Happy staff Happy patients Engaging medics in PPI

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Outline

- Who am I and why am I here?
- Where are medics at with respect to PPI?
- How might you influence us?
- How exactly might you approach this?
- Discussion

Who I am?

- Consultant gynaecologist, John Radcliffe Hospital, Oxford
- Interest in pelvic pain and in postgraduate and undergraduate medical education
- Course tutor in O&G
- Freedom to innovate in teaching, curriculum design and assessment

Medical education

Cultural limitations

Patients as objects

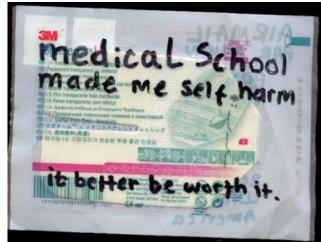
The Knowledge

Strong hierarchy

Internally referenced



"Learning to manage uncertainty"



What we have done in O&G... so far

- CTA programme
- Patient tutors in classroom
- Patient derived curriculum
- Patient designed assessment
- Patients as independent examiners (approx 30% of marks)
- Patients in governance structures



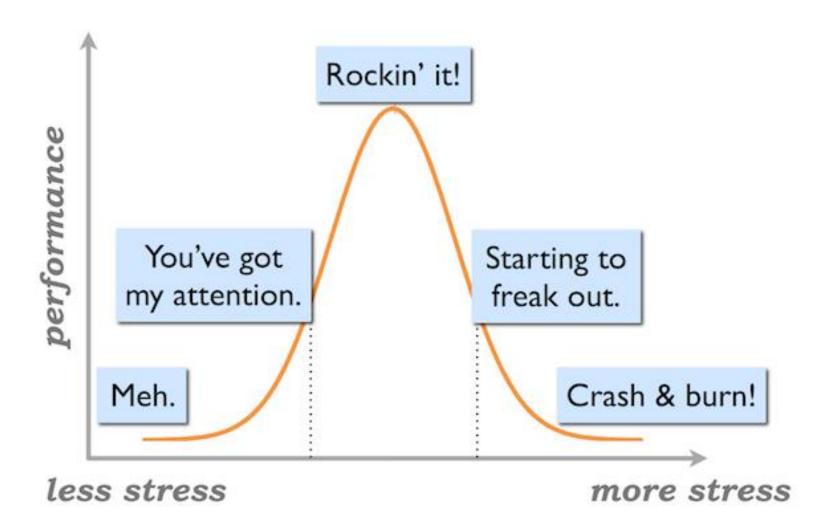
Doctors – where we are at

- Epidemic of burnout:
 - emotional exhaustion
 - depersonalisation
 - decreased sense of accomplishment
- Survey (Cananda, 2003)
 - 46% of respondents
 - 75% of women
- Compassion fatigue
- Change fatigue
- No recovery time



Effects of chronic stress on doctors

- Conscientious perfectionists. Constant sense of disappointment that we are failing to make the world a better place
- Well defended sublimation (amongst others)
 - "just get on with it!" and work harder
- 90% of our response comes from subconscious rather than here and now
- Reaction to patient "criticism"



Patient involvement in medical education: what impact does it have?

- Affective response e.g. to narrative
- Inspiring and motivating
- Challenging an opportunity to learn and grow?
- Turning our backs (threat, power, despair)
 e.g. "Individualising evidence" lecture



Working with the Miscarriage Association



Undergraduate education.
Valuable support of Ruth
Bender-Atik, national director

- Recruited patient tutors
- Committed self supporting group of patients
- Importance of peer support, link into governance and vulnerability
- Established curriculum social media
- Co-designed assessment (written and clinical)
- Assessment drives learning detail
- Shifts who has the authority

Just for interest, the results of curriculum design work – time and again

- Treat me and my family with compassion and dignity
- Consider my situation in the context of my life as a whole not just my condition
- Give me good quality written and verbal information including how to care for myself
- Organise services effectively and efficiently

Curriculum work gives weight to the patient voice?

And then...

