

## SYMPOSIUM



# Partnering with patient in IPE and IPC in Canada and in the US : challenges and strategies

Thomas Jefferson University  
University of British Columbia  
Université de Montréal  
University of Minnesota

Collaborating Across Borders (CAB V)  
September 29-October 2, 2015, Roanoke, VA



# SYMPOSIUM



## Introduction

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National Center for Interprofessional Practice and Education

Collaborating Across Borders (CAB V)

September 29-October 2, 2015, Roanoke, VA



# SYMPOSIUM



## Learning Objectives

- Describe ways to partner with patients in IPE/IPC
- Discuss structures to support patient engagement
- Locate helpful resources to support partnering with patients in education

# Organizations supporting promotion of partnering with patients



- Government organizations
- Academic organizations
- Private organizations
- Others

# Organizations supporting promotion of partnering with patients



- Government organizations
- Academic organizations
- Private organizations
- Others

# **PRACTICAL EXPERIENCES OF PARTNERING WITH PATIENTS IN IPE**



UNIVERSITY OF MINNESOTA

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*Academic Health Center*

# Community Teacher Experience



# Purpose

A physician (*nurse and pharmacist*) is obligated to consider more than a diseased organ, more than even the whole man (*person*)—he/*she* must view the man (*person*) in his/*her* world.

Harvey Cushing, 1895



# Agenda

- Description of U of MN Community Teacher Experience
- Necessary Structural Support that allowed us to make this program happen
- Helpful resources related to community partnership

# Background

- Early Pharmacy Education with Community Teachers (EPheCT)
- Started in 2001
- Two year program of pharmacy students (PDI and PDII students grouped in teams)
- Assigned to same group and Community Teacher for 2 years
- Interprofessional version launched Fall 2015

# Community Teacher Experience

Establish Relationship

Experience Team-Based collaboration

- Learn about, from, and with each other
- Collaborative team assessment and goal setting

Community *Teacher* not Patient

- No individualized diagnoses or therapy recommendations
- CT evaluation is modified HCAHPS survey questions

Written communication to CT's primary provider about a social determinant of health issue

Develop Reflective Practitioner habits

# Visit 1

- Get to know your CT
  - Medical history (medicine), Social history (nursing), Medication experience history (pharmacy)
- What does your CT want to know more about? (consult Library Resources in guidebook)
- CT team evaluation (modified HCAHPS survey)
- Schedule Visit 2 (and maybe Visit 3)

## **Immediately following Visit 1**

- Complete Team Assessment and each student uploads a copy to 1Health database
- Begin narrowing social determinant of health topic (see program guide for provided resources)

## Visit 2

- What has changed in your CT's life?
  - Medical history (medicine), Social history (nursing), Medication experience history (pharmacy)
  - Provide any patient education your CT may have requested at Visit 1
- Share your social determinant of health topic; receive feedback from CT concerning accuracy and relevance
- CT team evaluation (modified HCAHPS survey)
- Schedule Visit 3 if you have not done previously

### **Immediately following Visit 2**

- Complete Team Assessment and each student uploads a copy to 1Health database
- Begin uniprofessional drafts of provider communication

## Debrief Session

- Present your CT to the other teams and provide a brief description of the focus of your non-medical issue discussion.
  - What is your plan for the Spring CT visit?
- **Large group report out:**
  - How has your CT's life stories influenced your views on clinical practice?
  - How will you use this semester's experience to inform next semester's visit and the rest of your education and career?

