Transformational Learning: Key to Providing Patient-Centered Care

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Objectives:

• Describe the differences between informational and transformational learning.

• Describe parallels between learner-centered education and patient-centered care.

• Identify innovative pedagogies that will prepare clinicians to more effectively deliver personalized whole-person care.
Achieving Transformation Requires:

Change in our Health Care System

AND

The Educational System that produces the Care Providers
A Call for Bold Change

• Healthcare providers cannot give what they do not have.
• The shift required in the educational paradigm needs to be at least as bold and radical as the change being called for in the health care system.
• We can’t continue with the same educational processes and expect changes in outcomes.
How we teach is as critical as what we teach.
Types of Learning

- Informational
- Transformational
Health Professions Education

- Over-loaded with Content
- Passive
- Not-Learner Centric
We are not going to produce more caring and compassionate clinicians by simply talking to them and telling them what to do.
Transformational or Transformative Learning

- Engages learners in a way that enables them to go beyond acquisition of factual knowledge along and to become changed by what they learn in some meaningful way.
Transformational Learning

• Involves questioning assumptions, beliefs and values.

• Considering multiple points of view.

• Verifying reasoning.

(Mezirow, 1990)
Transformational Learning

- Involves a deep structural shift in the basic premises of thoughts, feelings and actions.

- A shift in consciousness that dramatically and irreversibly alters feelings and actions.

(O’Sullivan, 2003)
Transformational Learning

• Includes personal and professional growth.

• Moves students beyond acquisition of new knowledge and skills to a pace where they experience a shift in perspective that enables them to grow in their capacity to question, challenge, and create and demonstrate caring, compassion and empathy.
<table>
<thead>
<tr>
<th>Conventional System</th>
<th>Care Delivery System</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Role of the Patient/Student</strong></td>
<td>Passive recipient of care</td>
<td>Passive recipient of education</td>
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<tr>
<td><strong>Role of the Provider/Teacher</strong></td>
<td>Expert</td>
<td>Expert</td>
</tr>
<tr>
<td><strong>Key Intervention/Strategy</strong></td>
<td>Telling them what to do</td>
<td>Lecturing/Telling them what to do</td>
</tr>
<tr>
<td><strong>Choose to not follow our advice</strong></td>
<td>Non-compliant</td>
<td>Fail</td>
</tr>
<tr>
<td>Transformed System</td>
<td>Care Delivery System</td>
<td>Education</td>
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<td><strong>Role of the</strong></td>
<td>Active participant,</td>
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<tr>
<td><strong>Patient/Student</strong></td>
<td>empowered and engaged</td>
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<tr>
<td><strong>Role of the</strong></td>
<td>Guide, coach and</td>
<td>Guide, coach and</td>
</tr>
<tr>
<td><strong>Provider/Teacher</strong></td>
<td>facilitator</td>
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<tr>
<td><strong>Key Intervention/Strategy</strong></td>
<td>Coaching, motivating and engaging</td>
<td>Coaching, motivating and engaging</td>
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<tr>
<td><strong>Outcome</strong></td>
<td>Healing</td>
<td>Learning</td>
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What gets in the way of Patient-Centered Care?

- Care providers who are on auto-pilot, disengaged, burned out, distracted, oblivious and lacking in interpersonal skills.
What’s it going to take?

- Learner-centered, experiential curricula that incorporates reflective practice and mindfulness as key strategies.
Curricula

• Reflective Practice
• Mindfulness
• Presence
• Pedagogy that leads to transformative learning.
Reflective Practice

- Reflection-on-Action
- Reflection-in-Action
Reflective Framework

- What’s going on here?
- Why is it so?
- How could it be different?
Reflective Framework

- Construct
- Deconstruct
- Reconstruct
What skill is very important to our ability to engage in reflection?
Mindfulness

The emphasis is on staying in the present moment, with a non-judging, non-striving attitude of acceptance.
Presence

• Fully conscious and aware.
• Deep listening.
• Relating in a way that reflects a quality of being with vs. doing for.
• Physical – proximity, seeing, touching, hearing, hugging or holding.
• Psychological – mind to mind, requires skills of attending, listening, empathy, non-judging and accepting.
• Therapeutic presence – spirit to spirit, at-onement, requires skills of centering, intentionality, intuitive knowing.
Innovative Pedagogies

• Narrative pedagogy within case conferences
• Storytelling
• New classroom rules of engagement
• Disorienting dilemmas
• Liberating structures
Questions?
Moving the Patient into the Center of Health Education

Robert Saper, MD MPH
Boston University
November 9, 2012
Disclosures

• Conflicts of Interest: None

• Passions

  1. Respect for the dignity of patients, learners, and colleagues

  2. Expand medicine’s view of what may be helpful

  3. Experiential learning
Integrative Medicine [Health]

“The practice of medicine [health care] that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals and disciplines to achieve optimal health and healing.”