- The junior doctors heard about this learning opportunity – completely different!
- The consultants worked with the patients during assessments and widened their understanding of what mattered to patients (who now had "authority" not just opinions or complaints)
- When service development was planned, there was now a body of people to involve, who were confident and welcomed to work in this team

Make it measurable

- Doctors like evidence and numbers!
- How will we know when we have succeeded?
- Pick the right metric for change
- FFT predates poor clinical outcomes
- PREMs and PROMs
- Dash board
 - own or departmental

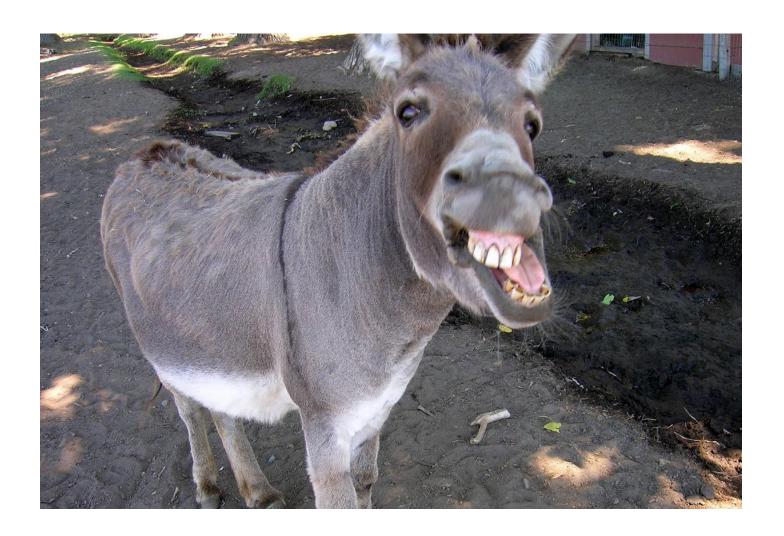


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| Number of women defended. | | | 10801 | 906 | 907 | 959 | 29 | 909 | 100 | 964 | 901 | 903 | | | | #100 |
| Multiple Programme (multipl) | 7.5 | | 1.2% | 135 | 1.9% | 24% | 28% | 27% | 3.75 | 2.1% | 14% | ZPh. | | | | 22% |
| Reserve + Traceres (Huma) | 100 | | 4.1% | 835 | 10.0% | TPS | 10.8% | H, Ph | 17.4% | 9.75 | 12.8% | 11.2% | | | | U.P |
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| PM-s | 3.0% | | 255 | 100 | | 100 | 170 | 110 | 1100 | | 110 | 116 | | _ | | |
| Library Balances (b) | 0.5% | | 63% | 1.00 | 100 | | TK. | 100 | M | 0.00 | | 100 | | | | |
| Employer 1 | 50% | | UK. | - | 1200 | 14% | - | | 100 | | 878 | 100 | | - | | |
| Administra to SCSU | 37.5% | | 98.1% | | 20.00 | 100 | 300 | 22.50 | 1 | 200 | | Sept. | | | | |
| No ober | 23% | | TIN | 47% | 100 | 345 | 729 | ATN | 100 | 1111 | 200 | | | - | | |
| Married Williams | 27% | | 37% | 200 | 100 | | 100 | 1000 | | | - 1 | 715 | | _ | | 73.75 |
| Francis St. Adm | 0.7% | | 17% | 1000 | 100 | 100 | 110 | 100 | | | | | | _ | | |
| Secretar times hade | 5.1% | | 185 | | | | 2.75 | | | | | 100 | | | | -15 |
| Periodical Multiplity House | 33W | | 03% | - | | 100 | 100 | 1000 | - | 100 | | 100 | | _ | | - |

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Creating a multidisciplinary patient centred team to achieve change

- Demonstrate care and compassion for the clinicians
 - If they are burnt out, that needs attention first
- Find out what the clinicians concerns are and want they want to achieve
- Pick something specific and achievable if possible
- Include several patients, perhaps working with a partnership organisation
- Focus on building a team, not involving token patient reps.
 - Working together requires honesty and trust
 - It takes time and commitment
 - It may require training
- Pay everyone for their time if not, why not?
- Involve junior staff they are more flexible in their thinking!



In summary

- PPI in healthcare is vital for the NHS.
- Try to distinguish between disinterest and burnout
- Engaging patients and clinicians in the governance of healthcare is, I believe, about power sharing.

