Patients' Stories in Healthcare Curricula: Creating a Reflective Environment for the Development of Practice and Professional Knowledge

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Abstract

Patient and public involvement in the provision of healthcare professional education is considered best practice by both the Healthcare Professions Council and the Nursing Midwifery Council. One key activity in healthcare education is the classroom based 'patient story'. This consists of a person re-telling and reflecting on their experiences of their health-related problem and their interaction with health services. The primary objective of this paper therefore was to explore educational theory in order to offer a theoretical critique of the use of patient stories in healthcare education. The article explores the theory-practice gap, theories of reflection as well as dialogue and proposes that the use of patient stories in healthcare education may help to better prepare students for the realities of professional clinical practice. Patient story told first hand in the classroom creates a significant learning experience in which both the student and the patient reflect and learn through dialogue, positively impacting on attitudes, beliefs and improved patient care. We argue that the incorporation of patients' stories in healthcare education encourages the use of reflection and facilitates critical thinking, which in turn can help to bridge the theory practice gap.

Keywords: patient stories, reflection, dialogue, knowledge.

Introduction

Including the public and the community in the planning and delivery of health and social care services has been a feature of government policy since the 1980s. Empowering people to get involved in shaping services in a way that meets the needs of the community (Repper and Breeze 2007, The Health Foundation 2011, Mockford et al 2012, Tew 2012, Terry 2013, Turnbull and Weeley 2013). Studies have noted that working with the public and wider community in clinical service developments contribute positively to changing health professionals' attitudes, values and beliefs (South 2004, Challans 2008, Mockford et al 2012)

The development of patient and public involvement in healthcare education was initially led and tested predominantly in the field of mental health and social care but has since been

adopted more widely in healthcare professional education (Kelly and Wykurz 1998, Costello and Horne 2001, Cooper & Spencer-Dawe 2006, Lathlean et al. 2006, Raj et al 2006, Tew 2012, Terry 2013, Job et al. 2016). Today patient and public involvement is a requirement in healthcare professional education; both the Health and Care Professions Council (HCPC 2014) and the Nursing and Midwifery Council (NMC 2010) require those who plan and deliver education to demonstrate service user and carer involvement in their training programmes.

The Health Foundation (2011) conducted a literature review and found strong evidence that patient and user involvement in healthcare education benefits the learners, educators and also the service users themselves, at least in the short term. They go on to recommend research exploring the longer term benefits of this education (Turnbull and Weeley 2013). More recently Edwards et al. (2016) conducted a study and discovered that patient involvement in a cancer education programme improved student knowledge and confidence when compared to a control group of traditionally taught students. The involvement of patient and public involvement in healthcare education programmes, however, remains patchy across the UK and Terry (2013) suggests that patient and service users are an under-utilised resource in training programmes (Turnbull and Weeley 2013).

The Health Foundation (2011) discovered that one of the most common types of patient involvement in education includes people sharing their experiences or telling their story. Haigh and Hardy (2011) believe that, when a patient tells their story, it lays the foundation of the 'human experience' that can affect the heart as well as the mind and offer all those involved the opportunities for reflection.

The aim of this paper is to offer a theoretical critique of the use of patient stories in healthcare education. We argue that the incorporation of patients' stories in healthcare education allows for reflection to occur in a safe and conducive environment, bringing the 'real world' of practice into the classroom. Practice and professional knowledge is developed in the context of the practice setting, informed and refined by the input of the patients. Hence, students are equipped with knowledge that is suitable for the challenges of modern practice in the patient-centred paradigm.

Preparing Students for the Challenges of Practice

The regulation of the healthcare professionals has indicated the importance of theory and practice integration in a holistic curriculum. Professional bodies have laid down guidelines for education providers to include a minimum amount of hours spent on practice placement (HCPC 2014; NMC 2010, 2015). It is evident that practice based learning is crucial and complementary to the lectures and skills taught in the university.