## Between Visit 2 and 3

- Upload uniprofessional communication draft to AHC database
- Read each of your teammate's uniprofessional drafts
- Combine uniprofessional drafts into one interprofessional version to be shared with CT and CT's primary provider
- ***You must have your interprofessional draft completed prior to Visit 3***



## Visit 3

- Reacquaint yourselves with your CT/find out what is new in your CT's life.
- Provide CT with any follow-up patient education information determined at visit 2
- Provide CT with final communication for provider, incorporating all students' write-ups.
- **NOTE: CT will receive final evaluation form from 1Health team in mail**

### **Immediately following Visit 3**

- Complete Team Assessment and each student uploads a copy to 1Health database
- Coordinate completion of collaborative VoiceThread Reflection

# Voice Thread Reflection

- Series of individual 1 minute statements about the experience
- Faculty members from medicine, nursing and pharmacy will review and comment
- Evaluated for content not media editing!
- Excellent examples selected for potential use on AHC website, Community Teacher recruiting site, next year's orientation, etc. (with permission-only, of course!)

# Necessary Structural Supports

- Leadership
  - Associate VP of Health Sciences
    - Devoted Centrally Supported Course Coordinator
    - AHC Database Development and Support
  - Deans and Associate Deans
  - Course Directors
    - Visits and Activities Embedded into existing core courses as Assignments – as hour-neutral as we could make it
- Students Leaders
- Community Leaders

# Helpful Resources

- The programs described at this session!
- Narrative Medicine work of Dr. Rita Charon
- Social Determinants of Health
  - Healthy People 2020
  - WHO
  - CDC
  - Minnesota Department of Health – Health Equity data



**Division of Health Care Communication**  
*informed and shared decision making*

# Innovative activities giving patients a voice and structures to support them at the University of British Columbia

Angela Towle

Patient & Community Partnership for Education, Office of the Vice-Provost Health, University of British Columbia, Vancouver, Canada

<http://www.chd.ubc.ca/dhcc>



**a place of mind**

THE UNIVERSITY OF BRITISH COLUMBIA

# Patients as educators at UBC: our philosophy

- Shared decision-making
- Partnership
- Educational barriers
- Patient expertise
- Patients as educators



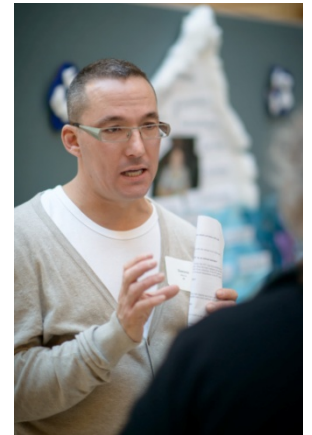
# Implications of shared decision making conceptual framework

- Guiding principles
- Governance structure
- Role of patient as teacher
- Recruitment criteria
- Educational design
- Desired outcomes



# Current Initiatives: 4 models of involvement

- Aboriginal community summer camps
- Patient and Community Voices workshops
- Community and Patient Fair
- Interprofessional Health Mentors program



# Aboriginal community camps: “Community as Teacher”



- Indigenous community identified need to “come and spend time with us”
- Partnership with Stó:lō Nation who hold summer camps to teach *their* culture to *their* youth and families
- Teaching by camp leaders, Elders, counsellors
- Students participate in all activities and help as directed
- Students learn cultural safety and about community strengths



# Patient and Community Voices

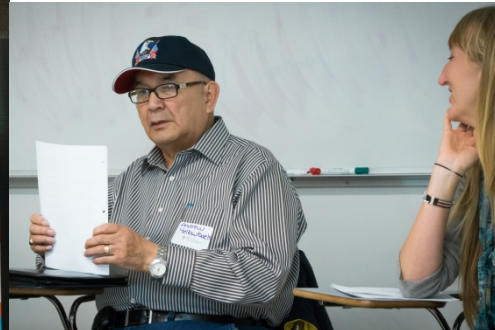
## Interprofessional workshops

- 2-3 hour workshops designed & led by community educators with chronic conditions (e.g. mental health problems; HIV/AIDS; arthritis; epilepsy; aphasia.)
- Topics include: stigma, peer support, recovery, helpful aids, communication...
- Annual workshop program series attended by students from all health professions (IPE credits)
- Students learn multiple aspects of patient-centred care



