Our Shared Ambition:

Quality Health Professional Education (HPE) - Patient Partnership

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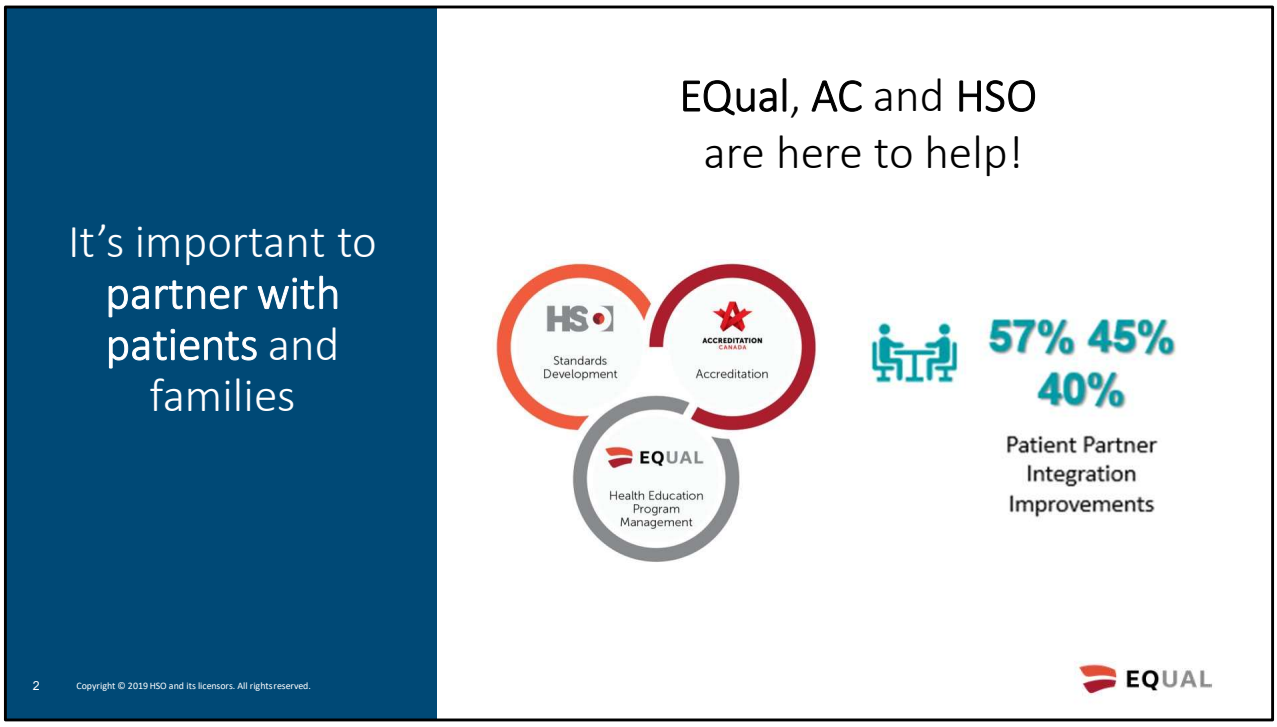
EQUAL ACCREDITATION CANADA HSO



The focus of this lunch and learn is to explore to explore important topic of patients and family integration in health professional education, and to discuss how EQual, Accreditation Canada and HSO supporting this initiative. This presentation was co-created with a patient partner and the EQual team, modelling the principles of authentic patient engagement, an initiative that resulted in both parties learning from, with and about each other in 2021.

A quick recap on patient partnership in education and where, from my perspective, we are at today:

-Patient partnership is not a new educational concept. Osler's medical research which dates back to more than 100 years – identified the benefits of students engaging with patient in real 'life' experiential (hospital clinical/patient) context.
-There are many prominent global organization's like WHO who advocate for greater engagement of patient partners in all facet of healthcare including HPE.
-Yet in over 100 years, there has been minimal lateral patient engagement initiatives that have played out (some are using in different clinical environments, some are engaging patient in curriculum delivery through lectures or standardized patient

activities and some in program policy development.

By our own EQual account, as reported by our accredited education programs in 2021 (by polling our more than 225 accredited programs):

- **57% of programs reported having an action plan for engaging patient partners**

- **45% of programs reported engaging patient partners in their program advisory group, during student didactic or even asked patient partners to provide student feedback in simulation or during clinical/practicum**

- **40% of program reported having clear engagement terms or a safety disclaimer for patient partners engaged in their programs**

I am excited for today because like any movement we need to build a momentum and I think that we are start doing this by engaging in interprofessional communications like today. I truly believe that we can enhance authentic educational patient partnership if we promote and continue to explore doing this collaboratively and together.

These are the different names we may use for the patient voice in health education

The term '**Patient**' is used as a generic term and includes current patients, clients, residents, survivors, health service users, alternative decision makers, carers, supporters and their families. The breadth of terms reflects the variability of how a person might want to be identified by their interactions

within health settings. **Partnership** is the idea that each party communicates with each other and works together to accomplish common goals.

Patient partnership is the active and collaborative involvement and engagement of any of these people, who are not health professionals, but who have lived experiences and expertise with the healthcare system, and whereby this expertise stands to positively impact the delivery of health care services and professional entry to practice education. Specific to the context of education, this includes involving people who are engaged in teaching, assessment or curriculum/program development.

