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Evolution of reciprocal teaching and learning: medical students and simulated patients training in partnership

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Evolution of reciprocal teaching and learning: medical students and simulated patients training in partnership

Abstract

Training simulated patients effectively is vital for the success of the patient volunteer programme in the Graduate School of Medicine at the University of Wollongong. Globally, simulated patients play an essential role in contemporary medical education. Yet, there is a significant gap in the research literature regarding their training and the impact of their feedback on student learning. In 2010, our 2nd and 3rd year medical students replicated realistic interview situations as part of our simulated patient training. This intervention allowed patient volunteers to give feedback but also to receive feedback on their feedback giving skills from students. During these interactions, a strong sense of reciprocal teaching and learning between the incumbent simulated patients and the participating students emerged. Based on these observations, we conducted focus group interviews with both parties. Participants reported an enriched educational experience and better understanding of each other's role in the teaching relationship. Volunteers commented that the approach has given them a better comprehension of the expectations placed upon them by students. Students appreciated the opportunity to support volunteers in what they see as a vital aspect of their medical training.

Keywords

patients, evolution, training, reciprocal, partnership, teaching, learning, medical, students, simulated

Disciplines

Medicine and Health Sciences | Social and Behavioral Sciences

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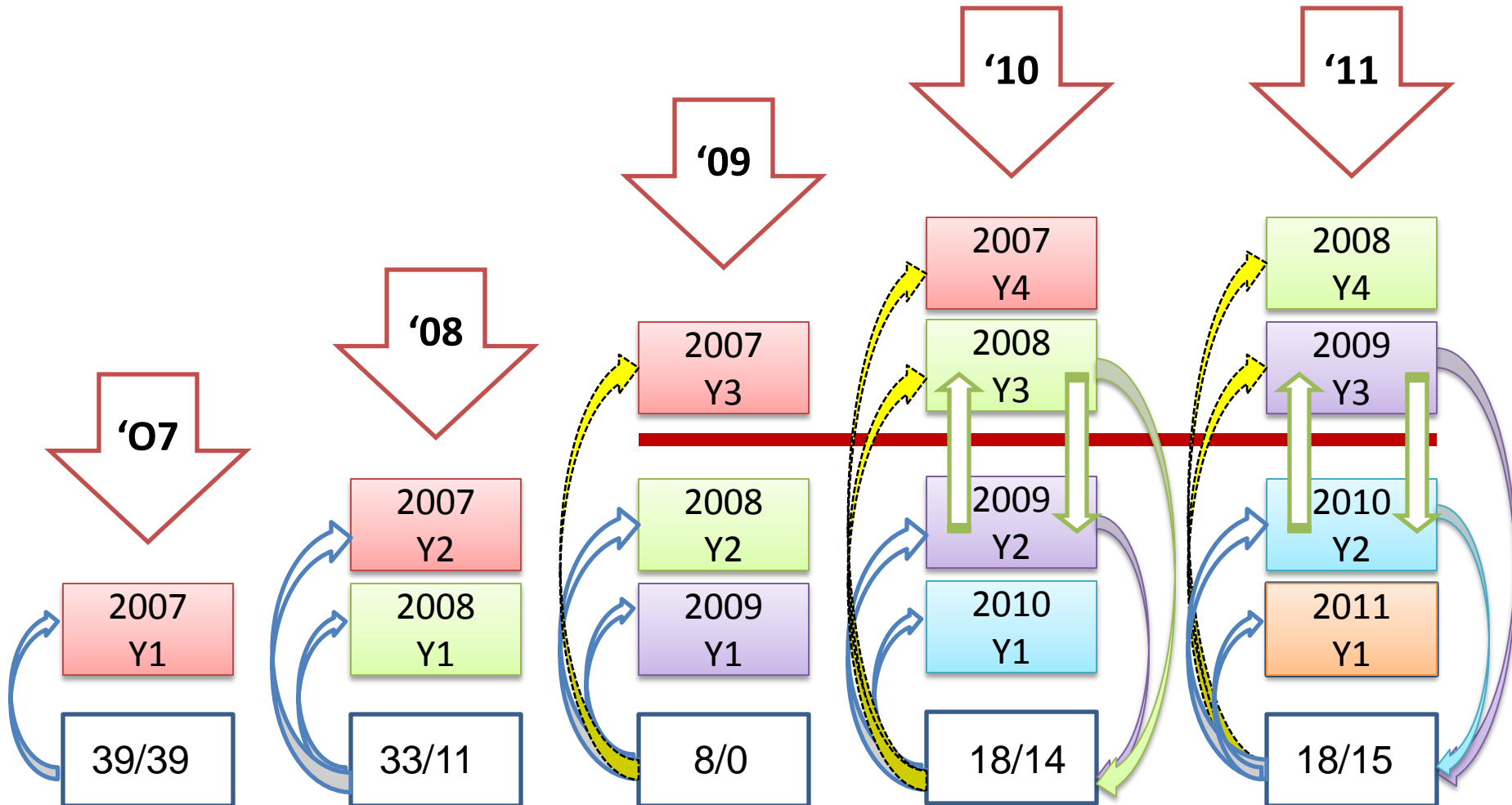
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***Evolution of Reciprocal Teaching and
Learning:
Medical Students and Simulated
Patients Training in Partnership***

