

CONFERENCE ABSTRACT

Fostering reflexivity in medical learners: development of an educational intervention based on the active involvement of patient-teachers

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Introduction

Reflexivity allows to develop alternative ways of thinking and new perspectives on action. Fostering reflexivity in medical students is crucial to developing professional practices that are consistent with the needs and expectations of patients and communities. Medical schools are looking for innovative ways to stimulate the development of reflexivity in their students. This project aimed to co-design an innovative educational intervention based on the active and meaningful involvement of patient-teachers to promote the development of reflexivity in undergraduate medical students at Université Laval.

Aims Objectives Theory or Methods

The context in which the intervention will be deployed is small group discussion workshops, where students of a undergraduate medicine course deliberate on fictitious clinical cases. The co-design process aims to define: (1) Who to involve? (2) How to prepare and support these patients? (3) What form will their active involvement take?

The co-design process involved conducting a rapid review of the literature to identify best practices for patient engagement in medical education. Then, a multi-stakeholder steering committee (involving patients, students, course leaders, and research team members) defined the specific elements of the intervention, based on the review results.

Highlights or Results or Key Findings

The review identified 16 relevant studies, which highlighted educational outcomes related to (1) changes in perceptions and attitudes, as well as (2) acquisition of new non-clinical knowledge, skills and understandings. Those outcomes were related to different attributes of educational interventions that shape the learner-patient encounter. Based on these results, the committee defined the critical elements of the intervention, which were:

- (1) To recruit patients with diverse experiences of the disease and the health care system and to insure the implementation of appropriate communication strategies to reach them;
- (2) To provide fair and appropriate financial compensation to limit financial barriers to participation, especially for people from groups experiencing social vulnerability;
- (3) To implement measures for ongoing support to patient involvement;
- (4) To plan the modalities of patients' workshop participation to foster a sense of security and meet the preferences of each patient.

Conclusions

The intervention was first implemented from March to April, 2021 and will be evaluated using a mixed design. The educational innovation aims to enrich the training of a new generation of clinicians, towards greater clinical efficiency and better consideration of the moral, ethical, social and political issues of their practice.

Implications for applicability/transferability sustainability and limitations

Our review findings are relevant and have the potential to support decision-making within many comparable interventional contexts. Our co-design process could also be adapted to other interventional realities. Our intervention's critical elements should however be reproduced with caution, as they are highly dependent on stakeholders' concerns and local educational context.