NavEDI In-Game Learning Tips

Learning Tip #1 - Confirming Chart Notes

When reviewing a patient chart, it's important that you confirm previously recorded notes through your own assessment of the patient. Taking note of what the patient tells you is critical, since chart notes may not always be up-to-date or objective. Different physicians may have different opinions about aspects of a patient's diagnosis, status, and care plan, particularly in the context of the patient's own culture. Psychopathologies, in regards to what symptoms are considered to be normal or abnormal, vary across cultures. This can lead to certain symptoms being missed by a healthcare provider.

Learning Tip #2 - Bias in Health Records

A recent study analyzing electronic health records found that compared to White patients, Black patients were more than twice as likely to have at least one negative descriptor within their history and physical notes (Sun et al., 2022). The most commonly used negative descriptors were "refused", "not/non-adherent", "not/non-compliant", and "agitated" (Sun et al., 2022).

When recording patient notes, it's important you reflect on your own potential biases and carefully consider how your notes might be interpreted by another physician. Negative descriptors and stigmatizing language may influence another provider's perception of a patient and negatively impact the care they receive in future interactions. Conversely, when reading patient records, it's important to consider the possibility that a patient's file may be coded as a result of implicit bias.

Some descriptors to watch out for include: aggressive, agitated, angry, challenging, combative, noncompliant, confront, noncooperative, defensive, exaggerate, hysterical, unpleasant, refused, and resisted.

Learning Tip #3 - Accompanied Patients

When a patient is accompanied by family and/or friends, it's crucial to ask the patient for permission to speak with them alone first, before inviting others to the conversation. It's best to hear directly from the patient about how they are doing and how they are feeling. Some patients might not feel comfortable disclosing certain information in front of others, making it difficult to collect their personal history. Therefore, while collateral history* is valuable, it should be collected separately when possible.

*Note: Collateral history is information provided about the patient from the patient's known contacts.

Learning Tip #4 - Hospital ID Badge

When first approaching a patient and introducing yourself, it's important to make sure your hospital badge is clearly visible. This can help patients identify your role in their care experience and ensure they feel safe as they interact with you.

Learning Tip #5 - Recap Repeated Questions

In the ER, it's common for patients to interact with multiple healthcare staff who play various roles in providing care to a patient. The ER can be a very anxiety-inducing experience for patients due to uncertainties around the cause of illness, wait times, treatment, and prognosis.

As a patient, being asked the same questions by different staff members and having to repeat your answers each time can be frustrating. As a provider, one way to address this problem is to say something along the lines of, "I know you already spoke with the triage staff, so I'm just going to recap what I read from the Triage notes, and you can let me know if this information is correct or if we missed anything." This not only validates how the patient is feeling, but also shows that you are listening and care for their well-being.

Learning Tip #6 - Open-Ended & Close-Ended Questions

When performing an assessment, try to avoid leading questions (e.g. "You're not thinking of killing or harming yourself, are you?", "There's no history of mental illness in your family, is there?", "How often have you taken recreational drugs?") and generally, limit the use of closed-ended questions (e.g. "Are you taking the medication as directed?", "Does your head hurt?"). You want to keep the conversation going and provide patients an opportunity to speak by keeping your questions open-ended.

For example, instead of asking a patient, "Are you feeling better today?" you could ask, "How are you feeling today?".

"What brings you in today?" is a great open-ended question to start with because it limits assumptions and allows the patient to speak more openly. Then, you can follow up with close-ended questions to focus the conversation, collect pertinent information, and clarify details.

Following these tips can help encourage the patient to speak more freely and ultimately share more information with you. The assessment is a conversation, not a test. You should be adjusting your questions and responses to match the flow and energy of the patient you are interacting with.

