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Some characteristics of GP which are difficult to teach because they are not only simple skills):

- ☞ relational centrality
- ☞ awareness that the emotions which can interfere with the process of care
- ☞ turbulence
- ☞ uncertainty
- ☞ understand the meaning of patient's lives
- ☞ construction of a professional role
- ☞ manage simultaneously multiple points of views, complaints and pathologies
- ☞ The sense and "the practice" of the holistic approach

Theory and Practice



We think that the **theory** simplifies too much reality and **the practice** does not allow reflection



A number of studies by educationalists have begun to throw light on the process by which clinical expertise accumulates. We start by learning detailed 'rules' about the cause, course and treatment of each condition. As we gain knowledge we convert these rules to stereotypical stories (scripts). We refine our knowledge by accumulating atypical and alternative stories via experience and the oral tradition (such as grand rounds, 'corridor consultation' and so on). Furthermore, there is growing evidence that clinical knowledge is stored in our memory as stories rather than as structured collections of abstracted facts.

T. Greenhalgh BJGP 2002, 52, 395-400

The Simulated Patient could be a bridge between theory and practice

The methodology:

- ⊕ We prepare the canvas started from a real case
- ⊕ We discuss the story with the group of simulated patients
- ⊕ The simulated patient has a certain degree of freedom in interpreting the plot
- ⊕ The simulated consultation lasts 10 minutes
- ⊕ The class and the teachers assist in silence and then take part in a discussion
- ⊕ At first patient and doctors, after the recite, verbalize their emotions and perceptions
- ⊕ The discussion is about clinical, relational and other all aspects that are emerged during the consultation
- ⊕ The trainees, with this methodology, can experiment that clinical, social, organizational and anthropological aspects are not separated in every consultation
- ⊕ We want that the emotions, affections and feelings are normally expressed and become material for discussion and learning, as all the clinical, social, anthropological aspects
- ⊕ In some canvas we use medical technology (e.g. Peak Expiratory Flow) and medical records,



Only some canvas:

- One diabetes too much sweet
- A very irritating cough
- The low back
- Voluntary interruption of pregnancy
- Breaking bad news (*in this simulation the doctor have to manage in the same time the bad new, the clinical diseases and the pathway ...*)
- ... other

At the end of every Simulated Scene, all the participants (teachers, trainees, guests, simulated patients) write a short feedback in two minutes:

- ☞ In GP it is often very difficult to try to convince the patients of what us physicians know to be right
- ☞ Today I learned how to manage a patient who absolutely refused to take some medication
- ☞ Today I learned that I don't have to send first aid a patient who had a suspected TIA 3 days ago
- ☞ The use of Simulated Patient as a consultation for the group helps to understand the importance of every style a physician has; this style influences the consultation and the results can be very different with different styles. Therefore, it is important to be able to adopt different styles for different patients
- ☞ The SP helps to understand the point of view of the patient. Very often we discover that the patient is completely different from what we imagined. I am aware that I have changed a lot from the first time that we used the methodology. Now I feel more confident to deal some complex problems in GP
- ☞ You should not be afraid of the doctor. A visit can solve some problems and prevent something that could become more significantly important
- ☞ Clinical reasoning navigates the stream of the availability of the patient
- ☞ Today it was underlined that listening the patient (verbal and non-verbal language, biography ...) creates clinical suggestions.
- ☞ ...

Wethink



- Ⓜ The separate development of clinical, communication and management skills in teaching, can produce a separation in practice because of the holistic approach is not the algebraic sum of clinical, communication and management skills.
- Ⓜ The S.P. allows a holistic approach because the trainee has in front of his/her a patient with clinical problems, but he has to be able to communicate with this patient and has to be able to manage social and clinical problems of the patient
- Ⓜ In every scene can prevail the learning of relational or clinical or organizational skills in order to the objectives that we want to reach
- Ⓜ The student can fail but/and he/she has the possibility to retry the scene.
- Ⓜ Only with the S.P it is possible have a feedback about the emotions (fears, worries, received reception ...) that the patient has lived or experienced
- Ⓜ With this methodology we can work with the awareness of the emotions of the doctor and the patient simultaneously
- Ⓜ The S.P. is a teaching method which we use to take out the theory from the practice and at the same time to bring the theoretical thought to reality