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Research Article

Patient and Carer Involvement in the Radiotherapy Curriculum: The Impact on Students' Professional Development

Denyse Hodgson, MSc, PgCE, BSc Hons, DCRT*

Department of Allied Health Professions, Faculty of Health and Well Being, Sheffield Hallam University, Sheffield, United Kingdom

ABSTRACT

Aim: The purpose of this study was to explore the ways in which therapeutic radiography students learned from patients' and carers' experience of cancer and its treatment and understand how this contributed to their professional development. A secondary outcome was to use this insight to further develop the curriculum.

Methods: A phenomenographical approach was chosen that used in-depth interviewing. Eighteen participants consented to take part, and their interviews were transcribed verbatim. Attride-Stirling's thematic network analysis was used as the interpretive framework.

Results: Three global themes were identified: emotional recognition, emotion labour, and professional presentation. Facilitated interaction in the classroom with patients and carers was seen as a catalyst for learning. This stimulated higher-level thinking that prompted students to challenge their values and beliefs about "care" and seek ways to improve emotional capability.

Conclusions: Explicit patient and carer involvement provokes dialogue about the emotional consequences of working in an oncology setting and encourages students to be patient centred. Curriculum enhancements must focus on developing care and compassionate behaviours while supporting professional development and self-care strategies.

Keywords: Radiotherapy; curriculum; patients and carers; learning

RESUMÈ

But : Cette étude vise à explorer ce que les étudiants en radiographie thérapeutique apprennent de l'expérience du cancer et de son traitement vécue par les patients et les soignants et à comprendre comment cela contribue à leur développement professionnel. Un résultat secondaire consistait à utiliser ces connaissances pour poursuivre le développement du curriculum.

Méthodologie et matériel : Une approche phénoménographique a été choisie, faisant appel à des entrevues approfondies. Dix-huit personnes ont accepté d'y participer et les entrevues ont été transcrites in extenso. L'analyse des réseaux thématiques d'Attride-Stirling a été retenue comme cadre d'interprétation.

Constats : Trois thèmes généraux ont été recensés: la reconnaissance émotionnelle, travail émotionnel et présentation professionnelle. Les interactions dirigées en classe avec les patients et les soignants ont été perçues comme un catalyseur pour l'apprentissage, stimulant une réflexion de plus haut niveau qui incite les étudiants à remettre en question leurs valeurs leurs croyances sur les « soins » et à trouver des façons d'améliorer leur capacité émotionnelle.

Conclusion : Un engagement explicite du patient et du soignant provoque un dialogue sur les conséquences émotionnelles du travail en oncologie et encourage les étudiants à se concentrer sur le patient. Les améliorations au curriculum doivent mettre l'accent sur le développement de comportements de soins compatissants tout en soutenant le perfectionnement professionnel et les stratégies de soin de soi.

Introduction

It is argued that there are deficiencies across heath care curricula, specifically the ways in which students are supported in their interaction with patients and carers [1]. *Carer* is a term used to identify a person who is significant to a patient's experience such as a partner, spouse, friend, or family member. In addition, there are poor mechanisms to facilitate students' tacit development and an overemphasis on the technical domain in some courses [2]. Recently, health educators have been criticised about courses that lack explicit references to patient care, dignity, respect, and communication [3]. The highly publicized *Francis Report* [4] focused on the failings of a particular UK hospital in terms of patient care. It highlighted the absence of fundamental practices such as

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* Corresponding author: Denyse Hodgson, MSc, PgCE, BSc Hons, DCRT, Sheffield Hallam University, Department of Allied Health Professions, Faculty of Health and Well Being, Robert Winston Building, Sheffield S10 2BP, UK.

E-mail address: d.a.hodgson@shu.ac.uk

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displaying dignity and respect toward patients, and it recommended that there should be more focus on caring values in nursing and medical training. This report served as a ''wake-up call'' for many organizations involved in care, and subsequent health and education policy has sought to ensure better standards of care.