# Allies in Health: Community and Patient Fair

- Annual one-day interprofessional event on campus
- Displays by 40+ community-based organizations
- 5-7 themed patient panels
- Students learn about wealth of resources & expertise in the community



# Interprofessional Health Mentors Program

4 students from different health professions learn from and with a mentor with a chronic illness or disability over 16 months

Mentors are primary teachers; faculty set broad discussion themes & read student reflective journals



# HMP: student learning

## Initial

- Living with a chronic condition
- Interprofessional competencies



## Additional

- Professional identity formation
- Patient-centred care
- Long term relationships
- Challenging assumptions
- Reflection



# Other initiatives

- Health advocacy for medical residents: workshops involving community organizations
- Community Voices in Health Professional Education: 3-year research project to embed patient involvement into the university
- “Where’s the patient’s voice in health professional education?” conference 2005.....and 2015!



# Embedding the Patient's Voice

- Opportunities: Institutional transitions
- Challenges: sustainability & on-going funding
- Dilemmas: language - patient.... community...



# COME TO THE CONFERENCE!



12-14 NOVEMBER 2015

VANCOUVER, CANADA

<http://interprofessional.ubc.ca/patientsvoice/default.asp>



Photographs: Don Ehrhardt

# Embedding Patient Mentorship into IPE Curricula

Lauren Collins, MD

Associate Director,

Jefferson Center for InterProfessional Education (JCIPE)

Director, Jefferson Health Mentors Program

Associate Professor, Department of Family and Community Medicine,

Sidney Kimmel Medical College at

Thomas Jefferson University

# The Need for Education Reform

*“Regardless of the number of health professional required in the future, all health professionals must be **trained differently** if they are to meet the needs of a changing patient population to thrive in a changed health care delivery system. All health professionals should be educated so that they can contribute to meeting the societal goals of better care, better health and lower cost for all - the Triple Aim.”*

- George E. Thibault, *Health Affairs* 32(11) 2013:1928-1932.

# Key Components for Reform

- Interprofessional education (IPE)
- New models for clinical education\*
- New content to complement the biological sciences
- New competency-based educational models
- New educational technologies
- Faculty development for teaching and innovation

