

# How is patient diversity addressed in teaching and assessment of communication at the University of Liverpool?

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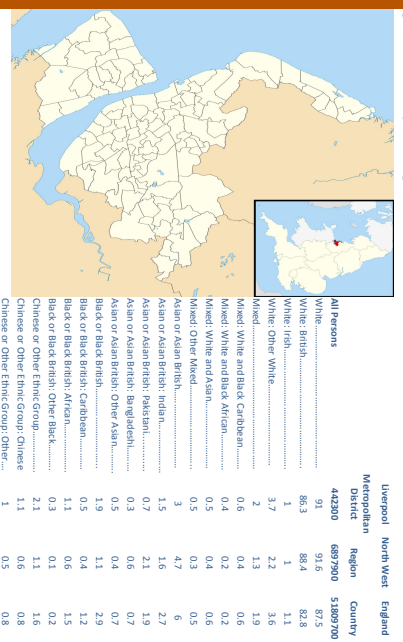
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## 1. Local and regional population diversity

UoL medical students go out on clinical placements in Liverpool and the North West.

Figure 1. Merseyside region



## 2. Diversity amongst simulated patient (SP) cohort

Number of actors involved in teaching = 124

Male = 38%, Female = 62%

18-25 Years: 2%

25-65 Years: 87%

65+ Years: 12%

White British: 96%

All other ethnic groups: 4%



PEEL, Roberby

## 3. Addressing diversity in communication teaching

Teaching about diversity and clinical communication is principally delivered within the Long-term mental and physical health (LTMPH) rotation in Year 3 of the programme:



MSDP

CHRISTOPHER GRANGE

**Deaf Awareness workshop.** Led by member of the Deaf community and co-facilitated by academic staff. Students have opportunity to conduct a practice consultation with a deaf person

**Visual Impairment workshop.** Students attend workshop at a visual rehabilitation unit.

**Palliative Care.** 3-day workshop and ward-based teaching led by academic and clinical staff. Students gain awareness of cultural issues in end-of-life care recognising the importance of patient values shaping the care they receive

However, while teaching about diversity is addressed in the workshops above and more generally under the professionalism component of our curriculum, it is not addressed explicitly in our clinical communication curriculum

## 4. Addressing diversity in assessment of communication

- ❖ Clinical communication assessed within OSCE held in Years 2-4
- ❖ Format of OSCE: 15 'circuits' run simultaneously, each with the same 7 stations
- ❖ Existing scenarios using SPs do address diversities in age, gender, sexual orientation, occupational, and social backgrounds
- ❖ However, scenario opportunities are very limited due to the existing SP cohort and the OSCE format delivering which would require 15 SPs with the same demographic profile (one for each of circuits)

## 5. Student diversity at University of Liverpool

- ❖ Programme takes in undergraduate, graduate entry, and international students.
- ❖ UoL medical cohort relatively diverse in comparison to other UK medical schools (e.g. higher proportion of students from least privileged background – 11%).
- ❖ Course draws upon clinical communication pedagogy that advocates for looking beyond skills to include values, attitudes, and self-regulation<sup>2</sup>
- ❖ Clinical communication is taught from Year 1 onwards
- ❖ Group and discussion work, alongside practice consultation sessions involving SPs gives increased learning opportunities for students by the sharing of student perspectives. By understanding and acknowledging patient issues that hitherto were ignored or seen as unimportant the hope is that this can then improve the quality of care.
- ❖ Care is taken to create our learning materials in a way that speaks to all students, using 'everyday' language. Feedback on resources is sought from all stakeholders: academic staff, tutors, students, and simulated patients, and plans to extend this to patient representatives.
- ❖ However, there are still significant differences in overall academic attainment<sup>3</sup>

## 6. Summary and conclusions

- ❖ Gap identified - no specific teaching addressing diversity within communication curriculum
- ❖ Currently there is restricted opportunities in addressing patient diversity in teaching and assessment using SPs
- ❖ Scope for addressing diversity within the clinical communication curriculum by using other learning opportunities e.g. reflective appraisals, case reports, on-ward supervision.
- ❖ There is clear need for a strategic plan

## References

- Office for National Statistics (2009) *Neighbourhood Statistics: Resident Population Estimates by Ethnic Group (Percentages)*. Office for National Statistics
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