

Half minor

Taking Care of Tomorrow *patient-centered care & digital solutions*

Admission requirements

Students can enroll for this half minor if they have obtained 60 credits for the first year of Medicine or Clinical Technology at the LUMC or EUR. Both national and international students can apply.

Description

In this minor, we will partner with students to discuss and think critically about what 'taking care of tomorrow' entails for doctors, patients, but also policymakers and other relevant stakeholders. Moreover, we will introduce the student to patient-centered care, patient empowerment, population health, medical decision making and digital solutions. Students will gain knowledge and experience on how concepts from self-management, cross-cultural medicine, behavior modification, medical ethics, eHealth and physician-patient (shared) decision-making can influence the medical practice of today and tomorrow. This minor is clinically driven: all learning activities will be based on two medical case studies focusing on pregnancy & childbirth, and the chronically ill patient in primary care.

This minor includes interactive assignments and activities. We will make use of video excerpts and debating, as well as clinical mini-internships (in GP or other related medical offices), on site-activities (National eHealth Living Lab, NeLL) and discussions with care providers and patients. Communication skills for shared decision-making and self-management will be developed using role-playing exercises. We work from the perspective that *'Science is the driving force behind innovative healthcare'*. Therefore, each student will also be able to improve his or her research skills and write a research proposal in English on a relevant topic focusing on patient-centered care and digital solutions.

Course objectives

Population health, personalized medicine & medical risk mitigation

1. The student can explain what population health, medical risk mitigation and personalized medicine entail and use these concepts in an interactive discussion.
2. The student can use existing decision-making models to classify decision-making in transcripts of recorded physician-patient consultations and can elucidate the relationship between the concepts of implicit normativity and decision-making (communicator, medical expert)
3. The student can recognize care decisions that are sensitive to personal preference and can justify their judgment (medical expert, professional)
4. The student can name at least three ethical arguments in favor of shared decision-making (professional)
5. The student can distinguish the phases of a shared decision-making consultation and can explain how challenges can arise when implementing these steps (communicator)
6. The student knows how eHealth might support shared decision making, and can name at least three tools and detail their application in practice.

The patient and the doctor

7. The student can apply the necessary skills of shared decision-making in a role-play, including the making of an informed choice of risk communication strategy, if applicable (communicator, health advocate)
8. The student demonstrates the ability to discuss a treatment choice with a simulation patient in a role-play, displaying sensitivity to the patient's cultural background (communicator, health advocate)

9. The student applies motivational interviewing techniques to a case study and a role-play (communicator, health advocate)

The self-managing patient: context, ethics & digital solutions

10. The student can select elements from scientific interventional studies that are important for promoting self-management in common respiratory diseases and can work with a group to incorporate these into a self-management programme for patients with respiratory disease (academic, health advocate, medical expert, collaborator)
11. The student knows several examples of applied behavioural and psychosocial knowledge and techniques related to health and illness and can justify his/her arguments for or against the value of these applications (health advocate)
12. The students know examples of the use of eHealth to improve patients' self-management and knows how to apply these innovations in practice.
13. The student can define the concept of cultural distance and can give three examples to illustrate its influence on decision-making concerning screening, diagnostics, and/or treatment (medical expert, communicator)
14. The student can name differences in cognitions about the body and illness and describes how these may influence risk perception and self-management (medical expert, communicator, health advocate)
15. The student can formulate a cultural diagnosis in a simulated context and can tailor information to the patient's perspective, taking into consideration the patient's cultural and ethnic background (health advocate, communicator)

Evidence-based medicine

16. The student can carry out a systematic literature search of limited scope into the lifestyle and psychosocial factors that influence quality of life and the course of illness in patients with a chronic condition, as well as into a subject of their choosing, and can compose a bibliography of sufficient quality, quantity, and relevance (academic)
17. The student can design a theoretically and methodologically sound intervention for influencing lifestyle and/or psychosocial factors in patients with a chronic disease and can select suitable outcome measures with which to evaluate the effect/effectiveness of an intervention (academic)
18. The student knows how to design a research plan to evaluate eHealth interventions, and can apply the principles of the Rapid Research Paradigm to do so.
19. The student can execute a limited empirical study (an n = 1 intervention study) in a patient with a chronic disease, in which the student applies an intervention of their own choosing (see objective 14, above) with the aims of improving the patient's self-management and measuring the effect of the intervention (communicator, health advocate, academic)
20. The student can present their research findings in a report written in English (academic, communicator)
21. The student can formulate a research question that builds forth on the literature research performed and can establish the question's novelty and relevance in writing (in the form of a brief research proposal to a grant-giving organisation) and can present the proposal orally, in English (academic, communicator).

Timetable

Sept 2020-nov 2020

Mode of instruction

- Lectures and discussion groups
- Clinical and research illustrations
- Clinical experience in various settings
- Visits to clinical partners (NeLL, start-ups)
- Preparative study assignments

Course Load

Assessment method

- Knowledge exam (10%)
- Research proposal presentation (40%)
- Research proposal paper (50%)

Blackboard

Blackboard will be used during the course for the following:

- updates, e.g. about schedule and room changes
- additional material needed for assignments and tutorials
- an overview of the commitments regarding the outline discussion and individual feedback appointments
- a list of links to the course literature and related websites

Reading list

A selection of scientific, peer-reviewed articles and related website will be used to facilitate learning; articles (links) will be distributed via Blackboard during the half minor.

Registration

This has to be filled out by the key-user of the department.

Contact

R. van der Kleij PhD, *Assistant professor*
Public Health & Primary Care, LUMC
m.j.j.van_der_kleij@lumc.nl

A. Petrus, MD, *Senior researcher*
Public Health & Primary Care
a.h.j.petrus@lumc.nl

N.H. Chavannes, MD, PhD *Professor*
Public Health & Primary Care, LUMC
n.h.chavannes@lumc.nl

M.E. Numans, MD, PhD *Professor*
Public health and primary care , LUMC
m.e.numans@lumc.nl

Remarks

100% Attendance is compulsory during the half minor. In case of absence, students should notify the teacher and the coordinator in advance, by contacting the secretariat of the Public Health & Primary Care Department. In the case of a short absence, the student must submit a make-up assignment. In the case of long absences, the student will fail the minor. Absence at formative assessments must in all cases be compensated with a make-up assignment.