

YALE SCHOOL OF MEDICINE

Teaching and Learning Center

Teaching with Patients - Practical Tips

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There are few ways of making teaching come as alive, and be as educationally ‘sticky’, as through the use of patients. However, educators are often hesitant to involve patients due to unfamiliarity or concerns about privacy or logistics. The following five approaches can be practical and helpful, and are presented from ‘most alive’ to least.

1. **Live Patient Interviews:** Nothing beats having a real patient in the teaching activity – either alone or with their family or loved ones. A few pointers:
 - a. If you don’t ask, it won’t happen. The worst that can happen is being told ‘no thank you’.
 - b. The optimal patient will be not only willing to come, but be articulate, comfortable talking in front of others – and dependable and punctual.
 - c. Prepare your patient and the students about what to expect. Minimize surprises.
 - d. First, introduce the patient to the students and let the patient and the students know what the format of the session will be. Attend to the little things, like microphones, if appropriate: being unable to hear can undo the experience.
 - e. Encourage your patient to bring things that will make them most comfortable: relatives or loved ones of course, but perhaps things to ‘show and tell’ about as well: pictures, mementos, meaningful objects.
 - f. Consider preparing a few questions or general areas you’ll want to touch on; share them in advance.
 - g. Decide if you or the students will generate the interview questions. If the students will be asking questions, you will be the facilitator. Provide the patient with a few minutes at the beginning to describe their life and then center the interview on the life and *illness experience*, rather than on the *disease process* (books are better for that). Aim for an intimate atmosphere, never an intrusive one.
 - h. Leave some time for a general Q&A with the patient or perhaps just with the students, and consider a small “give-away” as a thank you to the patient. Follow up with a call or an email a few days later – to thank again, and to make sure the experience is sitting right.

2. **Videotaped Patient Interviews:** A good video clip of a patient can be almost as good as the real deal, and make up in re-usability and logistic ease what it lacks in spontaneity. However, it is a format all too easily mishandled. Avoid doing so by considering these tips:
 - a. If you don’t ask, it won’t happen. And this time you will have to ask for a written consent to tape and use for educational materials.
 - b. A sample consent form from Yale-New Haven Hospital is attached.
 - c. You can do the taping in a more technically sophisticated way through ITS (be ready to give a PTAE0 number), or you can do it yourself with relative ease. Equipment is available through the TLC or the Medical School Library. Call or email ahead to reserve it.
 - d. For do-it-yourself, you will at a minimum require: a video or digital SLR camera; a tripod (don’t bother without one). Lights and microphones are optional, but being able to see and hear the material is critical. Try your set-up before you bring your patient in for the first time.
 - e. Taping is easy; editing is hard. Anticipate it will take you 2 or 3 times as long to edit down to a usable format and length. If you won’t have the time to edit what you tape, you might as well not use it.
 - f. Invite someone into the taping (e.g. a medical student); engage them as your ‘co-producer’ and have them help you with the edit. Not only will it be much better than you could ever do technically, but it will allow them to add their own ingenuity and highlight the aspects they found most educational.
 - g. The end result should be QuickTime or similar format digital file. Clips should be no more than 2 or 3 minutes long. Opt for a few short clips (e.g. 5x2 minutes) rather than one long one (10 minutes). You can, for example, organize them according to your teaching objectives.
 - h. Intersperse your videos into a traditional presentation, or use them as springboard for discussion – alone or around a clinical vignette or case scenario.

3. **Publicly Available Clinical Interviews.** Depending on your specialty or area of interest, it is more likely than not that you can find high-quality videos already available online, at times even with learning objectives and ancillary materials ready for your use. The old adage is very true here: ‘an hour in the library (or the web) will spare you countless hours in the lab’. What you are looking for is probably out there already – or at least a good starting point. I provide two examples relevant to my own specialty (child and adolescent psychiatry) to give you a sense of what I have in mind. Hope they are of some help to you:
 - a. Clinical Skills Initiative eModules and Brief Video Clips (from the Association of Directors of Medical Student Education in Psychiatry, <http://www.admsep.org/csi-eModules.php>). This is a collection of high quality interactive web modules to provide comprehensive coverage of the psychiatric disorders identified as key clinical learning objectives for medical student education in psychiatry.
 - b. ASD Video Glossary (from *First Signs*, http://www.firstsigns.org/asd_video_glossary/asdvg_about.htm). The glossary presents some of the more commonly used interventions for children on the autism spectrum: behavioral interventions, developmental interventions, structured teaching and supports, clinical therapies, and toddler treatment models. It is focused on treatments that can be represented and understood in video format.

4. **Movie Clips, Whole Movies.** Commercially available movies can be powerful complements to medical education. Consider one of these approaches to ‘spice up’ your teaching.
 - a. Show a carefully curated clip from a movie. So long as you don’t do so in a major setting, or post online, or publish in a new compilation, you should not be slowed by concerns about copyright infringement.
 - i. Perhaps the easiest and most convenient way is to bring the DVD and forward to predetermined queue points. An example of this approach, based on a lengthy documentary film on childhood cancer and end-of-life care can be found in: A Lion in the House. Module for Health Care Education: Pediatric End-of-Life Case Studies. Available online at: <http://www.mededportal.org/publication/8362>.
 - ii. If you are technically savvy with desktop editing (and have the time, or a co-producer!) consider compiling your relevant clips into a DVD or electronic file.
 - b. Watch a movie together; go to the movies as a group; harness the power of the Film Club. Consider this format if the entire movie is of high educational relevance (a few recent examples of film explorations, relevant to my discipline, include *Moonrise Kingdom*, *Boyhood*, and *The Wolfpack*. There are countless others).

5. **Clinical Case Vignettes.** If all else fails, and you are feeling shy or inhibited somehow, consider creating a composite clinical vignette, pausing along the way at pre-determined decision point nodes. You can use a written scenario alone, or combine it with several of the options above or with an audience response system (ARS). Consider using freely available online systems for this purpose, such as Poll Everywhere (<https://www.polleverywhere.com/>); ARS is also available through the TLC.

Corollary.

If you don’t ask, it won’t happen. The worst that can happen is being told ‘no thank you’. Just do it!
Feel free to reach out with any questions or feedback: andres.martin@yale.edu

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