The Person in Context – a Reflective Approach to Community Teaching Visits for Medical Students

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Context

The teaching context of this topic is the patient in a remote Aboriginal community. Students, based in Katherine, NT, are in their 3rd year of the Flinders graduate-entry course. The focus of this learning model is on the person in the remote, Indigenous, and public health context, as opposed to a clinical focus on the disease in the patient.

Each student travels out to a remote community with the lecturer by car or light plane, involving about one hour’s travel each way. In the community, the student may triage cases with nurses or health workers, go out into the community with the driver or other staff, or become involved with other visiting health professionals. The lecturer sees a few patients for the clinic depending on the load, and the student may sit in the consultation, or interview and present a case to the lecturer. These cases are generally unknown to the lecturer, and are not chosen to be representative, clinically interesting, or complex. Each case is followed by appropriate and often extensive discussion of the extended considerations of the presentation, often by challenging established practice.

There are days when there are few clinical presentations, or little of clinical interest. On the way home (in the ‘mobile classroom’) the events of the day of interest to the student are discussed, and the reflective process is planned or reviewed.

The aims of this teaching model are to enable students to:

- Explore the context of Remote, Indigenous, & Public Health
- Learn to consider the person in their context
- Develop the practice of reflective learning
- Integrate clinical, patient-centred, and Indigenous health curricula and concepts.

Method

Reflection Process

- Consider the case or community and identify what’s different about health services, health, environment, and people.
- Assess the impact of these differences on the patient’s health and health care.
- Appraise these issues and their impact systematically using a structured framework (Domains for Reflection, below).
- Reflect on the outcomes and Prepare a brief case summary.
- Relate this experience and process to other people in their context.

Domains for Reflection

- Clinical: the disease, system, clinical presentation, and severity.
- Environmental: housing, food availability, health determinants.
- Management: patient, of health professionals.
- Cultural & social: environment, values, community, and personal experience.
- Public Health: epidemiology, disease burden, prevention.
- Organisational: local health service context, performance measures.

Alternative Task

Not every visit provides informative clinical encounters. At a community level, address the following issues:

- Clinical – scene setting – impression of clinical presentations on visits.
- Environmental – observations on environmental determinants of health (housing, food availability, health hardware etc).
- Public Health – observations on the health profile of this community.
- Organisational – is care, access, and management equitable and appropriate for the population served?
- Management – is the management structure or style of the local health facility optimal?
- Cultural and social – What issues have you observed in this community?

Outcomes

The results of our preliminary evaluation demonstrate that this novel program has been effective in providing a positive learning experience for NTRCS students and in addressing some of the core curriculum objectives of the CDAMS Indigenous Curriculum Framework.

This program is now in its third semester, and is evolving rapidly. There has been no formal evaluation, but current students are fully engaged in a feedback process.

Barriers

Students have found the concept of focussed reflection difficult to encompass. ‘Domains’ does not appear to have currency in their learning context, requiring written explanations and understanding, which has involved considerable discussion on community visits. However, the format has enabled the cases and communities to be related to students’ prior life experiences, and to their career aspirations.

Successes

Having an increased number of students this semester has involved program changes that have turned out to be beneficial to teaching and learning. Students spend one day per week for 3 consecutive weeks in one community, allowing time to see patients, follow-up, and think through the process. The reflective thinking and writing has been slow to extract, but recent examples have been outstanding.

Student feedback so far has been very encouraging, with comments like:

"now I know why I wanted to study medicine..."

"we have had so much in the course about Aboriginal health, but this has made it real."

Areas for development:

Video-conferenced tutorials: Two tutorials on remote, Indigenous and public health were conducted in first semester by video-conference with the students in Alice Springs. Students who had not been involved with the community visit program found them too theoretical, and the Katherine students had not developed sufficient clarity or focus to provide good case-based discussion.

Assessment

This activity is not currently assessed. Summative assessment of reflective notes, or tutorial presentation is possible.

Assessment of the student’s ability to integrate the patient-centred approach and the clinical curriculum has been problematic. Including the Indigenous health curriculum in this process has the potential to strengthen the focus on integration.

EVALUATION

Evaluation of this activity has so far been limited to student feedback. Planned evaluation processes include a survey of other lecturing and clinical teaching around student attitudes towards the patient context (patient-centred care), and Indigenous health issues.

Developing assessment tools around integrated professional development would allow evidence of effectiveness to be assessed.

Also important will be an evaluation of whether the success and feasibility of this activity is site, lecturer, context, or resource dependent.

Contact

For further information about this program and its ongoing evaluation, please contact Fred McConnel, NT Rural Clinical School: fred.mconnel@flinders.edu.au