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Evolution of SP training 2007 - 2011



What do we know about Simulated Patients in Medical Education?

Simulated patients are a resource for teaching and assessing clinical skills (Cleland et al, 2009).

Terminology describing lay people involved in practical medical education is varied:

- May be paid actors who portray patients with certain conditions and act in communication sessions.
- May be community volunteers trained in feedback techniques for communication skills and physical examination skills teaching.

(Cleland et al, 2009).

For our purpose: **Simulated patients (SPs) are unpaid community volunteers who participate in in role plays and examination sessions.** Their role in feedback is to comment on student's "bedside manner."

Training Content

- General information about:
 - the Graduate School of Medicine (GSM)
 - the GSM curriculum
 - volunteering at the University of Wollongong (UoW)
- Introductory role play
- Feedback techniques – Pendelton's rules
- Case role play (history taking)

Skills Centre Staff Participation

- Role playing a number of different student archetypes whilst taking a history from the trainee SP.
- Facilitating the feedback session, but also contributing to the feedback from the student perspective (ie modeling the application of Pendelton's rules).

The problem:

- Confusing for the participants as the facilitator also impersonates different characters.
- Unclear who provides feedback to whom due to the dual role of the staff member.

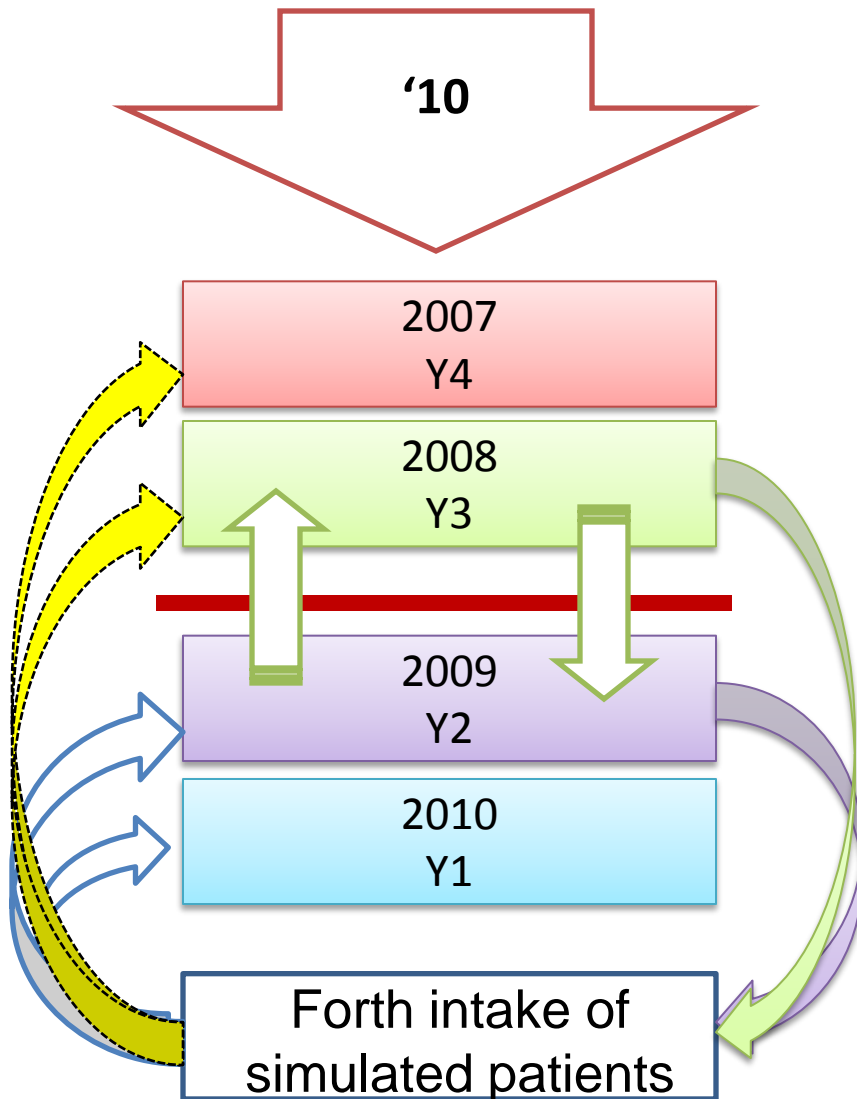
What Could we do Differently?

