his primary care doctor for shoulder trouble, he doesn't want to be referred to an orthopedist and sent for an MRI because he prefers more conservative treatment first. If Mandel's doctor doesn't take the time to talk to him about the problem, the doctor is not going to know that.

"We have always been good at emphasizing that the technical aspects of care have to be as near perfect as possible, but there are times that the profession has paid less attention to the manner in which it is delivered," says Mandel.

Florida State University College of Medicine student Austin Henkel listens to a patient at Harbor Chase, an assisted-living facility in Tallahassee.

At UCSD, administrators stepped up patient contact last year while revamping the curriculum. Students shadow a generalist or mental health physician, working with standardized patients one week and following the same doctor the next week for their first two years. As they are learning about the various bodily systems, they apply that knowledge to their patient care. Mandel says that the immersive environment helped boost competency.

Administrators at UCSD and other schools say they hope to eventually allow students to follow the same patients over time.

"Clinical correlations are much stronger and richer today in medical education," says Dr. Gene "Rusty" Kallenberg, division chief of family medicine and vice chair of the department of medicine and preventive medicine at UCSD.

While UW has had a Generalist Partners Program the first year for a decade, system-based learning is delayed until the second year. The school stresses the importance of patient-centered medicine on day one.

During orientation, after patients come up to the auditorium stage and talk about their illnesses, students break up into small groups to talk to the patients. Some "become very emotional about it, start crying, they're just very overwhelmed by it," says Jane Crone, a nurse and nurse practitioner who created the "Faces of Patients" section of the orientation.

"This was a very deliberate decision on our part to put the patient first," says Dr. Christine Seibert, UW's associate dean for medical education.

Kathryn Winn, a student at Florida State University College of Medicine, checks a patient's blood pressure during a student senior service project at Lake Ella Manor, an independent-living center for seniors in Tallahassee, Florida.

Dr. Curt Stine, associate chair in the Department of Family Medicine and Rural Health, speaks with a Harbor Chase patient. With him is Naomi Salz, a Florida State University College of Medicine student.

FACT: More talented women and minorities are entering and enriching the orthopaedic profession every day.

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To help spur change, Dr. Matthew Mintz, associate professor of medicine and director of the primary care clerkship at George Washington University School of Medicine, plans to convene a meeting at the Association of American Medical Colleges meeting in Denver this November with other educators about pre-clerkship clinical courses. Mintz says he hopes to share best practices, learning objectives and mentorship ideas.

In the meantime medical schools continue to search for better ways to integrate science and humanity. Basic sciences courses swallow a huge chunk of time, and using real patients continuously can be complicated and expensive. Though those costs are tied up in mundane details like parking and lunch, they add up nonetheless. Standardized patients can cost $25 to $30 per hour, including training time.

"It's kind of like putting on a wedding, in terms of its complexity," says Dr. Calvin Chou, associate professor of clinical medicine at the University of California, San Francisco, School of Medicine. But students often forget what they learned the first two years by the third and fourth.

"It's bulimic learning. They stuff their minds, regurgitate it and forget it," says Chou, who is also a faculty member of the American Academy on Communication in Healthcare. "In my mind, if we're trying to develop really skilled clinicians who learn in a sustainable way over the course of medical school, it cannot be based on bulimic learning; it has to be sustainable learning and built up with skills over time."

Janice Neumann is a health writer based in Chicago, Illinois.