

EARLY CONTACTS WITH SIMULATED PATIENTS ENHANCED FINAL YEAR STUDENTS (AS OBSERVERS) TO UNDERSTAND CLINIC CONSULTATION APPROACH WITH ADOLESCENT PATIENTS: NDUM EXPERIENCE

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ABSTRACT

The objective of this paper is to determine the (1) List of issues presented by patients and types and Percentage of Health issues observed (2) Perception of students on the teaching learning activities on Adolescent Medicine component, done in Year 3. (3). Feedback on students' understanding of the approach to clinic consultation. All the students registered in 2015-2016 (35 students) and in 2016-2017 (59 students) had been included. All the students filled in the study forms. A total of 129 study forms had been compiled and reviewed accordingly. Findings showed 6 main issues comprising of chronic illnesses; Eating disorders; Sex/reproductive issues; Physical health issues; Mental health issues; Risky behaviour related to health issues and the percentages out of total, of the 6 main issues had been 53 & 50 %; 12 & 13%; 15 & 17 %; 14 & 13%; 4 & 5%; 2 & 2% All of the issues encountered at the clinic had been seen/ engaged as case scenarios or discussed at interactive lecture sessions in Year 3. The teaching learning activities done in Year 3 were found to have helped students to understand the consultation approach at the real patients' clinics in Year 5.

Keywords: Real patients, simulated patients, HEADSSSSSS acronym, Paediatrics postings.

1. INTRODUCTION

Adolescence is the developmental phase between childhood and adulthood and is marked by rapid changes in physical, psychosocial, sexual, moral and cognitive growth. (Ismail et al 2016). Gender and culture affect the developmental course as do physical, social & environmental influences. Given the interactions of these domains, a biopsychosocial approach is best suited to approach the health care of the adolescent. (Holland-Hill C & Burstein GR, 2016) Dr Cohen refined a system for organizing the developmentally appropriate psychosocial history that was developed in 1972 by Dr Harvey Berman. (Ismail et al 2016). The approach is known by the acronym HEADSS. (Home, Education / Employment, peer group Activities, Drugs, Sexuality and Suicide/Depression. It was further expanded to HEEADSSS by adding Eating &. Safety. (Ismail et al 2016.)

HEADS/SF/FIRST mnemonic, basic or expanded can be useful in guiding the interview. Home, education/school, Abuse, Drugs, Safety, Sexuality and Sexual identity, Family & Friends, Image, Recreation, Spirituality & connectedness, Threats and Violence. (Dias PJ 2002)

In addition to cognitive development there are both risk and protective factors for adverse adolescent health behaviour that are dependent on social environment as well as mental

health of an adolescent (Burstein GR 2016). Health care providers play an important role in nurturing healthy behaviour among adolescents because the leading causes of death and disability among adolescents are preventable. (Burstein GR, 2016)

A full adolescent psychosocial history is useful to engage the adolescent, to assess the level of risk as well as provide information which will aid the formulation of effective interventions. (McDonagh JE.2012)

The clinic consultation, at the affiliated teaching hospital is held between a real adolescent patient and a Consultant Paediatrician using the HEADSSSSS acronym.

Thus, this paper is to determine the understanding of approach to clinic consultation, by the students as observers at the Adolescent Health clinics with real adolescent patients during their final year 5 Paediatric postings at the affiliated teaching hospital, as well as whether the training acquired in Year 3 had helped them to understand the approach to clinic consultation.

2. Background on Adolescent Medicine module at NDUM

The undergraduate Paediatric and Adolescent Medicine curriculum in the 8 weeks Paediatrics posting, per rotation, consists of General Paediatric module (305 hours) and Adolescent Medicine module (15 hours) in the Year 3 and General Paediatric module (300 hours) and Neonatology module (12 hours) with clinical exposure to real adolescent patients (as observers) at the Adolescent Health Clinics in the affiliated teaching hospital (8 hours) in the Year 5.

