Student experiences of continuity with patients in a longitudinal integrated clerkship

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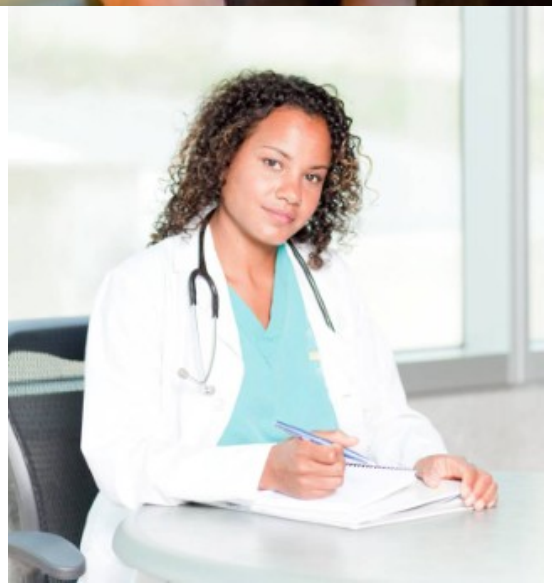


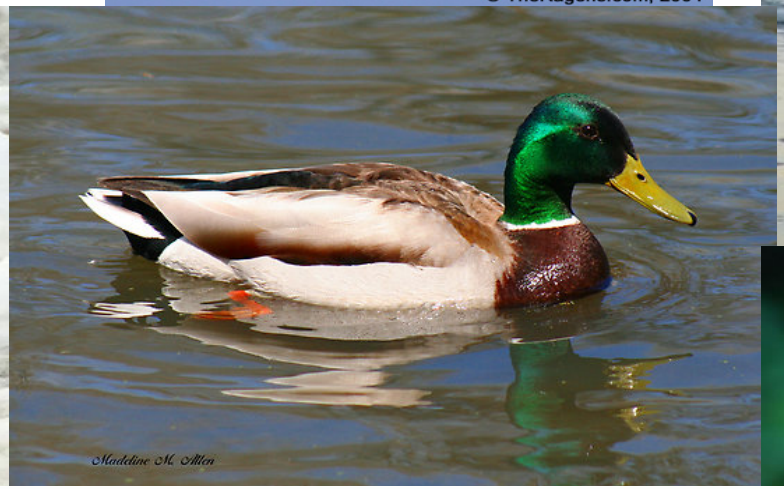
North Pole
Norwegian Sea
Norway
Polar Ice
Greenland Sea
UK
Russia
Arctic Ocean
Ellesmere Island
Alert
Iceland
Bering Strait
North Magnetic Pole
Kalaallit Nunaat (Grønland) (Denmark)
Arctic Circle
Beaufort Sea
Banks I
Resolute
Baffin Bay
Alaska (USA)
Inuvik
Victoria Island
Baffin Island
Davis Strait
Dawson
Great Bear Lake
Gjoa Haven
Yukon Territory
Mackenzie
Whitehorse
Iqaluit
Northwest Territories
Nunavut
Labrador Sea
Atlantic Ocean
Yellowknife
Baker Lake
Fort Nelson
Great Slave Lake
CANADA
Ungava Bay
Newfoundland and Labrador
Nain
British Columbia
Fort McMurray
Kuujjuaq
Prince George
Churchill
Hudson Bay
Churchill Falls
Pacific
Alberta
Saskatchewan
Manitoba
St John's
Edmonton
L Winnipeg
Saint-Pierre et Miquelon (France)
Fraser River
Sandy Lake
James Bay
Vancouver
Kamloops
Calgary
Saskatoon
Quebec
Prince Edward Island
Charlottetown
Victoria
Ocean
Regina
Winnipeg
Ontario
New Brunswick
Nova Scotia
Thunder Bay
Québec
Halifax
Fredericton
United States of America
Montréal
Ottawa
Lake Superior
Toronto
Lake Michigan
Huron
Lake Ontario
Atlantic Ocean
Lake Erie

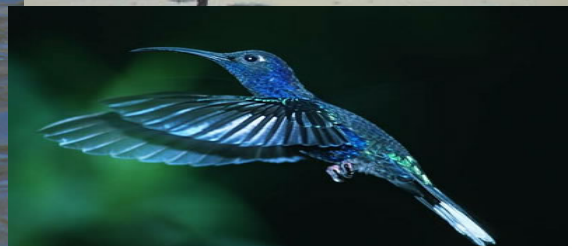
Context

- UBC LIC is a multi-site 48 week distributed LIC
- 22 students /year
- 6 different sites – widely distributed geographically
- Sites range from Regional to Rural/Remote

UBC LIC Sites

Six sites – all adapted





Name of site	Year started	Population	Distance from UBC	Number of students
Chilliwack (CH)	2004	77,936	69 miles (110kms)	6 students
Terrace (Terr)	2008	11,486	848 miles (1365 kms)	3 students
Fort St. John (Peace Liard) (PL)	2009	18,609	765 miles (1232 kms)	3 students
Duncan (DN)	2010	4,932	65 miles (105 kms)	4 students
Trail	2011	7,681	395 miles (636 kms)	4 students
Vernon (VER)	2011	40,000	280 miles (451 kms)	2 students

Purpose of the study

To understand how students define and experience patient continuity in rural/regional sites without formal patient panels, and to explore what and how they learned from seeing patients repeatedly.