- Keep the facilitator in a facilitator role – more clarity and guidance for the trainee SPs.
- Provide trainee SPs with a realistic student encounter.

The solution:

- Invite year 2 and year 3 students to participate in the training sessions as interview partners during history taking role plays.

Simulated Patient (SP) Training 2010



- Training conducted by PVC and clinical skills staff.
- Year 2 and Year 3 students participated in interview practice.

Evaluation Comments

Educational benefit for SPs:

“Med student feedback I felt was integral to guiding our participation.”

“Clarifies how to approach student interviews and what the program involves. Very good decision to use students today .“

Reciprocity:

“We have loads of experience as students and we can offer it back.”

Focus Group Findings 2010

SPs felt at first nervous and self-conscious, sometimes overwhelmed by the thought of conducting role plays plus giving feedback.

“...the value for me was that you had a trial run working with the students otherwise it was a bit of in trepidation in me about what I was supposed to, of how I would handle it when I got in with the students.”

Appreciated the opportunity to train with “real” students.

“I felt that being able to initially interact with the student I was able to develop very quickly what is required and where I need to be flexible and where I need to be rigid”.

“Now, being exposed to the students during the training took that [anxiety] away and made the first REAL volunteer session a much less stressful thing for me. MUCH less stressful”.

Were surprised that it could be done any other way.

“To me, that’s the most obvious and sensible thing to do”.

Focus Group Findings 2010

High value of SP programme

“I honestly can’t imagine what it’d be like to study medicine without having the opportunity to work with the Patient Volunteers”.

Desire to validate the SPs effort.

“Student Volunteers involved in training Patient Volunteers, in my mind that kind of sends a message to the Patient Volunteers of how much we appreciate them.”

Expressed Gratitude

“... so I think it was a good chance to show them that we really appreciate their feedback.”

Reciprocity

“... we give up our time to help them because they are giving up their time to help us.”

More References to Reciprocity

SP “I think we can learn as much from the staff and the students here as they do from us. I really do.”

Y3 student: “I was with a Y2 student at the time. It was good having a listen to the way they interact and then offering them some suggestions like things that we have picked up on things we have been nailed on by doctors for the last year or so. And we can offer them refining techniques there and how you actually approach patients when you walk in blind with this.”

Y2 student: “I’d never taken any history with him as a partner (Y3 student) before so just being exposed to, you know, lots of little tricks and techniques that, that he had picked up. That was really good too. I guess the information sharing.”

Student: “It made a lot of sense given that patient volunteers are there to help train us. So I thought it made sense to help out and to help train them since they want to be able to be good at helping us in giving us feedback so, I thought it was natural that we should be involved.”

Evaluations 2011

Trainee SPs:

- “How grateful the students were for our presence at the university.”
- “Interaction with participants and students.”
- “Meeting the students.”
- “Practice with students.”
- “Interaction with students.”
- “The students were delightful.”