- Consortium of Academic Health Centers for Integrative Medicine
Patient-Centered

Evidence-Based CAM

Integrative Health

Relationship-Centered
Diabetes Example

Physician-Centered
• Goal: Glucose control
• Tools: medications, diet and exercise secondary
• Tasks:
  – Glycohemoglobin
  – Vaccines
  – eye exam
  – foot exam
  – Urine protein
  – ACE inhibitor if ↑BP

Patient-Centered
• Concerns: fatigue, fear of amputation, cooking for family
• Goals: avoid “shots”
• Barriers: cultural diet habits, health literacy
• Facilitators: daughter is medical assistant; prayer
Relationships Impact Clinical Outcomes

Adequate relief

Percentage (SE)

Waiting list (n=87)
Limited (n=88)
Augmented (n=87)

Evidence-based CAM

- Clinical Expertise
  - Best Research Evidence
  - EBP
    - Patient Values & Preferences
Flexner Report 1910

- Medical schools based in academia
- High admission standards
- Scientific based

Abraham Flexner (1866-1959)
Medical Education
Post-Flexner Report 1910-2012

- Premedical
  - MCATs
  - GPA
  - Prereqs

- Medical Preclinical
  - Years 1-2
  - Boards
  - Grades
  - Evaluations

- Medical Clinical
  - Years 3-4

- Residency
What educational structures and processes are needed to train health care professionals to become patient-centered, relationship-centered, evidence-based, and maintain high levels of scientific and technical competence?
↑ Patient Contact in Years 1-2: Service Learning
Integrating 3rd Year Clerkships

• Harvard – Cambridge Health Alliance
• Longitudinal 3rd year clerkship
• Foster close & continuous patient contact
• Performed > traditionally trained peers
• Greater satisfaction
• Stronger sense of patient-centeredness

Ogur B et al. 2007
“In any learning situation other than a year-long relationship, I would never have understood Ms. S’s complexity, her essence, and what it takes to really manage well a complicated, chronically ill patient over time.”

Ogur et al. 2009
“The integrated clerkship has taught me to focus on the tasks for which I came to medical school: to serve the person with and beyond the disease.”
Standard Medical History

• Chief Complaint
• History of Present Illness
• Past Medical & Surgical History
• Medications
• Allergies
• Family History
• Social History: occupation, marital status, cigarettes, alcohol, drugs
Patient-Centered Medical History

• Chief Complaint, goals and concerns
• History of Present Illness
• Past Medical & Surgical History
• Medications, CAM
• Allergies, sensitivities
• Family History and background
  – Social History: occupation, marital status, cigarettes, alcohol, drugs, relationships, stress, diet, exercise, sleep, spirituality
Teaching Patient-Centered Language

The patient is a 54 year old female who failed chemotherapy for Stage 4 breast CA. She now refuses any further therapy. Pain has been an issue due to poor compliance with her pain regimen. She complains of anxiety and depression, but denies suicidal ideation.
Teaching Patient-Centered Language

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Ms. Smith unfortunately has metastatic breast cancer. She does not want any more chemotherapy. She is in a lot of pain. She is afraid of becoming addicted to pain medicine. She has a 12 year old daughter, and feels anxious and sad about what will happen to her after she dies.
Patient-Centered Education: Cultivating the Art of Healing
“Of course I’m listening to your expression of spiritual suffering. Don’t you see me making eye contact, striking an open posture, leaning towards you and nodding empathetically?”
“Well, gentleman – who’s playing God today?”
Teaching in a Virtual World

Mitchell S et al

Slide courtesy Suzanne Mitchell MD
The Healer’s Art Elective

• Developed @ UCSF by Rachel Remen MD
• Supports students in recognizing, valuing, and preserving human dimension of health care
• Discovery Model
• Restoring Balance, Grief & Loss, Service
• Reflection exercises in small groups
• Generous nonjudgmental listening
Hippocratic Oaths

“Allow me to listen fully to each person.
Give me the strength to see each patient as a person and not only their presenting complaints.
Help me to focus on each visit no matter how busy the day.
Remind me to lean on colleagues for support and be there for them as well.”
Student Evaluations

“Patients are people with stories and experiences to tell, and our role as physicians is to listen and help heal.”

“I need to nurture myself in order to nurture others.”
Medical Student Burnout

- 2006-07 Survey
- 4,287 students, 7 schools
- 49.6% burnout
- 11.2% suicidal thoughts

- Heavy workload
- Massive amount of information
- Long hours
- Responsibility for life & death
- Trauma
- Financial debt
- Personal life events

(Dyrbye et al, Ann Int Med 2008)
Self Care
“This year was a really hard year for me... Having a place to come every week, a community, where I felt connected was wonderful.”

“By coming to not only learn about, but experience practices revolving around yoga and mind-body awareness, our abilities as providers to help our patients increases exponentially.”

Heather Mason, MA - course developer
Final Comments

• Patient-centered education is essential for transforming health care
• Desired educational outcomes drive structure, process, & evaluation
• Embed new processes into existing structures
• Vertical integration
Thank You