Perspectives of Clinical Preceptors in an Innovative Simulated Clinical Encounter Involving People Living with HIV/AIDS: A Qualitative Analysis

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Outline

- Background
- Methods & description of Simulated Clinical Encounter (SCE)
- Discussion of emergent themes
- Conclusions

Background: HIV & Medical Education

HIV education

- Medical training in HIV care often inadequate[1]
- Few feel comfortable with pre-test counseling or diagnosis[2]
- Preconceived attitudes & biases[3]

Experiential learning

- Increasing demand for experiential learning i.e. simulation or actual clinical practice
- Role of patients as teachers or instructors in medical education not established[4]

1. Feldman J et al AIDS Patient Care STDS 2004;18:395–404.
2. Estcourt C et al. Int J STD AIDS 2009;20:324–329.
3. Aultman J 2006. Med Educ Online 11.
4. Jha V et al. lMed Educ 2009;43(1):10–20.

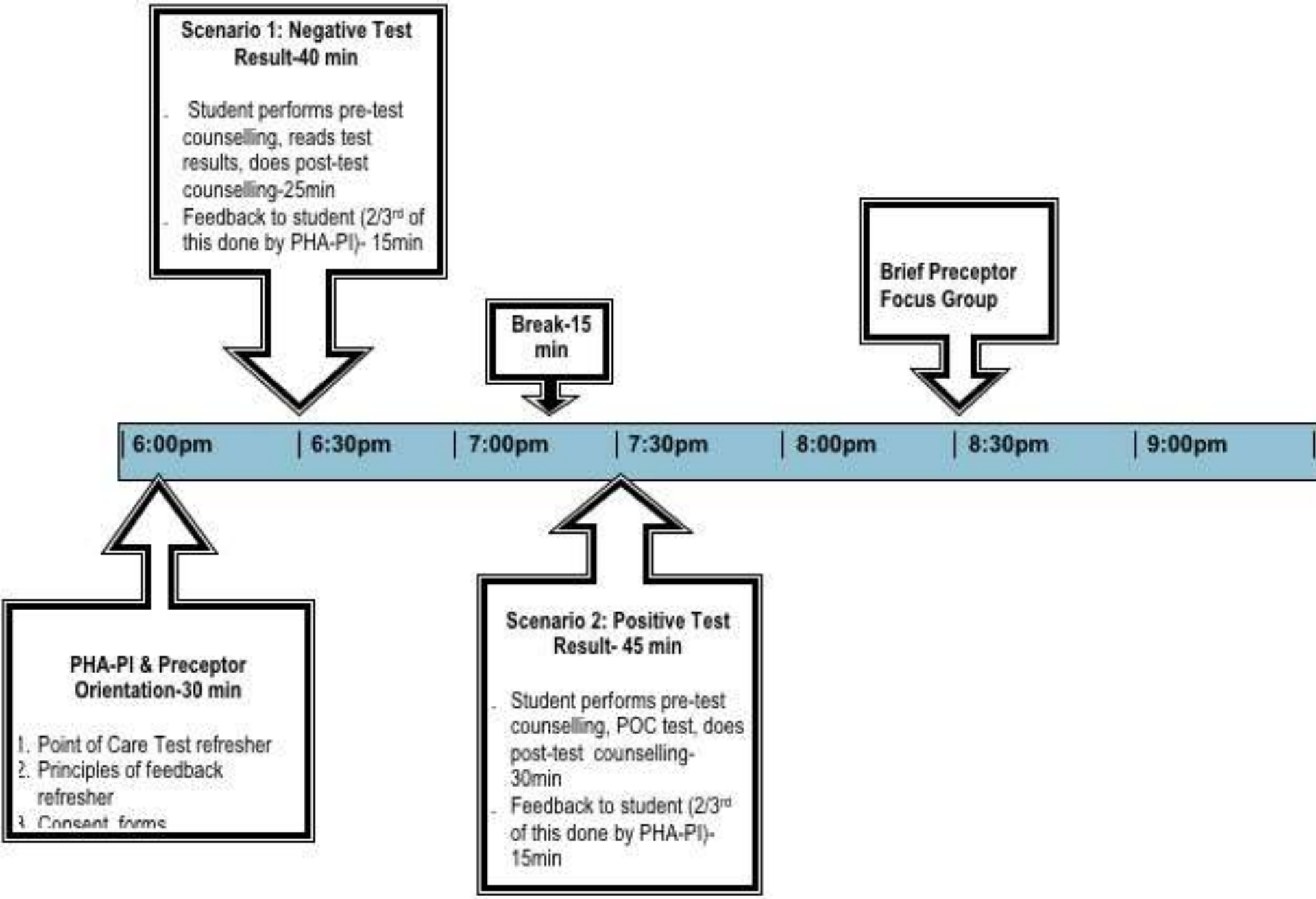
Collaboration for HIV Medication Education (CHIME)

- CIHR-funded community-based study aimed to improve medical education around the care of people living with HIV/AIDS (PHAs)
- Respecting Greater Involvement of People with HIV/AIDS (GIPA) Principles
  - meaningful involvement of PHAs in all aspects of the response to HIV

UNAIDS. 2007. The greater involvement of people living with HIV (GIPA): Policy brief. Geneva: UNAIDS.

