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Involve Patients and Carers in Training Health Professionals

Dr Alka S Ahuja

Patient involvement is now playing an increasing role part in the political and health arena.[1,2,3] Patients have valuable knowledge and expertise to offer which provide stimulating and challenging educational experiences and represent a potential teaching resource for medical education. One way of promoting co-production and user engagement in healthcare services is to actively involve patients and their carers in educating practitioners.

Why involve patients and carers in educating health professionals?

Patients and carers bring different experiences and perspectives to medical education and can, therefore, contribute to learning and teaching in a variety of ways. Through their direct experience of illness and healthcare, they develop a knowledge base which at times is different from that currently taught by professionals to professionals. Recent studies describe the successful involvement of patients and carers in training core professional skills, such as listening, communication and empathy, which results in practitioners developing clinical reasoning, communication skills, professional attitudes and empathy[4,5]. It can be cost-effective as it often frees up health professionals from teaching commitments enabling them to deliver their clinical role effectively thus resulting in improved delivery of healthcare.

A number of factors may influence patients and carers to become involved in education. Being involved in training can be beneficial both personally (by empowering them and increasing their social contacts) and practically (enabling them to earn money or learn new skills). Research suggests that some people want to give something back, in recognition of what they have received from services, while others may wish to tell their story to a wider audience. Others are motivated by their desire to bring about change in professional practice so as to improve the quality of services that they and others receive in the future. For some, teaching is an ego boosting experience and may contribute to their recovery.[6] The opportunity to not only influence the education of students but also to exercise some control over the process is highlighted in the programme 'Patient Partners', in which patients with arthritis are involved in teaching musculoskeletal examination to students[7].

Also, current changes in medical training and the General Medical Council policies encourage professionals to involve patients and carers in training.

Ways in which patients and carers can be involved in educating professionals

Patients and carers can be involved in teaching in various ways; giving presentations, acting as facilitators in seminars, demonstrating to small groups, providing personal tuition, giving feedback, assessing students and evaluating teaching programmes. Direct delivery methods are commonly used and, if well planned, can provide a chance for practitioners to reflect on their practice and enable them to empathise with patients and carers[8]. Involving service users in teaching interviewing skills has improved the trainees' understanding of the psychological world of the patients[9] as has including, young people in curriculum development on a new BSc and MSc programme on child and adolescent mental health[10]. Patients and carers can also be involved in web-based discussion groups or as e-based consultants for problem or enquiry-based learning. This is especially important in certain situations where direct face to face contact with professionals may be perceived as anxiety provoking for the patients. Patient contributions can also be made through their production of videos, art or reading material or drama. Research has explored involving service users in elements of the curriculum or student assessment, including selection for medical school. However, dissemination of user-led research findings through journal publications and presentations is also an important way in which users can influence the training and continuing professional development of practitioners[11].

Barriers to be overcome

Some practitioners may find it difficult to accept patients and their carers as teachers. There may be concerns as to the impact on doctor patient relationships and the existing culture may make change more difficult to accept. Also, competing demands for time may make it difficult to plan how patients and carers should be best utilized in training. Some of these concerns can be addressed through 'users as

trainers' workshops in which service users learn skills required for effective teaching. Recognizing that patients have knowledge about their own illnesses may be perceived as a threat to their professionalism and expertise by some practitioners. Service users and carers may also feel isolated or anxious at first and may need training and support Specific training about presentation skills and assertiveness could be beneficial and medical jargon could be explained. Often young people, women, people from ethnic minority groups, lesbians and gay people are reluctant to participate and, as a result, are underrepresented in education and training programmes. There is a requirement to create a shift in thinking and culture among health professionals to ensure that issues such as representativeness are addressed such that service user involvement does not remain at a tokenistic level.

Concerns may be expressed about the roles of patients and carers in training with the fear of their becoming professionalized and thereby less representative of their patient group and so less able to make valuable contributions to education and training. However, evidence suggests that this engagement does not necessarily devalue an individual's experience or diminish their contributions[12]. Involving patients and carers in education raises challenges for appropriate training and standards. Little is known about how to ensure that user and carer educators have an appropriate standard of objectivity and communication skills. Livingston and Cooper[5] suggest that, as users are relating their own experiences, objectivity is less important.

Setting the scene

Establishing a culture that considers the viewpoints and contributions of patients and carers to be of equal value to professionals is the foundation of a new partnership between patients and professionals and this involves changes in attitudes on both sides. Involving patients and their carers in training will be a process of learning, as it is highly likely that there is no 'one size fits all' model that will work for all programmes in all localities. Support and training for patients and carers who are recruited as educators is needed throughout the process and involving more than one carer and patient is important. Often, limiting the number of times a carer participates in teaching helps to maintain the sense of 'freshness' for them and avoids possible over-commitment. Careful curriculum design and planning of sessions is required to ensure that minority viewpoints and experiences are reflected in the teaching and that this content fits in with the rest of the training. Identifying training locations that are easily accessed by patients and carers can help ensure attendance and payment for patients and carers should be clearly defined. Debriefing and support is also important for carers and patients and should be provided after each session.

The Future

Future work should be based on recruiting patients and carers from a variety of backgrounds into these teaching roles.[13] There is also the need for further research to define the characteristics of successful training programmes for patients and carers and to ascertain the impact of such training on the attitudes and skills of both students and practitioners.

Further Information

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