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Webinar date: 09.09.2020

Patient Narratives in Undergraduate Clinical Education – Continuing the Discussion.

Transcript of webinar:

RYAN So, let's get started. So, thank you everyone for joining us for this follow-up to our previous session on Patient Narratives in Undergraduate Clinical Education. Just a few housekeeping notes before we start; the session will last approximately 60 minutes and we want this to be as interactive as possible so if you want to ask a question then make sure to use the chat field. You can access the chat field by clicking on the chat button at the bottom of your screen. We may not have time to answer all of your questions but we'll provide a document after the webinar with any questions that we don't get to. The chat field is also available to you to contribute to the conversation and we may invite some participants to expand on their comments by asking their permission to make their audio and their video live. So, if you are interested in becoming a temporary panellist then please respond via the chat feed that you're happy for us to add you. The webinar is being recorded and a video will be made available on the ASME website along with any other supporting materials a few days after the webinar. And if you're having any technical problems, we would ask that you make ASME aware by emailing events@asme.org.uk rather than adding it in the comments field. So, without further ado would all of our panellists be able to introduce themselves, starting with Selina.
SELINA Hi, I'm Selina Robertson. I'm a newly qualified doctor working in the north west of England.
RYAN Jayne.
JAYNE Hi, good morning thank you to everyone who's joining us and ASME for hosting the event. My name is Dr Jayne Garner. I'm a senior lecturer in medical education at Edge Hill University and previously I worked at Liverpool University. I was supervisor for Selina's project so I'm just interested in the conversation and how we can develop the patient narrative and a wider perspective on this as well. Thank you.
RYAN Roshni.
ROSHNI Hi I'm Roshni Beeharry, Dr Roshni Beeharry. I'm a portfolio medical educator, sessional tutor at Brighton, GKT and QMQL. And in my previous life I was an NHS rehabilitation medicine consultant so 18 years in the NHS. So, clinical experience of patient narratives and patient work but also a keen interest in the medical humanities, particularly creative writing and an interest in narrative-based medicine so I'll be sort of incorporating some of that angle in our discussion. Thank you.
RYAN

Fantastic. So, this is a follow-up to our previous patient narratives webinar. So, Selina thank you for joining us again would you be able to give a brief summary or refresher of what your study was about?

SELINA

Yeah, I'd love to. So, this was a project that I completed in my second and third year of medical school on Patient Narratives in Undergraduate Clinical Education. My starting point for this was an interest in patients' voice and autonomy, ideas around language and power and how that would feed into medical education more broadly. I set three aims which was to investigate how patient narratives were used in undergraduate medical education from the perspective of senior clinical educators. I collected original data via semi-structured qualitative interviews and then analysed that looking specifically at how the narratives were used within the context of teaching at hospitals in the north west of England. So, in terms of the data analysis the transcripts from the interviews were coded and thematically analysed and there were five participants who took part. And the results were sort of broken down into three main categories. First being the teaching, the pedagogical applications of narratives, secondly the personal and professional development and suggested modifications to medical school curricula that came out of these conversations. So, in terms of the teaching applications the participants all viewed patient narratives as really sort of very useful tools for encouraging empathy, reflection, teaching communication and creating a safe space to explore emotive content. In terms of personal, professional development again the narratives were used as a trigger for empathy in the patients themselves, also a trigger for behaviour modification and used for catharsis and a space to explore maybe, process moral injury. In terms of the suggested modification to curricula that came out of these conversations all the participants advocated that medical students should have more opportunities to debrief and that maybe using narratives would be a tool to facilitate that. And that students shouldn't be shielded from patient complaints, they should be able to witness and understand what happens when things go a little bit wrong, and that was potentially a really powerful learning opportunity. The theme of empathy sort of spanned all of those categories and I asked the somewhat problematic question; can empathy be taught? And all the participants rightly said well that's a bit of a trick question it doesn't work that way, this is a quality that we're trying to develop. But they used narratives to do that either from their own experience or their colleagues' experience and they were seen as ways of awakening students to the complexities and the realities of patient-centered care and how important empathy was in that. Obviously, this was completed sometime before lockdown but also in the last session we sort of touched on can we use narratives in inter-professional learning, might there be some applications in teaching during lockdown and should or could they be incorporated into curricula more formally? And I hope we can explore some of those issues today.

RYAN

Fantastic. And Jayne what's your interest in Selina's research?

