

Nicole Pillinger

BPW Switzerland
Europe Region

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Health and Wellbeing
Taskforce
Chair Luisa Monini

Human and
socio-economic
values of Health
and Well-being in
the Globalization
Era
(SDG N. 3)



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The role of reflective practice in medical education

The purpose of the study

is to explore critical moments in conversations about chronic disorders, using the example of endometriosis. The study explores

- how physicians and patients relate to each other in critical moments of consultations, when talking about life-restricting forms of endometriosis. I am interested in how doctors notice and respond to what is important to the patient.
- both physician and patient perceptions of conversations to gain a better understanding of how/why physicians guide inquiry the way they do, and how/why the inquiry is perceived by the patient in the way it is.

Background

Delayed diagnosis, associated complications, costs and patient grief are acknowledged to be occurring in various specialist fields: internal medicine, oncology, **gynecology** and pain management. Recent studies have shown that patients with endometriosis, a chronic women's disorder, can experience delay in diagnosis of up to 5.5-8 years. Damage and costs of delayed diagnosis are significant, and the need to expedite specialist assessment is recognized.

The **context of chronic conditions (asthma, Crohn's disease, osteoporosis) is known to have conversational challenges of its own:** lengthy decision-making processes can lead to situations in which those involved are called to bear uncertainty or to resolve conflicting interests, as they emerge during consultations. Complex problems call for the resolution of serious patient dilemmas, and the need to attend to strong emotions when they occur.

The **relationship between doctor and patient** has been identified as an important contributing factor to the quality of diagnosis and individualised, condition-specific treatment investigations. Concurrently, disregarding patient concerns and sources of dilemmas in these circumstances has been found to create resistance to treatment.

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Very first findings

The nature of life-limiting conditions (uncertain progression of condition and outcome of treatment), and patients' condition-specific experiences (in danger of losing job due to frequent absence, impact on (sexual) relationship, loss of self-worth due to impaired fertility) can have a considerable impact on patients' lives and can result in patients being exposed to long-term stress. Subsequently, patient expectations sometimes seem to be contradictory, or patients experience existential fear during consultations. If patient's real or perceived existential fears go un-noticed (patient "I'm just a pain management case now" ... I do not qualify for surgery anymore), chances are, the patient will not disclose important details.

Feeling embarrassed about something that has happened in conversation can create a barrier to further open conversation. Sometimes small incidents are enough to discourage patients and doctors (doctor: "I made her cry", ... I am not being helpful) alike to address underlying issues. It takes courage to embark on the journey of having in-depth conversations: they bear the risk of being exposed and near-rupture, but also the potential to allow and develop long-term healing relationships.

Albeit, when both patient and doctor take a leap of faith (patient "I wanted to come to the consultation alone" ... usually my mother comes along because I get so emotional and forget everything I am being told), the power of healing relationships can start to blossom (patient "just the fact that he explained miscarriage so well made me feel things were not as bad as they had seemed to be").

Potentially proposing a fresh approach to doctors' personal development using reflective practice in this context by

- focusing on the acknowledged importance of relating in conversation, and being attuned to the individual nature of the questions being discussed so healing relationships can develop
- informing us about how reflective practice can be tailored to the needs of the professionals concerned
- the topical discussion of the role of reflective practice in the current debate about doctors' performance evaluation: outcomes are hoped to raise the awareness of the value reflective practice can bring to doctor's continuous learning in this context, **if practiced in a safe environment for doctors.**

Overall, findings can be relevant to doctor's well-being and quality patient outcomes alike.

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