

Using PPI to Support Newly Qualified Health Care Professionals



A Low Agenda Item?

- With some notable exceptions, generally patient/user involvement in health professional education is low on the agenda of influential leaders in health professional education, either at the institutional or national level.
- There are intentions to develop involvement work but this tends to be afforded relatively low priority.

WHY?

- Existing Culture & Values
- Champions ?????
- Institutional buy-in, support, infrastructure & funding
- Recruitment, remuneration, ethical issues, training and on-going support.
- Evidence base of long term benefits

Why should our responses matter?



WHY?

Making a difference?

*“It was not what they **did** to me,
but the way they **were** with me, that
made me better”*

Vera, oral cancer survivor

Levels of Involvement

- **Level 1: Little involvement**

- The curriculum is planned and delivered with no consultation or involvement.

‘They know best. We do as we are told.’

- **Level 2: Emerging involvement**

- There is contact with local user and carer groups. They are invited to ‘tell their story’ and occasionally consulted in relation to planning when invited, but have no opportunity for shaping as a whole.

‘This is not about people listening or service users “getting things off their chests”. There are so many ways to be involved.’

- Tew et al. (2004) ‘Ladder of Involvement’ The Health Foundation (2011) Can Patients Be Teachers

Levels of Involvement

- **Level 3: Growing involvement**

Users and carers start contributing in more than one aspect of education and training, they are reimbursed, and organisations begin to plan things that will help support involvement, for example, training, mentoring.

‘This is beginning to make sense.’

- **Level 4: Collaboration**

Users and carers are contributing to key discussions and decisions and the value of this is acknowledged by all concerned. A coordinated programme of involvement and support is developing.

‘I thought I could help a bit. Now I realise my contribution makes a difference.’

Levels of Involvement

- **Level 5: Partnership**

All partner groups are working together equally. All key decisions are made jointly, mutually valuing the perception and ideas of service users and carers, academics, practitioners and learners alike.

‘We’re all on the same side. We all want to make a difference.’

Please take this moment to pause for thought...



...At what level of involvement is your organisation?

Passive Role



Patients have always been involved in the training of health care workers, but traditionally in passive roles as “interesting learning material”
‘They know best. We do as we are told.’

What Might Active Involvement Look Like?

- **Level 1** – Patients involved in creating learning materials
- **Level 2** – Standardised or volunteer patient in a clinical setting
- **Level 3** – Patient shares experience with students/HCP's within a faculty-directed curriculum/CPD programme
- **Level 4** – Patient-teacher(s) are involved in teaching or evaluating students/newly qualified HCP's
- **Level 5** – Patient teacher(s) as equal partners in student/preceptor education, evaluation, curriculum & CPD development
- **Level 6** – Patients involved at institutional level e.g. Lay representation on selection panels; NHS Appraisal & Re-validation in addition to Level 5

Benefits of involving patients in the support of newly qualified HCP's

- Real time opportunity to learn and then to apply knowledge and skills
- Motivates by emphasising the relevance of learning; it helps to develop clinical reasoning;
- Encourages the valuing of cultural diversity;
- Fosters empathy and the development of professional skills including communication;
- Patient interaction in under/post graduate education offers valuable insight into the patient perspective on specific conditions

Benefits of involving patients in the support of newly qualified HCP's

- Improved training of the medical workforce, resulting in improved healthcare for the whole population;
- Improving patient's own knowledge of their condition, share their knowledge and expertise with the HCP;
- Creates champions that will embed cultural change and organisational memory

Current Initiatives

- Student Selected Components “Nothing About Us Without Us?”
- Dementia Champions: Starfish Project
- Preceptor Patient Champions
- Carer’s Initiatives
- Mystery Patients
- End of Life Care
- Patients As Educators

To reflect and recharge?

“I have been inspired by your talk ...I am aware that Year 3 is a significant transition. We have fantastic start in the art of empathy at the beginning of the course but the exposure to hospital practice prioritises scientific medicine, perhaps necessarily.

I can feel myself belittling emotions, particularly feelings of discomfort and uneasiness that are the early warning signals of integrity. I can also feel myself switch off empathically and become an analyser of lesioned bodies. I hope we might be able to retune our emotional antennae”.

3rd year medical student.

To enhance experience...

“This was a meaningful encounter for both of us – it did more for my patient, and more for me than any simple history taking could ever have done”.

4th year medical student: MHEL SSU Report

Over To You...

What can you do with these ideas? Where and how can you take them further?



Current Initiatives

Is there a Role for
Medical Ethics &
Medical Humanities
here?

- Where is 'humanity' to be found in contemporary medicine?



- How can we bring it to life in everyday practice?



Medical Humanities help us to:

- develop artful observation and “close noticing”
- make perceptive clinical judgements
- foster empathy for patients’ health and illness narratives or experiences
- integrate narrative and evidence-based approaches to practice

Seeing the person...

...behind the disease

Seeing how 're-humanising'
patients...