JAYNE

I was Selina's supervisor and I supervise research and scholarship projects at Liverpool for second- and third-year students. It was quite rare that I would get a project that was around qualitative research and I've done quite a bit of work in qualitative research, that was my PhD in medical education as well. So, it was really interesting for me to have this perspective brought forward. And as an educationalist it was really interesting reading back the interview transcripts as we analysed and went through the data that we had. You know, how applicable this could be, how it could be used for

different models of learning delivery whether it is PDL, case-based learning, how this can be integrated into sessions and used. And there were also aspects of it, and I know Selina has touched on some of these, around IPL particularly and how we could use these kinds of narratives effectively for different perspectives to develop whether it is for nursing students, radiographers, nutritionists and social workers, other health and social care professionals. And also developing empathy but accountability as well, near misses, what's been stressful for people and how they've dealt with that as well. And so, I think there's a lot of implications that are quite subtle and nuanced but could be really interesting to develop further as Selina sort of touched on. And moving on to people like Roshni as well they're experience of storytelling and how it works with that. So, this is just for me a really interesting opportunity to look at how we use narratives whether it is patient or staff, and how we can develop them further as well.

RYAN
Fantastic. And Roshni you're approaching this from a slightly different perspective. From a perspective of medical humanities.

ROSHNI
Yes but linking into, I'm glad that Jayne brought up staff narratives because we all, you know as clinicians, as students, in all healthcare professions we all have a story to tell and lots of experiences so I'll touch on that as well because that's actually some work I have done and will be doing with writing for well-being for healthcare staff. You know, I'm interested in patient narratives, I'm interested in storytelling, my particular interest is creative writing in healthcare education and arts and health. So, I can see patient narratives linking up rather beautifully with that. And I think there were really interesting questions from last time, lots and lots of interesting questions. So, there were questions about patients as educators and also which obviously is the main point of patient narratives, but I sort of thought about this in a way of looking at patient narratives you know we normally see them written, also I just did some research on the internet but when you Google 'patient narratives in medical education' you do have a lot of resources from the NHS. So, I think that's a really good resource and we'll put that in a document afterwards. But Prof Clare Morris was here at the last discussion, at Selina's original presentation, and brought up some really useful resources like Patient Voices and Patient Stories. So, looking at sort of digital storytelling so first-person accounts of a patient experience. And it's interesting and I think a lot of you still work in NHS, I can see participants, those of you who work in NHS Trusts or other places clinically, first-person storytelling on video is often to do with patient experience or part of the natural service. So, I think that's really useful for students and trainees to be aware of as a resource. And there's lots of good resources about how to engage patients in storytelling actually online so I'd recommend looking at those. So, NHS Improvement site is a really good resource, Patient Voices and Patient Stories, and then you know every Trust has its patient improvements and I think those are really good resources. Looking at the humanities side; film. So, I was a rehabilitation physician so, sort of things I would think about using and teaching, and it'd be great to hear what all your resources are but films to do with disability for example. The famous novel The Diving Bell and the Butterfly about a chap who had locked-in syndrome, I used to look after people with locked-in syndrome, was also made into a film and I'd thoroughly recommend it. So I think we can learn a lot from you know adaptations of people's first-person stories. You know creative adaptations might not necessarily be very accurate but I think there's a lot to offer there and that's the sort of field of narrative-based medicine, in which I'm not an expert but which links in nicely, I think. So, films for public viewing I think I'll call that so they can be adapted

from books or be created. So, other ones related to disability there's a French film called the Untouchables about a chap with quadriplegia. So, I think resources like that can give you an insight as a healthcare professional that you don't necessarily get when you're looking after someone. And I think the other things to consider are written narratives. So, I've got sort of various things I've read here and resources that I'll put in but books like Sinéad Gleeson who's an Irish writer, she wrote essays about life, motherhood and she has a bone-eating condition, an illness and it's just come out recently. And although she didn't intend it for a medical audience, you know it's public, it's a set of essays. I think you can find lots of insights there and I've used it when I've designed a poetry workshop with my colleague recently, Dr Neil Singh at Brighton, to look at dignity, patient dignity, and how she experienced, well I've got a quote here that if we have time we can read it later, but how powerfully someone's first-hand account, so it's not necessarily two healthcare givers which would normally be what we're experiencing as clinicians but there are lots of really powerful accounts of how she experiences illness. And other people who are experienced at this, you know a whole field called autopathography and illness narrative of how people are perceiving illness. And that might not necessarily be written for a medical audience, part of that is therapeutically writing for themselves. So, yes sorry that's quite a wide-spanning answer. And that's not even all of the field. But thank you very much because this is such a fascinating field. But I think there is a lot that we could take from first-person accounts written, digital, fiction, film and other media to learn. Thank you.

