

# **Introducing the contribution of patients and / or social care users in the training process**

Joint HOSPEEM-EPSU CPD /LLL Conference

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# Questions

- What do we mean by patient involvement?
- Why involve patients?
- What are some examples of patient involvement in CPD?



# Patients as educators of health professional students at UBC

- Patient and Community Voices workshops
- Interprofessional Health Mentors program
- Community and Patient Fair



# Two Conferences

2005

## Where's the Patient's Voice in Health Professional Education?

International Conference



November 3 – 5, 2005

**Vancouver, BC, Canada**

Conference Organizers:



Division of Health Care Communication  
*informed and shared decision making*



**INTERPROFESSIONAL CONTINUING EDUCATION**  
THE UNIVERSITY OF BRITISH COLUMBIA

2015

2<sup>ND</sup> INTERNATIONAL CONFERENCE

## WHERE'S THE PATIENT'S VOICE IN HEALTH PROFESSIONAL EDUCATION — 10 YEARS ON?



November 12-14, 2015  
Coast Plaza Hotel & Suites, Vancouver, B.C.



Organized by:



Patient & Community  
Partnership for Education  
*Informed and shared decision making*



In partnership with:

Office of the  
Vice-Provost  
Health

Interprofessional  
Continuing  
Education

Centre for  
Health Education  
Scholarship (CHES)



# The patient's voice in health and social care professional education

## The Vancouver Statement

Angela Towle, Christine Farrell, Martha E. Gaines,  
William Godolphin, Gabrielle John, Cathy Kline, Beth Lown,  
Penny Morris, Jools Symons and Jill Thistlethwaite  
*(Information about the authors can be found at the end of this article.)*

### Abstract

**Purpose** – The purpose of this paper is to present a statement about the involvement of patients in the education of health and social care professionals developed at an international conference in November 2015. It aims to describe the current state and identify action items for the next five years.

**Design/methodology/approach** – The paper describes how patient involvement in education has developed as a logical consequence of patient and public participation in health care and health research. It summarizes the current state of patient involvement across the continuum of education and training, including the benefits and barriers. It describes how the conference statement was developed and the outcome.

**Findings** – The conference statement identifies nine priorities for action in the areas of policy, recognition and support, innovation, research and evaluation, and dissemination and knowledge exchange.

**Originality/value** – The conference statement represents the first time that an international and multidisciplinary group has worked together to assemble in a single document specific priorities for action to embed the patient's voice in health professional education.

**Keywords** User involvement, Professional education, Patient involvement,  
Health professions education, Professional development, Public involvement

**Paper type** Viewpoint



# What do we mean by patient involvement in CPD?

- The education of health and social care professionals should include the autonomous and authentic voices of patients and their lived experiences so that the care delivered is genuinely patient-centred.
- Patients should play an active and collaborative educational role as teachers, assessors, curriculum developers and educational decision makers.



