

# + Comorbidities

The only point of care tool that supports the management of the whole patient.



John Sandars is a Professor of Medical Education at Edge Hill University. John was involved in the development of the university's new medical school and continues to inform the school on best practice in teaching and learning. John is also Associate Editor for Medical Teacher and sits on the editorial board for the International Journal of Medical Education.

John explains how BMJ Best Practice Comorbidities tool can prepare medical students for practice and help them adopt an integrated approach to patient care.

“Medicine is complex. And, with an increase in patients living with multiple comorbidities, it's becoming ever more complex. Doctors need to adopt an integrated approach to patient care. This includes recognising a patient's comorbidities and how they each interact.

In 20 years of teaching I've seen how challenging it is for medical students to integrate their knowledge in order to fully understand an issue, its implications, and then produce an effective management plan. When faced with the complexity of a clinical case, I see many students focus on the acute reason for a patient's admittance to hospital, rather than considering the patient's pre-existing conditions. However, it is this integration of knowledge that appears

to make the biggest difference between the most and least effective doctors.

To encourage greater integration in their thinking, students must have access to clinical case studies which reflect the complexity of real-life. Naturally, this includes patients living with comorbidities. It's understanding this complexity, and recognising that the patient is a dynamic, living system where everything is integrated, that is vital in becoming an effective clinician.

A number of clinical support tools are relatively simplistic, with little explanation on the 'why'. I always seek to understand the 'why' - without it, you lack the conceptual underpinning necessary for full comprehension.



Unlike other tools, BMJ Best Practice Comorbidities details the rationale at an appropriate level - which is immensely helpful for students. This certainly makes it a useful resource for teaching. It provides an opportunity for students to work through a clinical case and understand the contribution of each of the patient's comorbidities.

BMJ Best Practice Comorbidities is a very useful tool for case discussion and case-based learning. I can see how access to it would be useful in helping students prepare for the complexity of real-life patients. Recently there has been greater emphasis on preparing students for practice. At Edge Hill University, preparing students for practice starts in Year 1. First year students use a learning approach that is based on case studies. Students are issued with a complex patient case study that has a mix of physical, psychological and social implications.

For students on placement, BMJ Best Practice Comorbidities could help support their clinical learning on the wards. It has the potential to help students understand

the impact of a patient's comorbidities, and what it means for the patient's management plan.



It is heartening to see mental health comorbidities like depression and dementia included in the tool. These are probably the most commonly neglected comorbidities and are often not talked about.

Through using BMJ Best Practice Comorbidities, students would be encouraged to think about the impact of these comorbidities and how they may influence the patient's management plan.



BMJ Best Practice Comorbidities is a valuable tool that can be used to help prepare students for practice. From enabling students to work through complex cases, to preparing them for placements and supporting their learning on the wards, BMJ Best Practice Comorbidities is an excellent resource to help students integrate their learning.”

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