RYAN

Fantastic. So, that's given us a huge broad number of topics that we can explore. So, I'll start off with exploring inter-professional learning. So, there were a couple of comments last time about how nursing, allied health and social care have more actively engaged in working partnership with patients. So, how can we use patient narratives to enhance inter-professional learning do you think?

JAYNE

I think it's the structure in the current climate as well and I know certainly during lockdown I've been living with my brother who's a nursing student and sort of party to some of his teaching and discussions and obviously from my role it's been quite interesting just discussing between us how these sessions are delivered. And how it would be workable you know to manage it online learning as well in these kinds of virtual environments. And I think there's a real opportunity right now to do that. So, I think it's just how these are structured, how the students perhaps are introduced and build up a relationship as well, because obviously it is very nuanced, you know empathic sort of stories that are very emotional things. You know it’s how that's handled and managed as well. You know because some students do really concentrate on things and think a lot about them so it's making sure that they're supported to do that effectively as well. And this is something that Selina and I have sort of picked up as well and discussed about maybe writing something whether it is with nursing students or how we could frame that discussion and pull it together. And I suppose that's why because obviously in my field, I've always taught in medical education with medical students, I teach physician associates as well but it's how to bring those disciplines together really to make the sessions as effective as they can be for everybody and not dominated by one particular viewpoint. You know so it isn't necessarily that the medical students who lead the discussion, you know it is like a very fair, sort of equitable learning environment as well. So, I suppose that was something that I was interested in picking up. But I know we have a variety of people who've commented who have a wide range of experience and backgrounds and I'd be interested if people

have any suggestions or things that they have found that have worked in that kind of context as well.

RYAN
So, one thing that you alluded to was this idea of having one narrative told by several perspectives so is that something that would best facilitate or better facilitate IPL?

JAYNE
I think it would certainly foster insight and a wider viewpoint which I think would be really interesting. And also, I think often you know case-based learning, you know problem-based learning that they can be quite narrow the scenarios in that regard. So, you know medical students will have patient groups come in, or patient representatives come in and discuss things but not necessarily other professionals whether it's social workers or other people to give that kind of perspective. So, I suppose it is the scenarios that we have as well developing them more effectively for IPL. So, that is something that I'd definitely be very interested in taking forward as an educator. But I don't know, I mean Selina having come from recently having done medicine and studied it would you see that working effectively for you as a student?

SELINA
Yeah, I think I'll pick up on a couple of interesting things that you've said. Obviously as soon as you qualify, you're expected to work as part of a team with various professions that you might have very limited understanding of what their remits actually are and how you fit into that. So, I think narrative could maybe be like a unifying learning experience with these different professions to prepare yourself to enter the professional environment and work as part of a team. And also, to pick up on what you said about the sort of like hegemonic discourse which is doctor and patient and not really having a voice for these other really crucial health professionals. I think that there must be some way whether it is narratives from various perspectives of exploring and deconstructing that sort of emphasis that's placed on doctor and patient and breaking down those barriers to incorporate other healthcare professionals. I think that would be really useful experience.

ROSHNI
I'll just chip into that. As a medical educator my first job at St George's was clinical skills. So, clinical skills lecturer and actually six weeks of that was inter-professional clinical skills so working with physio students, medical students and radiotherapy students and healthcare science students so all working together, learning generic clinical skills. So, I think obviously that's not universal across the board in medical schools. And as a rehabilitationist having led and worked with lots of inter-professional teams I think that's something that I'm keen in our training to practise as clinicians as well. So, I think that's interesting that when I interpreted the question about multiple narratives, I actually thought about the other aspect was don't forget the families. So, the people that are involved in patient care so the patient is at the heart of the team so, the patient is a member of the team always whatever speciality you're in, whatever field whether A&E you meet them for a short time or you look after them for 18 months like I did, you know or general practice, lifelong, hopefully. But the patient's always at the centre of the team and their narrative, you know, it's not linear. I think that was an interesting thing that I thought about, we're talking about narratives and storytelling which I don't know what your morning was like but mine was like this. So, you know remembering that as well and bringing that into when we're designing educational intervention. But bringing in the family so that was a lot of my work, and I know it's a lot of for some of specialist colleagues and general practioner colleagues, so

