Title: Individual Supervision to Enhance Reflexivity and the Practice of Patient-Centered Care: Experience at the Undergraduate Level.

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Abstract

This article reports on what is at work during individual supervision of medical students in the context of teaching breaking bad news (BBN). Surprisingly, there is a relative lack of research and report on the topic of supervision, even though it is regularly used in medical training. Building on our research and teaching experience on BBN at the undergraduate level, as well as interviews of supervisors, the following key elements have been identified: learning objectives (e.g., raising student awareness of structural elements of the interview, emotion (patients and students) handling), pedagogical approach (being centered on student's needs and supportive to promote already existing competences), essentials (e.g., discussing skills and examples from the clinical practice), and enhancing reflexivity while discussing specific issues (e.g., confusion between the needs of the patient and those of the student). Individual supervision has been identified as crucial and most satisfactory by students to provide guidance, and to foster a reflexive stance enabling them to critically apprehend their communication style. Ultimately the challenge is to teach medical students to not only connect with the patient but also with themselves.

The task of breaking bad news (BBN) to patients consists of two primary dimensions: to inform patients about complex and threatening medical issues — according to patients' knowledge of their condition, their ability to understand what is at stake, and their specific needs —, and to deal with the emotions generated by the information on the side of the patient but also of the physician. These two dimensions make BBN an emblematic task of great pedagogic value. With regard to this last point, we believe that physicians who deliver bad news should be aware that their emotional state and personal experience may influence their communication behaviors; awareness of their lived experience may thus help them to be as adequate as possible in challenging situations.

Physicians often feel insecure and unprepared to break bad news, so that training during undergraduate education may be key to improve the situation. The training described herein has been developed to address both technical and relational aspects of communication. Specifically, its aims and content are to provide guidance to medical students, and to foster a reflexive stance enabling them to critically apprehend their communication style and their inner, psychic, world.

Communication curriculum

At Lausanne University Medical School (Switzerland), students follow a theoretical and practical course on basic aspects of clinical communication during the first three study years. The teaching on BBN takes place in the fourth year; the design of this teaching has been described in previous publications [1,2]. In a few words, it consists of a plenary session during which medical students (about 200) are made sensitive to the challenges of BBN, i.e., the importance of adapting to patients' specific information needs as well as the rhythm and emotional atmosphere of the consultation. Short video sequences serve to illustrate and as a basis of discussion. The core of this teaching comes next: each student conducts a 20-min videotaped interview with a simulated patient – here, professional and experienced actors

trained to portray a cancer patient in a standardized way –, which is then discussed in a 60-min individual supervision with a faculty tutor two weeks later.

Recently, we reported on a study comparing this individualized format of teaching to standard small-group teaching, where we found significant additional benefits of the intensified training format entailing individual supervision. The present paper aims to describe further on and more qualitatively what is at work during the supervision; this supervision has been identified as crucial and most satisfactory by students (and supervisors). Of note, even though supervision is regularly part of psychiatric and medical postgraduate training, there is a relative lack of research and report on this topic [3]. So, what do we mean here by *supervision*?

Individual supervision as teaching strategy

Individual supervision focuses, in terms of learning objectives, on core dimensions of the clinical encounter: structure, exchange of information, emotions, and relational aspects. More specifically, the supervision aims to raise student awareness of structural elements of the interview: e.g., establishing physician's/medical student's agenda and eliciting patient's agenda, following a coherent structure with clear transitioning to new topics. Students are also taught to prepare the patient to bad news delivery, to use clear language and to avoid jargon, to limit the amount of information provided, and to check for the patient's understanding. With respect to emotions handling, supervision addresses how emotions are perceived and empathically contained. For the relational aspects, the supervisor pays particular attention to how the student allows the patient to exist as a person with his individual biography, traits, experience, and way of being in the world. Video excerpts of interviews, identified beforehand by the supervisor and/or the student, enable to explore these specific dimensions as part of an open discussion.

Pedagogical approach

These objectives are embedded in a pedagogical approach centered on the needs of the medical student, essentially supportive in order to promote already existing competences. We have observed that students are frequently very self-critical, especially because they are not used to observe themselves in a videotaped interview during a medical encounter situation. This moment of "crisis", if properly handled, may favor significant insights and potential changes in the attitude of the students. Moreover, the supervision rests also on the students' lived experience, for which it is important to make room. Indeed, the student is to be considered as a person to be enabled to encounter and consider the patient as a person too. Overall, the supervision may be seen as a safe setting which offers the students a "containing" setting for gaining awareness of their own reaction. They may in fact become overwhelmed by stress and anxiety, which may result in a "non-encounter" with the simulated patient. This may be outlined by the supervisor and discussed cautiously with the student who will then be able to become aware that part of the complexity of the encounter relates to his own emotional state.

The essentials of supervision

Interviews of supervisors analyzed by using inductive thematic analysis confirmed the importance of the following "ingredients" in individual supervision: discussing skills and examples from the clinical practice (e.g., what is empathy and how to be empathic; how patients react to advices provided by their physician), support of existing competences (e.g. focusing on positive behaviors and behaviors that can be improved), student-centeredness (e.g. adjusting to individual students with their specific questions and expectations), and reflexivity (e.g. taking an introspective stance, allowing to gain awareness of one's own reactions). Supervisors themselves are essential with respect to the enhancement of medical students' competences and reflexivity. They must thus be active listeners and supporters to stimulate students' reflection and questioning about their role in the clinical relationship.

Supervisors give prominence to existing competences and creativity, thus favoring “skilled communication” as well as authentic behaviors [4], and help make it clear for the students that there is no manual to use as a reference point to encounter the patient, and that there are several ways of being empathic or supportive.

All supervisors were involved in the theoretical and practical course in clinical communication (see above) and had extensive experience in clinical supervision. Moreover, they attended at least four “train-the-trainer” sessions based on videotaped BBN interviews of students and simulated patients, focusing on the feedback that would be given to the student performing the BBN task.

Typical issues

Supervision in this perspective encourages the emergence of typical issues, which are clearly not unique to medical students (e.g. oncologists and other postgraduate medical trainees): confusion between the needs of the patient and those of the student (projected on the patient); the proneness for immediate repair of patient’s emotional suffering; the difficulty to face the limits of medicine leading to express premature/false reassurance, and the tendency to be treatment-focused instead of addressing the emotional experience of the patient.

Students’ voice

Annual evaluations of the BBN teaching allow collecting comments from the students about the training: a vast majority of the students were very enthusiastic. Some comments are reported here in verbatim form:

1. I found it very good to have the opportunity to really explain what we felt (to have time) and to have guidance
2. Advices that are directly transferable and fitting with our way of doing things, not a vague general theory with ready-made formulas [...]

3. [...] The feedback forced me to be “personally” involved with the patient, what I did not do enough before
4. More personal defects are corrected compared with performing in front of a group
5. I feel like I have learned a lot. I had the courage to ask questions that I would not ask in front of a group
6. The feedback from the psychiatrist was very useful. The memory of the interview often does not match with what is seen on the video

Conclusion

As a conclusion we could say that individual supervision provides a dedicated setting for discussion and reflection with the aim that the student feels to be a person who matters in the clinical relationship with the patient. The challenges faced in individual supervision are then: to teach medical students to not only connect with the patient but also with themselves. The two go hand in hand.

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Authors’ contribution

AB and CB have participated in the conception and design of the study, and they have drafted as well as critically revised the article. They have both provided final approval of the submitted version.

Declaration of interest

The authors report no declarations of interest.

Ethical approval

The research was approved by the Ethics Committee of Lausanne University Hospital.

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