

LONGITUDINAL ALLIANCE PROGRAM



Facilitator's Guide
2022-2023

**Longitudinal Alliance Program
Faculty Facilitation Guide
MS-1 Debriefings**

Learning objectives for the students during Year 1—

We hope that, as a result of participating in the LAP program this year, each student will be able to:

1. Describe how the assigned patient has experienced their own care, including the physician behaviors that s/he finds most and least helpful.
 2. Describe the way biological, psychological, and social factors interact to influence the patient's experience of illness.
 3. Identify a model for negotiating professional boundaries in a new patient relationship (operationalizing altruism, introduced to students during orientation and described in attached article by Elizabeth Gaufberg).
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Session 1: January

Our main goal during this first debriefing session is to give students a chance to tell their patients' stories as they understand them. In processing these stories as they are told, we also hope to model a practice of reflecting on one's interactions with patients, including specifically thinking about one's own behavior and how it affected the interaction.

Here is the general structure of the session:

- Introductions: Facilitator should introduce self and then go around the room and ask each student to share why they are interested in developing a longitudinal relationship with a patient (why they volunteered for this program).
- Check in on how many students have yet to be matched with a patient. This should be the exception at this point.
- Establish guidelines for your small group discussion: respect, confidentiality, not using patients' names or other easy-to-identify information (e.g. "CEO of ___")
- Ask students to share in more depth what they know of their patient's story. This will take the bulk of the session.
 - Be aware that some students will be inheriting their patient from an upper-year LAP student who is graduating (or sharing them). This is a new feature, so if there are concerns about how this is going please feel free to be in touch with us.
 - We've seen a wide range in student styles of presentation at this point: some students will spontaneously share rich detail and their own reflections. Others will need to have some of this drawn out. Try to encourage the group to ask questions rather than having the discussion be driven by the facilitator. Of course, you can also ask questions.
 - It's ok that the medical details may be fuzzy or confusing—this is how it is for many patients and it's good for students to understand this in a concrete way. We will have a session later in the year focused on medical details where students will teach each other. Medical details are not the focus of this session.
- A major focus of this session is on the process of initiating contact and a relationship.
 - Feel free to be creative in offering students advice on how to interact with patients; in doing so, remember (and help them remember) that they are not physicians and shouldn't be giving medical advice. A lay advocate role where the student helps coach the patient in their interactions with their physicians (e.g. which questions to prepare to ask at a next visit) is often a good fit at this stage.
 - Students should be consulting with you or Lisa P./Jamie/Lisa Z. prior to consenting to visit a patient in their home. If they are comfortable with it we have generally agreed, but like to be aware of it.
 - Don't be alarmed if patients are tough to contact at first. Sometimes difficult-to-reach patients turn out to be some of the best experiences.
 - A theme that was discussed during orientation is the idea of professional boundaries: What is the student's role as patient ally? How close should this relationship be? What kinds of interactions make them feel uncomfortable? If

something triggers a “boundary alarm”, how should they think about navigating this? The general model we’ve presented is to pause, reflect on it, and consider what is in the best interest of the patient in the bigger picture. Feel free to see the attached article for reference on what they’ve been given. When this comes up, we’ve encouraged the students to think through the pros and cons of different responses.

- Example: a non-English-speaking patient once called a student and asked him to help him re-order his insulin because he was running out. The group thought through risks of having the patient become dependent on him in this way, including what might happen if the student is out of town or taking exams and misses the call, and the risk of distancing the patient from his usual support network.
 - There are some hard boundaries we set based on policy, including no social-media contact (no “facebook-friending”). We still engage in the discussion about pros and cons, and then share with them the policy, which is based on UPMC’s policy.
- When all of the stories have been told and discussion seems to be drawing to an end, bring up the next session in March, which will take the same general structure (telling stories around the room and processing together). For the 2nd session specifically, they should keep in mind the idea of family and culture and how they relate to patients’ experience of disease and health care. Ask students to reflect on these issues as their patient relationships progress, and come to the next session ready to discuss.
 - When you have covered all of the material, feel free to bring the debriefing session to a close. In general, we find that different groups take different amounts of time, generally between 1 and 2 hours. If your group is still going strong at 3:00, please close the session.