2.1 Objectives of the Adolescent Medicine Module

2.1.1. At the end of the Year 3 posting student should be able to:

- i.. Define / understand terminology of Adolescents and need for inclusion of the Adolescent Medicine module in the Paediatrics posting
- ii. communicate effectively with the adolescents through interview using the HEADSSSSSS acronym at peer pair sessions and the simulated Adolescent Health Clinic (with simulated patients).
- iii. Understand / be familiar with the common Adolescent Health issues (selected core topics) in line with the 5 priority Areas in the Malaysian Adolescent Health plan
- iv.. write and discuss on one Adolescent health issue (to create own scenarios) as a Case Write up. (Template given in respective student course guide)

2.1.2. At the end of the Year 5 posting, & by the end of the Adolescent Health clinic sessions, students should be able to demonstrate ability to understand and write a report on the experiences gained through observations of the Pediatrician conducting an interview with an adolescent patient attending the Adolescent health clinics at affiliated teaching hospital.

2.2 Contents & TLA of the Adolescent Medicine Module

2.2.1. In Year 3, during the 8 weeks posting to Paediatrics, the curriculum contents and Teaching learning activities for Adolescent Medicine module consist of:

- a) an Introductory Lecture on Psychosocial assessment using HEADSSSSS acronym;
- b) a series of Adolescent Medicine lectures & video clips, on issues adolescents frequently encounter, selected topics, based on National Adolescent Health Policy, Malaysian Ministry of Health;
- c) Peer pair sessions, whereby a pair of students conduct a role play with one as the “simulated doctor” and other as the “simulated patient” using the HEADSSSS assessment framework with own choice of scenarios/issues;

d) The SP program whereby each of the students posted to Paediatrics interviewed the simulated patients (SP) at the simulated Adolescent Health Clinic setting at the Department of Paediatrics and Adolescent Medicine. A core group of 10 adolescents, who are active in Drama groups had been recruited and trained by PSSA (first author) at workshops held prior to each and every Interview session. After each session, held four times in one academic calendar year, both the SP and the students (doctor) have to fill in the feedback forms. Also both the SP and Students are required to give verbal feedback on each of their respective sessions and these are video-taped. The feedback forms are also filled in by the Faculty members involved in SP program.

2.2.2. In Year 5, during the 8 weeks posting to Paediatrics,

- a) the final year students are given exposure to real patients in groups of 3 only per clinic session, in rotation, at the Adolescent Health clinics at the affiliated teaching hospital, whereby they observe the Consultant Paediatrician making the psychosocial assessments on adolescent patients.
- b) before or/ after the Adolescent clinic sessions, the consultant Paediatrician discussed the cases (to be observed) / observed by the students.
- c) during the clinic sessions, students will only be observing the sessions.

2.3 Assessment on Adolescent Medicine

2.3.1. In Year 3, had been done through inclusion of questions on Adolescent Medicine in the End of Paediatrics Posting examination, Theory paper (OBA/EMQ); OSCE stations; decided by vetting committee, and submission of one case write up.

2.3.2. In Year 5, Assessment on Adolescent Health with real patients (RP) had been done through Report on cases seen and included in submission of Paediatric Portfolio.

4. Objectives of the study

To determine from the students, as observers at the Adolescent Health Clinic with real adolescent patients' sessions done by Consultant Paediatrician at the Affiliated teaching hospital, with regard to the following:

- i) List of health issues presented by adolescent aged patients (Types & Percentage) observed by the students
- 2) Perception of the students on prior Teaching learning activities(TLAs) on adolescent medicine component, already done in Year 3
- 3) Feedback on students' understanding of the approach to clinic consultation and the issues presented by the real patients at the clinic.

5. Methodology

5.1 Study design

A prospective study on the feedback given by the Year 5 students as observers, on the Consultation at the Adolescent Health clinics during the two academic years' period.