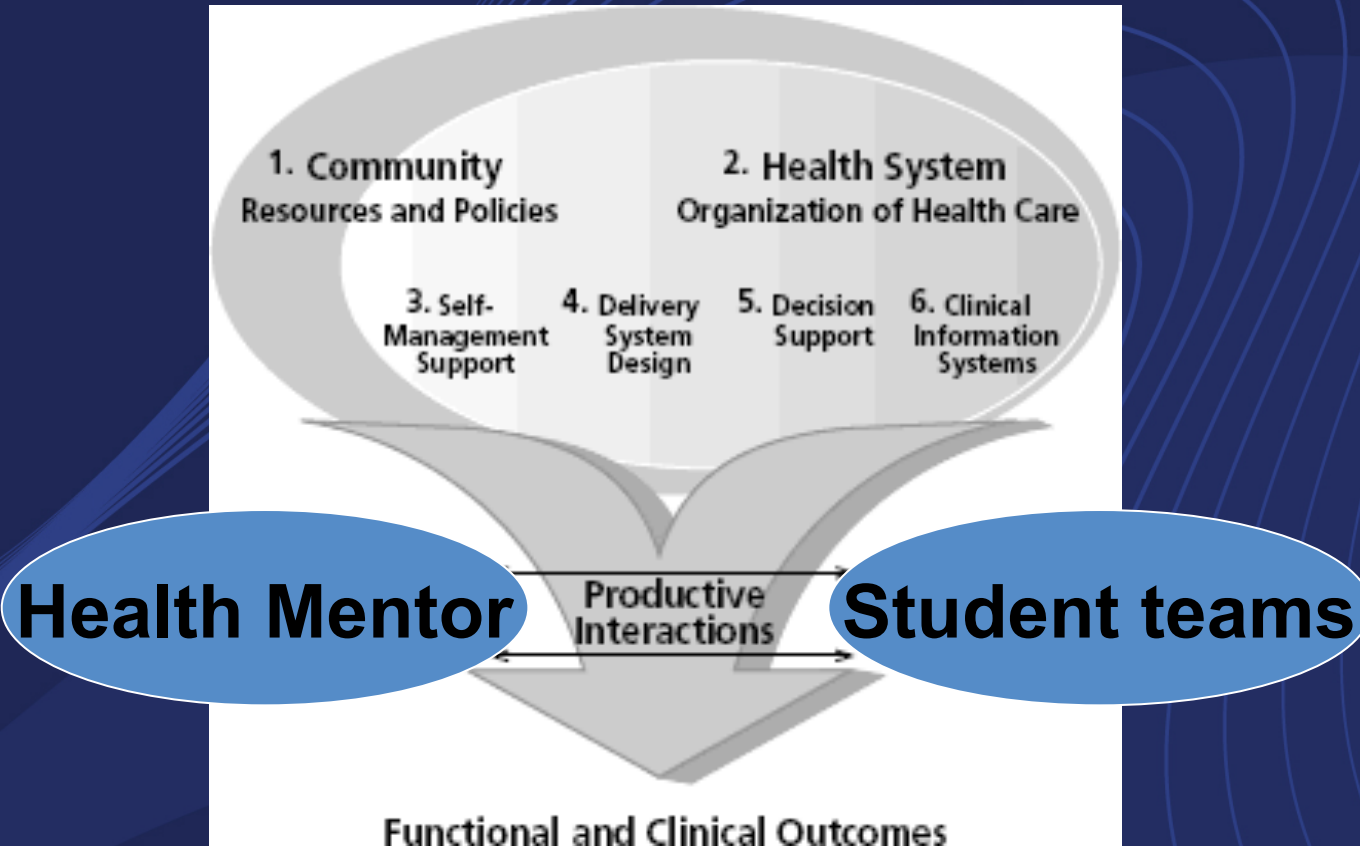
**\*bringing the patient/caregivers voice into curricular design and training!**

# JHMP Overview

- Longitudinal required IPE curriculum, started in 2007
- Interprofessional student teams partner with a volunteer Health Mentor
- Teams complete 4 modules over 2 years
- Foundation for IPE and CP



# Background: Chronic Care Model



Bodenheimer T, Wagner EH, Grumbach K. Improving primary care for patients with chronic illness. JAMA 2002; 288(14):1775-9.

# JHMP Goals

- Students will understand and value *each others' roles* on the healthcare team
- Students will understand the *patient/client's perspective* in order to practice person-centered care
- Students will appreciate how a person's health conditions and impairments interact with *personal and environmental factors*



# Who are our Mentors?



- 250 community-based volunteer adults with one or more chronic health conditions or impairments
- Participate as full member of team
- Students meet with same Health Mentor for 2 years
- Health Mentor → Teacher!!

# Who are our Students?

Cohort		MD	BSN	PT	OT	Pharm	C&FT	PA	Total
1	'07-'09	258	106	39	43	-	-	-	<b>446</b>
2	'08 - '10	267	122	46	65	71	11	-	<b>582</b>
3	'09 - '11	257	133	47	68	60	12	-	<b>577</b>
4	'10 - '12	264	158	49	72	91	17	-	<b>651</b>
5	'11 - '13	260	139	50	70	92	10	-	<b>621</b>
6	'12 - '14	259	155	53	73	52	17	-	<b>609</b>
7	'13 - '15	262	137	55	72	56	20	-	<b>602</b>
8	'14 - '15	262	162	65	77	80	18	30	<b>694</b>
	<b>Total</b>	<b>2,089</b>	<b>1,112</b>	<b>404</b>	<b>540</b>	<b>502</b>	<b>105</b>	<b>30</b>	<b>4,782</b>