Educational drivers for **patient partnership**

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There are numerous drivers for active patient partnership in HPE:

- **Patients** have been increasingly supported to voice their lived experiences within the health system through various mechanisms including patient advocacy groups. Patients develop lived experience expertise from interactions with and while navigating through the health system. Patient engagement is a way to recognize that lived experience expertise is invaluable. We must remember that many patients have had care compromised, and many may be fearful to help in health systems and health education.
- **Health care professionals** have adopted patient-centred care as the basis of good practice
- **The law and ethical guidelines** for consent to medical treatment have increasingly incorporated the notions of shared decision making (between health professional and patient) and informed choice (by the patient)
- **Governments** seek to make health services more responsive to the needs of the public and also to contain costs by encouraging self-care, especially among the increasing numbers of patients with chronic conditions
- **Regulators and employers** expect education programs to reflect upon and incorporate impactful health care system practices such as that which can be

obtained by the use of patient partners.

- **Academic institutions and educational programs** are keen to demonstrate that they are socially responsive and strive to create a culture of mutual respect. Some institutions have developed outreach programs to engage their local communities to participate in education.
- **Students** expect to be prepared for their future professional roles by receiving current, relevant and emerging practice education, some of which they can receive through encounters with patient partners.
- **Research and Evidence Informed Emerging Health Care Practices** demonstrates that patient engagement brings educational realism and improves patient and practitioner therapeutic relationship competencies.

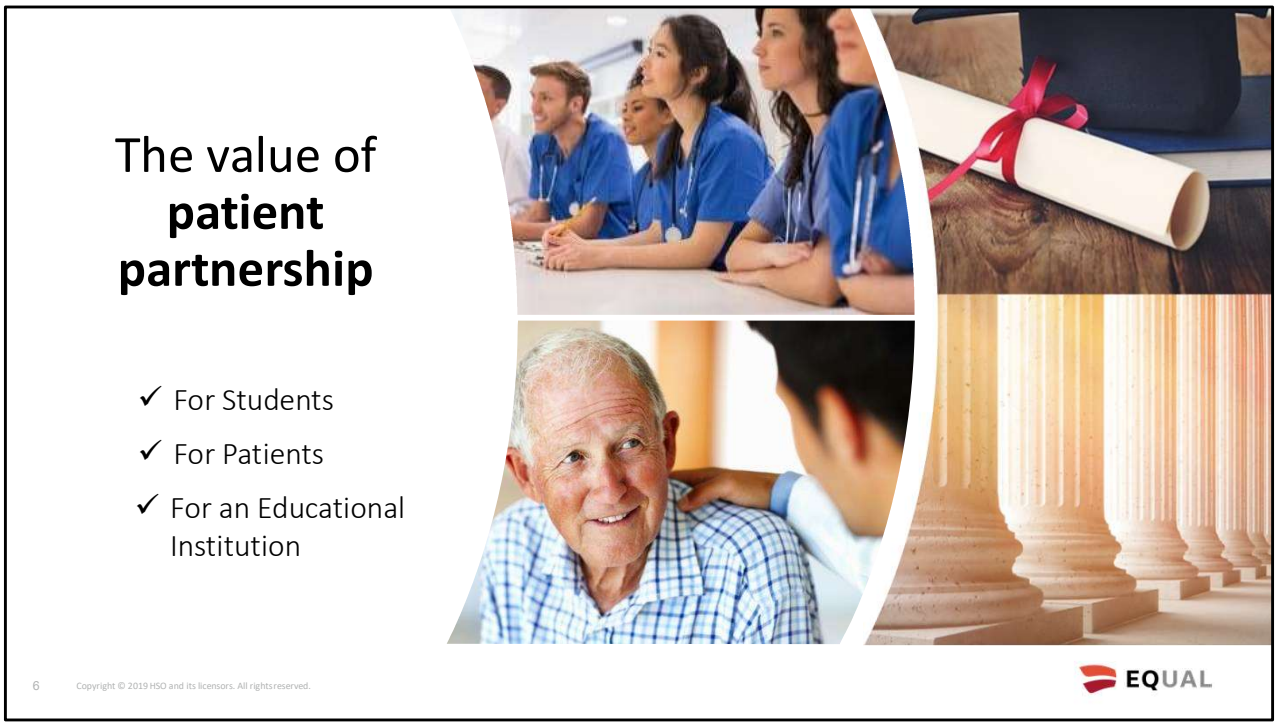
People-Centred Care is a health care focus It is out of this context that patient partnerships engagement in education realizes its importance.

When health professional graduates are more people-centric, the future health workforce is more equipped and have the required competencies to better provide and support quality people-centric care/service.

When students are educated to collaborate with patients, through access to and experiences with patient partners, they will carry these values and attitudes throughout their professional journey and well beyond entry to practice. Therefore, people-centeredness will innately manifest itself and become a professional

expectation for quality health care.

Lived-experience expertise + Health care expertise + Health education expertise = Quality education + Quality care and service



There is much value gained from patient partnership. Here a few.

Value for Educational Institution

- Brings reality, authenticity and real-life context to academic learning.
- Brings evidence informed leading practice to the educational institution.
- Enhances the development of professional entry to practice competencies such as: practitioner-patient relationship management, patient communication skills, shared decision-making and care planning.
- Challenges students to reflect on their own potential cultural bias and promotes equal, fair, ethical and informed medical practice and enhances cultural competence of future practitioners.
- Recognizes interdependence of the patient and health professionals' expertise.

