

Learning from the patient

Experiences from a pharmacy student patient-buddy project

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INTRODUCTION

Patient-centered communication is essential in assessing patients' medication use, including adherence. During their study program, pharmacy students at Utrecht University have limited possibilities for long-term patient contact, which hampers practicing building a patient-provider relationship.

GOAL

Implementation of a student-patient buddy project to give pharmacy students insight into impact of disease and medication use from the patient's perspective.

METHODS

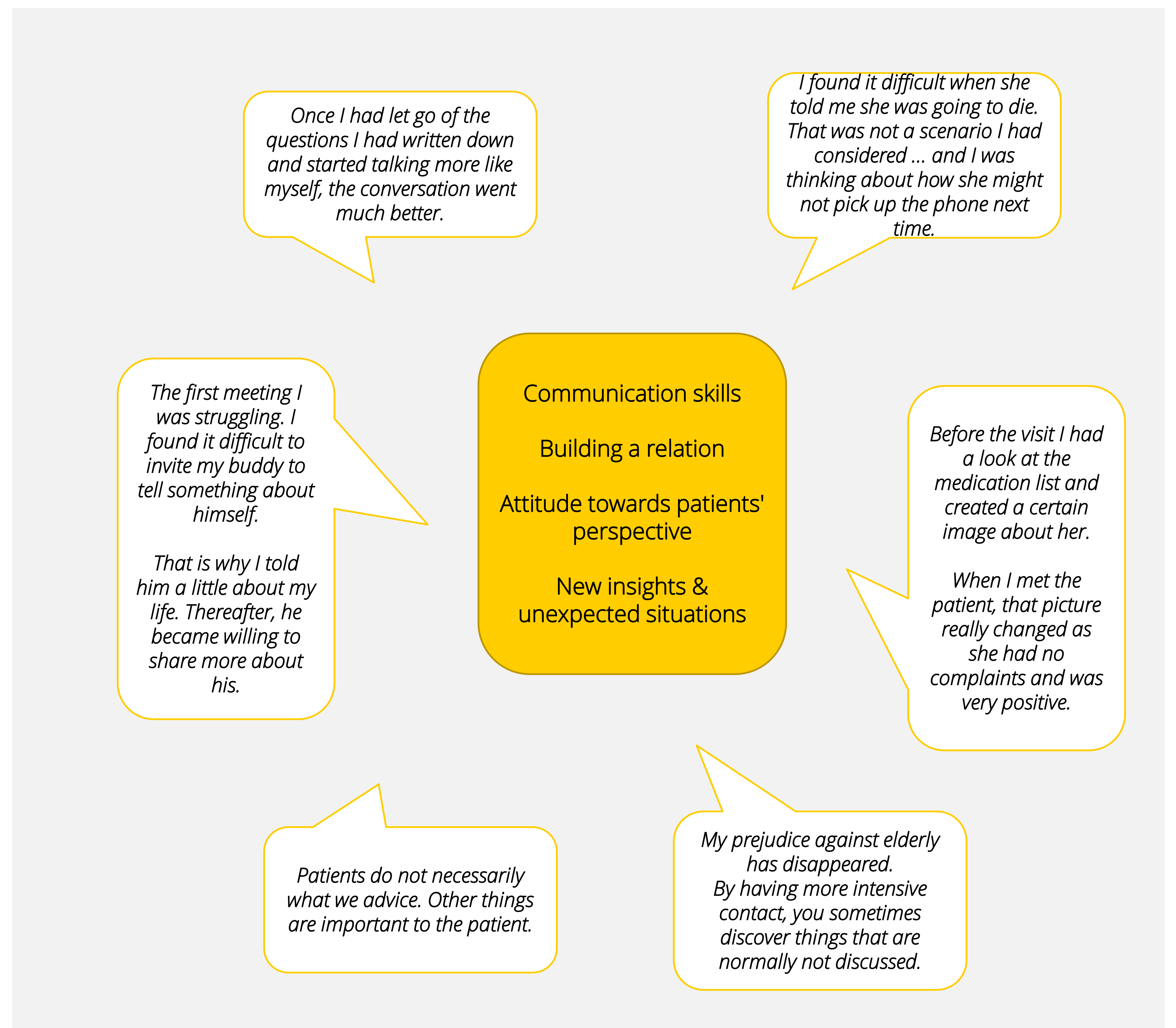
The project was implemented in a 10-week experiential learning course, including a community pharmacy internship, for first-year master students at the Utrecht School of Pharmacy. Students were paired with a community-dwelling patient by their internship provider. Educational activities included (Figure 1): start meeting with teaching group (~12 students & lecturer), three buddy contacts, two teaching group follow-up meetings, discussion with internship provider and written reflection. In April-June 2021, 66 students participated and filled out an evaluation questionnaire.



RESULTS

Students experienced contact as fun and useful and mentioned patients to be open and friendly. Taking the time to bond and understand what someone likes was perceived important. The first conversation was exciting and sometime difficult, also because this often went by telephone due to the corona pandemic.

Lack of non-verbal communication hampered contact. Students indicated the buddy to be different from what they had thought before. Patients often deviated from the healthcare providers advice regarding medicine use.



CONCLUSION

The student-patient buddy project is a good way to expand patient contact and gives students opportunity to practice building relationships, which is of importance during communication about medication use.

LESSONS LEARNED

1. Include at least one home visit, preferably the first contact.
2. Select suitable patients. Complex patients (e.g. in their end of life) should not be approached as this needs more guidance.
3. Provide aftercare for students if necessary and schedule sufficient time during educational meetings to discuss patient contact with peers or lecturers.