Evaluations 2011

- Students:

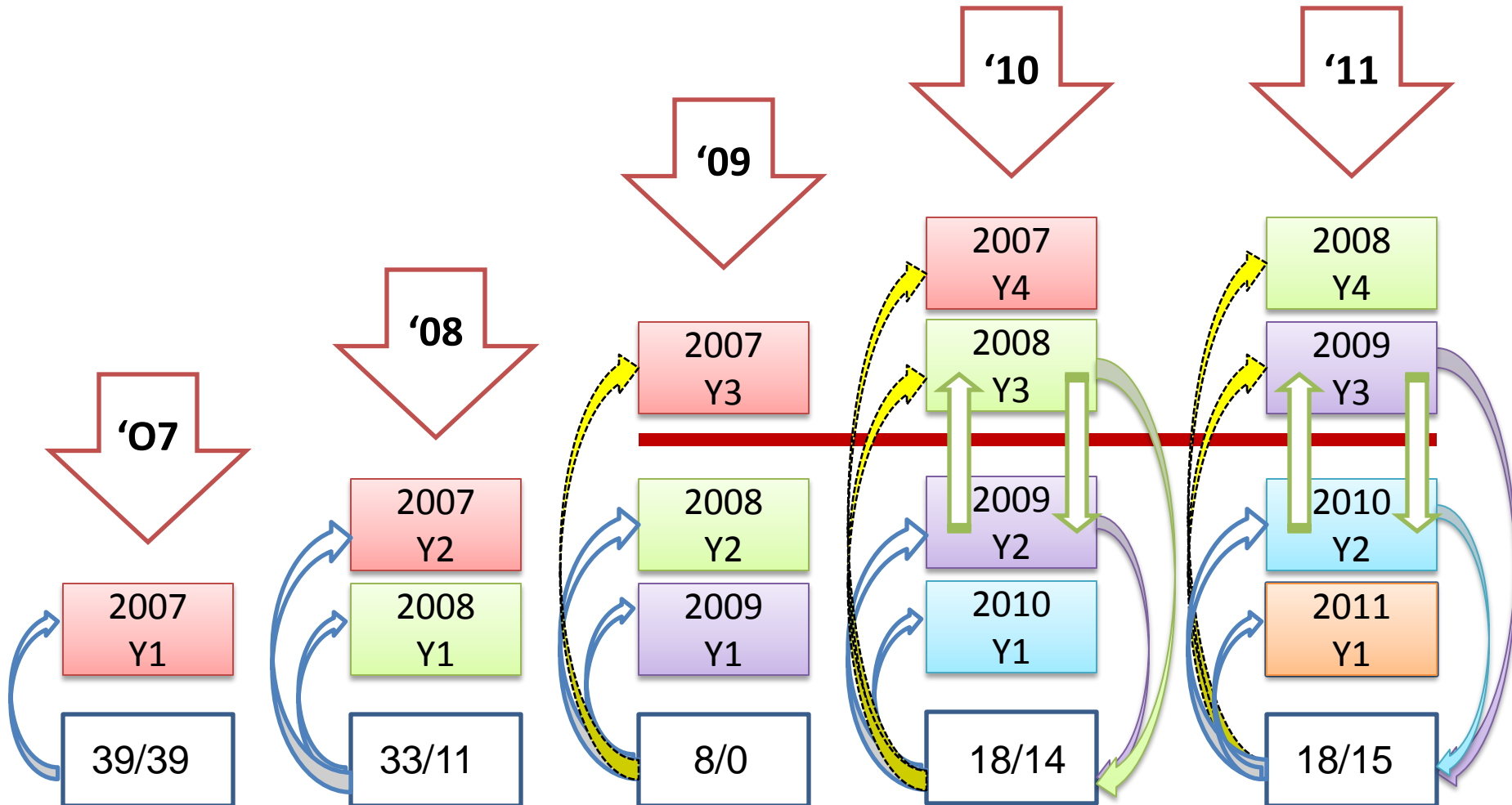
“Great session. It is pleasing that so many community members are willing to play an important role in our development as doctors. I hope this session has motivated them even more.”

“Nice to be able to pass on student pearls of knowledge.”

“Very helpful experience for both students and volunteers.”

“It was also useful to get people from different year groups together to see other people from other people at different levels taking histories.

Evolution of SP training 2007 - 2011



Reference & Acknowledgement

Cleland JA, Abe K & Rethans J-J, 2009. The use of simulated patients in medical education: AMEE Guide No 42, *Medical Teacher*, vol39, pp477–486.

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