Patient-Centered Care: Medical Students Engagement Through Immersion Learning

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Abstract
An integral part of providing patient-centered care is the development of communication skills that allows practitioners to understand the needs of their patients. However, physicians and medical students receive little training on these communication skills. The University of New England College of Osteopathic Medicine 48 hour Hospice Home Immersion project provided an intense and experiential learning modality for medical students to learn and experience components of patient/person centered care during end of life care that will impact their future as physicians.

Methods
Ethnographic/auto-biographic research methods were applied. Two second year medical students volunteered to be immersed into the local 18 bed inpatient Hospice Home for 48 hours to provide patient, family, and post mortem care in an inter-professional setting. Students recorded their feelings, observations, and thoughts in writing (journaling) during 3 phases of the project; before entering the Hospice Home (pre field notes), the 48 hour immersion (field notes), and after completing the immersion experience (post field notes). Data were collected in the form of journal notes for pre-fieldwork, fieldwork, and post-fieldwork and included subjective and objective reporting of observations and experiences. Analyses included journal review and thematic categorization and coding through content analysis.

Results
Although many themes were identified, three themes were directly associated with patient/person centered care: 1) Importance of Patience and Presence in the Moment; 2) The Healing Power of Touch; and 3) Developing a Relationship. Representative quotes and key outcomes were included for each theme.

Conclusion
For the medical students who volunteer for the 48 Hour Hospice Home Immersion Project, it has influenced their understanding and application of patient/person centered care. These students have the ability to make a difference during their careers as physicians and this project appeared to be a life altering experience that may be a catalyst for change.

Keywords
Patient-Centered Care; End of Life; Palliative Care; Immersion Learning; Medical Student Education

Introduction
An integral part of providing patient-centered care is the development of communication skills that allows practitioners to understand the needs of their patients [1]. However, physicians and medical students receive little training on these communication skills [1]. For this case report, Patient-Center Care is defined as: providing care that is respectul of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions [2]. The University of New England College of Osteopathic Medicine (UNECOM) has implemented a 48 Hour
Hospice Home Immersion research project that provides medical students with an immersive experience to develop their communication skills with dying patients and their families during their final days.

This case report presents the critical learning on patient/person-centered communication skills by two medical students from conducting ethnographic autobiographic research that was designed by the UNECOM Director of Geriatrics Education and Research in December 2014. Since the implementation of this immersion project approximately 12-14 pairs of medical students (20-24 students) volunteer to be immersed per year [3].

**Material and Methods**

This project is based on ethnographic/autobiographic research designs to answer the questions: (1) What is it like for ME to live in a hospice home? and (2) What will I apply to my future practice as a physician? [3-5]

During the fall of 2017, two second year medical students volunteered to be immersed for 48 hours in the hospice home; a male student (age 24) and a female student (age 23). The Gosnell Memorial Hospice House is an 18 bed in-patient acute care hospice home that is affiliated with the Hospice of Southern Maine. The students shared a room in which many others have died before, were without transportation, and became part of the ebb and flow of the hospice home assisting the inter-professional staff (nurse practitioners, nurses, hospice aides (CNAs), chaplains, social workers, reception staff) and volunteers providing care to dying people, supporting loved ones, assisting with post mortem care and participating in the final procession after someone died.

A component of qualitative research methods is to have the researchers (students) write their assumptions based on those thoughts and feelings that each student has identified and accepted as true or believed were certain to happen while in the hospice home. These assumptions raise the students’ consciousness and made them aware of, as well as “test” these beliefs throughout their immersion. Prior to being immersed and again once immersed in the Hospice Home, the students participated in a one-hour orientation [3-5]. Each student received a name tag and security fob that provided access to all secure areas except the room where medications were stored. The students were then each paired with a hospice aide to be introduced to the patients and families. Over the 48 hours they worked with the rest of the hospice team as well as on their own answering call bells, assisting staff with patient care, engaging with patients and family members, and providing post mortem care following a death. At night, they chose when to retire. This project was exempt from IRB approval as the student researchers were recollecting data focused on self-reflection (autobiographic). The Hospice of Southern Maine Ethics Committee approved the implementation of the UNECOM 48 Hour Hospice Home Immersion project [3-5].

**Data and Analyses**

Data were collected in the form of written journals, in which the students’ documented thoughts, experiences, and feelings during the three stages of ethnographic research: pre-field work (three days prior to the immersion), field work (during the 48 hour immersion), and post fieldwork (5 - 7 days after the immersion) [3-5]. Once the journals were completed, data analyses involved reading through the journals at least twice by the students and the Project Principal Investigator (PPI) to identify themes and determine agreed upon definitions for those themes. Then a step by step deductive formulation of content from each journal (representative quotes) were categorized within the appropriate identified themes [6,7]. Revision of themes and associated content continued throughout the analyses to ensure reliability using formative and summative checks such as reflection on their own experiences with death or their own personality traits. Interpretation of thematic and content analyses culminated in collective final results for the two students [3-7].