Value for Patient

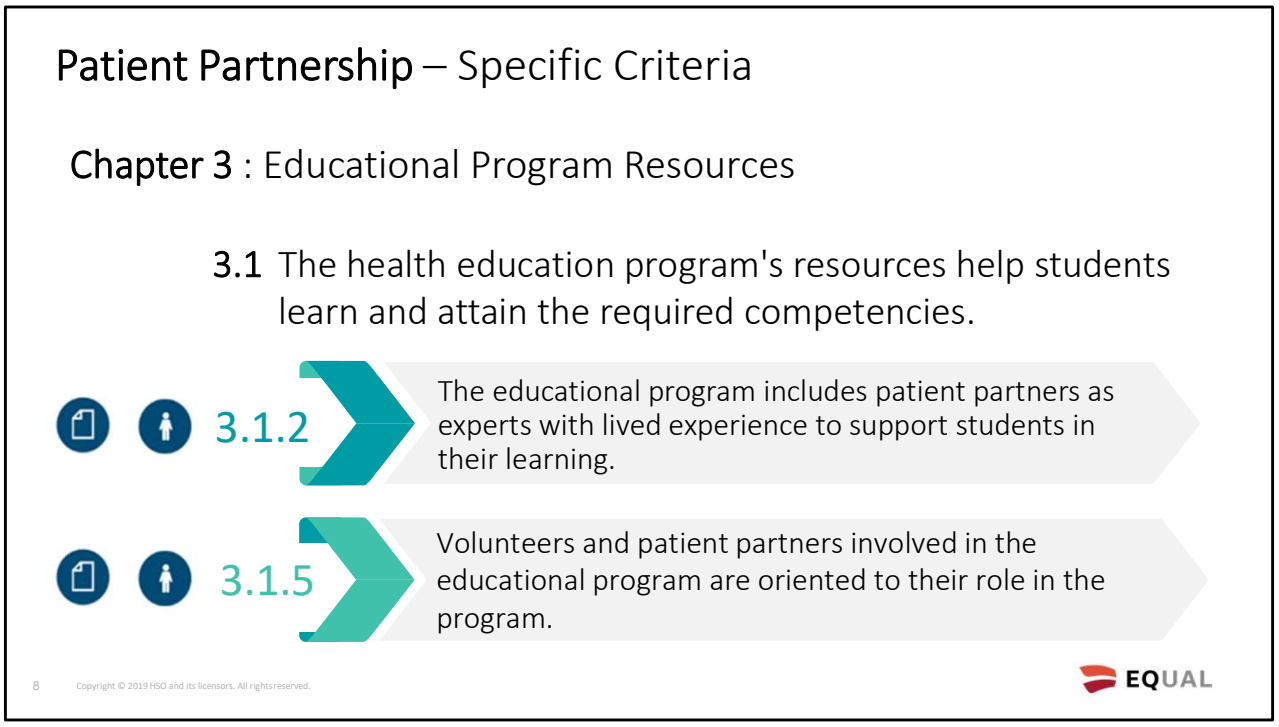
- Inclusion of patients' experiential knowledge of health, illness or disability is a valuable component of professional entry to practice education.
- Introduces the values associated with patient-centered care.
- Allows for the development of a comprehensible autobiographical "illness narrative" and improves communication habits with health

professionals
- Gives patient's a deeper understanding of the patient-practitioner relationship
- Builds trust and mutual respect with the health system and practitioners
- Promotes educational patient partnership as an important bridge to health system people-centered care and patient engagement

Value for Students (and therefore future workforce)

- Enhances student satisfaction and confidence in clinical skills
- Improves understanding of patient experiences and perspectives
- Brings a real-life context to academic learning
- Improves development of practitioner-patient relationship competencies and skills
- Allows for value recognition of patient-centric care approaches
- Enhances cultural competence by promoting self-reflection and acknowledgement of personal bias
- Challenges students to develop quality care practices that move beyond challenging cultural stereotypes and/or stigma's
- Equips students with the competence required to be successful professionals and health system contributors and collaborators
- Equips students with first-hand knowledge of the benefits of patient-centric care approaches
- Equips tomorrow's workforce with the competence (knowledge, skills, attitude and behaviors) required to drive real positive health care advancement and change

Partnering and bringing the lived experience expertise of patients and families are part of the work we do to create standards at HSO. Patient partners are now typically part of new standard development for all HSO standards, and patients are valued members of the technical committees who co-create the standards.



Patient partnership is reflected in the Health Education Standard and thus in the *2021 EQual manual*. The criteria explicitly related to Patient Partnerships are found in Chapter 3, Educational Program Resources, specifically criteria 3.1.2 and 3.1.5.

These criteria reflect the use of patient partners and other volunteers as valued resources in the education of students. These criteria are non-attestable criteria, meaning that evidence must be submitted during each accreditation cycle, and they are assessed using document review methods during the off-site review stage, and on-site using interviews with program stakeholders, including students and patient partners.

Let’s look at each criterion in a bit more detail.

Criteria 3.1.2 - Examples for Engaging **Patient Partners**

3.1.2 The educational program includes patient partners as experts with lived experience to support students in their learning.

Program Delivery	Curriculum Co-Design	Decision-Making At The Organizational Level

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Educational programs may engage patient partners at various levels of program design and delivery, and at each level patient partners can take on various roles. Patient partners are well positioned to help students understand how professional conduct and performance can support or hinder patients' experiences, outcomes, and trust in the health care system.

During delivery of curriculum, educational programs may identify areas that could be enhanced by including patient partners. For example, patient partners may act as guest speakers to share their experiences on their patient journey, mentors to provide feedback on simulated or clinical/practicum experiences, co-facilitators of class discussions or debriefing sessions. Patients could participate in lectures / delivery of program material related to practitioner-patient relationships, informed consent, care error reporting, care communication, professional soft skill formation and palliative and end-of-life care, and as volunteer patients in simulated scenarios and activities. Most health care facilities now have patient family advocates that could be leveraged to play a role in orienting students to the health facility during practicums.