However, as knowledge leads to new experiences, which in turn lead to the construction and reconstruction of new knowledge, students need to be taught the fundamental theories before they are ready for practice placements (Schön 1984). Consequently and unintentionally, a disparity between theory and practice is established where there is an incongruence between what is taught in universities and what actually happens in practice settings. Nonetheless, we argue that this theory-practice gap is bridged by reflective dialogue which can be encouraged by the use of patient stories in healthcare education (Dewey 1933; Schön 1984).

Dewey (1933) had indicated that learning should be done in context of its application; hence in the example of healthcare education, knowledge construction should occur in the practice setting such that it can be more easily applied by students when they become qualified practitioners themselves. Thus the major responsibility of all education leaders is to put in place learning that engages students intellectually, socially, and emotionally. Supporting educational approaches that create significant impact and lasting improvements in learning that impact on practice (Glickman, 2002; Stoll, Fink, & Earl, 2002). Fink (2003) highlights the importance of critical thinking skills in the higher educational setting and advocates the creation of 'significant learning experiences' by colleges and universities as opposed to the delivery of memorisable knowledge often delivered in large lecture theatres. We would attest that this is the value and primacy of patients as teachers in the classroom setting, memorable learning that has the potential to be of value to the student after the course is over, and into their professional healthcare practice (Fink, 2003). Person-centered learning which leads to person-centered healthcare (Job et al 2016).

Theory-Practice Gap

In healthcare education, the curricula do not merely revolve around scientific knowledge additionally it includes aesthetic, personal, ethical and emancipatory knowing (Carper 1979; Chinn and Kramer 2008). Professional knowledge and behaviour form a crucial part of education in the preparation of practitioners with a holistic understanding of practice and its underpinning theories (Bosser et al. 1999). Nonetheless, teaching in a university setting arguably creates a rather false environment, shielded from the reality of practice (Eraut 1994). Gold standard practice is taught and encouraged in university which students may find impractical on their placements due to barriers that they face such as time constraints, heavy patient loads, policies and directives that vary between countries, health boards, settings and even wards in the same hospital (Bosser et al. 1999). This leaves students in a state of confusion due to the incongruence between what is taught in universities and what they have experienced or seen on placement. Despite the incorporation of placements in healthcare education, students find difficulty in bridging theory and practice (Ajani and Moez 2011).

While one of the aims of practice placement is to encourage reflective thought, practice settings may not be the most conducive environment for it. Reflection necessarily requires "surprise" (Schön 1984, p. 56) or "perplexity" (Dewey 1933, p. 23) and "experimental actions" (Schön 1984, p. 269) which can be challenging to incorporate into practice in some health organisations that prioritise efficiency. This is a great difficulty for students to practice reflectively when the environment is unable to accommodate actions that may be experimental and inefficient. Therefore, the theory and practice disparity is perpetuated, as students struggle to examine the relationship between the theoretical knowledge learnt in university and its application in practice settings (Ajani and Moez 2011).

Patient Stories as Reflective Materials

The university attempts to provide a protected environment for learning and hence making it more conducive for reflective thought, relative to practice settings. Incorporation of patients' story in education brings the context of the practice setting into the university for students to encourage reflection, hence learning occurs in the context of practice settings, in the safety of the university (Dewey 1933; Eraut 1994). Patients' stories are essentially personal

experiences rich with emotions, action and intellect all interacting with each other in "subtle shadings" and "developing hues" (Dewey 1934, p. 44). Students have the opportunity to listen to the richness of the 'lived experience' and tease out themes and ideas that they can reflect upon in their own practice (Job et al. 2016). It is important to note that students are not engaging in a reflective dialogue with the patients' experience but with their own practice and knowledge, enhanced by their own interpretations of the patients' experience.

Though theoretically different from the concept of reflection as understood by Schön (1984), it is still necessarily reflective thought for the two processes as indicated by Dewey (1933) remain. Students are first in a state of perplexity and confusion about their own knowledge and practice and what they have understood from the patient's experience. Then, there is a period of the suspension of their beliefs for further examination. They will finally emerge with new knowledge, after rejecting, affirming or reconstructing their prior assumptions and beliefs (Dewey 1933; Benner et al. 2009). These patient stories serve as materials and triggers for deeper reflective thinking for the student.