Methods

- Qualitative research methods
- In-depth interview - 45-90 min (either by phone or face to face)
- Thematic Analysis (Nvivo 11)
- In the secondary analysis – we used sensitizing concepts of continuity from theoretical framework by Reid et al (2002)

Participants

- 17 medical students from 6 different sites who completed an Integrated Community Clerkship (ICC) between 2014-2015
- Five male and twelve female participants

Results

Different processes

- Formal
- Informal (more serendipitous rather than planned)

Results

- Three interrelated themes:
  - Relational continuity
  - Informational Continuity
  - Clinical diagnosis and management (disease) continuity

Relational Continuity

- Definition: an ongoing therapeutic relationship between a patient and a student, generating a deeper understanding of their health condition and psycho-social context.
- Locales of higher patient relational continuity:
  - Longitudinal family medicine clinic
  - Maternity care
  - Patients with chronic and mental health

Relational Continuity: process

"I was really fortunate to have great preceptors who would keep track of the patients that I saw on a weekly basis when I was in their clinic. Any time that patient was going to come back for follow up, they would arrange for that patient to come back (when I was there) ."

Relational Continuity: Learning

- Comprehensive knowledge about the patient's health condition and psycho-social context
- How to develop trust and partnership with patients.

Relational Continuity

- "…when I saw the patient I knew their story a little bit already……the more you know them and the more they know you, they are more likely to at least trust with your judgment…"

…some patients were challenging for the students….

- Non compliant patients
- Drug seeking behaviors
- Angry or abusive patients
- Patients they didn't like or couldn't relate to
- Patients with unrecognized mental illnesses
- Criminals

However challenging, students felt that they learned the most from these patients

- How to be aware of and manage their emotions/self-limiting beliefs
- How act professionally - by incorporating role modeling and debriefing by preceptors, and informal peer group discussion.
- How to pay attention to the patient even when that was difficult

Information Continuity

- Information continuity concerns timely availability, accessibility and transfer of patient specific medical information across the health care spectrum.

- Students experienced this as a form of continuity that contributed to their understanding of their patients, which was particularly important when there was a lack of relational continuity.

Processes for Information Continuity

- Accessing electronic medical records (EMR)
    - Enabled by location continuity
- Debriefing with preceptor
- Peer group discussion
    - Enabled by peer continuity

Information Continuity: Process

"…we had access to the hospital electronic medical records, so what I would often do is if I saw a patient I would keep their name on my medical record list and then – and then I would just go back and review that until they were discharged from hospital, which was really helpful because then I could track their blood work to see if the fluids we gave them were helpful."

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Informal peer-group discussion: Process

"And then the other thing that was really helpful was I had a good relationship with the other students in the ICC and that was good because I could debrief with them."

Seeing patients in the community

"On a couple of occasions, I found that the story I was getting wasn't - when they – so a patient that came into the ER and was claiming to be, like on the straight and narrow and not drinking, and adhering to their medications and so on, I later saw in the community drinking a two-six kind of thing. And so it made me kind of re-evaluate the history that I got initially."

Information Transfer

"When I saw her in the hospital and with the anesthesiologist, she didn't mention any of that to him, but because I knew that I was able to ask her about it so that the care plan that we created fit more with her values."

Students learned

- The importance of accurate and complete information for effective care
- The importance of gaining information from all sources
- The importance of finding out the outcomes of patient investigations and management

Clinical diagnosis and management continuity

Diagnostic or management continuity refers to the student finding out the patient's final diagnosis (diagnostic closure) or the outcome of a plan of management.

“That and the whole issue of half measures…… you can't just give somebody……. anti-nauseants and fluids and put them to bed, right? It's a half measure…….. We still have to do the investigation…… - even though you would hope that it's the migraine.”

"Cause I think if you didn't have that continuity like say I saw somebody in Emerg and I sent them home and I said no, you're just constipated and then they came back the next day and they had a bowel obstruction. And so, for me to be able to know like next time I see a patient.... Like that could they have a bowel obstruction? Maybe I need to be more careful about working that up more thoroughly like next time."

Students learned to:

- Recognize failures that resulted in incomplete work-ups and missed diagnoses
- Actively seek feedback on their diagnosis
- Develop consistent investigation plans
- Monitor their understanding of treatment plans
- Re-evaluate their clinical decisions when they might be incorrect

Discussion

- Even without a formal process of patient panels, students achieved different forms of patient continuity
- Patient continuity led to specific learning outcomes for students
- Patient continuity was not always comfortable – difficult patients, challenging situations, and episodes of failure had to be faced.

Discussion

- However, patient continuity appeared to effectively trigger reflection
- This reflection was enabled by a close and trusting relationship with a continuity preceptor.

Conclusion

Students learn important lessons from reflection resulting from different forms of patient continuity and guided by a trusted preceptor.

Thank you!
Questions?