Learning Tip #7 - Body Language

When talking to a patient, take notice of how you hold yourself and your body language. Non-verbal cues that can convey to the patient that you are approachable and listening include: facing your body towards them, leaning in, keeping good posture, smiling, nods of encouragement, and maintaining eye contact (even while on your computer or note-taking). Additionally, keeping your posture relaxed and non-threatening can help put the patient at ease by making them feel less like they are being interrogated.

Finally, it's important you approach the patient at their level by adjusting your body language to match theirs. For example, if the patient is sitting, you should also sit so that you can remain at eye level with them.

Learning Tip #8 - Signposting

A signpost is an explicit statement used to inform your patient of what you are about to say or do. It helps patients follow your train of thought and understand what information you are looking for. Signposting can be a great way to handle potentially sensitive questions as they make it clear to the patient that there is a rationale behind the line of questioning.

For example, instead of abruptly asking questions about Eliijah's drug and alcohol consumption, Rashid signposts by explaining to Elijah that these are standard questions he's required to ask patients when they come to the ER.

Similarly, rather than asking directly if a patient is having suicidal thoughts, you can ease into the conversation by saying: "You mentioned earlier that you feel guilty, have been sleeping all day, and feel like life is not worth living. Sometimes people with similar thoughts may be thinking of suicide — are you thinking of suicide?".

This method can also be applied when collecting sensitive information, such as trauma history. For example, you could say: "It is very common for individuals who have been affected by drugs to have a past history of trauma. Have you ever been a victim of abuse?".

Learning Tip #9 - Opportunity for Questions

Make sure to open up the floor to the patient to ask any questions or share any concerns that they might have about their diagnosis, symptoms, and/or care. Sometimes patients might be scared or shy to share these with you, so you can encourage them to talk more openly by asking more specific questions.

For example, instead of asking a patient, “Do you have any questions?” you could ask:

- “Do you have any questions about your diagnosis?”
- “What questions do you have for us?”
- “Would it be helpful to review treatment options, or anything else?”
- “Was there anything I shared that was unclear or that you would like more information on?”

Finally, when answering questions, you should provide clear and thorough explanations that preemptively address any common/potential concerns a patient might have.

Learning Tip #10 - Participation in Treatment Decisions

Even as a medical student, you’re still an important member of the care team and therefore, can participate in making important treatment decisions.

Never be afraid to bring up your ideas or concerns. You may not have as much experience as your colleagues, but you bring a fresh perspective that is invaluable to these treatment decisions. You won’t be right all the time, but that’s part of the learning process!

When advocating for the care of an individual, remember to frame it as a crucial conversation — it doesn’t have to be a confrontation. Consider your word choice and delivery carefully when navigating these discussions.

Learning Tip #11 - Talking to Your Preceptor

While you are encouraged to make important treatment decisions as a medical student, always communicate with your preceptor so that everyone on the care team is on the same page. No matter how strongly you feel about a situation, it’s unprofessional to act independently without notifying your preceptor or other appropriate staff member.

Learning Tip #12 - Discussing Concerns in Advance

Bringing up concerns related to the treatment plan in front of the patient is generally not recommended. This can create unnecessary confusion for the patient and suggests a lack of organization, unification, and professionalism from the care team. You should discuss any concerns in advance with your preceptor or other appropriate staff member.

Learning Tip #13 - Speaking Confidently

When speaking up, it's important to present your ideas/concerns with confidence. Make sure you don't overdo it though! You don't want to exaggerate or come across as arrogant. Consider limiting the use of words/phrases such as: "um", "I'm not sure", "I could be wrong", etc.

Learning Tip #14 - Differences in Opinion

When talking to other staff members, it's important to be respectful of differences in opinion. Ultimately, you are on the same team and want the best for each patient. No matter how strongly you feel about a situation, it's important to approach these conversations tactfully. Your choice of words and tone of voice can greatly impact how your concerns are interpreted and addressed.

Learning Tip #15 - Misplaced Blame

It is never appropriate to attribute blame to the patient; often, they face barriers that make it difficult for them to share certain information with you. As a medical professional, it's important to be cognizant and do your best to foster an environment in which the patient feels comfortable and safe when sharing their experiences with you.

