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## *Reflections on Learning through Patient Journeys*

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Journey – a process of travelling from one place to another. Inherent in the word is a sense of ongoing, something long lasting, perhaps convoluted and challenging at times.

In the medical profession, encounters with patients can easily be viewed as discrete events, with a clear beginning and end. One can forget that patients' experiences and thoughts about their healthcare persist and progress. They do not end once the consulting room door swings closed, or when the jostling ward round moves on to the next bed.

For this reason, the concept of the patient journey is an important one, emphasising the continuous nature of healthcare, its pervasiveness and its potential for challenges, complexity and wrong turns.

As a doctor in the very early stages of my career, I know I still have a great deal to learn. I used patient stories – generously provided by the families who had experienced them – as an educational tool before I had even started my formal clinical training, when the image of myself as a doctor was unimaginably distant. These 'journeys' were a novel way of prompting discussion and promoting understanding of the patient perspective in a safe and supportive environment.

From my personal experience as a healthcare professional in training, it is often inevitable to become tied up in critical assessment of oneself when learning to consult with patients. Did I ask the right set of questions to rule out this or that differential? Was my tone of voice appropriate? Did I show empathy, build rapport, listen appropriately and pick up on my patient's cues?

Important as this reflection is for improving practice, such a stream of internal questioning can detract from thinking about patients themselves, and in the limited time available in a busy healthcare setting, it is not often

that one is afforded the luxury of a patient or family's full narrative, and this was the first benefit of learning through patient journeys.

Before writing this piece, I looked back through notes and essays I had drafted as a student whilst studying the stories we had been given. Even now, some of the diagnoses and clinical histories are more complex than the usual preserve of a junior doctor. But the utility of the discussion went far beyond learning stark facts about rare conditions. What was striking was that even a limited understanding of history, examination and diagnosis did not in any way prevent me from engaging with the human aspects of medicine that these stories presented. You don't need to know the meaning of every test result or investigation to be able to explore the impact of experiences on patients and their families. To quote William Osler (1849–1919), 'The good physician treats the disease; the great physician treats the patient who has the disease'. The appreciation of *people* is for me what underpins medical practice, and learning to take an interest in thoughts and feelings before learning symptoms and signs was a solid foundation for my future practice.

It is extraordinary to witness the common themes that arose in numerous stories that my classmates and I discussed, such as dealing with uncertainty – for example, poor communication – the confusion of seeing multiple professionals and the conflicting views they could offer. Finding these common threads through the study of patient journeys helped to cement them in my mind, and I try even now to pay them due attention.

Studying the patient journey, using the stories that have been generously shared by those who have had such experiences, can provide health-care professionals with food for thought, teaching them to look outside of the consultation room and see that their own encounter with a patient may occupy but a tiny space within a rich odyssey. By having the luxury of hearing first-hand patient experiences, maybe we can become more accepting of this role, while at the same time ensuring that we give our best to each patient in order to facilitate their onward journey.