

The Heart of the Matter: Writing a New Prescription for a Relational Medical Education Curriculum

Megan Kamath, MD¹, Menelik Tafari, M.A.², Federica Raia, PhD², Mario Deng MD¹

1-UCLA Department of Medicine, 2- UCLA School of Education and Information Studies

Presented at the 2024 HMS Program for Educators



Background

- Vulnerable patients face many levels of structural disadvantage within the healthcare system that contributes to poor health outcomes
- Systemic harm perpetuates the cycle of broken healthcare further fracturing these sacred relationships, reducing longevity and contributing to chronic disease and increased healthcare cost burden

Purpose

- Narrative relational medicine can help bridge the divide between healthcare practitioners and patients
- Creating interventions that mitigate individual and institutional bias, whether implicit or explicit, will be essential to advancing health equity

Approach

Designing a novel relational medicine curriculum which consists of a series of workshops for healthcare learners as an attempt at systemic repair of harm in a broken healthcare system

WHAT	WHO	HOW	WHEN
Active Listening and Resonance Presentation	All Participants in a General Session [Relational Education Trainer]	Presentation	10 min
Written Reflection -Prompt 1: What was your last emotional experience as a patient? -Prompt 2: What was your last emotional experience as a physician?	All Participants	Individual think & write time	10 min
Small Group Sharing	All Participants separated into groups of 5-8. From those groups of 5-8, divided into groups of 2 & 3 Divide into triads and dyads (3, 3, 2)	Each participant shares an emotional experience as a patient (2 min) One round of Resonance from Active Listeners (1 min)	20 min
Telemedicine Simulation	All Participants	Individual written reflection time Small groups are tapped to rotate into Telemedicine Simulation	30 min
Debrief	All Participants in a General Session	Large Group Discussion	20 min

The workshops focus on training healthcare learners to:

- (1) Listen to patients in active way
- (2) (Re)connect with patients that have lost trust in medical professionals
- (3) Conduct medical interventions that call everyone working with a patient to meet and work together
- (4) Listen to silenced team members
- (5) Collaboratively analyze video of clinical encounters with researchers, patients, and peers for appreciative inquiry, and repair behaviors of harm
- (6) Design and propose institution/hospital-level policies out of these same groups

Work to Date

- Completed interviews and surveys with relational medicine expert physicians
- Video encounters of patient/physician interactions
- Creation of formal curriculum and readings/simulations in collaboration with the UCLA Graduate School of Education



Discussion & Next Steps

- Pilot program with UCLA Internal Medicine Residency Program, Cardiology Fellowship Program and Cardiothoracic ICU team in progress
- Survey analysis
- Zoom interviews with pilot program participants after each workshop is completed
- Publication of curriculum and findings in an academic medicine journal
- Dissemination and implementation of curriculum beyond UCLA

References



Acknowledgements

UCLA Department of Medicine
UCLA School of Education and Information Studies
Harvard Macy Institute Faculty/Fellows