

Increasing Confidence in Patient Education in Medical Students



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Background

Education of patients about their medical conditions and treatments promotes better compliance with therapy. Although it is ultimately the responsibility of the physician to properly educate the patient, it may be possible to simultaneously improve the education of medical students while also reinforcing the information patients receive at the hospital. Medical students possess the knowledge required to fulfill this role, and with a bit of guidance and encouragement, can solidify their own education while meaningfully contributing to the medical team.

Goal

To improve medical student education by allowing and encouraging students to educate patients on their medical conditions and treatment regimens.

Current Condition And Root Cause Analysis

Patient compliance with medical therapy may be affected by a lack of understanding of their underlying diagnosis in the hospital

AND

Medical students are underutilized and do not feel like contributing members on the medical team.

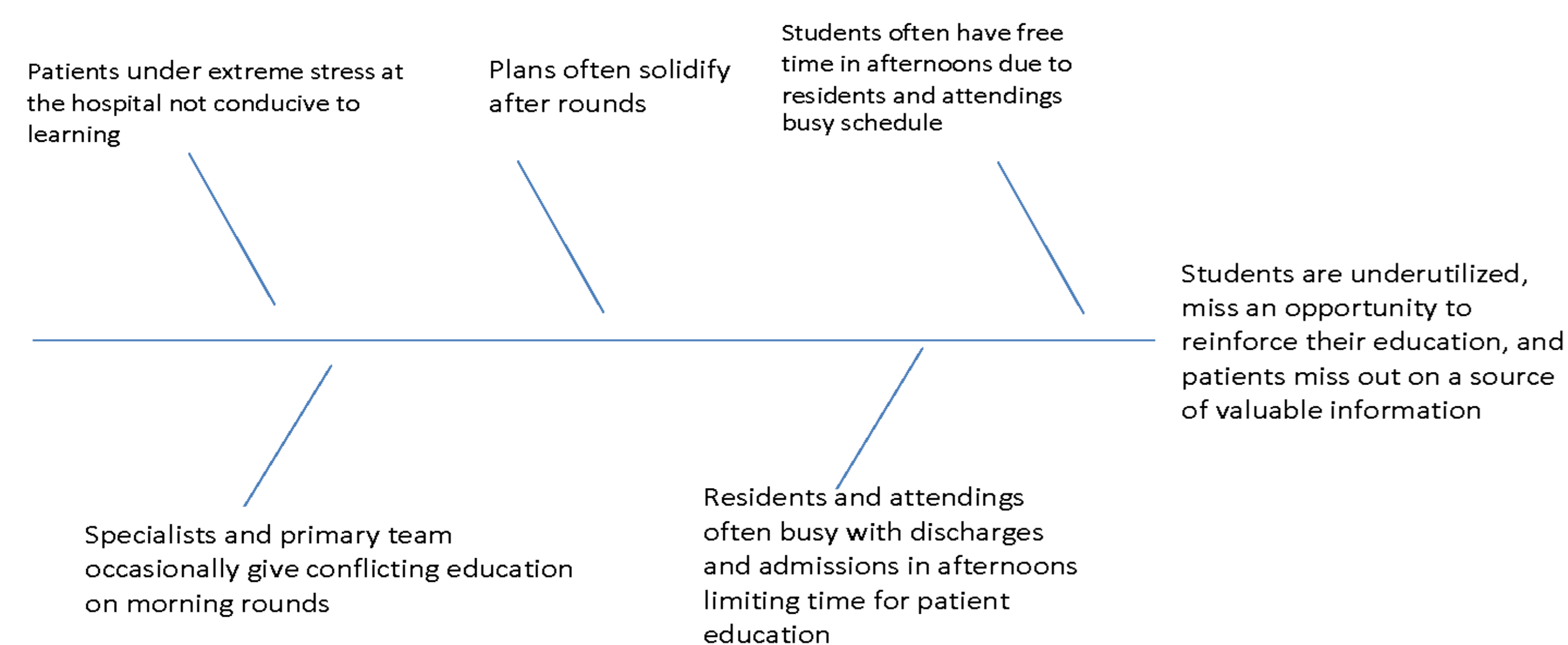


Figure 1 Fish-Bone Diagram Root Cause Analysis

Countermeasures

- ❖ Students are oriented on patient education and encouraged to engage in patient education in the afternoons for patient's during their first week of their internal medicine rotation.
- ❖ Students are provided with a handout which outlines ideas for ways to educate patients and resources which may be utilized to supplement their work.
- ❖ A member of the research team meets with each team weekly to give feedback and assess students progress.