Learning Tip #16 - Presenting Your Rationale

When advocating for the care of a patient, it's important that you're prepared to explain the rationale behind your concerns. Presenting your ideas clearly, confidently, and succinctly can help your colleagues understand your perspective and strengthen your argument.

Learning Tip #17 - Somatization

Somatization is the expression of psychological distress as physical (somatic) symptoms that cannot be attributed to medical illnesses. For example, someone under extreme stress may experience headaches, or an individual experiencing extreme grief may describe their symptoms as fatigue. This can lead to individuals focusing on their physical symptoms and solely seeking medical treatment, as opposed to psychiatric care.

As a care provider, it's your job to create a safe space for deeper discussion around these symptoms. Especially since patients want their concerns taken seriously. It's also important to recognize that even when the source of symptoms is psychological, the pain and discomfort a patient feels is still real.

Learning Tip #18 - Substance-Induced Mood Disorders

The use of certain substances can cause substance-induced mood disorders (depression or mania), anxiety, or psychosis. It's important to keep in your differential diagnosis, substance-induced disorders and independent psychiatric disorders (primary psychiatric disorders), since their prognoses and treatment plans differ. Try your best to detect signs indicating either substance-induced or primary disorder. Confirming a diagnosis, however, may require longitudinal follow up (Hassan, 2017). Remember to handle conversations around substance and drug use with care as these topics may be sensitive.

Learning Tip #19 - Cultural Taboos

Minority groups and immigrants often view and experience mental health through a different lens influenced by their cultural values, beliefs, expectations, traditions, and practices. Within some of these communities, there are strong cultural taboos around disclosing any personal or family issues to outsiders. As a result, feelings of shame and guilt are often obstacles to patients admitting to experiencing psychological symptoms and seeking mental health support.

Patients may be hesitant to share information because they fear others from their community finding out about their diagnosis. To help ease their concerns and encourage the patient to be more open with you, remind them that patient confidentiality is of the utmost importance both to you as well as the care team.

Learning Tip #20 - Medication Adherence

Studies have shown that patients from racial and ethnic minorities are significantly more likely to delay or forgo seeking care for mental health when compared to their White counterparts. They are also more likely to discontinue treatment (McGuire and Miranda, 2008).

For example, medical adherence in Chinese communities is greatly constrained by poor insight into mental health disorders, concerns over the side effects of medications, and perceived stigma about mental health disorders (Deng et al., 2022). Many patients and/or their family members lack adequate education on mental disorders and hold false perceptions that continuous psychotropic medication use can be harmful and addictive (Deng et al., 2022). Studies have also shown that Asians tend to hold more negative beliefs about taking medication compared to Europeans (Horne et al., 2004). As a result, patients from this background may be at an increased risk of recurrences of symptoms/relapses due to medication non-adherence.

Understanding different cultural contexts and their associated barriers is important and can ultimately improve clinical outcomes. Nonetheless, it's important to remember that immense diversity exists even within ethnic/racial groups. Therefore, one should never make assumptions about a patient's experiences and adherence to traditional/cultural values and practices.

Learning Tip #21 - Medication Coverage

A Health Canada study found that 1 in 5 Canadians struggle to pay for their prescription medications every year (Health Canada, 2019). These individuals either lack prescription drug insurance or their current plan is insufficient for covering their medical expenses (Health Canada, 2019). The current mix of private and public drug programs that make up the system has led to accessibility gaps and high medication costs. These financial barriers contribute greatly to the under-use of mental health treatments.

Patients without private insurance may be eligible to receive coverage for their medication through provincial insurance plans. In Ontario*, most antipsychotic medications are covered through the Ontario Drug Benefit Program, Exceptional Access Program, Trillium Drug Program, and Special Drugs Program.

