

“Really Good Stuff: Lessons learned through innovation in medical education”

Blended Learning: E-patients and Patient Perspectives in Ophthalmology

Authors: Rose Gilbert, Lavnish Joshi, Leigh Kilpert, Sue Lightman

UCL Institute of Ophthalmology and UCL Arena Centre for Research-based Education

What problems were addressed?

Despite its importance in primary and emergency care, ophthalmology is felt by medical students and physicians to be under-represented in the medical undergraduate and foundation curriculum. Furthermore, there is a paucity of opportunity for students and junior doctors to interact with and learn from members of the visually impaired community. Focus groups of visually-impaired patients have highlighted the disparity between clinician and patient perspectives of eye disease. Successful medical education encourages clinicians to promote health whilst respecting individuals' self-perceived needs and voluntary choices. However, the opposing forces of increased training expectations and reduced training resources could greatly impact on this. Junior medical trainees may struggle to administer patient-centred care if they have not previously encountered specific patient groups during their training. Theoretically constructed educational interventions which incorporate patient perspectives have been previously described to address this.¹

What was tried?

Electronic virtual patients (e-patients) were incorporated into existing online and taught clinical ophthalmology courses at UCL, providing an opportunity for the learner to partake in fictional clinical ophthalmology scenarios without causing any harm to a real patient. The online scenarios were presented in both linear and interactive non-linear branching formats, the latter allowing users to determine their own path through the case, and to explore potential clinical consequences of their choices. These clinical programmes were further developed through an institutional 'inclusive education' grant in consultation with the eye research charity, Fight for Sight, to include the 'patient

perspective' of eye disease. Following completion of online material and lecture attendance, course participants were invited to attend a tutorial and a half day seminar on the patient perspective of eye disease. During the tutorial, students were supported by teaching assistants in planning a written assignment and an oral presentation on a clinical ophthalmology topic of their choice. They were encouraged to consider the impact of eye disease on the patient. Following the tutorial, students presented their clinical topics to patients at a half day seminar and they, in turn, listened to four 'expert' patients talk about their experience of having an eye disease. Outcomes were evaluated through online and paper student satisfaction surveys (n=80).

What lessons were learned?

Both linear and branching e-patient scenarios had 'very good' levels of satisfaction amongst students (83% vs 86%), however the branching scenario was reported as being 'more authentic' (91% vs 60%), since it simulated the real-life experience of managing a patient with eye disease. The 'patient perspectives' seminar helped students appreciate the impact of eye disease on patients. For example, patients described receiving their diagnosis as 'the beginning' of their clinical journey, rather than 'the end' as some students perceived it, which encouraged students to consider their style of communication. All students reported increased levels of confidence in caring for real-life patients with visual impairment after course completion. Whether completion of this programme by clinicians positively impacts clinical communication, patient safety and patient satisfaction requires further investigation.

1. "Patients' perspectives on diabetes health care education", [H. C. Cooper](#), [K. Booth](#), [G. Gill](#).

Health Educ. Res. (2003) 18 (2): 191-206.