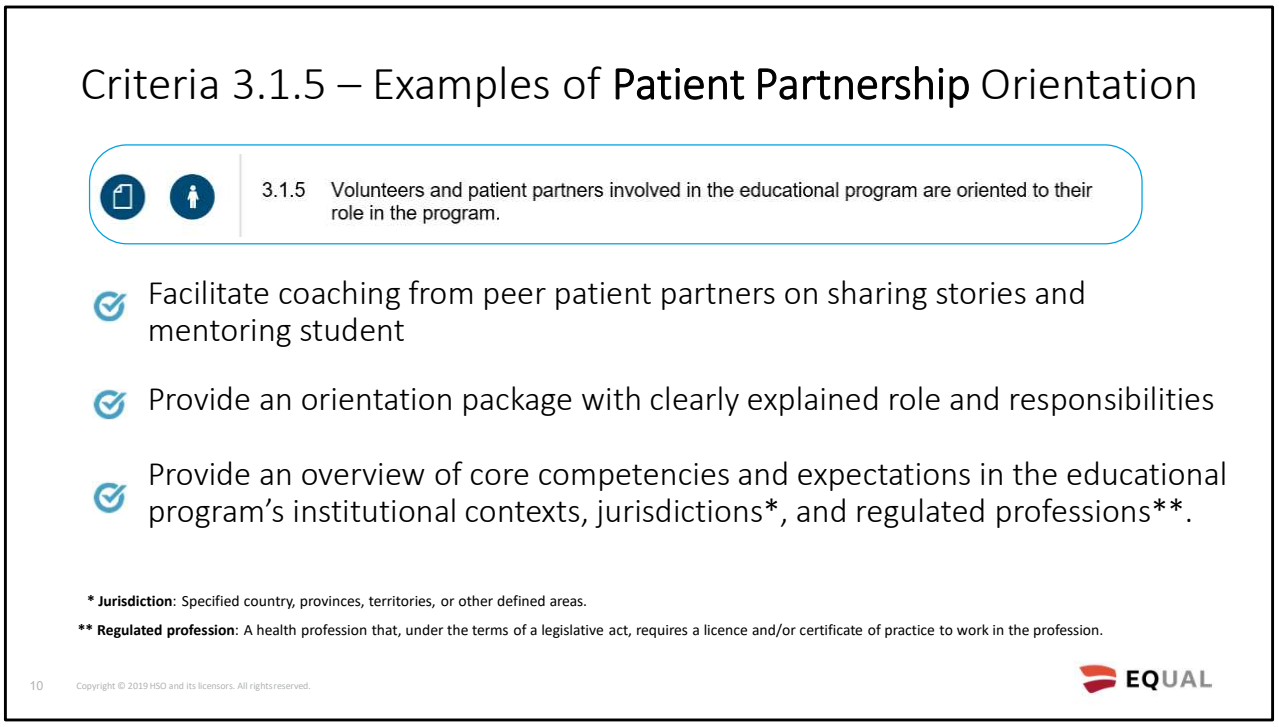
During the design of curriculum or learning activities, programs may engage patient partners as co-designers, as content experts on people-centred care. Patients with chronic illnesses can be considered as expert patients who can bring in their experience of illness and teach the emotional, psychological, social, and economic aspects of illness.

Many programs use simulated patients in their programming, and these can be great learning resources. However, it is important to note that simulated patients are not patients. A great initiative though would be to engage patient partners in the co-design of simulated patient scenarios as a way to make simulated patient experiences more authentic.

The highest level would be to include patient partners in decision-making at the organizational

level – PPs as Program Advisory Committee members, admissions committee members or during professional development for staff.

No matter the level, programs should consider timing, context, appropriateness and methods when collaborating with patient partners to ensure the best possible interactions between students and patient partners.



Just as didactic and clinical personnel must be prepared for their roles in program delivery, volunteers and patient partners who will interact with students must also be prepared for their role in the educational program.