However, you must be a tax-paying Ontario resident with valid Ontario Health Insurance Plan (OHIP) coverage and meet additional requirements specific to each program to be eligible. Additional limitations include: some medications are still not covered, deductibles, upfront costs, and more. As a care provider, understanding these systems and their limitations is critical in ensuring that patients have access to appropriate resources and that their medication needs are met.

To learn more about drug programs within Ontario, you can visit: https://www.health.gov.on.ca/en/pro/programs/drugs/funded_drug/funded_drug.aspx and https://www.ontario.ca/page/get-coverage-prescription-drug.

*Note: Each province within Canada governs its pharmaceutical system independently. Available services and drug programs vary depending on location.

Learning Tip #22 - Side Effects

Side effects from antipsychotic medication are common and can include movement effects (e.g. tremors, muscle stiffness, tics), dizziness, agitation, and lethargy.

The type, severity, and frequency of side effects can vary depending on the class of antipsychotics and from patient to patient. Some individuals experience minimal side effects or accept the side effects as a trade-off for the relief the medication brings when it comes to managing their symptoms. On the other hand, others may find the side effects distressing and may choose to discontinue their medication.

In a study by Deng et al. (2022), researchers found that side effects such as weight gain and drowsiness led some patients to believe that the medication was harmful and, as a result, disregard its effectiveness. Open conversations about potential medication side effects are critical in ensuring patient safety and medication adherence. These conversations are important for educating patients on symptoms, managing side effects, and building patient-provider trust.

Learning Tip #23 - Mental Health Stigma

Stigma can have detrimental effects on the well-being of individuals living with mental health and/or substance-use challenges. It shapes how these individuals view themselves as well as the way others interact with them.

Stigma manifests in many ways, such as a lack of understanding by friends, family, coworkers, and others. This can result in patients choosing not to disclose their mental health diagnoses and experiences with those around them.

For example, amongst individuals who identify as Muslim, it can be very stigmatizing to discuss substance use. This can lead to substance challenges being missed, especially when patients are questioned in front of family or friends (Hassan et al., 2021). As a result, Muslim patients affected by substances often suffer in silence and may choose to socially isolate themselves out of fear and to avoid discrimination.

It's critical to be considerate of these concerns by asking a patient for consent to contact their loved ones and respecting their choice. One way you can possibly support patients without a strong network is to connect them to community resources and encourage them to join peer support groups.

Learning Tip #24 - Delivery

When speaking to your preceptor, it's important you are mindful of your choice of words, phrasing, and tone; they can heavily influence the direction of your conversation. Poor phrasing or choice of tone can lead to your suggestions/concerns being interpreted as challenging or unprofessional. Delivery is especially critical when it comes to initiating conversations related to patient advocacy. You want to convey that you are not questioning your colleagues' clinical judgment, but that you have an idea that you would like to openly discuss with them.

Learning Tip #25 - Discussing Treatment Options

As a care provider, it is critical to present and discuss alternative treatment options with the patient. Different approaches may be more suitable for different patients. Some patients benefit from medication, while others may instead find benefit from therapies such as Cognitive Behavioral Therapy and Dialectical Behaviour Therapy. Therapies outside of medication are just as legitimate, valuable, and effective in helping patients manage their condition.

Connecting patients to additional relevant resources* can make a big difference in the patient's healthcare journey. Even if you are not the expert for a particular resource, you can still help the patient by referring them to another healthcare professional (e.g. social worker, specialist psychiatrist, etc.) who can provide the patient with more information. Remember that these resources should be tailored to each individual since everyone's definition of health, values, and mental health journey can look very different.

Lastly, it is important to encourage patients to be actively involved in their own journey by connecting them to community resources and peer support groups. This can help greatly when it comes to processing and healing from one's experiences. These can also help patients build the confidence to trust themselves more when it comes to making decisions, advocating for their care, and putting in the work to stay healthy and informed.

*Note: Access to certain supports and resources is heavily influenced by geographic location.

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