...can help us deal with offences

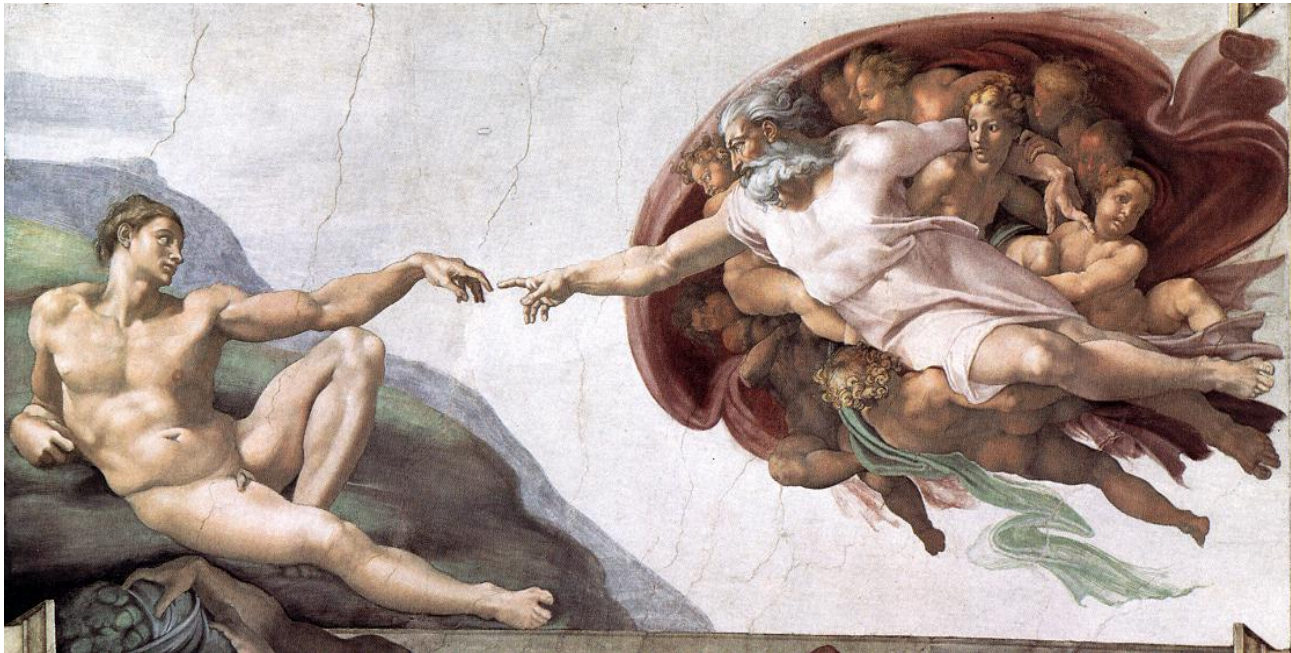
on our senses

*"...to hear all sides, to contextualise
all events, to honour all voices and
to bear witness to all who suffer"*



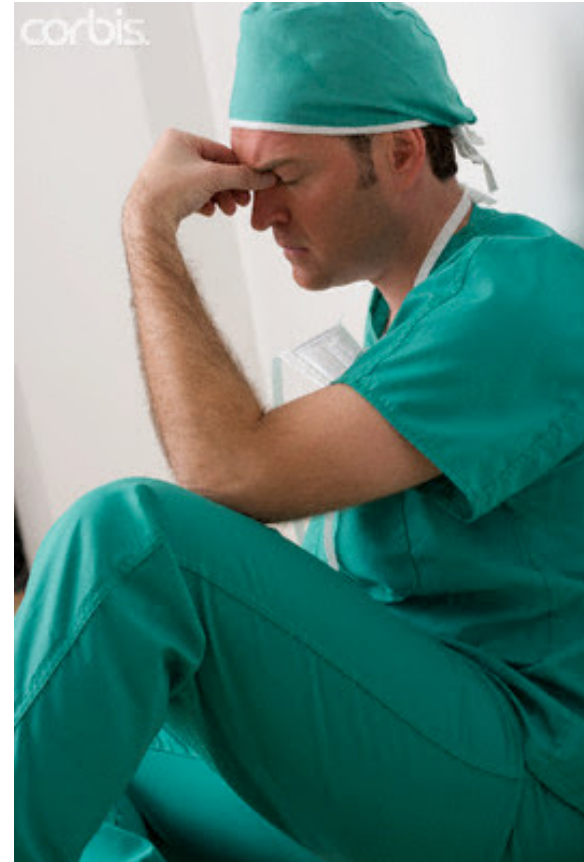
And give them back their
dignity...

Medical Ethics
Respect for Autonomy
Beneficence / Non Maleficence
Justice



Managing day-to-day challenges

- Diffusing tension
- Acknowledging limitation
- Disclosing errors
- Opening up taboos
- Responding to criticism
- Facing your fears
- Tolerating ambiguity & managing doubt & uncertainty in complex clinical scenarios...
without losing the plot



“Reading” Patients

*different lives, different stories...
looking beyond the surface*





*“clinical practice,
teaching, research...*



***...all indelibly stamped
with the telling or
receiving or creating of
stories”***



THE POWER OF STORY TELLING

- How can we know things?
- Science versus Anecdote/Story
- Science is our best knowledge at the present time
- Remembering is all about feeling
- A story teller is one who remembers, and carries wisdom for others (not age but experience related)
- Stories are meant to be told

A BIT MORE ABOUT REMEMBERING

It is said that we rarely remember what people have said to us; sometimes we remember what people did to us but we ALWAYS remember how people made us FEEL

The importance of listening...



And really hearing...

Encouraging Reflective Practice



How can we explore our own role in healing,
and realise our potential unless we do this?



Thank You