Outcomes that matter to patients: Education

Jane Moore

Tutor for Obstetrics and Gynaecology University of Oxford Medical School 12th December 2017

Summary!

- There is a wide range of roles for patients
- Be clear about your curriculum or learning objectives
- Don't make assumptions
- It takes time!
- Be mindful of power...
 - Safety in numbers

Outline

- Examples of patient involvement in an 8 week clinical attachment for medical students in O&G
 - Clinical teaching associates assessing vaginal examination
 - Learning to teach technical skill with the focus on the student's needs
 - Women teaching about miscarriage using their own experience
 - Using lived experience safely and representatively
 - Exploring more fundamental aspects of the role of doctors in women's health services
 - Learning to power share?

Clinical teaching associates (CTAs): lay women teaching students how to perform a vaginal examination using their own bodies

- Philosophical patient as teacher
- Greatly improved feedback and learning
- Recruited, paid, trained: members of teaching team
- My curriculum initially
 - "Actually it can be uncomfortable"
- Extending teaching sexual violence for example
 - Driven by CTAs set up discussions
 - Focus on the students' needs

Enabling patients to bring their lived experience into education

- Working with partners: Miscarriage Association
- Defining the curriculum Qualitative study
 - Importance of: good communication, care and compassion, good organisation, considering their life as a whole
- Is it safe? Support is essential peers, organisational (MA and University) and the person in charge
 - Primary focus on patient: students expected to step up
 - "Experience porn"
- Now developed into formal assessment of the students (and other things)
 - Don't make assumptions
 - Shift to focus on student

Power sharing



- Opportunities for public health messages: confessions of a PPI enthusiast!
- Started with a close team 2:1
- Extensive discussions, carefully structured sessions incl. role plays
- First iteration an unmitigated disaster
- Second iteration became a disaster

What did I learn?

- How to say sorry!
- Be clear about where you want the students to get to
- You have to take your faculty with you
 - Rhizomatic change
- It must be safe for everyone
- Never turn your back on the power

Summary

- There is a wide range of different roles for patients
- Be clear about your curriculum or learning objectives
- Don't make assumptions
- It takes time rhizomatic growth
- Be mindful of power...
 - Safety in numbers
 - Work on relationships- very hard!

Thank you!