5.2 Study Population

94 students (35 students in 2015-2016 and 59 in 2016-2017) were included. 35 students in 2015-2016 had 2 exposures and 59 students in 2016-2017 had 1 exposure each in rotation, at the clinic.

5.3 Data collection

A total of 129 study forms were collected and the data analysed.

6. Findings

Table 1 had shown the 6 main issues observed to be present in the adolescent real patients. Also the percentages of each in the two groups of students.

Table 1. Types & Percentage of health issues observed to be present in the adolescent real patients at the clinic during study period

TYPES OF ISSUES	% after 1 EXPOSURE (In 59 students)	% after 2 EXPOSURES (In 35 students)
1. CHRONIC ILLNESSES	50%	53%
2. EATING DISORDERS	13%	12%
3. SEX/REPRODUCTIVE HEALTH	17%	15 %
4. PHYSICAL	13 %	14 %
5. MENTAL	5%	4%
6. RISKY BEHAVIOUR	2%	2%

Table 2 Perception of students on the Teaching Learning Activities done in Year 3

Sn	TLAs in year 3	Nos	Student feedback
1	HEADSSSS LECTURE	129	Framework to conduct the interview with adolescent patients
2	Series of LECTURES	129	Framework of the categories of Issues and had laid down a very good foundation of knowledge on core issues of the Adolescents
3	Video clips	129	Was very helpful. Only 2 out of 129 responses had wanted more video clips. None had said it was not beneficial.
4	Peer pair sessions	129	had enabled the students to pick out the errors in the interviewing process and had learnt a lot from these sessions. Had also enjoyed the sessions and feedback from one to another per pair.
5	Simulated Health clinic	129	ALL had commented that they had benefitted much from them even more than they had done so with real patients at the AH clinics since some real patients had not wanted to open up and relate their stories to the Consultant Paediatrician, etc., They had found that even some had refused to respond to the consultant at clinics.
6	Case write up	129	Gave the students an opportunity to get familiar with issues adolescent frequently encounter and enabled them to express it through the Case Write Up.

Table 2 shows the different teaching learning modalities and the feedback from students had described how modalities had helped their understanding of the clinic consultation and some of the core issues.

7. DISCUSSION

It is common knowledge that patient contacts have always been an integral part of undergraduate education. (Bokken L et al,2008)

It is a fact that both Simulated patients (SP) contacts in Year 3 and Real patients (RP) contacts in Year 5 had been engaged in the teaching training of Adolescent Medicine in the Paediatrics and Adolescent Medicine Unit at FMDH, NDUM.

The Faculty of Medicine and Defence Health (FMDH), National Defence University of Malaysia (NDUM) had taken upon the challenge in introducing the use of adolescent simulated patient in the undergraduate adolescent medicine curriculum for the third year medical students. This was following proposal by PSSA (first author) in order to get patient contacts with respect to Adolescent Medicine through a working paper titled the "Simulated

Patients (SP) program for Adolescent Medicine” (SoeSoeAye, Mohd Azhar MN. 2014) The opportunity to visit the real patient clinics at affiliated teaching hospital was still in the process of discussion with the authorities concerned at that time.

The 6 main issues observed in this study showed chronic illnesses (co morbidities) to be the majority ie 50% & 53% in the two groups of students. However, it was only 15% in reports from Birmingham but the composition of all the other issues are similar but of varying proportions. (McDonough JE 2018). Majority of the issues encountered by the adolescents observed at the Adolescent Health Clinic had been discussed in Lecture series & Case scenarios done at SP program activities in Year 3. The issues encountered by the students in first academic year who had 2 exposures each and those who had only 1 exposure were similar in numbers (%), as well as in varieties (p value 0.9). There were no significant differences in two groups of students.

The different roles of real patients and simulated patients in undergraduate medical education had been identified and the benefits and limitations of these roles have been highlighted by several workers (L Bokken et al 2008; Aye S & Mohd MA 2014; Soe Soe Aye Mohd MA 2015).