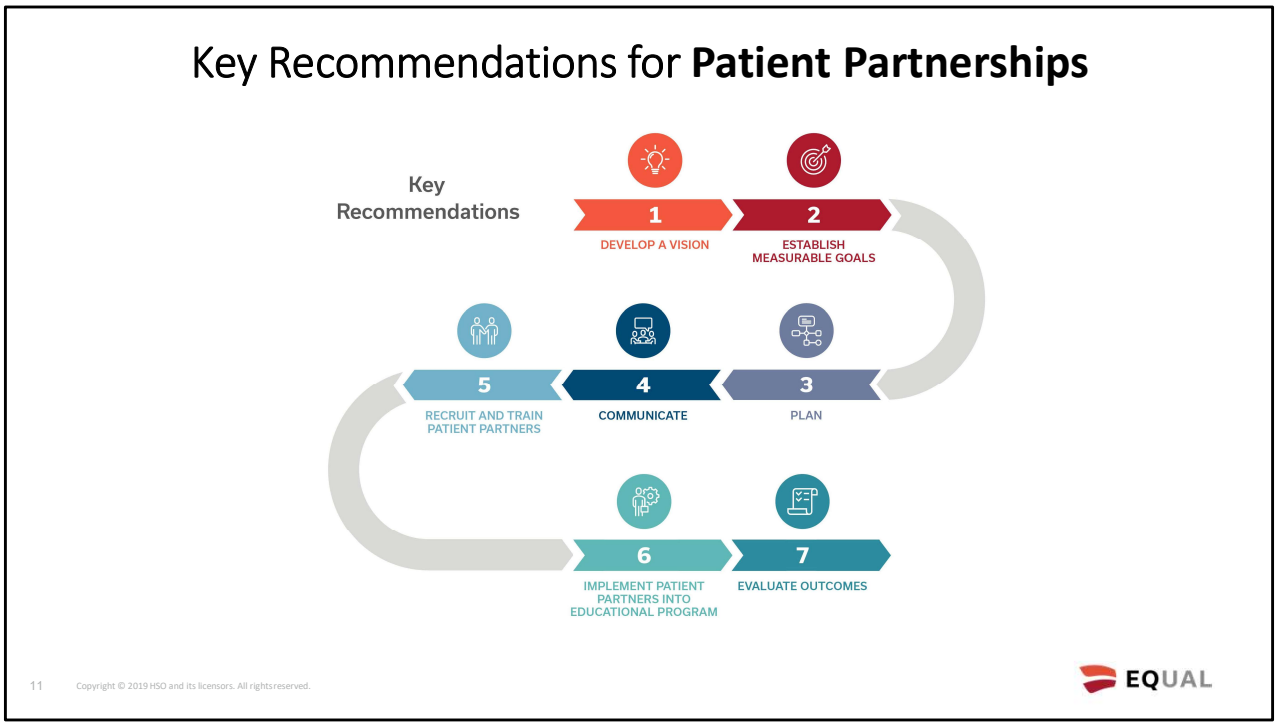
The educational program must provide an orientation and ensure that patient partners are prepared and supported in their role, by the program and through the use of mentoring from experienced patient partners.

Volunteers may need to sign consent forms or otherwise have their consent confirmed before interacting with students. When submitting evidence, these consent forms, orientation packages and any other resources provided to patient partners should be provided.

Your clinical practicum sites may already partner with organizations that engage patient partners. This would be a great resource as many of these organizations may have patients and families as partners who are already oriented to a role as a patient partner and experienced with authentic partnership.

If you are new to engaging patient partners, it is important for the patient or volunteer that you are working with to understand the core aspects of your program and what the students are learning. Also, it is important for partners to understand the mission and vision or philosophy of the program they are partnering with. For example, in a paramedic program - the program will already have information about what the profession and program entail, these resources should be shared with the patient or family. When engaging patient partners, you might ask them about their experience with paramedics, how it felt to be going to hospital in an ambulance, also how did they get treated, did they feel safe, and what valuable lessons can a student learn from the patient's lived experience etc.?

It is also very important to have a conversation with the patient partner who is sharing their experiences to ensure they understand the objective of the session - as this is not the time for patients to throw blame or get upset with a healthcare professional; that is a complaint, and there is a different venue to share complaints. However, patient partners may want to share why a particular experience was difficult and give suggestions for improvement that is valuable learning for students. So, essentially, the program should work with patient partners who are sharing their stories to ensure that the story is helpful and meaningful to the learner's development.



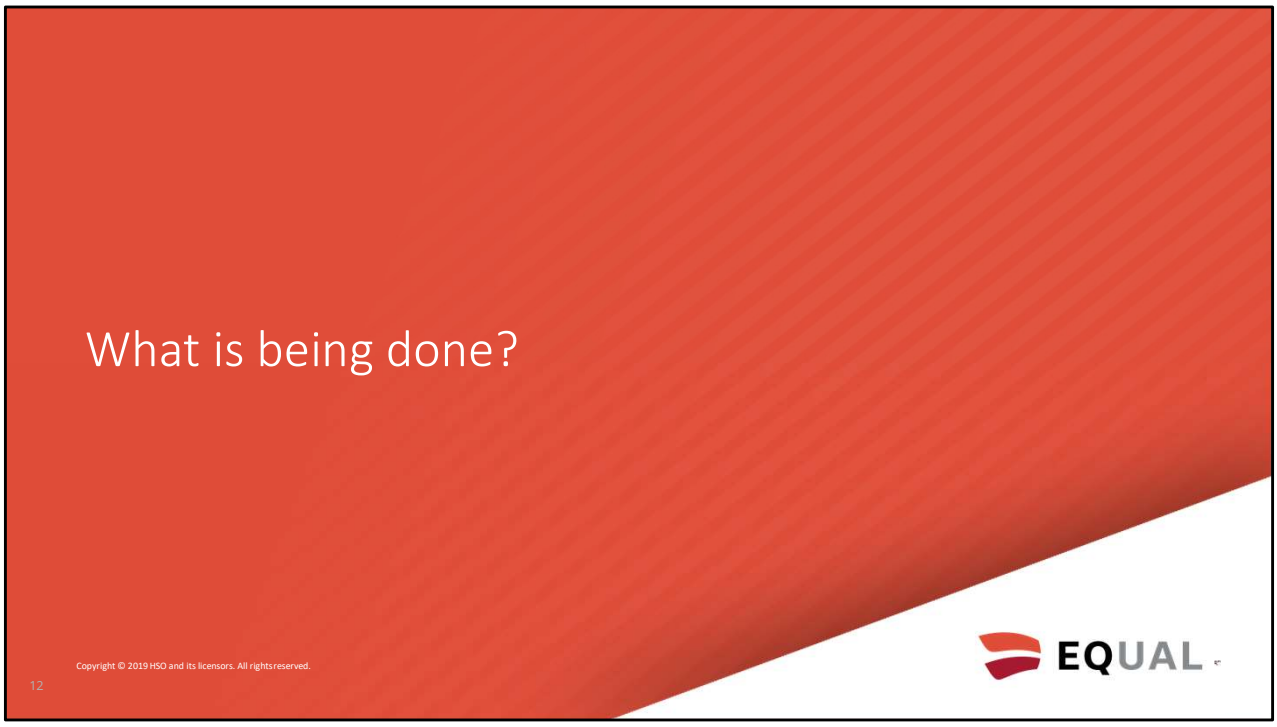
1, 2, 3 - Institution/Leadership - develop a shared vision, guiding principles and an action plan for creating/improving partnerships with patients and families. Ensure measurable goals are established for continuous quality improvement. Remember that engaging patient partners in the co-design of programming will result in a more meaningful outcome.