**Results**

For this Case Report, the students chose to focus on patient/person centered care. Three themes were selected that addressed this topic: 1) Importance of Patience and Presence in the Moment; 2) The Healing Power of Touch; and 3) Developing a Relationship. The quotes presented are representative of many quotes identified within each theme. Name of the staff, patients and families have been changed for anonymity, pseudonyms were used.

**Theme 1: Importance of patience and presence in the moment**

As a student who is eager to learn and absorb, there can be a sense of urgency in the way we seek out...
experiences. This urgency can sometimes overwhelm the present and cloud the opportunities of the moment. (S. Marcello, OMS II, 2017)

We realized that as second year medical students when we are in situations where we can work actively with people rather than passively through lectures in the classroom or in a skills lab, we are eager to seek out learning experiences. This was particularly true when we first entered the hospice home. On the first day we met with all the patients and immediately started to connect symptoms and diseases with our classroom learning; an objectification of what we were experiencing. Upon reflection, we thought this was our “safe space” when we transitioned into living in the home. After 8 hours we became a part of the hospice home culture and learned about being in the present moment with the person who needed our attention. This shift contributed greatly to our learning about person centered care and how to be focused in the moment. This continued throughout the rest of our 48 hour immersion and we realized that it was easier to make meaningful connections with everyone we encountered when we were present.

“Yesterday I missed the very first opportunity to participate in post-mortem care because I was helping take care of Harold with the hospice aide, I was so incredibly frustrated [to miss this opportunity], but then this morning, Harold died and I got to help with his post-mortem care. I feel so grateful for having the time that I had with Harold prior to his death, he was the first new admission that I saw on Friday, and I cared for him on Saturday, not knowing he would die on Sunday. It was through Harold that I got to witness the gift that is hospice. I got to witness a man come into Gosnell agitated and uncomfortable, have the opportunity to die with dignity and comfort. My experience with Harold taught me the value of appreciating the present, instead of focusing and worrying about what I might be missing.” (S. Marcello, OMS-II, 2017)

This instance illuminated the importance and value of having the ability to be patient and be present in the moment. We realized that when we constantly seek out the learning experiences we expect, we lose the opportunity to learn from the present. Being in the moment is something we don’t do in medical school. We are always looking ahead to the next class, the next exam and taking the boards. It was a gift to be aware of each moment, to be patient with ourselves, and experience what being present for others and ourselves meant through this 48 hours.

Theme 2: The Healing Power of Touch

“Each and every one of these healthcare professionals are so unbelievably caring. What struck me was how they interacted with the patients that were not responsive. They softly told the person each and every thing they were going to do even though s/he could likely not hear them. They gently rubbed the person’s shoulder and brushed their hair back even though they likely could not feel what was happening. It would be so much easier for them to just change the person’s briefs and leave, but none of them did that.” (W. Brown, OMS-II, 2017)

As student doctors we are taught all of the medications and procedures that can increase the patient’s quality of life. Osteopathic medical students are taught to use our hands for treating musculoskeletal injuries. Being immersed in the hospice home taught us the value of a gentle touch and small gestures in the healing process. We were not able to cure the disease, but confirmed how touch can heal the person who is dying and also the family. The staffs’ gentle touch and brushing back of the patient’s hair proved to be just as important in easing the patients’ and families pain as the morphine that was administered.

“The subtle ways that the aides understand the patients is something that I really admire. Every time a person needs to be repositioned or cleaned, it’s a bonding experience. We are given the opportunity to enter people’s lives in their most vulnerable state and the way that we touch them and take care of them will be some of their last interactions.” (S. Marcello, OMS-II, 2017)

Something that medical students and physicians may struggle with is understanding that touch is a way of communicating with others. Sometimes it is even a better way of communicating with others as it allows us to exhibit our care rather than verbalize it. It was quite profound for us to be a part of the last moments in people’s lives. Initially going into the hospice home we had hoped to have the opportunity to talk with more people and gain an understanding about death from their perspective, and when we didn’t have that opportunity due to the patients being in the dying process we were disappointed. However, the more time we spent with the patients and their families in the hospice home, the more we realized that we were connecting with them by the touch we exhibited in their care or the hugs we gave to share support.

