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 (Canada, 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”
You've got my attention.

Rockin' it!

Starting to freak out.

Crash & burn!

Meh.
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

- 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

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