# Why involve patients?

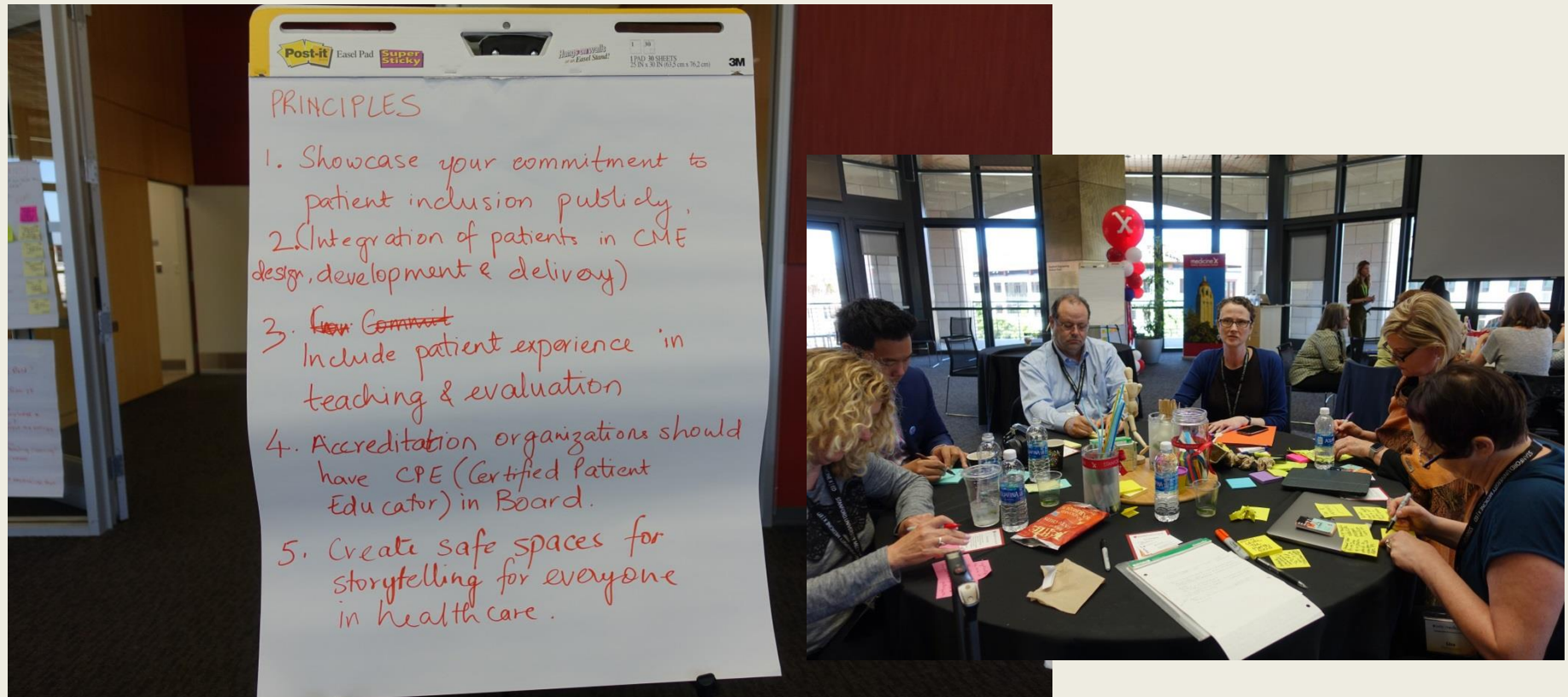
Prepare workforce to:

- i) deliver person-centred, relationship-based care;
- ii) engage in shared decision-making;
- iii) support self-care and resilience;
- iv) enhance communication, and empathic and caring relationships;
- v) promote patient safety and quality improvement;
- vi) foster shared values, inclusion and social justice.



# Examples of patient involvement in CPD

- Accreditation Council for Continuing Medical Education (USA)





# Examples of patient involvement in CPD

- Health Authority Orientation for New Point of Care Staff (Vancouver, Canada)



# Examples of patient involvement in CPD

- Patients involved in training managers in the NHS (UK)



# Examples of patient involvement in CPD

- Patient-Centred Outcomes Research Institute (USA): Involving patients in the training of researchers about cultural diversity



# **Selected examples of patient involvement in CPD in the literature**

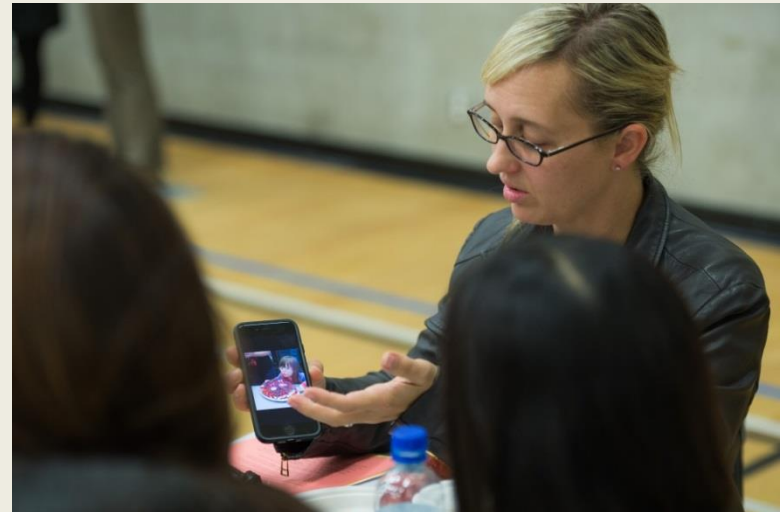
- Management of back pain
- Needs of stroke patients
- Client-centred approaches to mental health treatment
- Implementation of e-health
- Medical error disclosure and prevention