The reflective dialogue between the students and the patients in the university setting is unique in the sense it exists in a safe yet contradictory environment which fosters reflective thought. In this dialogue, the university, home to intellectual theories and quintessential practice, meets the patients who bring along with them the perspectives as recipients of healthcare, enriched with emotions and the understanding of the reality of being patients in the health system. These two entities though appear conflicting in nature, work harmoniously to trigger a state of perplexity in the student, where he or she pauses to question his or her practice and understanding of theories (Job et al. 2016); thereby bridging the theory-practice gap through reflective thought.

Russell (2005) noted that teaching reflection is more about teaching the theories of reflection. Students should be allowed to learn how to reflect by being able to practise it (Wong et al. 2016). These patient stories provide an alternative opportunity for students to practise and learn how to reflect, aside from their placement. As they are triggers for reflection, the reflection itself should still be supplemented with the appropriate amount of guidance from educators.

Patient Stories as a Dialogical Investigation

Listening to a story, subsequently having a conversation or dialogue with the patient in order to development judgement and understanding is a necessary requirement of this approach to learning. Freire (1970) uses the term dialogue which implies an exchange between two or more people. If dialogue is indispensable in the process of learning and this learning is best based in the real world, then who is better to provide the dialogue than the patients themselves? The patient sits firmly in the real world of practice or placement while the teacher can be seen as removed from practice and an instrument in the theory-practice gap (Freire 1970). Freire (1970) argues that this dialogue assists in the development of critical thinking which is essential if the dialogue is to be meaningful and capable of transformation or change to practice.

The dialogue between patients and students in the classroom provides the students with a different form of knowing. In cancer education, for example, they may already know about the cell cycle and how chemotherapy works but this only encompasses the facts about cancer its development and its treatment. It is the exchange of information with the patient, the dialogue, the questioning and inquiry by the students which helps them develop a deeper understanding of the patient's experience (Haigh and Hardy 2011; Job et al. 2016). The student is encouraged to critically reflect in order to understand the beliefs, attitudes and values the patient may have acquired through their experience of cancer, its treatments and services (Turnbull and Weeley 2013). They are also engaged in examining and challenging their own assumptions, attitudes, beliefs and values (Freire 1970). The duality of the process also facilitates the patient in gaining the same insight into the views, attitudes and values of the nurse; at its best it is a reciprocal and mutually advantageous partnership (Job et al. 2016). Freire (1970) argues that this horizontal relationship fosters mutual trust as a logical consequence.

A great deal of attention has been paid to the process of learning and subsequent change (Dewey 1933, Freire 1970, Schön 1984, Fink 2003, Rolfe 2013). If it is desirable to facilitate understanding of the experience of the patient in order to more fully inform the practitioner about the holistic impact of health or illness, then the practitioner may develop a deeper empathetic understanding which in turns helps to improve their practice and future communication with patients (Freire 1970, Rogers 1983).

Patient Stories in Healthcare Education

Rolfe (2013) proposes that the lecture in healthcare education has become the teaching strategy of choice because it saves time and allows for larger cohort sizes. Rolfe (2013) also argues that a focus on passing assessments has become the aim of teaching which has replaced learning in terms of importance (Fink 2003). Freire (1970) earlier proposed that two distinct methods of teaching exist which he names "Banking Concept" (Freire 1970, p. 72) and "Problem Posing" (p. 79). In the former, the student is seen as a vessel for new information, facts and theory. The teacher is in an intellectually superior position and their job is to fill the student up with the required information. Freire (1970) propositions that the content of this one-way narration is often detached from reality and negates the need for reflective dialogue (Young and Patterson 2007). It is the Banking Concept approach to teaching that encourages the divorce between the reality of practice and theory. The gap widens because Banking Concept teaching assumes that the student is merely in the world, not with the world or with others, in this case, the student is a spectator instead of the investigator (Freire 1970).