In our study it was found that the real patients at the adolescent clinic had served as educational resource (passive role) to the students who had observed the interaction between the real patients and the Consultant Paediatrician. Each of the four patient roles: real patients as educational resource (passive role); real patients as teachers (active role); and Simulated patients (SP) as educational resource and teachers had been reviewed by L Bokken, JJ Rethans, A Scherpier, C van der Vleuten.2008. Their study had concluded: “. Each of the roles had specific advantages and disadvantages from the perspectives of the teachers, students and patients.”

In our study it was found that the teaching learning activities in adolescent medicine component in Year 3 had helped the final year 5 students (as observers) in understanding the approach to consultation with adolescents and the way in which the Teaching Learning Activities (TLAs) had done (Table 2). The importance of simulated patients (SP) as educational resource has been highlighted time and again. SPs are individuals trained to perform the role of a patient realistically and consistently. SPs were introduced by Barrows in 1964 and they had been used in medical education ever since. (Bokken 2008). Soe Soe Aye & Noor Azhar MA (2014) in their earlier study had found that the students had had first-hand experience at engaging the simulated patients (acting as adolescents with some issues commonly encountered in adolescents) at the simulated adolescent health clinic settings. The authors had concluded: Engagement with simulated patients have shown to be beneficial for acquiring interviewing skills by students in the adolescent medicine posting. This had enhanced their development of communication skills in their clinical posting.

Gamble et al (2016) had also commented that the results of their systematic review suggest that the involvement of children and adolescents in simulation for education and assessment purposes is valuable and feasible.

The present study also highlights the fact that early SP contacts had been done in Year 3 and this had prepared students for understanding of consultative clinic sessions later on in year 5. This is an example of implementing the suggestions put forward by authors (Bokken L, Rethans JJ, van Heurn L, Duvivier R, Scherpier A, van der Vleuten C 2008.) which was to

use “SP contacts to prepare students for real patient contacts in Medical Education”. This had been done following the logistics and prevailing circumstances in the academic calendars of Year 3 and Year 5 students.

The NDUM experience regarding SP Program in Adolescent Medicine in Year 3, offers an attractive, alternative and complementary teaching opportunity to be included in the medical education training across the country especially in situations where real adolescent patients (RAP) are not readily available for timely & effective consultation sessions.

Furthermore, adolescents frequently tend not to share personal issues with their health care providers, thus communication with the adolescent patient requires unique skills on part of the medical doctor.

Therefore, medical schools should take on the responsibility of teaching their students how to interact with and treat adolescents in preparation for their future clinical practice upon graduation.

8. CONCLUSION

From the viewpoints of the final year students, it is evident that the Final Year 5 students had no difficulty following the dialogue between the Consultant Paediatrician and the adolescent aged patients having a variety of issues. The students had stated that the foundation laid down in Year 3 with the teaching learning activities related to the Adolescent Medicine module had helped them in understanding the approach to consultation and the issues observed at the Adolescent Health consultative clinics. Early Simulated patients (SP) contacts had prepared them for the real patient (RP) consultations which they had observed in Year 5.

Recommendations:

The feasibility of students in Year 5 to be given opportunity to conduct the HEADSSSS interview with real adolescent patients at the affiliated teaching hospital is recommended and needs to be explored. This will further augment and enhance the already robust Adolescent Medicine teaching training program in Paediatrics postings in Year 3 and Year 5. However, these proposals need to be put up at next Curriculum Review workshops which are held regularly at NDUM and also need to be coordinated with the hospital counterparts at the affiliated teaching hospital.

ACKNOWLEDGEMENT

The authors are grateful to the Dean and Faculty of Medicine, NDUM; Consultant Paediatrician at the Adolescent Health Clinic at the affiliated teaching hospital of NDUM and the students who had participated in this study.

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