If you have any feedback for us on the session, please feel free to be in touch.

Session 2: March

Themes: Continuing to reflect on interactions with patients and learn their stories
Considering the role of family and culture in patients' experiences of their illnesses

Structure:

- Repeat introductions if there are any new students.
- Check whether all students have been matched with a patient/whether any have new patients since the last meeting.
- Starting with the students who have new patients, have them tell their patients' stories, letting other students ask questions as appropriate to understand more about the patient and reflect together on the interaction. Discussion may include challenges in the interactions, including complexity of making contact or making it to a patient's appointments. This can be a good opportunity for advice from you.
- If it has not come up in the one-by-one processing, direct the group discussion specifically to the question of how students think about family and social context interact with health.
 - Include a discussion of "culture", which can be defined broadly as someone's social context and all of the factors included in this (in the phrase "the fish are the last to see the water", culture is the water that we all are surrounded by but may not be aware of).
 - Some examples of interactions with health might be family experiences with illness, degree of health literacy and how this impacts interactions with the health care system, social influences on patients' health-related behaviors, degree of support, role of religion or faith in health-related practices and beliefs. Encourage students to think about this with respect to their patients.
- Open the floor to any questions or difficulties. Please fill us (Lisa P., Jamie, and Lisa Z.) in on any concerns you think we need to know about.
- Before closing the session, introduce the assignment for next session: understanding their patients' medical issues. We will still have the same general round-table-discussion format, continuing to reflect on the patients' stories and students' interactions. In addition, **each student is asked to present for ~5 minutes on a topic related to his/her patient's medical problems**. Some students have opted to use power point for this in the past because of their own preferences, though this is definitely not required (or even particularly encouraged).

Session 3: May

Themes: Continuing to reflect on interactions with patients and learn their stories
Starting to understand patients' medical problems scientifically

Structure:

- As usual, go around the room and have students tell their patients' stories, letting the other students ask questions as appropriate to understand more about the patient and reflect together on the interaction. Discussion may include challenges in the interactions, including complexity of making contact or making it to a patient's appointments. This can be a good opportunity for advice from you and members of the group.
 - For this session, try to keep this discussion to an hour to make time for the medical presentations.
- Once you have a sense that all the important issues regarding these patient relationships have been aired, invite the students to teach each other about the basic or clinical science topics they prepared. We hope they will keep things informal enough that the students can ask each other questions so that they are all learning.
- In closing, have students reflect on how they plan to stay in touch with their patient over the summer. If they are in town for the summer, they may have increased flexibility to attend appointments or meet in the community. If they will be out of town, they may want to plan to chat regularly by phone.
- Finally, give students a heads up that we will be asking each one of them to reflect in writing on what they have learned through this patient relationship, and on the LAP experience overall.

Longitudinal Alliance Program
Faculty Facilitation Guide
MS-2 Debriefings: First Day

Themes: The focus of the 2nd year of debriefings is on the health care team.

Structure:

- The goal of this first meeting is to check in with all of your students.
- Next, go around and give everyone a chance to give updates on their patients. Please encourage group reflection on the patient relationships as they go.
- Then turn the discussion to the health care team. See which students are aware of other health care professionals who are not physicians in their patient's lives: pharmacists, PT's, OT's, child life specialists, nutrition, nursing, etc.
- Then appoint a student to play secretary while the whole group brainstorms about what kinds of health care professionals they would like to ask questions of regarding their patient's care. And then list the questions the students have. Have the student send the list of questions to you and to the LAP coordinator so that we can distribute it to the various health care professionals before they come. We anticipate that the 3 following sessions this year will also be attended by guests from other health professions schools who will have a discussion about these patients from their own perspective.
- If any students are having a hard time contacting their patients, help them to think through other ways of dealing with this, and let the LAP coordinator know if you think the student needs a new assignment.
- As always, there is no need to fill the entire 2 hours. Stop when the conversation is naturally done. Let us know if you think there are any significant problems.