Theme 3: Developing a Relationship

“Part of me feels anxious about interacting with patients in the home. I am worried that it will seem
Before entering the hospice home, we were worried about our interactions and how we would make a connection to these patients and their families. We quickly found that most of the patients were not in a state to be able to have a conversation with us. Our first few encounters ended up with awkward attempts at small talk that was not well received by the family. The mood was very somber in all of the rooms. After a few interactions we realized that the best method was to simply ask the families to tell us about their loved one. We first tried this on Harrison’s wife. We asked her what Harrison was like. Her mood immediately changed. It was important for us to get over our own awkwardness and we did this best by connecting with others. This was a valuable lesson and something we can apply throughout our careers as physicians.

“After we changed Henry’s brief and got him situated we got a chance to talk to Henry’s wife and son. They started telling us stories about Henry. Dana said that his father was so frugal. When they were kids Henry would give them allowance in an envelope that also had a little checkbook that tracked their expenses. When they spent too much money in a week he would talk to them about their spending habits. He then went on joke about how his father was waiting until the 2nd to die because he wanted to get one more pension check on the 1st.” (W. Brown, OMS-II, 2017)

Henry’s wife and son knew that Henry would likely not make it through the rest of the day. Despite their gallows sense of humor, they were laughing about how frugal their father was and how much they admired him. When we left the room they both had a smile on their faces. Throughout our medical education we are taught to collect a thorough patient history and how to ask the right questions to develop a differential diagnosis. There is also a lot of discussion about being empathic and forming a bond with your patient and their families, but there is not a formula or mnemonic device that can be used to ask the right questions like we have for a history of present or past medical history. This is something that must be learned through trial and error. The hospice home immersion forced us to learn how to connect on a deeper level with patients. During this experience we were able to develop a foundation for these skills.

“It was special to be able to share those memories with his family, and it was a moment where I really saw the person who was in front of me, not as he was right then, but as the individual who lived and breathed a whole life. I think it can be easy to form constructs of people based on what we see in that moment, so I really appreciated that his family shared a little bit of who Henry was with us.” (S. Marcello, OMS-II, 2017)

It’s easy in the medical field, as students and as practitioners, to look at people and see only why they are sitting in front of us, we forget who they are as people. We realized during this experience with Henry how crucial it is to understand the person in front of us, although his condition dictated his situation, it does not negate who he is as a person.

Discussion

Throughout our 48 hours in the Hospice Home we were reminded of what our purpose was – to be present, in the moment with each person we encountered so that we would be able to aid in healing rather than curing. We were also reminded that although our focus was on the patient, there are family members that are also being affected. We have the power to shift health care practices, and that those who are left behind look to us to be better physicians and to learn from what we see. The care and compassion that was evident in every aspect of care at the hospice home was something that reverberated with us and made a lasting impression. We learned that the ability to communicate and connect with people transcends verbal language. Recognizing different avenues of connecting with others allows us to communicate with more intention and sincerity. One of the tools we will now add into our patient/person centered approach to care is the power of touch and a gentle voice. It was amazing how the simplest hand on a shoulder could make someone feel better. Or a calm voice could help calm an agitated person. We have seen doctors that have become almost robotic. It may be difficult to not be when one has to constantly be thinking and performing while under a lot of stress, but we plan to do our best to make sure that we remain compassionate.

Conclusion

Living in the Hospice Home for 48 hours was an important component of this research project; it gave us the time to get over our awkwardness, to make connections, and understand the inner workings of the Gosnell Memorial Hospice House. Part of being a physician, is telling people about their prognosis, and many times physicians are removed from the actual process of dying. Being in the
Hospice Home has educated us about the dying process and the important role that hospice plays in making end of life comfortable and dignified. As a physician, having compassion through a patient’s dying process and demonstrating an understanding of the difficulties of being a family member through this time is important. While we may never see that person again, how we build bridges using verbal and non-verbal communication including eye contact, touch, voice cadence, body language and word choices, are all an integral part of being person centered and making the process more supportive.

For the students who volunteered for this project, it has influenced their understanding and application of patient/person centered care, which is essential to effective health care. This is repeatedly presented within the journals written by those medical students who have conducted this immersion project. These student have the ability to make a difference during their careers as physicians and the 48 Hour Hospice Home Immersion project appears to be a life altering experience that acts as a catalyst for change. Sonia’s quote may express this best:

“Edna’s family was very generous about allowing me to help with the post mortem care, they said that she would be happy to know that she was helping me learn. I was really touched by all the families that allowed us to be part of this process. Death is such an intimate part of life and I am incredibly grateful that they allowed us into that journey. I feel like there are few times that I understand the magnitude of what I have been given the opportunity to do. Somehow, talking to a family who just lost someone they love, grounded me. It was humbling to see their hope in us despite their own loss. It reminded me that I have a chance to influence health care by the way I practice and help people live the best quality of life they can.” (S. Marcello, OMS-II, 2017)

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References