A patient's story shared directly by the patient in the classroom enables a patient and student dialogue, which we argue sits firmly in the Problem Posing approach to education. The Problem Posing approach to teaching enables all parties to ground themselves in the realities of the world, this reflective and constructionist approach aids teacher and student in making knowledge discoveries which are relevant (Freire 1970, Fink 2003). This relevance arguably can act as a bridge between theory and practice and help all parties to challenge their assumptions, beliefs and attitudes (Freire 1970). Young and Patterson (2007) argue that this form of teaching is at the heart of a student-centred approach because it involves making relationships between the participants, the material and what the student already knows. Arguably this approach assists in the development of patient-centred practitioners (Young and Patterson 2007). Fundamentally this requires the student and patient to become co-investigators in the dialogue (Freire 1970). The patient and student conduct simultaneous reflections which allow for deeper understanding of the implications of the problem and help to map out the holistic nature of any issue (Freire 1970). In this way, they are jointly responsible for the process of learning and teaching in which they all grow. The Problem Posing approach to teaching enables all parties to ground themselves in the realities of the world, making knowledge discovery relevant in order to challenge the assumptions, beliefs

and attitudes that impact on the emergence of self-awareness as opposed to the submersion of it (Freire 1970).

Benner et al.'s (2009) multi-year comparative study conducted in the US recommended better integration of the clinical and classroom teaching to foster student learning, in order to better prepare students for the challenges of professional practice. They argue that current practices in education are oversimplified and elementary, therefore does not train the students for diverse clinical situations (Benner et al. 2009). Patient stories, through a reflective dialogue with the students, is perhaps useful for the purpose of bringing the messiness and complexities of practice into the academic environment. The reflective nature of patients' stories benefits emerging practitioners beyond the acquisition of better practical and professional knowledge. The skill of reflective learning equips students to become agents of change, which does not only include the clinical seminar but arguably extends into the political and public arena in health and care setting (Benner et al. 2009).

Knight et al. (2013) argue that in higher education, the pedagogy should be in line with the epistemology of what is being taught. Healthcare education is about developing practitioners to care for patients and service users. In this sense, patient stories are an excellent pedagogic tool, in accordance to Knight et al.'s (2013) theory, as it is a method of learning about healthcare practice in the context of its application. As practice education shares the same purpose in healthcare education, it stands to conclude that patient stories as a pedagogic tool would be well situated alongside practice placement.

Patients in the health and care system are abundantly available but rather under-used resource for education purposes (Towle 2016). Hence more effort should be channelled into tapping into this resource and explore how such patient and public involvement can fit in healthcare education.

Conclusion and Further Research Recommendations

The aim of healthcare education is to educate professionals who are able apply skills and knowledge learnt in the real world of practice. For that purpose, the incorporation of patients' stories and experience in the delivery of healthcare curriculum is highly important.

Patients bring with them the reality of healthcare, from the perspective of care recipients, into the relative safety of the university environment. It triggers reflection; thus it allows students to see the application of the theories taught and gain new understanding of their own practice (Schön 1984, Dewey 1933). The inclusion of patients' stories in the classroom can assist the students in the reflective dialogue which can support their education and assist in building a bridge between clinical practice and university-based education. The richness of the patient's experience can also help assist the student in the development of patient-centred care.

The dialogic exchange between the student and patient offers a learning experience that is deeper and more dynamic than a typical lecture-based teaching method. It features the student as an investigator in their own learning and development as a professional rather than a spectator or a passive recipient of healthcare education (Freire 1970; Rolfe 2013). This approach engages the students in critical thinking which is capable of leading to a positive change in the practice the next generation of healthcare professionals (Haigh and Hardy 2001, Freire 1970).

The ability to think critically is essential in today's healthcare systems. Healthcare educators need to ensure that significant learning experiences are embedded in curriculum, while maintaining and protecting a strong focus on person-centred care. Linking reflection and the patient story facilitates the creation of critically thinking students, armed with the patient perspective, a reflective practitioner with the tools and building blocks to improve patient care.

Despite the benefits in healthcare education, patient involvement remains under-used (Towle et al. 2016). Therefore, this paper calls for more research to be conducted on how this can be done besides patient story-telling and how it can be embedded into healthcare curriculum. While this paper has offered a theoretical explanation of importance of the patients' stories to the students, more research is required to understand the impact, the potential benefits and harms, it might have on the patients involved.

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