a lot of the work is in the family and social issues and you mentioned social work charities, third sector. So, there are a lot of different people's voices that are represented as well as the patient's as I say hopefully being the one that's promoted as the strongest but remembering that there's a network of people that are involved in patient care. And also, the setting. So, I think someone last time had really good questions about secondary and primary care. And you know I'm always going on about the spectrum and being a secondary care physician and dealing with people with long-term disability that's a spectrum. So, I think there's lots of potential there for looking across. You know there shouldn't be boundaries but looking across the sort of secondary, primary divide which shouldn't really exist when we're talking about creating educational opportunities be it in general practice or secondary care or community practice medicine. So, I think that's a really rich area for inter-professional care both at medical school, nursing school and maybe integrating more there earlier using your own narratives. So, I mentioned Schwartz Rounds I don't know if anyone else has got, in the last talk when I mentioned in the chat when I was part of the audience, Schwartz Rounds. Now, I haven't got lots of experience but I know that's something that's set up at NHS Trusts, but I experienced it as a co-facilitator when I was in my last job as senior teaching fellow and that was just the students. And that is a really powerful way of getting nursing students, medical students and there was a physio student and a psychology student there, students from different professional backgrounds at an early stage of their clinical careers training to share experiences together. So, if we're looking at staff and student experiences, I think that's a powerful model that could be replicated in medical university-based settings.

JAYNE

A lot of the Schwartz Rounds sort of research I've seen is everyone from porters, healthcare assistants, from all areas of the healthcare team as well. So, again developing that kind of insight you know from a much wider perspective because some members of staff will have spent more time with family, with carers and been more involved with those discussions in perhaps a less formal way but equally as valid from a patient perspective of events as well. So, I think that would be really interesting to pick up on.

ROSHNI

Yeah definitely because the hospital Schwartz Round that I went to was actually a dementia conference again in my last job but it was set up by my colleagues that run Schwartz Rounds in the hospital because they're normally in a hospital setting as you say with all people from all disciplines and departments coming. But it also involved the carers because it was about dementia and people who were in the early stages of dementia. So there's a way of capturing, in clinical training there's a way of, I don't know if all Schwartz Rounds involve carers and patients, I'm sorry that was my only one and I don't work in the NHS anymore but I'd be really interested to know from anyone else, any of our participants whether they've got experience of that and that's a way of bringing in patients and carers as well within an environment with learners and professionals.

RYAN

Fantastic. It's good that you brought up Schwartz Rounds because not only is it a fantastic tool for developing inter-professional learning but it's also an excellent reflective tool isn't it? So, through exploring patient narratives have we found a better way of reflecting? But someone in the audience has also asked could someone explain what a Schwartz Round is so yeah could you explain what a Schwartz Round is and then how can we better use narratives for reflection?

ROSHNI
I was just going to say can I defer this question, if Rini's happy, but I think Dr Rini Paul was saying she's Clinical Lead for Schwartz Rounds. Don't know Rini, sorry not to put you on the spot otherwise I can give what I know. But it would be really nice to have someone who's actually experienced in that. I don't want to put you on the spot. But effectively as I understand - oh great, she's happy to explain. It'd be nice to hear someone else's voice other than mine. Is that alright Ryan? Can you get Rini on the line?

RYAN
Yes, I'll try and get - ah fantastic.

RINI
So, Schwartz Rounds have a very specific format. They're an hour in length. They usually have three or four panellists telling stories often on a topic like dementia as Roshni mentioned, or it could be a patient story told from three or four different perspectives. So, the stories are sort of the springboard for a safe reflective discussion that happens afterwards that's facilitated by the clinical lead and the facilitator. It's a place to discuss the emotional impact of the day-to-day work we do. It's not about problem solving or you know thinking what could have been done differently or better and I'm just always amaze we've been running them for a few years in Islington in North London for the community, before Covid people would travel from their jobs and we'd get 50 people sitting in a room together because they really valued this place and hearing other colleagues who were going through similar experiences or difficulties or just knowing that we're all in it together was a real sort of, really brought people together. We did consider doing one with patient educators and then Covid hit and we haven't got to that but we're also doing, we've got a pilot project with IPU students at Kings to do Schwartz Rounds because we hope that will be a really nice safe place to bring everyone together and for our students, dentistry, nursing, medicine, physio, dietetics there's whole long list, apologies I've forgotten some of the other groups but you know it's really exciting to be able to get all these students together and I think there are opportunities at the moment with the pandemic to get everyone online as well. I'll end there.

RYAN
Fantastic. So, Rini what's your perspective both using Schwartz Rounds and patient narratives as a tool for reflection?

RINI
So, I think it's really crucial. I wish it was commonplace that all our students were using patient narratives in their learning. I do it for a small number of students I do a little project which is about online patient narratives. I have a group of eight students every year who look at blogs and what they can learn, and learn how to do a bit of narrative research but the more frequently I run this the more I think well, all of our students should be able to do a project like this, not eight out of the 450 students that we've got. So, yes, I'm definitely a convert and I'm just trying to see how I can you know get other people on board and using narratives in a similar way. And I think narrative research maybe doesn't always feel the process as accessible to everybody but there's different ways we can use narratives certainly. Thank you.

