

TAKE-HOME NOTES:

Involving Patients and Carers in Training

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Patients and carers are now playing an ever-larger role in the political and health arena. They have valuable knowledge and expertise to offer and represent a potential teaching resource for medical education.

Why involve patients and carers in educating health professionals?

Current changes in medical training and the Postgraduate Medical Education and Training Board (PMETB) encourage professionals to involve patients and carers in training.

- Practitioners trained by patients acquire not only clinical skills but also develop a better understanding of doctor–patient relationships.
- Patient-carer involvement in training is cost-effective and results in improved delivery of healthcare.
- Recognising the patients' unique experience of distress can be an empowering and validating experience for them.

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

Patients and carers can be involved either directly or indirectly in teaching health professionals.

They can be involved in:

- direct delivery of learning and teaching
- course planning
- programme management
- recruitment and selection of students
- practice learning
- student assessment
- course evaluation.

There are many things that patients and carers can do in their training role. These include:

- giving presentations
- acting as facilitators in seminars
- demonstrating to small groups
- providing personal tuition
- giving feedback
- assessing students
- evaluating teaching programmes.

Achieving meaningful involvement

Meaningful involvement can be achieved by:

- establishing a culture that considers the viewpoints and contributions of patients and carers to be important
- developing an infrastructure to recruit, support and train patients and carers
- paying patients and carers fairly and avoiding undermining their financial security.

Barriers to overcome

- Historically, patients have had a disempowered status in healthcare and their ability to express valid opinions is often doubted.
- Lack of information, along with fears and anxieties about working with patients and carers, can sometimes obstruct their successful involvement.
- Recognising that patients have knowledge about their own illnesses may be a threat to some professionals who could fear losing their power and role as experts on health matters.
- Patients and carers may feel stressed, anxious and isolated. This can be overcome by providing ongoing support, training and debriefing sessions.
- Patients and carers can sometimes be disqualified on the basis that they are not representative of their group and do not, therefore, represent the 'typical' patient or carer.
- Lack of resources is a potential problem in some places and in such cases a good starting point may be to involve people who are already performing training in nearby areas.
- Young people, women, people from ethnic minority groups, lesbians and gay people are often reluctant to participate and, as a result, are all too easily underrepresented in education and training programmes.
- Sometimes involving patients and carers in education raises challenges for appropriate training and standards. However, appropriate training and quality control are important steps to consider when planning patient and carer involvement.

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.
- 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.
- Involving more than one carer and patient is important and Often, limiting the number of times a carer participates helps to maintain the sense of 'freshness' for them and avoids possible over-commitment.
- Minority viewpoints and experiences should be reflected in the teaching.
- Careful curriculum design and planning of sessions, including their content, is required to ensure that they fit in with the rest of the training.
- Locations that are easily reached by public transport can help to ensure the maximum attendance.

- Payment for patients and carers should be clearly defined as, for many of them, financial security is important and they should be entitled to receive similar pay, benefits and status as trainers who are professionals.
- Debriefing and support is important for carers and patients after each session.

Reflection

(1.4) What do you think are the benefits of involving patients and carers in training?

(2.2) Can you think of some ways that patients and carers could be involved in teaching medical professionals?

(2.13) You are a newly appointed consultant psychiatrist in a teaching hospital. You are approached by your programme director who wants you to plan a teaching session on interview skills for the new batch of trainees in the psychiatry department. He wonders whether patients and carers known to the service can be involved in such a session and asks for your opinion. What would you say to your programme director?

(3.2) Some of the common barriers that prevent patients and carers from becoming involved in education are: lack of information, inertia and resistance to change, lack of time to reflect, discuss and plan, and lack of resources. Can you think of ways of removing these barriers?

(3.6) Can you think of any ways that teaching staff may be able to overcome the problem of 'being the first'?

(3.13) Can you think of any solutions that could be offered to help patients and carers cope with the stress of participation in teaching sessions?

(3.16) In some cases the settings used for educational purposes may encourage stigmatising and discriminatory attitudes towards patients and carers. What might a good setting for training include? What arrangements might you make in order to look after the people presenting the training?

(4.5) The planning stage of training is crucial and should involve careful curriculum design and individual session planning. What do you think should be considered when designing a curriculum? What elements involving patients and carers might work well in individual training sessions?

(4.9) Think of any four practical issues mentioned in this section that need to be considered while planning a teaching session involving patients and carers.

References

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Useful links

[The Department of Health](#)

[The NHS Plan \(2000\)](#)

[Involving patients and the public in healthcare: a discussion document \(2001\)](#)

[The national service framework for mental health \(1999\)](#)

[Patient and Public Involvement in the new NHS \(1999\)](#)

[The patient and public involvement forums](#)

[The Postgraduate Medical Education and Training Board \(PMETB\)](#)

Suggested reading

Owen, K., Butler, G. & Hollins, S. (2004) *A New Kind of Trainer: How to Develop the Training Role for People with Learning Disabilities*, Gaskell Books. [[Amazon](#)]

McClure, M. (2005) *Partners in Care Training Resource*, Gaskell Books. [[Amazon](#)]

This training pack about carer issues is for use by mental health professionals and has been compiled following the success of the College's 'Partners in Care' campaign. One of the 6 modules is on using carers in training.