The Simulated Clinical Encounter (SCE)

- Novel experiential SCE
- Medical students provide HIV pre- and post-test counseling along with a point-of-care HIV test to trained PHA-Patient Instructors (PHA-PIs)
- Observed by a Clinical Preceptor


Scenario 1: Negative Test Result-40 min
Student performs pre-test counselling, reads test results, does post-test counselling-25min
Feedback to student (2/3rd of this done by PHA-PI)- 15min
Break-15 min
Brief Preceptor Focus Group
6:00pm
6:30pm
7:00pm
7:30pm
8:00pm
8:30pm
9:00pm
PHA-PI & Preceptor Orientation-30 min
1. Point of Care Test refresher
2. Principles of feedback refresher
3. Consent forms
Scenario 2: Positive Test Result- 45 min
Student performs pre-test counselling, POC test, does post-test counselling-30min
Feedback to student (2/3rd of this done by PHA-PI)-15min

Methods

2nd year medical students @ University of Toronto

10 SCEs (16 PHA-PIs and 22 Clinical Preceptors)

6 focus groups & 2 individual interviews(standardized questionnaire) conducted with all preceptors following SCEs; transcribed verbatim

- Preceptors: MDs, community RNs, & HIV counselors

Transcripts reviewed by 3 members of the research team to identify emergent themes

Major Emergent Themes

Knowledge

Experiential learning as a form of knowledge production

Stigma/bias

Value of SCE in medical learning

Challenges in preceptorship

Knowledge

The SCE allowed trainees to hone and practice communication skills & empathy

Experience very different from traditional medical training

- *"She's a second-year med student with deer in the headlights but she stuck with it and she stuck with him and she tried to meet him where he was at. And I think you know, I think that's part of being a clinician is trying to meet them where they're at."*

Knowledge

"It gave me a sense of, you know, the reality of what HIV has been for gay men and not just a diagnosis or something to be managed, right? I mean he talked about his grief and celebration and his acceptance and his progress. It was amazing…it's seeing patients as more than just a chart…it's seeing the whole person and including not where they're at now or where you want them to be but where they've come from. You know? And that's I think lost in medical training."

Experiential learning as a form of knowledge production

Hearing PHA stories educational for preceptors as well as trainees

Felt the SCE created a more “human” interaction for students

Creation of a safe space for trainees to discuss challenging areas of clinical practice

- i.e. taking a sexual history

Experiential learning as a form of knowledge production

"I think what I like most are the hands-on practice that the students were getting. That they were put on the spot a bit and that they had to think on their feet and no matter how much they studied, you never know what you're going to get in real life, and it was a taste of that."

"I've met medical students that are double-gloving still, they are scared. Now having these types of casual interactions in the practice of doing the POC tests, I think is incredibly valuable."

Experiential learning as a form of knowledge production

"It brings a human side to things that maybe will touch you and maybe make you know…'Okay, I've met somebody. I've interacted with somebody and they're a real person."

"Don't let your apprehension about using the wrong language or offending someone hold you back from exploring something and learning from it. Better you learn from this experience what a bath house is and what it's like than in an actual clinical encounter."

Stigma/Bias

The SCE could be useful to address stigma a and foster a non-judgemental approach among trainees

- *"I think there's something that comes from having interviewed somebody and then finding out that they're positive. And it's probably helped them work through any kind of stigma or judgment that they would have had or preconceived notions of what it means to be living with HIV that it looks a particular way."*

- *"I think that if any of the students that I had had any bias towards people with HIV, in any way, they would've been completely quashed by our patients."*

Challenges in preceptorship

Identified challenges in providing feedback around content expertise

- *"They are so early on…that I think much of the technical feedback is too much. I think we're concentrating more on how the interview went and the language that they're using and the rapport that they create."*

Non-MD preceptors less familiar with medical education context and structured clinical encounter format

- *"It was much more easy to invest in the essence of the encounter, rather than the technicalities."*

Value of SCE in medical learning

Preceptors uniformly recommended the SCE be integrated into the curriculum

- *"A lot of the benefits are probably most important in people who wouldn't necessarily volunteer."*

Many commented on the role of timing of SCEs in medical training

- Earlier trainees: preceptor focus on rapport, empathy
- Later trainees: increasing focus on content
- Increased orientation & guidelines if widespread implementation

Conclusions

- Clinical Preceptors are observers with content expertise and clinical knowledge
- Important players in HIV medical education
- Complementary role to PHA-PIs in facilitation of the SCE and provision of feedback
- As clinical experts, they identify utility and value in the CHIME experiential model in engaging PHA-PIs and clinical teachers in medical education

Next Steps

- Ongoing data analysis
- ASCM sexual history pilot project
- Integration into PWA core program planning
- Nursing pilot project
- Further dissemination and integration into core curriculum

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CHIME study participants

CHIME Research Group

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CHIME
COLLABORATION FOR HIV MEDICAL EDUCATION
a positive difference.

CIHR IRSC
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Thank you!