RYAN
Does anyone want to add to that?

JAYNE

I was just thinking certainly when I've taught reflection and reflection models in medical education whether it is physician associates or medical students it's always been quite dry, and the structure I think often on ePortfolios or other required sort of elements of reflection in medical education can be quite limiting in a kind of a way. And I don't think maybe some of these elements around the narratives are properly explored, they tend to be quite quantitative measures around reflection. I mean some can be written and some can be very insightful but sometimes I worry it is a tick-box exercise that people just want to get done or signed off, you know rather than it being a more meaningful opportunity to explore things that have happened. So, I suppose as medical educators the prompts that we provide around reflection and whether it is we pick up elements of Schwartz Rounds or other narratives and things to try and get students to explore those kinds of experiences in a bit more detail. I think again that is something that would be good to do and the work that you mentioned there Rini sounded very much like in line with that kind of opportunity, I think.

ROSHNI

Can I just chip in there. So, leading on from that thank you Rini, that was really great. And I think it's, I've just put it in the reference box, Assim, one of our colleagues was asking, the Point of Care Foundation I think are the main trainers I understand so we'll we'll put something in the chat box after. But if you Google the Point of Care Foundation, I think they're the main trainers I understand but Rini would be more of an expert. Yes so, linking to how to get, if we're talking about staff and students to reflect, the sort of the thing that I've developed from my interest in writing and being a poet anyway, and also a doctor, is using creative writing for reflection and personal professional development. And yeah that whole phrase 'beyond the portfolio' because people I've worked with in training so FY1s etc. and I know they find the portfolio a little bit limited. And you know narrative style isn't always everyone's case but the way I use creative writing, and I've run a module and again it's an optional module so it's a special study component so I first ran it at Trinity College Dublin with Year 1 students who hadn't had so much, well hadn't had any real clinical contact at Year 1 so, 18-20-year olds. But looking at topics such as what was their first contact with doctors and sort of getting them to have a safe space, so once a week for eight weeks for two and a half hours to share their experiences in writing. So, they didn't even need to share them and that's an important thing. But actually the process of writing which you know there's a field that's related to so it's creative writing, expressive writing and reflective writing all overlap, so you're using reflective writing pedagogy but also expressive writing, journal writing, poetry therapy, bibliotherapy and they're all related or that's how I would approach it. But using that interplay as a means, as a space, almost like the Schwartz Rounds, you know having a space where you can go. And it can be on your own because writing is cheap and you can have a notebook, so you don't need to go and write with a group but actually being part of a group develops people. What I found was it develops people's communication, so their written communication, they're ability to share. We're taught how to give feedback sort of watching someone at the bedside and giving clinical skills, but you know I sort of focussed on giving feedback to people's written work as well which is a whole different kettle of fish. So, using Selina's area really, she studied English and Literature but creative writing workshop as a format of small group learning. And I found that was very effective and the feedback I got was very effective, and I've run it with Year 3 at Brighton Medical School as well. So happy to run it anywhere, I'm available. It's something I love doing and would like to develop more and with postgraduates. So, the only time I've done it with postgraduates was at the AOME Conference in Cardiff which was great so there

was a mix of consultants, some medical students and qualified doctors and other professional staff so not just medics. So, I think that's, obviously I'm biased, but I think that is quite a powerful way and I've done a systematic review which hasn't been published which shows that you know creative writing can be used to maintain empathy and compassion which is really important in our age of burnout which is an ongoing age unfortunately. You know, connecting people, team work, working as part of a group, or a small group and being able to express yourself. So, if anyone's interested you can contact me, I will be running workshops soon. Thank you. That wasn't a plug honestly. Thanks!

RYAN
Fantastic. So, all of this talk about empathy, reflection, the core of it is at the end of the day helping us to develop a better interaction with patients. So, I believe Richard you have a method of using narratives to develop student/patient interaction?

RICHARD
My interest here developed from looking to fill the gaps in students' knowledge which is inevitable as a result of specialisation. But my main interest now is teaching second years and helping them to formulate a patient narrative by their interaction with patients I think is a very important part of their second-year learning. We were able to do this during lockdown by simulation where I use a series of three different scenarios in a one-hour session with groups of students to encourage them to take the history, to experience the particular sets of symptom patterns which indicate certain types of disease. So, it's really helping them to develop a narrative to assess the patient rather than working from a completed narrative presented from the outside. It was certainly extremely popular with the students. I've subsequently done a trial run with a live patient in a similar context which again gives you as the teacher a very interesting insight into the way that the students interact with the patient. And it highlighted to me a concern that I've had for a number of years that I'm not sure that as educators we support students whose first language is not English, quite as much as we should because in listening to the history taking process it's often quite obvious that that is the case. And I think that it's an area which is almost forgotten about in terms of helping to develop our students' capabilities.