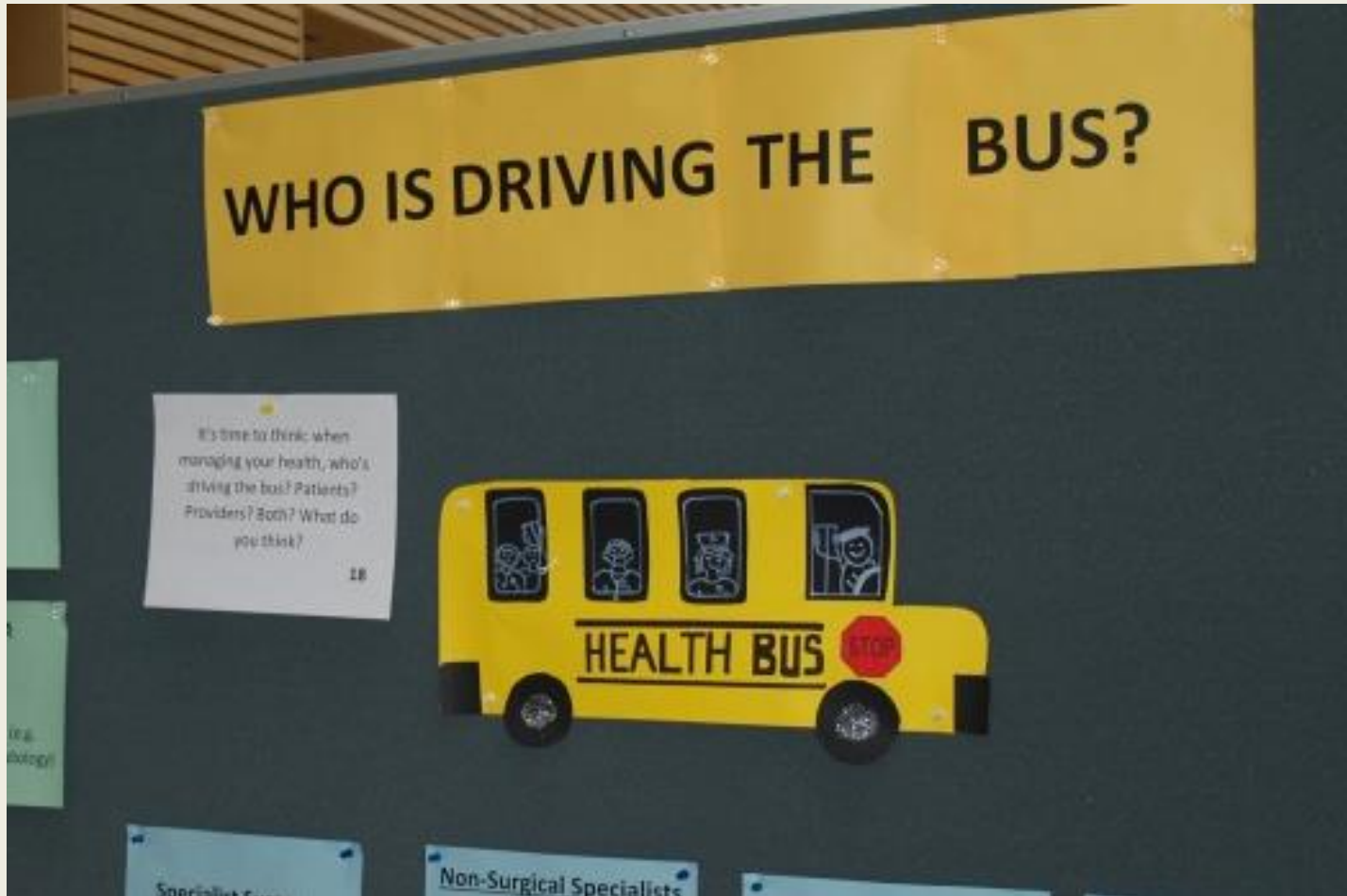


# Lessons Learned at UBC

- Have clarity of purpose
- Involve patients from the beginning
- Be in it for the long term
- Work with community patient organizations
- Use participatory learning techniques



