



Implementing a First-year Medical Student Curriculum in Chronic Care Changed their Attitudes about Chronic Illness

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Background/Purpose

- Participants:** Eight randomly chosen first-year students out of 22 who volunteered to take part in a new chronic care curriculum.
- Learned under the guidance of a Master Tutor well versed in management of chronic disease.
- Curriculum was competency-based and designed using the Wagner Chronic Care Model.
- Had experiences focused on chronic disease:
 - paired for six months with a patient with a chronic illness went to doctor visits with patient
 - learned about patient registries
 - searched for disease guidelines
 - took on patient role for one week

Goal: To engage medical students and residents in responsible, meaningful, and purposeful learning about the care of chronically ill patients.

Methods

Focus group done with students at the beginning and end of the academic year.

Content analysis done on the answers to look for common themes. Focus groups were done for our own interpretation and to inform the curriculum and development.

Themes were compared before and after the implementation of the curriculum to track improvements.

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Questions:

Pre and Post:

"When you hear the term 'chronic illness' what images does this bring to mind for you?"
"Who are the providers [of chronic care]?"

Post only:

"Do you think participating in this chronic disease program will make you better prepared as a physician? How?" 9 answers
"Do you think this experience added something to your education this first year of medical school?" 9 answers
"How has your knowledge of the role of health care providers changed as a result of your participation in this project?" 4 answers
"What did you learn about medicine?" 3 answers

Understanding of Chronic Illness:

Theme

Length of time: "will go on", "ongoing", "people who are sick for a long time"

Illness complexity: "need to keep up", "complex, life-altering set of multiple problems"

Negative concept with low locus of control by providers

"patient that sees the doctor a lot, and struggles to remain 'compliant' with their treatments"

Positive concept with high locus of control by providers

"not necessarily fatal", "relationships are important between patient and provider"

Other: "the psychological underpinnings of chronic illness", "the high cost"

Pre

4

4

4

6

0

Post

6

5

2

4

2

Expanded View of the Team:

4 of the 25 post-curriculum focus group answers addressed this

Team

Physician

Family

Patient

Team

Pre

4

3

3

0

Post

2

0

2

3

Pre: "Family supplies day-to-day. Physician supplies acute care."

Post: "It made me think of the differences between chronic and acute conditions – differences for the patient and the entire care team."

Appreciation of System Complexity:

8 of the 25 post-curriculum focus group answers addressed this

Post Only: "I was struck by the number of visits my patient had to attend – the transportation obstacles, the logistical issues, the scheduling difficulties."

"It has given me a perspective outside of acute care."

"On the visit I attended, my patient was very preoccupied with insurance issues – wasn't able to focus on anything else."

Compassion for the Challenges:

13 of the 25 post-curriculum focus group answers addressed this

Post Only: "I am more aware of the struggles patient sometimes go through."

"It's given me greater perspective on caring for and dealing with chronic disease and avoiding some of the frustrations."

"Now I understand how a friend with diabetes can forget to check her blood sugar."

Conclusions

A year-long curriculum early in medical school gave first-year medical students:

A deeper understanding of chronic disease

- Appreciate it is long term and complex
- Increased breadth of understanding

A expanded view of the chronic care team

- Less focus on the physician
- Started using the concept of team

An increased appreciation for the complexity of the system

- More than acute care
- Saw social issues – transportation, insurance

More compassion for the challenges of patients with chronic disease

As the population ages and physicians will need to care for more patients with chronic illnesses, medical schools need to train their students to meet these demands. A chronic care curriculum such as we have developed will help teach and hone the skills students need to be informed, compassionate providers of chronic illness care.