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

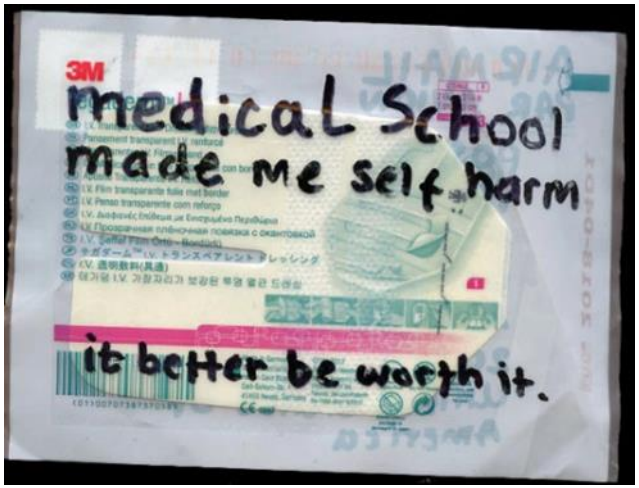
Who I am?

- 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

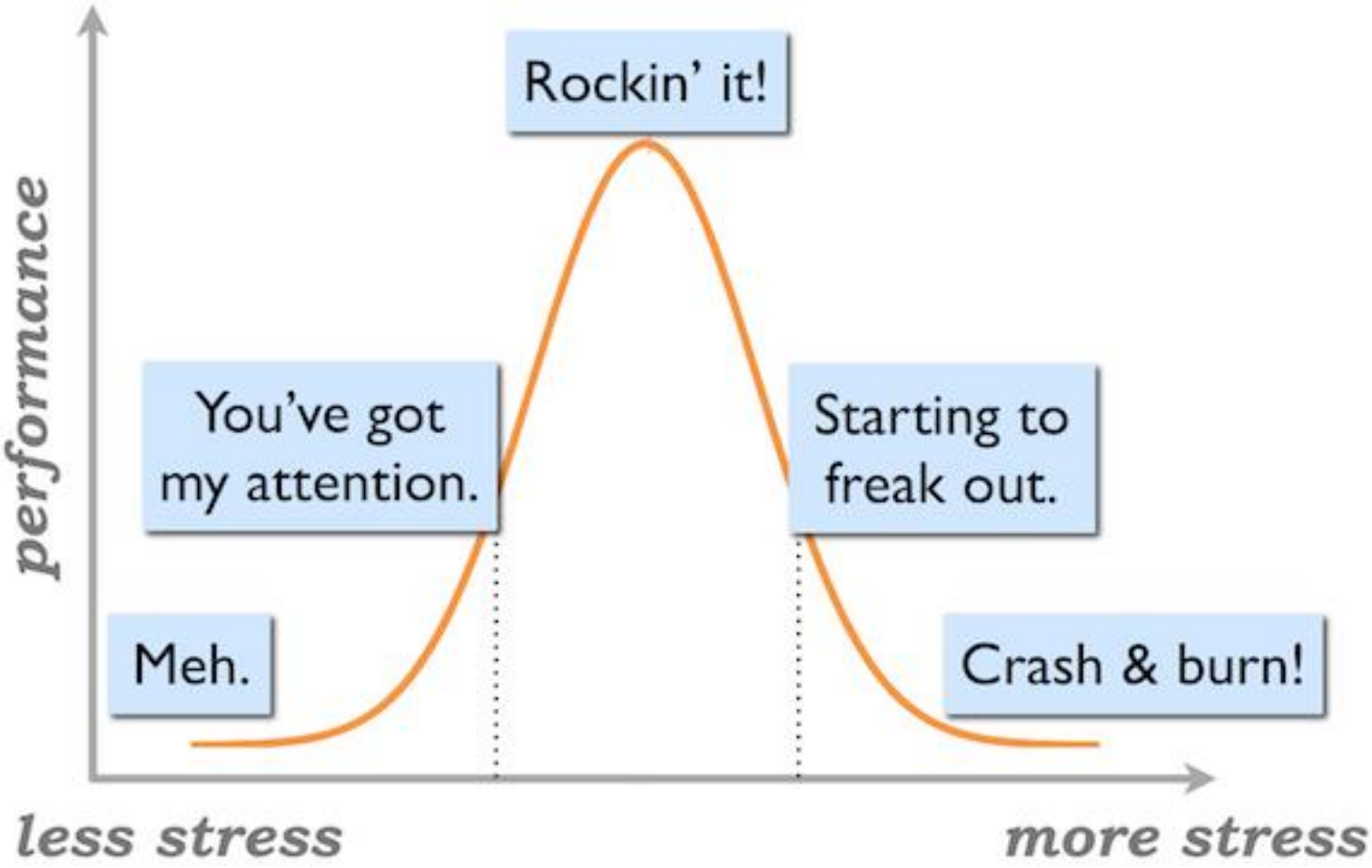
- CTA programme
- Patient tutors in classroom
- Patient derived curriculum
- Patient designed assessment
- Patients as independent examiners (approx 30% of marks)
- Patients in governance structures

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”


Rockin' it!
You've got my attention.
Starting to freak out.
Meh.
Crash & burn!
performance
less stress
more stress

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?

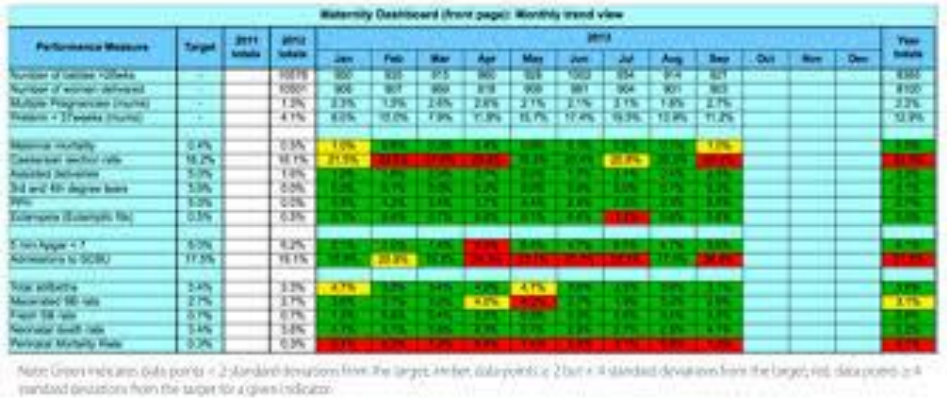
And then…

- 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



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.