4. Leadership – communicate vision, principles and action plan with program personnel. Remove barriers and develop support resources.

5. Institution/Faculty/Program – recruit, prepare and provide orientation for partners

6. Faculty with leadership support - integrate and implement patient partnership into education programs.

7. Program evaluates student, faculty and patient/family experience to obtain corrective feedback and develops action plan to address feedback, and close identified gaps.



So how do we start, engaging with patients and families can feel overwhelming, the key is to set up some tools to make this a tad easier, and give some examples of what can make the engagement piece a little easier.

These are just a few examples. Each one started with an idea on how to partner with the lived experience expertise of patients and families and includes ways to help students develop empathy and compassion as they begin their journey in health sciences.

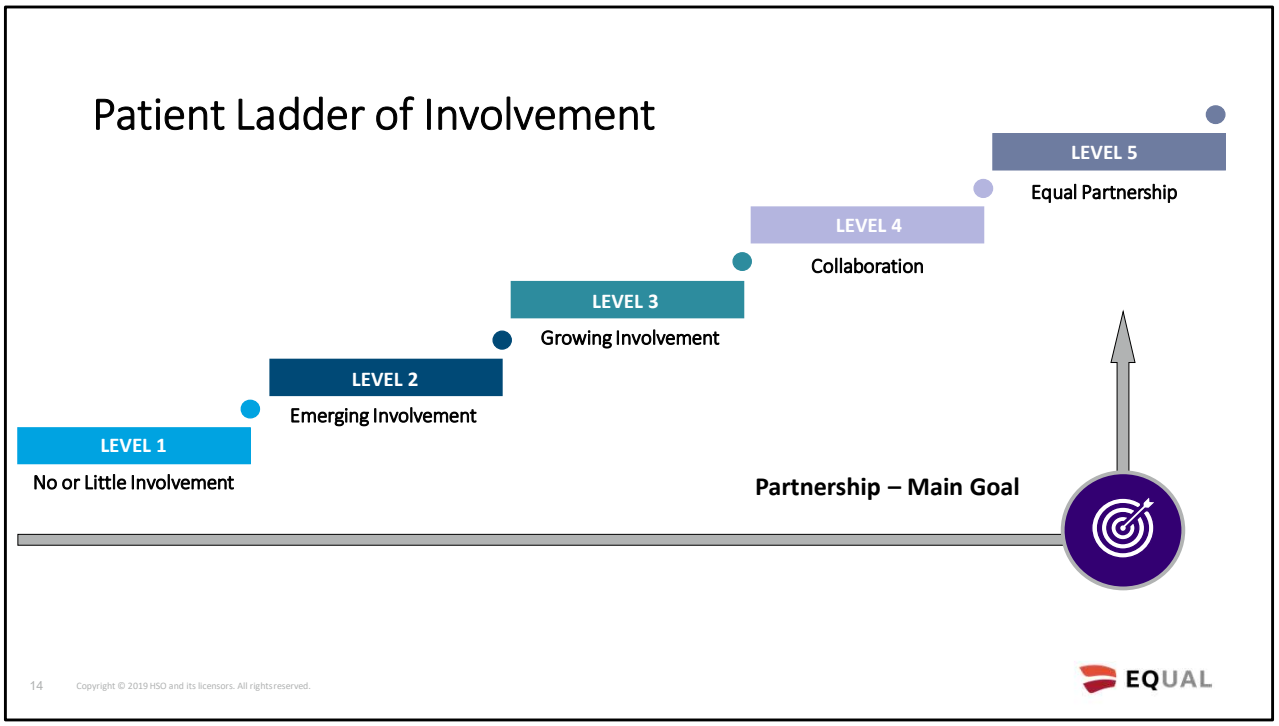
Centre of Excellence for Partnership with Patients and the Public (CEPPP) Montreal QC is a global pioneer in the science of patient partnership, which aims to prepare society for the future. It is a laboratory, a school and a network of partnership experts that are developing new practices that focus on dialogue and sharing knowledge to improve the patient experience and effectiveness of health care. It was created in 2015 as an initiative of the University of Montreal.

Patients in Education UBC is a not for profit society that is meeting the emerging and increasing needs of UBC health faculty, students, patients and community educators. The mission is to fully integrate patient and community expertise and lived experience into health professional education with a focus on patients and community expertise. It empowers individuals and organizations by opening new opportunities for communication with academic educators and future health care providers.

University of Saskatchewan health sciences involve patient and family voice in many ways including sharing health journeys through patient narratives. There is a patient partnership program with first year med students who learn about the patient journey. Nursing has third year

students learning in class about patient and family centred care and case studies. Patient partnership is implicit in other programs such as pharmacy and nutrition and physiotherapy.

Queens university has a first patient program where first year med, nursing and rehabilitation therapy students are paired with a patient for 18 months to learn about their health journeys by accompanying them to appointments or treatments.



