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How Incorporating Patient Videos Can Positively Impact Medical Education

You're listening to Lifelong Learning on ReachMD. The following program was recorded at the 2018 annual meeting for the Alliance for Continuing Education in the Health Professions. Here is your host Alicia Sutton.

Alicia Sutton: We are broadcasting from the Alliance for Continuing Education in the Health Professions at the annual meeting here in Orlando, and I want to thank you guys for joining me. I will introduce you in a second, let me just say what you presented about which is using patient videos to model effective communication strategies. I look forward to talking to you about it. Please introduce yourselves.

Julie White: Thanks, it's great to be here. I am Julie White, the Director of Continuing Medical Education at Boston University School of Medicine. I have been in this realm of work for 22 years, and never a dull moment, love my work.

Alicia Sutton: Fantastic.

Ilana Hardesty: I am Ilana Hardesty. I am the Senior Program Operations Manager at Boston University Continuing Education Office. I have been here now for 11 years and for the last seven of those I've been working on our opioid prescribing education.

Alicia Sutton: Excellent, thank you. So, no shortage of ways of teaching. We talk about it a lot at this conference and you guys are presenting on something that you are referring to as trigger videos. If you could tell us a little bit more about that.

Julie White: Yes, actually one I just shared kind of an official description out of an article from Academic Medicine. A trigger film is a short scene depicting a typical clinical situation with a patient or fellow colleague. These films trigger discussions of the issues and circumstances raised in the films. Basically, in layman's terms, a trigger video is really designed to elicit emotion, kind of get the audience primed for discussion.

Alicia Sutton: Are there better uses of a trigger video where you'd might want to use it or maybe not want to use it?

Julie White: Yes, I think it's particularly good when there's a difficult communication skill or skill about communication on a difficult clinical scenario where they would be particularly useful.

Ilana Hardesty: Yes, I think that's about right. Clinicians/learners don't necessarily need it if they're just learning about a new medication and it's the way it works. But, it is very useful when you're looking at clinical interactions and particularly those that are just a little bit more emotionally fraught.

Alicia Sutton: Yes, I can imagine. Do you have an example where you've used one? Describe it, maybe a clinical condition maybe, and how the approach was used with the trigger video.

Julie White: Yes. Do you want to talk about SCOPE and then I can share some of the examples we heard about yesterday?

Ilana Hardesty: Sure. So, we do use trigger videos in our SCOPE of Pain Program. We use them in live meetings as part of the Q&A session so that we can model some behavior, and they are available for people to download for use in small group settings. I think, when it comes to teaching clinicians about prescribing opioids safely, and navigating the waters of talking to patients about what this means and what kind of monitoring has to happen and so forth, they work very well. We've got a number of them that model that behavior, model those discussions that you have to have when you are starting a patient on opioids or when you are discovering that there may be some issues.

Alicia Sutton: Okay, excellent.

Julie White: There was a great example yesterday that someone provided how they might use trigger videos, and this person works in CME around hospice, and they were saying that it would be particularly useful when teaching a clinician how to deliver bad news, which is never something that anybody would want to be doing. That's a great example to use videos to exemplify the best that you can to be giving the bad news to the family.

Alicia Sutton: What is the significant of the word "trigger?" Are you triggering them to behave a certain way or triggering it in a certain line of education?

Julie White: Right, so it is trigger the discussion. So, in other words, the video, and we actually did a presentation, another colleague of mine and I, using a clip from a movie, and you do have to be careful about copyright and so forth, but you could, for example, use a clip from a movie that triggers a discussion around some clinical scenario or clinical example. It can be something that you create yourself as we have done or something that you've seen someone else do but you think it's a great example that you can use to generate discussion.

Alicia Sutton: That helps. In helping educators here and your presentation helping them develop these, I think you addressed a few different ways about going about that or how to speak to patients. Can you address some of that? For example, asking questions in a non-judgemental way, those kinds of things.

Ilana Hardesty: So, it was very interesting to present what we did yesterday to our colleagues. I've seen these videos used, in fact, with clinicians, so this was sort of a step away from that. It gave us an opportunity to really talk to our colleagues about how these might be useful, and yes, to model or practice in the case of our skill practice that we did. To practice that kind of non-judgemental approach to a patient. It might actually help in our own work and I think it helps in everyday life as well, but to give people an opportunity to try out some of the discussions that you might have. Try out those communications issues including the non-judgemental. You're trying to build an alliance. You don't want to alienate the person you're talking to, you want to establish trust and create that alliance.

Julie White: Another key is motivational interviewing. A lot of the techniques that are taught through motivational interviewing skills are similar to what we were trying to model in our SCOPE of Pain video. The idea of the patient and the clinician are allies in the patient's care. It's not that the physician is the font of knowledge and the patient is….it's really an alliance between the two.

Alicia Sutton: In talking to the audience yesterday, did you hear some interesting feedback on ways people are doing this or would like to use it in education?

Ilana Hardesty: We did actually. It was very interesting. I think people weren't doing a lot of it but they could really envision how it might work. Julie gave the hospice example and there were some others.

Julie White: Yes, the other idea that I remembered is one of the individuals said it was a great way to have people try out different approaches to interact with the patient and if they could sort of practice different approaches and sort of figure out ways that they were working well or not working well. That came up in our feedback discussion, but the same idea that you could try different kinds of approaches to interacting with the patient.