Longitudinal Alliance Program
Faculty Facilitation Guide
MS-2 Debriefings: 2nd, 3rd, and 4th meetings

Themes: The focus of the 2nd year of debriefings is on the health care team.

Structure:

- At each of these meetings, we will have arranged for visitors from other health professions to join the group discussion. We encourage our visitors to bring learners as well, so this is a chance for medical students to interact with dietetic students, clinical pharmacy residents, medical genetics graduate students, etc.
- Before the debriefing session, the visitors will be assigned to specific debriefing rooms. Sometimes you will have visitors from only one health profession, and sometimes more. Introduce yourself quietly to the visitors and invite them to join the group.
- Once everyone has a seat, run quickly around the room, allowing each person to introduce themselves: what is their name, their role (i.e. 2nd year medical student, dental school faculty, etc.).
- Then turn the spotlight onto the visitor. Ask them to introduce their field: What kind of training do they do? What kinds of work do they do day to day? What do they see as their most important contribution to patient care? What do they wish physicians knew to ask them to do?
- Allow the rest of the group to ask questions about their profession.
- If you have a second visitor, repeat the process, asking them to introduce their field and allowing group questions.
- Next, turn the focus of the discussion to the Longitudinal Alliance patient stories. One by one, have the LAP students take turns telling their patient's story, and then asking specific questions of the visitors in the room about the care of their patient. Often you'll find that visitors have even more to contribute than our students anticipate.
- As always, there is no need to fill the entire 2 hours. Stop when the conversation is naturally done. Let us know if you think there are any significant problems.

Longitudinal Alliance Program**Faculty Facilitation Guide:****MS-3 Debriefings**

Themes: The patient's diversity of doctors: Interdisciplinary Collaboration

There are only two opportunities in the entire 3rd year curriculum in which all the students are together so that we can hold debriefings: in October during Geriatrics Week, and in April during Assessment Week.

Structure:

- First, check in with students about how they are surviving 3rd year Clerkships. Are they finding time to sleep? Are they getting overwhelmed?
- Next, go around the room and get updates from everyone on how their patients are doing: what has happened since the spring, and how are they doing at finding chances to touch base with their patients periodically.
- Remind students that they are allowed to request time for an appointment, a surgery, a labor & delivery, etc. while they are on clerkships, but they should not feel pressure to do so. In particular, on Family Medicine and CAMP-C, they are encouraged to attend their patient's appointments as long as transportation time and difficulties don't make that impossible. If they do request time off (no more than once per clerkship), they should email their clerkship director and cc the LAP coordinator who will confirm that they are part of the Longitudinal Alliance Program and this is an appropriate activity.
- Now that students have EPIC access, they should be able to access their patient's appointment schedule through that system. Each patient has signed a form consenting to their student accessing their chart in order to see the appointment schedule. Students should not review the rest of the chart, unless they are given specific permission by the patient to do so. In order to see the upcoming appointment schedule, they should go to the "chart review" tab and unclick the "hide add'l visits" box at the top of the section. Students beginning the program in 2021 will have access to their patient's full medical record when they become MS3's in 2023.
- Second, open up a discussion about the relationships that they see between physicians: ED, hospitalists, PCP's, specialists, radiology, path, etc. Talk about how they see these interactions on their clerkships, and then talk about how they see them in their patients' lives. Give each student a chance to talk about what they have seen.
- Finally, before closing, ask the group what they think about the idea of inviting a new 1st year student into their LAP relationship. If they would like to do this, have them notify the LAP coordinator. Remind them that we'll be meeting again in April.