Education that involves patients and carers has been an increasing feature of health programs [5] informed by policy and detailed guidelines [6, 7]. As students face the emotional challenge of working in the cancer care environment, it is suggested that the patient and carer experience could shape their professional development. The effect on learning from interaction with the patient and carer experience is in the affective domain [5], which can influence professional values and behaviours [8]. Thus, a number of activities were introduced to the radiotherapy and oncology curriculum at Sheffield Hallam University that focused on sharing the patient and carer experience.

In a post-Francis era, where the emphasis in health and social care training is on developing caring and compassionate professionals, it is imperative that we have evidence to support both the development and expansion of involvement practices. Therefore, the aim of this study was to explore students' learning from the patient and carer experience to understand better how this could contribute to their development and influence the curriculum.

Background

There is recognition of the emotional nature of cancer care, and, as a consequence, strategies for effective communication by health professionals have been identified that focus on accepted behaviours such as genuineness, attentive listening, and empathy [9]. Furthermore, notions of connection and ''being known'' are regarded as essential attributes of a caring professional [10]. However, it is apparent that in an oncology setting the student equally experiences emotional dissonance, and the ways in which emotional learning is facilitated is varied across curricula. The ''tacit nature'' of emotional learning presents curriculum planners with the dilemma of how to make this explicit in health professional courses [11]. The ability to interact with patients and carers on an emotional level and manage the internal conflicts is identified in the literature on emotional labour [8, 12–14]. Emotional work is regarded as an important aspect of health professionals' practice, and the development of emotional intelligence is desirable [1]. Furthermore, the idea that emotional learning has a number of layers or levels to aid development is proposed by Dilts and DeLozier [15]. Their framework represents ''levels'' of cognition taken from the work of Gregory Bateson and his concern with the process of thinking. They identify experience as the fundamental basis of learning and a ''trigger'' for cognitive processes that may promote higher-level understanding. Their framework proposes that learning from experience at a lower level changes thinking about learning at a higher level. This suggests that emotional interaction provides a basis for experiential learning and recognizes that it is grounded in the feelings experienced by the individual, and further learning occurs through resultant cognitive processes.

Ethical Approval

A primary ethical issue in this study was confidentiality, and participants were assured of this in the information provided and the consent form. Anonymity has been ensured through the use of fictitious names and short extracts in the article that are nonidentifiable. The potential that the interview may provoke distress in participants was addressed by having a clear support process. Ethical approval was granted by the university ethics panel.

Materials and Methods

The methodology that provided the framework for this study was phenomenography, an approach commonly used in educational research to explore how students learn about a phenomenon. As a research framework, it uses qualitative and quantitative methods and is used to inform curriculum developments [16–18]. In this study, students were exposed to three pedagogical activities involving patients and carers: communication workshops, role playing on sensitive issues, and small group workshops with patients and carers who had a range of cancer diagnoses. After this, year 2 students were invited to take part in the study. Information about the study was circulated to 35 students via e-mail, and those who volunteered to take part gave informed consent. The individual in-depth interview method was used to identify both collective and individual experiences of the learning phenomenon, and based on a co-constructionist perspective [19]. Participants were encouraged to share their learning through interpretive accounts of their interactions with patients and carers [20].

Eighteen students consented and were subsequently interviewed individually. It may be assumed that those who took part had a more positive view of the curriculum activities than those who did not. This is a common criticism in qualitative studies, but there was a range of opinions and experiences expressed by participants that indicated varying perspectives. To counterbalance further critique of practice-based research and ensure transparency, I engaged in reflexivity [21]. As a novice researcher, this became an important feature of the process as I critically reflected on all aspects of the study including the potential for researcher bias, the methodological stance, and interpretation. Thus, the findings are presented as an in-depth and honest account of participants' views grounded in their interpretations of learning.

An interview map was developed that consisted of broad research questions about learning such as (1) ''What have you learned?'' (2) ''How is this different from lectures?'' and (3) ''How have you applied this to practice?'' The primary questions were shared in written format too, whereas some

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