These 2 models are example of published guidelines by Tew et al, which depicts 5 levels of patient engagement in an educational program. And then Towle and Godolphin who identify 6 levels. The ultimate goal is **high-level equal partnership in all the aspects of the program**, including decision-making and leadership (Level 5/6). However, this is not to say that the other levels are not important and valuable, especially when a program is just beginning their patient engagement journey. Also, depending on what aspect of the program is being considered, the highest level of patient engagement may not be necessary. Take into consideration what the learning objective is, reflect on what level the program is currently at and what level is desired and most appropriate in your educational context, then work over-time to achieve that level.

Progression from level to level could be identified by increased patient involvement in various aspects of the educational program.

Examples of patient / community* roles in health professional education along a spectrum of involvement

1. Patients create learning materials

Patients involved in creating learning materials used by faculty (e.g. paper-based or electronic case or scenario; course materials; videos). Examples: real patient problems as basis for case-based learning; virtual patient cases (may involve video of patient); use of patient narratives.

2. Standardized or Volunteer Patients

Standardized or volunteer patient in a clinical setting. Examples: standardized patients widely used to teach and assess communication and clinical skills; clinical teachers may encourage volunteer patients to teach and give feedback; students write up patients' stories.

3. Patient shares his/her experience

Patient shares his/her experience with students within a faculty-directed curriculum. Examples: patients invited into the classroom to share experiences of chronic illness, disability etc.; community-based patient / family attachment programs; Senior mentor programs.

4. Patients teach & assess students

Patient-teacher(s) are involved in teaching or evaluating students. Examples: Teaching associates trained to teach and assess specific clinical skills (e.g. pelvic or breast exam); parents give feedback to students on communication skills.

5. Patients as equal partners

Patient teacher(s) as equal partners in student education, evaluation and curriculum development. Examples: patient educators involved in multiple programme areas. Patient educators collaborate in educational decision making (e.g. curriculum objectives, assessment criteria).

6. Institutional decision making

Patients involved at institutional level in addition to sustained involvement as patient-teacher(s) in education, evaluation and curriculum development. Examples: Patients given a formal position in the institution (e.g. Consumer Academic). Patients involved in institutional decision making (e.g. student selection, reviewing funding applications).

*Notes:
We use the term patient for the sake of brevity, to include people with health problems (clients, consumers, people living with [condition], community members, their care givers (including parents and family), and healthy people (community members, lay people, well women etc). Patients may be individual educators or work in organized groups set up to deliver education and provide peer support. Some education may be delivered by organizations in the community.

Towle, A. & Godolphin, W. (2015). Patients as teachers: Promoting their authentic and autonomous voices. The Clinical Teacher, 12, 149-154. http://doi.org/10.1111/tct.12400

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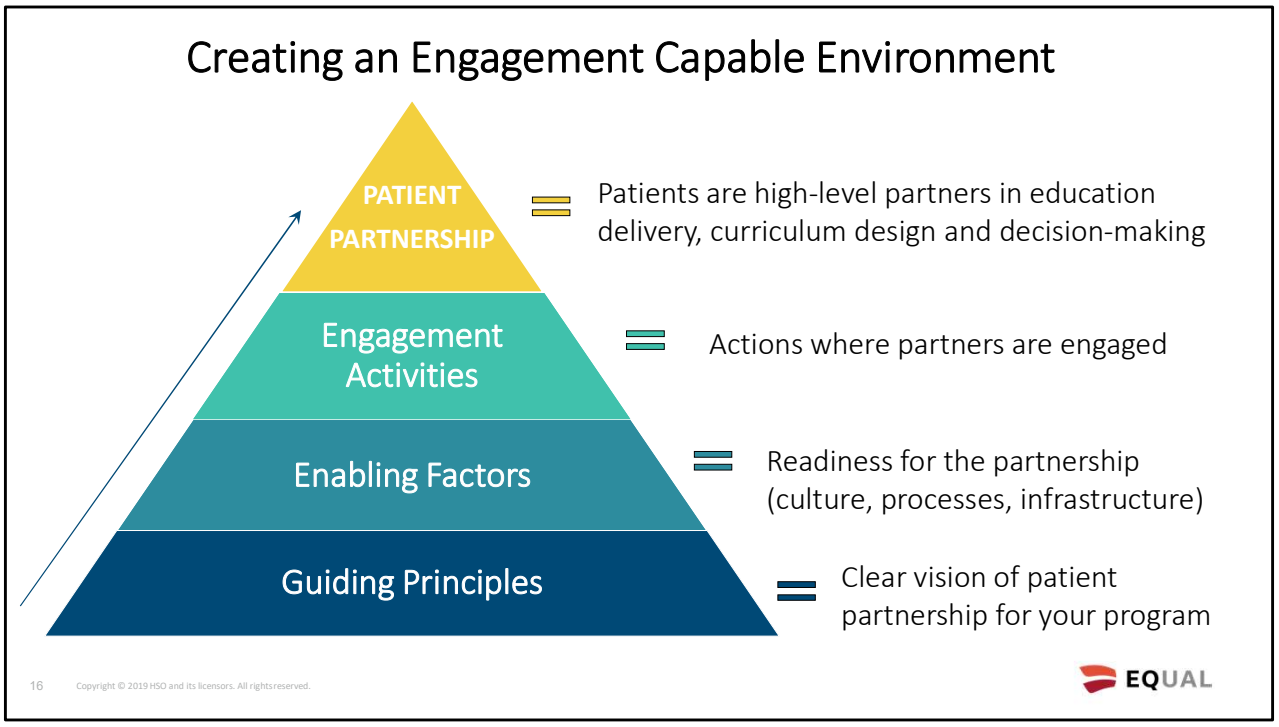

Organizations should create guiding principles which will reflect how they partner with patients and families in health education, so everyone is on the same page. This exercise should be done in partnership with a patient that the program would like to partner with, so that from the beginning patient engagement is authentic.