RYAN
That's fascinating. Jayne did you want to come in on that?

JAYNE
Yes, I was going to say yeah because certainly and Richard I know it's got to a point with some students where they've got to OSCEs in third or fourth year and suddenly it is so you know some kind of use of language or you know something that comes up that then they are pulled up on. But obviously it has been part of their history taking it hasn't been either addressed or supported previously and I think that is a really important challenge to recognise definitely, because we don't want to set students up to fail by not supporting them in this way.

SELINA
And can I ask Richard as well did you notice a difference in the way you were observing the students interacting with the real patient as it were, compared to yourself and did that as an educator give you any interesting insights on what issues you might want to address with them moving forward?

RICHARD
I think the particular, it's very interesting, you're observing the empathy that the individuals develop with the patient in a Zoom-type situation, and in particular it's

interesting looking at how they resolve difficulties. Now the particular patient had a genetically transmitted disease and watching the process of enquiry into family history in that circumstance was extremely useful in terms of determining how, looking at the interaction between the patient and the student, and also how they coped with the sensitivities around finding out whether the patient's children may or may not be involved and what the reactions to that might be.

RYAN
Really interesting. And I think you've touched Selina and Richard you've touched on a really important point about the authenticity in patient narratives and so how do we make sure that patient narratives are authentic, that the dialogue is authentic and that that isn't lost when we are transcribing narratives and even when we're selecting which narratives to use in our teaching?

RICHARD
I think that's a really difficult question to answer categorically because it's dependent on you as the teacher using a derived narrative from a real patient situation. And inevitably you will be manipulating that to highlight the points that you wish to get over to your audience. So, I think that there's inevitably going to be some degree of editing. But also, the use of historical narratives enables you to apply the picture of the patient as a whole to what happens subsequently in their journey. So, often when students are on a ward and you'd get them to do their presentation of a patient in a situation then the subsequent pathway for that patient is obscured to them because of time. With historical narratives you can then put in well this was the investigative pathway, these were the care objectives that were set, this is what kit we put in place to support the patient after their surgical intervention and build up a picture as a whole rather than just a brief snapshot in a half-hour ward-based experience.

RYAN
Selina do you want to come in?

SELINA
Yes. I think that's really interesting. I know you were saying you focus on second year students and teaching them to take histories, just reflecting on my own experience because we're seeing medical students coming back to the wards now, is also about how they're taught to gather that first person narrative, to take that history, and I just wanted to ask your opinion and maybe other peoples' opinion in the chat, about the format in which we teach students to take a history, to get that narrative. So, I was taught this way initially and I saw the students sort of presenting the history in this way so starting off present a complaint, history of presenting complaint and so on, and usually at the bottom we've got ICE; ideas, concerns and expectations. And I don't know if it's taught that way knowingly but then that often is the last thing that a student will come to if they've got time. And I'm sort of finding now as I'm a foundation doctor and also working in primary care, that I often start with the ideas, concerns and expectations but I've only got to that stage later on in my training so I guess I'm wondering is there any scope to redress the way that we're initially teaching students to interact with patients and gather those histories?

RICHARD
Certainly, in Liverpool the students are taught first of all in a sort of classroom setting. They're given a method which you've described and in many ways my job as a clinician is to help develop that and importantly point out that the first thing is let the patient talk. There are some patients who will do all the work for you simply by, all you have to do is listen. But then there are the other group of patients often the less-educated, the

ones who are perhaps intimidated by the hospital environment who are much more reluctant to talk through their experience and to talk through what they've come across in the course of their illness, and you need a structure to help draw that out. And so, I think that students encouraging the patient to talk first and then perhaps applying structure is useful. But of course, the structure comes into its own when you're communicating that information to other healthcare personnel so that you've got, with having a recognised structure it's much easier to assimilate the details of a particular patient.

