

Talk about Medicines: an evidence-based approach for teaching and learning

Background

Prescription error is a common occurrence in clinical practice, affecting 7 to 8% of medication orders and 50% of hospital admissions¹.

Non-adherence is a well-recognized problem with around half of all long-term therapies taken sub-optimally².

Communication has been identified as a key skill to improve adherence to prescribed medicines³ and poor communication is a key contributor to medication errors⁴.

We have a nationally renowned group of simulated patients (SPs) who provide high quality learning experience for our medical students.

This project stems from on-going research into conversation about medicines in doctor-patient encounters, using actual consultations between patients and GPs for teaching and learning purposes.

Hospital prescriptions
(EQUIP study, 2009)



Adherence to medicines
(Langley & Bush, 2014)



Initial findings

Students reported benefits to their learning as a result of observing and discussing real consultations:

- "The power of single words and silence in conversations"
- "Thinking about how to convey the risks and benefits of treatment"
- "Information transfer - what needs to be transferred and how"
- "Negotiation - acceptance/refusal/alternatives"
- "Shared decision-making: techniques to bring patients into the process"
- "Insightful to share different views on the video clips"
- "How to observe and critique whilst on wards/GP placements"

Students gained more by setting simulated consultation training alongside exploration of real consultations:

- "Can stop/restart"
- "Exploring alternate directions"
- "Can take advice from the group in real time"
- "Can explore challenging situations in a safe environment."
- "You can improve on real consultation practice in simulation, because you can be more idealistic, and this can improve your consultations."

Staff members saw the potential for this combined approach of simulated and real consultations to enrich the curriculum:

- "The augmented learning possible through communication training using a combination of real and simulated consultations"
- "Combining real and simulated consultations helps promote discussion and reflection on real practice. Simulation supports real practice, rather than being a substitute for it."
- "SPs have expertise in role play, character observation, and dramatizing interactions between patients and doctors. They are well-placed to observe the nuances of real consultation data."

Aims

- Explore what happens, and what works, in talk about medicines in doctor-patient consultations in primary care
- Investigate the potential for Conversation Analysis (CA) as part of educational workshops to deliver crucial augmented training regarding safe prescription of medicines;
- Experiment with combining simulation exercises and observation and analysis of real video-recorded interactions, in undergraduate medical education;
- Consider how teaching and simulation actually translate into practice.

Methodology

Three workshops were used to study the combination of precise linguistic, CA insights from real consultations with approaches used in simulation.

Students in their penultimate year of study enrolled to take part. Alongside students, specialists in CA, shared decision-making and prescribing, and SPs were recruited. Students studied GP-patient clips and worked collaboratively with SPs to construct simulated consultations, outlining and augmenting the learning points gained from review of real practice.

Academics and clinicians teaching communication and prescribing in the undergraduate medical curriculum attended the final workshop, exploring conversation used by doctor and patient. Participating students presented their experiences and views on communication about medicine, and showed the material they had created in the first two workshops to prompt further discussion.



Next steps, implications and dissemination

The approach developed in this project is now being accommodated in our Year 3 programme for Patient-Centred Consulting:

- Inclusion of anonymised clips is planned for small group teaching;
- CA of the consultations for content creation;
- CA related tasks included in student learning.

Interest across the faculty

- School of Pharmacy interested in using similar material to help their students learn about active listening and patient cues.

Promotion of wider review and collaboration:

- Open access sharing of created content on the JISC website.

Conclusion

Manchester medical school already provides high quality training in communication for undergraduates, using a talented group of experienced actors to play the roles of SPs in simulation. This work takes things one step further, using real consultation clip of doctors and patients in conversation to enhance learning in new and compelling ways. Crucially, it places further exploration and critique of communication central to the learning experience and to the safe provision of medicines. The development CA presents an exciting opportunity to engage with students across healthcare professions to augment their prescribing learning.

1. Dorman, T. et al. (2009) An in-depth investigation into causes of prescribing errors by foundation trainees in relation to their medical education. EQUIP study. GMC.
2. Langley C., Bush J. (2014) The Aston Medication Adherence Study: mapping the adherence patterns of an inner-city population. Available at <http://www.aston.ac.uk/files/research/health/astonmedadherence>
3. NICE guideline 76 (2005). Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence.
4. Keers R. et al. (2013) Causes of Medication Administration Errors in Hospitals: a Systematic Review of Quantitative and Qualitative Evidence Drug Saf 36 1045-1067