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Introduction

Even through the Biopsychosocial model has been presented to healthcare professionals for 40 years^[1], challenges remain on how best to educate clinicians and implement a positive change of practice. Previous methods have used a variety of education approaches, however there is little evidence of which is the best method from the students' perspective. This paper highlights the development, implementation and evaluation of a student selected case study reflective approach to facilitating postgraduate interdisciplinary education of the Biopsychosocial model.

Aims & Objectives

- Evaluate the reflective impact on clinical practice of a PGT Pain Management distance learning module that enables students to analyse a selected case study from a biological, psychological and social perspective.

Materials & Methods

A descriptive evaluation analysis was undertaken over a 2-year period of 2 cohorts to identify the students who perceived a change to their clinical practice after participation within the module. Student reflections were reviewed by academic staff to identify themes that indicated that the module had had a positive influence on their clinical practice and that their practice had changed as a result of participation. The module consisted of students selecting an anonymised individual from their own case load and considering the different aspects of the Biopsychosocial model in relation to the case study in detail. The 20 credit MSc level module was hosted on an online e-learning platform and supported with discussion board activities. The module consisted of three formative activities and one summative assessment. Activity 1: presenting a 2-page case study of a patient. Activity 2: Consisted of writing a 500-word descriptive piece that explored the 'Bio', entitled 'What causes pain in...' Activity 3: Explored the social and psychological factors associated with / influence the pathology. Finally, students complete a summative assignment critically evaluating a chosen psychological factors association, or influence on their case study. The student submitted a short-written reflection which was used to evaluate the impact of the module.

Results

Over 2 cohorts 42 students participated in the module. 41 students submitted the reflection. 29 students identified that the module had positive influenced/changed their clinical practice. The remaining 12 students did not highlight either a positive or negative change to practice. All 41 students identified learning benefits/needs for their own academic practice. Student's quotes below demonstrate the module impact.

Student A: "...this module has had quite a profound effect on me personally and professionally...the biggest change that I have noticed is in how I have started to inculcate the knowledge of the psychosocial aspect of pain into...my work. Trying to understand these associations has not only helped me understand the care needs of a patient but also to develop a more holistic approach when communicating with the patients and their relatives. This has been my biggest gain from this module..."

Student B: "The searches for psychological and social factors revealed the extent of the number of variables that are potentially active in a pain presentation. This exercise has changed my practice as I now more actively consider psychological factors such as fear-avoidance beliefs and catastrophizing in my clinical practice."

Student C: "...I was encouraged to think about the biological, psychological and social contributors of any disorder in a more clinical way of thinking. This has caused my clinical practice to improve as I started evaluating patients by considering all the aspects involved in the pain experience more regularly."

Conclusions

Considering the three independent aspects of the Biopsychosocial model from a PGT students own case load resulted in 29 out of 41 students' reflections suggesting a positive change in their clinical practice. Further educational based research is required to explore the best way of teaching the Biopsychosocial approach to instigate positive clinical practice change and to maximise the impact of the Biopsychosocial model.

References

1. Wade DT, Halligan PW. The biopsychosocial model of illness: a model whose time has come. *Clinical Rehabilitation*. 2017;31(8):995-1004. doi:10.1177/0269215517709890