ROSHNI

I think that's a really good point that both of you have raised Richard and Selina. And my experience as a clinician, I mean working with people that can't communicate so people with stroke or traumatic brain injury, you know how do you illicit the narrative then using that structure? And I was trained 25 years ago and ICE didn't exist then. So, you know Chris McManus, Prof McManus, we were talking about him before, taught me communication skills. But, yes, we have the same history taking doesn't really change, the structure that you know new things have come in, new tools for communication skills training but thinking about that, the narrative, I think coming back to what I was saying before, you know narratives aren't linear. You know where is our place? Lots of questions have come up since Selina's project and coming today but you know where's our role in the narrative because we're entering the patient's world. They're in our world in a hospital and a GP surgery but you know some of us have worked in the community we then enter their world. You know 1) can they communicate? Who else do you need to involve? That's when the interdisciplinary care you know, speech and language therapist, I'm using a specific example, but you will need to involve other people, the family again. Where do we fit in in the narrative? Because if you think about it all of us must have been patients at some point even as kids, you now if you have a jab or whatever, a vaccine, but if you think about and that's what I get the medical students to think about, if you think about yourself on the receiving end of care other people are stepping into your lives and I think that's really important to understand. So, yes there's a straight structure and how we present it but I think you know enriching that narrative by, exactly what Richard says, letting the patient talk and tell you, obviously we need to start somewhere but you know the skills of open questions. I've done a bit of training in oral story taking for community work and that's really different. Now I'm a chatterer as you can tell but it is sitting and listening. So, it was like oh this is interesting being a doctor and having that structure but then just being quiet and just using trigger questions. It was about the war, so people in my area who had been involved in the war, and that I think maybe we could bring some of that in sometimes to, you know there's a benefit there of exactly what Richard said, you know, actually not doing too much talking and creating too much structure because, you know that person has an aspect of that snapshot of their story to tell for why they came in today or what's happening today. And I think we're at risk of interrupting it sometimes as clinicians. I'll just say that. I'm guilty of it but I think I've learnt because I've worked with people that can't speak and you know can't communicate so much that you know I think that's really valuable. It’s a really interesting discussion.

JAYNE

I think it is interesting especially Richard when you pulled up about second years because I think obviously it's still quite early in the programme then and there is, students are very keen to not miss anything so they are following the list or the structure, that you know the ICE there that Selina mentioned. You know you're going

through this process aren't you and sometimes there's a pressure just to get that information down rather than build up that discussion, or you know create that relationship so the patient can actually explore or explain a bit more in their own words about their experience. So, it's taking not the pressure off the student but giving them the confidence to allow that discussion to occur as well. So, some of it is because students and I appreciate how nerve-wracking it is especially for second year, but giving them this confidence to let the patient talk as well I think is key.

RYAN
Fantastic. I'm aware of time we've got eight minutes left. So, there was a question in the chat; can you comment on the value of quality formative feedback to students' reflective writings?

JAYNE
Variable, if I'm honest. But Selina will probably have more insight into this certainly from recently because I think they have to be realistic about pressure on ward staff and in clinical environments as well. So, whether the feedback is written, how it's delivered, who it comes from, you know, how students might place certain value depending on who the feedback is from whether it is from a consultant, or a registrar or a staff nurse. That might vary on the value they place upon that feedback as well so I think there's a massive amount of things to consider there. But Selina I don't know certainly what you think?

SELINA
Yeah, I think firstly getting feedback can be a challenge in the first instance. And I think as well it sort of it depends on whether you're in primary or secondary care, that can be quite different and also so the question was formative feedback to students' reflective writing. So, I don't really much experience of that in terms of like the foundation portfolio so we have written a few reflections and I've had the opportunity to discuss them with either a clinical supervisor or in my case my educational supervisor. And I think that can be a really good way of processing sometimes challenging or emotive experiences but again I would question how well supported medical students and perhaps foundation doctors are to actually engage with that and use that to its full potential. Because I studied English before and because I enjoy writing I know how to use writing as sense of catharsis. If I've had a difficult experience I can come home and I can write a reflection should I want to and that would be a useful experience for me. But are other students being taught the value of that and how to use that? And if they're not given that a lot of medical school and certainly foundation training is evaluated through the use of reflections, should they be better supported in using that and equally receiving feedback on that? I think that's an interesting question.

RICHARD
I think that's true but in a work environment you also need to be very aware of mechanisms for giving oral feedback. I used to work in acute situations, they would often be life-changing events taking place and that clearly had an effect on individual members of the team, particularly if they felt that they had in some ways contributed to the patient's demise and verbal feedback and reflection under those circumstances I thought I was reasonably good at but I do think that the idea of written reflection afterwards as a way of reinforcing that maybe a good way forward for the future.

ROSHNI
I was actually going to reference Hedy's, Prof Wald's work which is internationally renowned so I think Ryan you've asked if Hedy would be able to summarise because

you'll be able to summarise, but I know that Hedy you've created rubrics with your team for assessing reflective writing and I know working in different medical schools I've marked some reflective essays and different rubrics, and different frameworks that have been used. So, I don't know.