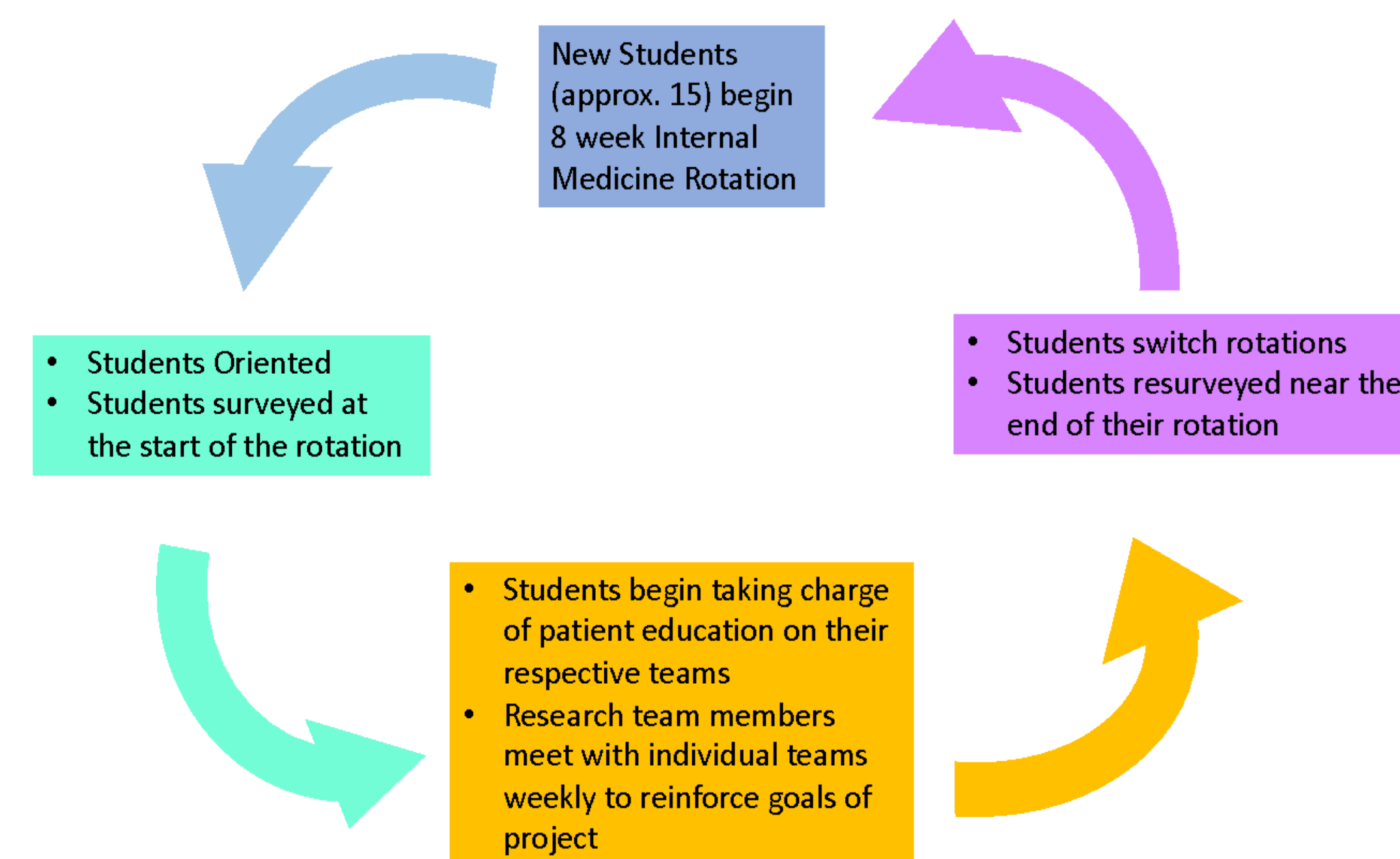


Figure 2 Study Design Students oriented and studied on an 8-week cycle

Effect Confirmation

A short survey assessing the student's self reported comfort with educating patients on various topics is administered before orientation. Then, at the conclusion of their internal medicine rotation, a second survey with the same questions is completed. The results from both surveys are compared to assess affect.