Alicia Sutton: That's excellent. So, in your presentation you clearly showed some examples. Let's take a look at one that you showed to your presentation team.

Example video is shown:

Doctor: So, it sounds like the pain medications are working well for your knee and ankle pain.

Male Patient: Yes.

Doctor: That's great. As you know, I check urines on you regularly, just to monitor you for safety. The last urine I sent had cocaine in it.

Male Patient: That can't be right. Someone must have made a mistake at the lab because I wouldn't use cocaine.

Doctor: Okay. You know that I'm not testing you to catch you doing something wrong. I'm not judging you. The urine was rechecked and confirmed, so I trust the result. Really my main focus is on keeping you safe and worrying about your health. So, can you tell me about the cocaine use?

Male Patient: Okay. Over the weekend, you know, I get together with my friends and have a couple of drinks. It's not a big deal though.

Doctor: Has your use been increasing lately?

Male Patient: A little bit. Here and there we get together, have a little fun, a couple drinks. It's not like I'm addicted or anything. I can stop anytime. It's not a big deal.

Doctor: So, it sounds like you enjoy doing it with your friends. Is there anything else that you like about it?

Male Patient: Not really.

Doctor: What about that you like less about it?

Male Patient: Besides the fact that it's illegal?

Doctor: Yeah, anything else?

Male Patient: It's expensive and I don't like the way it makes my heart race. It's uncomfortable.

Doctor: Okay. Do you know about the health risks of using cocaine occasionally?

Male Patient: No.

Doctor: Do you mind if I tell you?

Male Patient: Sure.

Doctor: It can cause a heart attack. It can cause a stroke. And, with you in particular, it increases your risk of misusing the pain medications that I'm prescribing.

Male Patient: I would never abuse the meds.

Doctor: Okay. Well, can I tell you what my concerns are?

Male Patient: Yeah.

Doctor: My concerns are definitely about your health. That cocaine can cause a heart attack and a stroke as I mentioned, but it also may limit my ability to continue to prescribe these medications for your pain. So, what I need you to do is to think about it and decide what's more important, your cocaine use with your friends or these medications for your pain.

Male Patient: I can quit the cocaine anytime. I'm not addicted. It will be easy. I can do that.

Doctor: Okay, that's great. So, as I mentioned this puts you at a higher risk of misusing these medications and so I am going to need to monitor you more closely and that means checking your urine more frequently and things like that. Really, moving forward, we're talking about a zero tolerance here, so if you continue to use cocaine I'm not going to be able to continue prescribing these medications. But, if that's the case, then we will come up with other ways to treat your pain.

Male Patient: Like is said, I can give it up. I'm not addicted.

Doctor: One last thing, if you find it more difficult to stop than you're anticipating, I want you to come back in and talk to me about it, so we can find you some help. Okay?

Male Patient: The meds are helping and yes, this will be easy. I can do this.

Doctor: Okay. Great.

Example video stops:

Alicia Sutton: So, that's an interesting approach to learning. What did you get out of this? What kind of outcomes do you think you would see from this video?

Ilana Hardesty: This is very often a video that we do show at our live meetings, and we find that it gives clinicians an opportunity to really look at what the faculty was trying to do, and they start talking about the oh, he was really non-judgemental when he was asking the questions and it allowed the patient to be honest about this unexpected test result. They bring up often that he also asks permission, the clinician asks "Do you mind if I tell you what the consequences might be." All of these are techniques that the people in the audience that are learners pick up on here and then they also realize this is a two-minute video. They also realize that this can be done as part of a regular 15-minute office visit.

Julie White: Just to add one more thing about that particular video, towards the end, as you'll note, the physician says to the patient "look, if you're having trouble stopping using the cocaine, then please come back and see me and we'll come up with a solution together." In other words, he is not firing the patient. He is not saying "I'm done with you."

Alicia Sutton: Yes, non-judgmental, asking permission. Clearly, take away points from your presentation. That's really neat. Are you planning to do a lot more of these at your center and what is your thinking on it? Is there a cost issue in this?

Ilana Hardesty: There is a cost issue. They are not cheap to produce. We were lucky enough to hire a very good director and videographer, but I don't think we can afford that all the time. We would love to be able to do more of them. We would like to be able to take the ones we have and maybe do some re-editing of them. But I think we're looking at other ways of incorporating video that might be a little bit less expensive so that we could find more opportunities for using this sort of thing. It is a very powerful way to engage an audience and get them really thinking and thinking about their own practice and really involved in their education.

Alicia Sutton: Terrific. Any final thoughts from you on where this is heading?

Julie White: It was a great program, yesterday that is. You could really see that the audience was particularly engaged and were coming up with a lot of ideas. I think just thinking over my history with CME, we've come a long way in our ability to produce video, not always cheaply yet, but it's a great format to either intersperse among didactic sessions, live or online, and it has an enormous amount of power, and I don't think that's going away. We certainly are seeing it ourselves at how beneficial it can be.

Alicia Sutton: I totally agree. Thank you both for joining us. It's been great to talk to you and hear what's new, and that's a very nice concept there to work from.

Julie White: Thanks so much.

Ilana Hardesty: Thank you very much.

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