

Teaching Principles of Patient-Centered Care During Radiology Residency

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Abbreviations and Acronyms

PGY

postgraduate year

ACGME

Accreditation Council for Graduate Medical Education

CI

confidence interval

Rationale and Objectives: Patient-centered healthcare delivery has become increasingly established as a cornerstone of quality medical care, but teaching these principles in a radiology residency setting is often difficult and ineffective in a traditional lecture format. We developed a novel educational session in which actual patient letters about a healthcare provider are used to facilitate a case-based discussion of key principles of patient-centered care.

Materials and Methods: A novel patient letter-facilitated, case-based session was conducted at two different university-based teaching institutions. Prior to the educational session, patient letters introducing the principles of patient-centered care were distributed to residents for review. During the session, radiology-specific cases were discussed in the context of the principles introduced by the letters. A post-session survey was administered to evaluate the efficacy and usefulness of the session.

Results: Forty-six of the 61 session attendees (75%) completed the post session survey. Most respondents (93%) preferred this case-based, interactive session to a typical didactic session. A majority of the residents indicated that both the patient letters (64%) and radiology specific cases (73%) helped them think differently about how they interact with patients. They indicated that the session enhanced their understanding of professionalism (3.7 out of 5.0 [95% CI 3.4–4.0]) and increased their motivation to become more patient-centered (3.0 out of 4.0 [95% CI 2.8–3.3]).

Conclusions: Our findings suggest that patient letter-facilitated, case-based sessions may influence resident attitudes regarding the principles of patient-centered care and may help to increase resident motivation to become more patient-centered in their own practice.

Key Words: Case-based learning; medical education; patient letters; patient-centered care; residency training.

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INTRODUCTION

Patient-centered healthcare delivery has become increasingly accepted as a cornerstone of safe and high-quality medical care (1–3). The Institute of Medicine includes patient-centered care as one of its six principles of quality health care (4). Because of the increasing importance of patient-centered care in the practice of modern medicine,

the Accreditation Council for Graduate Medical Education (ACGME) now includes its teaching as an essential component of resident training, under the purview of the core competency of professionalism (5).

The term “patient-centered care” was introduced into the medical lexicon in 1988 by the Picker/Commonwealth Program for Patient-Centered Care (6). A few years later, the Picker Institute elaborated on this concept, identifying several characteristics of health care that have come to be identified as core principles of patient-centered care. These core principles include (1) respect for patient values, preferences, and expressed needs; (2) coordinated and integrated care; (3) clear communication between patient and provider, including education for the patient and family; (4) physical comfort, including pain management; (5) emotional support and alleviation of fears and anxiety; (6) involvement of family members and friends, as appropriate; and (7) continuity of care, including during transitions between sites of care (6,7).

Since this first introduction of the concept of patient-centered care to the healthcare community, several studies have

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demonstrated an association of patient-centered care with greater patient satisfaction and overall better patient outcomes (8–11). It is therefore important that the principles of patient-centered care are taught effectively to trainees so that they will be prepared to function within patient-centered teams throughout their careers. Even within radiology, a field with traditionally less direct patient interaction, there is a need for instruction on the principles of patient-centered care, particularly in this era of emphasis on adding value to healthcare services (12). The number of image-guided procedures is on the rise (13), as are patient expectations for direct communication with the interpreters of their imaging studies (14–16). As the number of these patient interactions increases, so will the need for radiologists who are familiar with principles of delivering patient-centered care. However, despite the increasing patient interaction experienced by many radiologists, the radiology literature shows a relative paucity of studies related to patient-centered care. This suggests that more could be done to focus the attention of the radiological community on the importance of the principles of patient-centered care.

One of the primary obstacles to increasing resident instruction concerning patient-centered care and other professionalism topics is the difficulty of teaching them in a traditional lecture format. Multiple studies have demonstrated that traditional lecture teaching is often ineffective (17,18), particularly in teaching concepts such as professionalism that involve complex human interactions (19). A variety of approaches have been used to teach and foster professionalism in medicine, including lecture series (with variable interactivity) (20–22), departmental mission statements and faculty evaluations (23), and web-based modules (24,25). Data regarding the efficacy of many of these approaches, however, are limited. Some success has been demonstrated in utilizing case-based educational sessions (26–29), although the cases used in such instruction may vary widely in how closely they simulate reality.

In this multi-institutional pilot study, we developed and explored a new format for teaching the principles of patient-centered care to augment the existing curriculum of radiology residency training programs. This new format used an innovative adaptation of case-based learning in which residents first reflected on actual patient letters that highlighted key aspects of patient-centered care and then applied these principles to radiology-specific real case scenarios from our own department. In this way, the letters and cases were used as a springboard for open group discussion and reflective-based learning, which have been shown to be effective means of teaching a variety of non-clinical topics related to professionalism and non-interpretative skills (29,30).

MATERIALS AND METHODS

This study was conducted at two different university-based teaching institutions, and was deemed exempt by the Institutional Review Boards at both institutions. At one of the sites, there were 9–10 radiology residents in each year of training

for a total of 38 residents, and at the other site there were 7 radiology residents in each year of training for a total of 28 residents.

A reflective case-based session on patient-centered care was held as part of a broader series of six radiology-specific, reflective case-based sessions designed to foster professionalism, about which we have previously published (30). This broader series of professionalism sessions was held every other month between July 2011 and June 2012 and again between January 2015 and December 2015. These sessions were attended by postgraduate year-2 (PGY-2) through PGY-5 residents and were facilitated by the program directors of each program. The program directors involved in this study represented a variety of subspecialties within radiology, including Breast Imaging (2), Musculoskeletal Imaging (1), and Chest Imaging (1). Each of the program directors also had years of experience teaching topics related to professionalism, such as patient-centered care.

In this study, the patient-centered care session was run with three non-overlapping groups of radiology residents at two different institutions, with one session occurring in 2011 and the other two sessions occurring in 2015. On average, 20 residents were in attendance at each of the sessions. The patient-centered care sessions lasted 90 minutes and were held in lieu of the morning resident didactic conference in the departmental conference room. A roundtable format was used with the tables and chairs being arranged in one large circle to facilitate an atmosphere of openness and equality between all participants during the discussions.

Prior to the session, the residents were given several anonymized actual patient letters to review (Fig 1, Appendix). These letters, which were personally available to one of the researchers in this study, highlighted the experiences of several patients with a particular surgeon/general practitioner and also included patients' descriptions of their experiences interacting with the broader healthcare system. Based on the content of these patient letters, we focused our session on the following subset of the core principles of patient-centered care: respect for patient values and preferences, coordination of care, physical and emotional comfort, and continuity of care.

During the first half of the session, the residents were encouraged to discuss their views on the letters and to work together to identify the key elements of patient-centered care that were addressed in them. They were also encouraged to discuss whether any of the identified principles from the letters applied in radiology and to justify their positions. As needed, neutral facilitating questions were occasionally contributed by the program directors, but the vast majority of the time was spent in uninterrupted, open discussion by the residents. When used, typical facilitating questions included questions such as "What general thoughts did you have about the letters?" "What qualities did you like or dislike about the doctor-patient relationship described in the letters?" and "Are any of these qualities good or bad in radiology context?"

During the second half of the session, a radiology-specific case dealing with patient-centered care issues surrounding the

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