Once guiding principles are established, co-create or identify enabling factors, which serve to reduce those barriers to participation discussed previously. Creating a culture and processes that support patient partnership, leading to the creation of engagement activities like bringing patient partners onboard to share stories, experiences and expertise with program personnel or a group of students, engaging faculty with patient engagement professional development, and inviting patients to sit on program committees. This leads to authentic partnership with patients. Educational programs can use these strategies in successfully creating an environment that will result in successful and meaningful patient partnerships.

Potential Challenges

- ✓ Structural
- ✓ Attitudinal
- ✓ Logistical

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The implementation of a Patient Partnership may face challenges at various levels. Barriers may result from:

- A lack of understanding of what patient partnership is
- A lack of vision or guiding principles related to patient engagement
- A lack of support from leadership
- Attitudinal challenges, by students, program personnel or leadership – related to questioning the value and benefit of patient engagement, the expertise of patients, fear that the health provider's expertise will be devalued, or a fear that the logistics and cost cannot allow for meaningful engagement
- Program personnel who are not aware of the principles of patient engagement, or who are not prepared to orient and support Patient Partners, which can be improved with professional development in this area
- Patient partners who are not educators, which relates to the need to provide them with training for their role
- Difficulty in recruitment of patient partners
- Concerns raised by patient partners – which will be elaborated on later

- A lack of resources, competing resources/priorities of the institution or program, including funding support to cover associated costs if applicable
- Logistics of aligning curricular initiatives with patient partner availability
- Time constraints

- In the next slides, we hope to provide some strategies for addressing some of these potential challenges. But first let's look at where patient partnerships are reflected in the new Health Education accreditation standard and *2021 EQual manual.*

Addressing Concerns of Patient Partners

- Consent
- Confidentiality
- Other Concerns

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Patient partners may express or be reluctant to participate as a result of some concerns when starting their partnership with an educational program.

They may feel that students don't see the value in learning from patient's lived experiences, or they may have concerns about compromised future care and confidentiality of information shared.

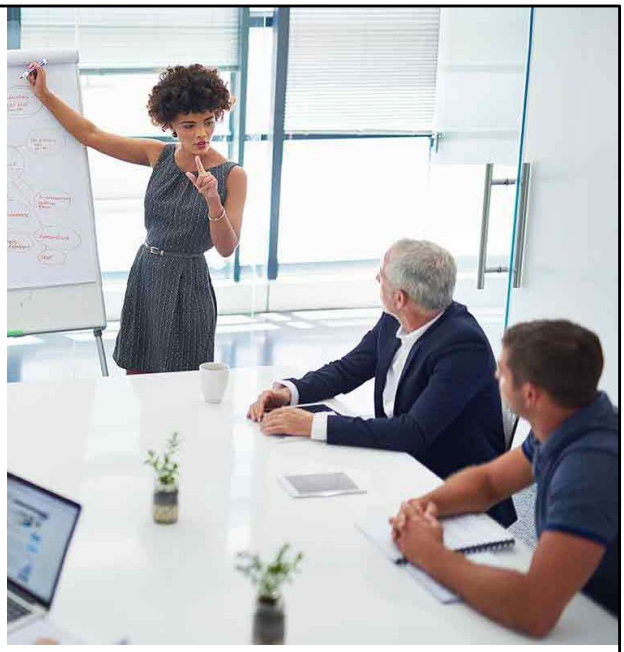
Programs should work to hear and address concerns that patient partners have. For example, leadership and program personnel must create a culture where the patient voice is valued and this is illustrated to students, to foster recognition of lived experience expertise as a valued aspect of both education and healthcare. Other concerns may be addressed by a well-prepared orientation for new patient partners, including clear expectations and provisions for informed consent and patient confidentiality. Programs should engage patient partners in the creation of orientation material so that the orientation is meaningful.

Programs could also consider creating opportunities for mentorship within the

patient partner group. Connecting existing patient partners with new partners may help alleviate concerns.

Continuous Quality Improvement

- Repeatedly evaluate progress
- Take deliberate corrective actions
- Measure on-going success
- Share outcomes



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Like any program component, systematic and on-going evaluation of the program's patient partnership strategies are a key component of quality improvement. It's important to get feedback on the patient partner's role in education, from students, patient partners and program personnel. This feedback assists in:

- Identifying gaps and areas of improvement,
- Developing action plans and
- Taking deliberate corrective actions to address the identified gaps and improve the program.

Evaluation and re-evaluation are based on clearly defined success measurements and may include:

- Observation
- Regular survey feedback from students, patient partners and educational program faculty

- Discussion or focus groups, or
- Interviews.

Engaging patient partners also includes sharing the feedback, actions taken and outcomes with them. Being responsive to feedback builds trust and encourages sustained collaboration.

Leading Practice

- Peer Review
- Published
- Org. or Collaborative Opp.

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It is time to work collaboratively and share our patient partnership development with one another. A great way to do this is by availing ourselves of available resources. EQual, HSO/AC have now ensured that regulators and accredited programs have access to the EQual leading practice recognition program and library. For more information:

Program Description: https://healthstandards.org/files/Leading-Practices-Program-Description-2021.pdf

Information: https://healthstandards.org/leading-practices/faq/

Video: https://healthstandards.org/leading-practices/introduction-to-leading-practices/

Thank you!

So where are you at with Patient Partnership?

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