# Patients as key informants / observers of the health care system



# Acknowledgements

- Thanks to my team, especially William Godolphin & Cathy Kline
- Thanks to the >150 patients who have volunteered to share their expertise
- Thanks to Don Ehrhardt for the photos
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# **Introducing the contribution of patients and / or social care users in the training process : from dreams to reality**

**Joint HOSPEEM-EPSU CPD /LLL Conference**  
**Alice Casagrande**

Head of CPD, FEHAP

France





# **Involving the patients in our training programs : how the story started**

- Two reports drawing the same conclusions in the health care and the social care sector in France (feb 2014, june 2015)
- A first experience of scepticism
- A small task force of idealists
- Many dreams, few assessments
- Time and freedom to think it over



# Involving the patients in our training programs : getting real

- A seminar to clarify concepts, debate and hopefully convince others
- The decision that action should come first
- Four experiments, a university, a researcher... and a very active and supportive task force around them, composed by representatives of both the social and health care sector, including health care service users and regulators
- A federation trying to do what's right... following or leading the way ?



# Involving the patients in our training programs : time of doubts

- To implement : what project carriers ?
- To finance : how to convince social partners ?
- To find the patient-trainer to implement the program : how to recruit ?
- To actually get the training program to happen : how to convince the managers and heads of human resources departments that such an action is useful ?
- To assess : on what grounds and criteria ?



# Involving the patients in our training programs : identifying the blockage points

With each form and level of implication of patient/social care service user questions are raised by all parties that should be convinced in order for the project to come to reality

## - Health care /Social care service users

*Do they really know about their situation ? about the social/health care services ? Can we really talk of expertise regarding them, the kind of expertise you need to become a professional teacher/trainer ?*

## - Patients/Social care service users as “resources”

*Can they become reliable contributors ? Aren't they trapped in their own subjective experience ?*

## - Patients/Social care users as “trainers” and partners in CPD programs

*Are they going to judge us, give us lessons about the way we should do our work ? on what grounds could they possibly “teach us” anything ? Aren't they going to prove unable to have any empathy with us and our working conditions and therefore, lack an essential part of any “trainer's” skill ?*





# Involving the patients in our training programs : where do we stand now, after this experience ?

- Scientifically proven results already exist about the benefits of involving patients and social care service users in training programs
- We have nonetheless experienced several forms of resistances, related to cultural, managerial and identity issues
- We take those resistances seriously, and therefore understand that we have to explain to all parties that a social care / health care service user :
  - has indeed a knowledge both about his situation and the service being provided to him,
  - Can and should contribute to improve the system and work organizations by various means and levels of implications – whether by lobbying or by getting involved in training programs – which suppose different skills and stances (but not necessarily different persons, as the same people can adopt different strategies)
  - Prove to be great contributors to training programs especially in helping health or social care professionals develop their relational skills and their capacity of empathy and cooperation (cf the “Gap mending model” in Sweden and Paris 13 – Olivia Gross study on medical training)



# Involving the patients in our training programs : what have we learnt ?

- Our seminar *will* take place on the 11<sup>th</sup> of december 2017 – determination pays off ! And you are all most welcome...
- Scientifically established truths are one thing, “cultural” acceptance is *quite* another
- The part we all have to play might be to take a genuine interest in implementing desirable changes based on scientifically established facts ; but to do so, we should not stand apart or above the organizations and people we are trying to serve – we should work *along with* them, and that includes accepting a certain amount of risk... and taking chances !



# Acknowledgements

- Thanks to the very special task force around the Fehap, which has been involved in this work for more than two years
- Thanks to Laurent Terme and Franck Monfort, respectively from the CFDT and the CGT, who initially argued against some of the ideas I tried to propose but also always tried to understand and promote new ideas when my arguments improved
- And thank you for your kind attention !

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