HEDY
Can you hear me?

RYAN
Yes.

HEDY
Thank you so much. I'm so honoured, your work is wonderful, all of you. I've just loved hearing all of your ideas. Your so dedicated, it's fabulous. I just think you guys are amazing. I just want to say Roger Kneebone called it reciprocal illumination. And I love that term because together in a relationship through the guided reflective writing and providing formative feedback we see when faculties are trained, they gain so much because it doesn't take as much time. So, they can even write a cogent paragraph that the students feel seen, feel heard, they actually thank the faculty for that because they feel like they're not writing to the wind. So, it's a really nice paradigm. I would just say be scholarly in your approach, ok? Whatever you do think about it within the theoretical work of why we do reflective writing, how we guide it. Take a look at some of the papers that are published on that and then see you know how you're work might align or even then fill gaps that we haven't filled. So, I just want to encourage you that way, but also take a look at some of the work on formative feedback because I've been struck by some positive benefits for both students and faculty. And thank you so much for inviting me to even say something.

RYAN
Not at all. Thank you. So, we could talk for hours upon hours on this subject. That's why we had this second session in the first place. We've got two minutes left so Jayne, Selina and Roshni would you be able to give a quick 30-second summary of one idea that you think could best integrate patient narratives into our education, into our curricula, institutes? Anything that you think would be useful or a recommendation.

ROSHNI
I'll go first, that's evil 30 seconds with me. But I've written a few ideas sorry thanks Hedy, but I'm thinking again back to getting as much, I know it's difficult when you don't have patient contact but perhaps introducing, you know, patient visits. We were talking about this Jayne and I before, you know inter-clinical skills and communication sessions. At the moment we have simulated patients who are actors normally, sometimes we have expert patients, not sure about that term, but I think getting patient contact even if you're not in the wards or going to a GP surgery, from Year 1 would be really valuable because otherwise you are getting a perspective, I mean we fictionalise, think a point I didn't make, we fictionalise, I've written cases, I've written OSCEs, I've written workshops, we actually fictionalise patient narratives don't we? I mean I've just written one about a young chap with brain injury who's a musician, I had great fun writing that but he's a composite of lots of patients I've looked after. Wouldn't it be great to have people with lived experience coming in earlier in training? So, coming into the classroom setting so a University setting if we can't in a clinical setting. And that could be done online. I think that's my 30 seconds. Thank you.

JAYNE
I was going to, Roshni I mean exactly my thinking as well is working together to develop resources, you know, written resources with different people's skills whether

it is storytelling and patient experiences directly, or clinical partners and other healthcare professionals really. So, it's coming together to create stories that are valid, that are real time, that reflect real experience and also that journey that Richard mentioned as well. So, you know you can follow through what happened to that patient, their family's reaction, how people engage at different points and you know certainly positives and things that could be done better from a reflective point of view as well. So, that's very much what I would like to do going forward. Thank you.
SELINA Yeah, and I suppose just to echo the sentiment that any opportunity to engage patients who are willing to share their first-hand narratives is going to have multiple benefits for students, all types of healthcare students. Because I've been aware sort of during lockdown that patients have been sharing their stories over Zoom in the format of AMA so ask me anything sessions and I really like this because it breaks down the hierarchy between the patient and doctor. You're allowed to ask any sort of questions about their particular condition, how it affects any aspect of their life and you can be part of the forum with other types of healthcare students and I think that's really useful. But then you would definitely have to follow up those types of sessions with specific support for healthcare students to process those topics, those emotive situations that they're experiencing whether that is through processing it through reflective writing or poetry, there needs to be I feel integrated more formally into medical school curricula some type of support for dealing with those interactions with patients.
RYAN That's fantastic and on that note thank you to everyone who has contributed today in the chat and live on video. And thank you to our three panellists today. So, a video of the session will be made available on the website in the next few days. That will contain everything as well as the resources in the discussion today. Yeah so thank you it's been a really interesting session and I've got two pages of questions that we could have explored, it's such a fascinating topic. So, if you're interested in more ASMEBITESIZE then next week there is a session; Wednesday the 16th September at 4pm you can join the MedEd Travelling Fellowship 2019 Award winner, Dr Anique Atherley, as she delivers a session based on her award-winning work; Diverse, Dynamic and Deliberate Networks of Students Transitioning to Clinical Training. And you can see all of those events and more on the ASME website, www.asme.org.uk/events. So, again thank you to everyone, thank you to our panellists, and have a great afternoon.
ENDS.