Clinical interactions with patients can give medical students lessons on the technical aspects of medicine, but they also allow them to refine the aspects of training referred to as the softer skills.

A recent AMA webinar—“Learning from the Source: Patients as Teachers”—highlights the methods by which a program at the University of Wisconsin-Madison (UW) is using patients to help teach medical students lessons about empathy, stigma and the diversity of patients’ experiences. A recording of the webinar is available in the resources area of the Accelerating Change in Medical Education Community (registration required).

The system can be stymying

Webinar presenter Meg Gaines was on her way to becoming a criminal defense lawyer when she was diagnosed with ovarian cancer. At the time she had two children—a 3-year-old and a 6-month-old.

“When it spread to my liver, I was told to go home and think about the quality—not the quantity—of my remaining days,” Gaines said. “ Needless to say, I didn’t do that. But I did experience the health care system up close over the next several years and was really struck and moved by the experience. Mainly, I realized how much help patients need to navigate the system and get the care they need. Even as a lawyer, and a bossy one at that, it was a real challenge.”

From those experiences, Gaines began informally helping patients navigate the system. The work eventually led the formation of UW’s Center for Patient Partnerships. The center—an interdisciplinary organization that draws students from UW’s graduate professional schools including law, medicine and public health, nursing, and pharmacy—allows medical students to serve as system navigators for patients in the midst of health events.
“Med students are surprised by the system,” she said. “They, like patients, are shocked by the hypercomplexity.”

There’s a right way to listen

One way the center uses patient experiences to affect curriculum is through an online course—“From Voice to Voices”—to teach medical students about depression and empathy. In the course, students watch video testimonials from a qualitative research study featuring young adults discussing their experiences with depression.

Unlike real or standardized patient encounters, the videos allow students the opportunity to actively listen to patients.

“A lot of our course is about empathic listening, and we find these video and audio clips to be an effective way for diverse patients to teach med students,” said Rachel Grob, PhD, a senior scientist at UW’s School of Medicine and Public Health, who designed and teaches the course with Gaines.

“You can’t interact; you can’t intervene,” Grob added. “That active desire to fix that so many of us in the health professions have has to be put on hold, and what is incredibly valuable is the exercise of really listening. And noticing what’s happening as you are listening.”

Your backpack is useful

The depression course does bring a unique vantage point on the stigma surrounding young adult depression. Many medical students, after all, aren’t that far removed from being young adults themselves.

Rather than fighting judgments, the course acknowledges them. It also tells students to unpack their “backpacks” by describing three aspects of young adults’ experiences with depression that they have observed outside of their training. Personal experiences, Gaines believes, inform how physicians treat patients.

“Acknowledging that they have lived expertise is a way to respect them as learners—if you want students to learn about things in a really deep way that’s not just memorizing things in their heads but that brings it into their hearts,” Gaines said.