1. How comfortable do you feel educating patients on their diseases? (1=not comfortable at all; 5 meaning extremely comfortable)

1 2 3 4 5

2. How comfortable do you feel educating patients on their treatments? (1=not comfortable at all; 5 meaning extremely comfortable)

1 2 3 4 5

3. How comfortable do you feel counseling your patients on smoking, drinking, or other behaviors which can effect health? (1=not comfortable at all; 5 meaning extremely comfortable)

1 2 3 4 5

Figure 3 Survey administered to students at the beginning and end of their internal medicine rotation.

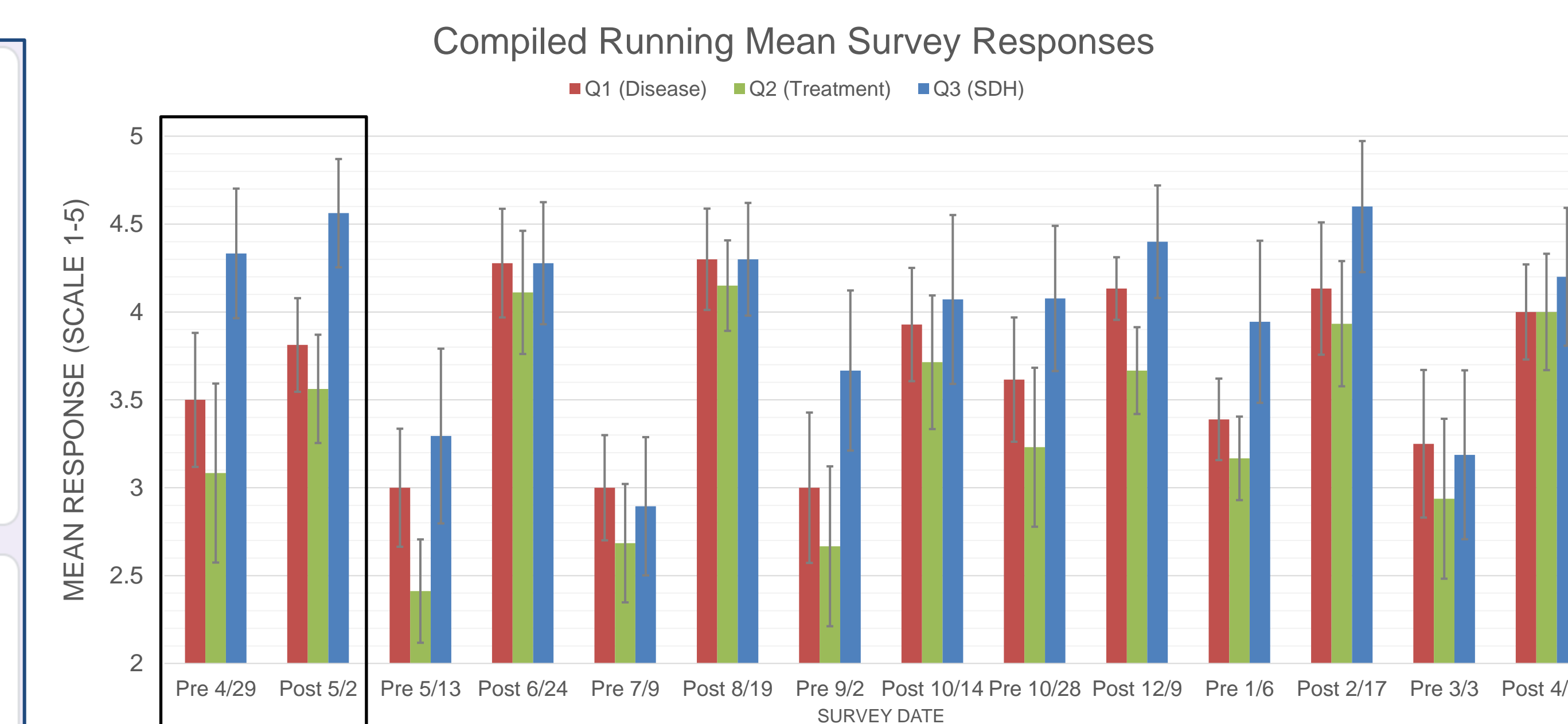
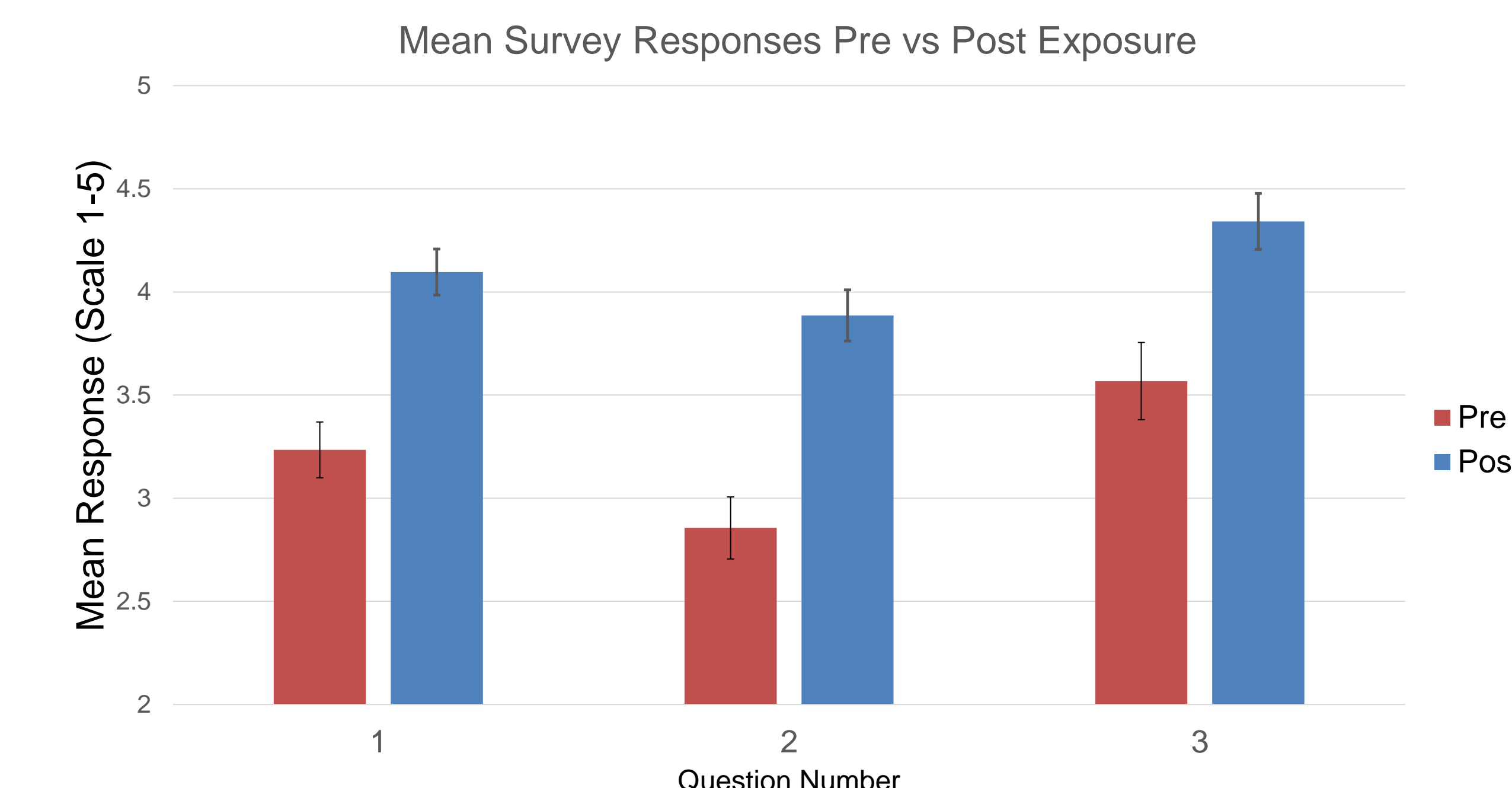


Figure 4 (Above) Bar graph of the data collected with "Pre" indicating the survey prior to the rotation while "Post" signifying after rotation completion. Error bars indicate 95% CI. Black-boxed data was one week trial run, the rest of data was full 8-week exposure. Figure 5 (Below) Compiled data from all medical student rotations. Error bars indicate 95% CI.



Discussion

1. The data indicates that there is a statistically significant change in all three areas evaluated when using this program suggesting a positive effect in student confidence levels
2. The most dramatic difference was observed in the first 8-week cycle after the one-week trial run
3. Depending on where they are in their M3 year (early vs. late), the effect size differs
4. Program disruptions (epic down time, large vacation periods) appear to negatively impact the effect of our interventions

Next steps and Unanswered Questions

- Plan to implement the program in our residency training as an official responsibility of the supervising resident on each medicine team
- Evaluate resident and attending satisfaction on quality of student-directed patient education
- Does a program like this contribute to patient satisfaction and can that be measured objectively?
- Does this initiative promote patient adherence to treatment plans, and can that be measured objectively?

Acknowledgments

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