# JHMP Curriculum

←-----Year One-----→

**Life and  
Health History**

**Healthy Behavior/  
Self Management  
Support**

←-----Year Two-----→

**Patient Safety**

**IPE + Practice**

***Professionalism and Teamwork***

***ICF Model***

# JHMP Strategies

- Person-centered
  - Health Mentor is team member and teacher (patient as expert)
- Competency-driven
  - EARLY focus on IPEC Competencies of teamwork, communication, values/ethics, roles/responsibilities
- Dynamic- keeping pace with practice change...
  - Partnerships with student, faculty, HMs and community
  - Use of technology
  - Faculty development
  - Ongoing outcomes assessment and CQI

# JHMP Lessons Learned

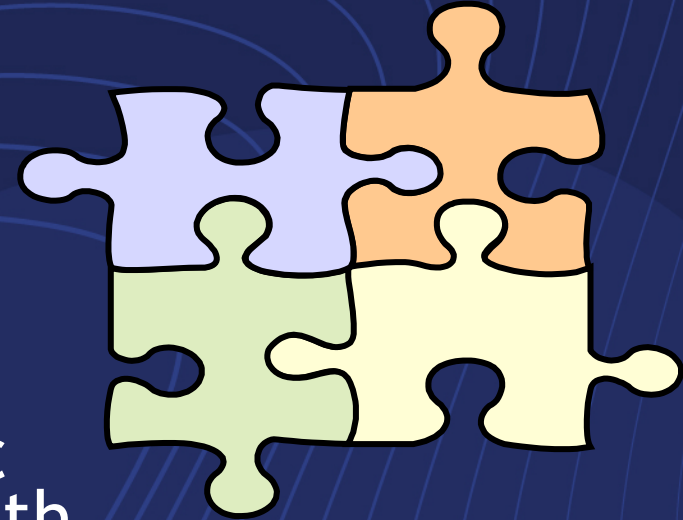
- Strategies to empower and engage Health Mentors:
  - Regular and open communication with JCIPE staff
    - Recruitment sessions/application
    - Orientation/training
    - Quarterly Newsletters
  - Involving HMs in Curricular Design and CQI
    - Steering Committee advisor
    - Participation in assessment and research (focus groups, surveys, etc)
  - Showing appreciation
    - Thank you notes from students
    - Letter of appreciation from JCIPE team
    - Newsletters
    - Graduation ceremony

# Assessment: Impact on Students



Jefferson™  
HEALTH IS ALL WE DO

- Improved role recognition and understanding of training
- Appreciation for logistics of teamwork
- Better understanding of chronic illness care, importance of health promotion and wellness
- Team skills strongly valued in job/residency interviews and selection process



# Students Reflections

*“Although I knew my role would be an active member of an interdisciplinary team, I did not realize that I would work towards finding my voice as part of that team. I believe this is an important skill to build as a future clinician. This experience provided me with the opportunities to be heard while working together with individuals of different health professions.”*

*“I think we were all able to view how you need to look at the whole person and try to learn their story before you can come up with the best fit solution for a client.”*

# Assessment: Impact on Health Mentors

- Enthusiastic supporters
- Appreciate role as “teacher”
- Awareness of role in changing views toward chronic illness and impacting healthcare delivery
- Perceived positive health outcomes



# Health Mentor Reflections

***“Perfect experience for me as a patient with advanced cancer. Students were considerate and open to my sharing how I felt about end of life decisions, including how health care professionals can enhance the quality of life of someone like myself.”***

***“I found compassion, which encouraged me to continue fighting for my health.”***

# New Directions in IPE Competency Assessment- “App” Time!

## The Jefferson Teamwork Observation Guide (JTOG) ®

- 360 degree Assessment
  - Students
  - Health Mentors
  - Preceptors
  - Patients
  - Caregivers



# SAMPLE JTOG Responses

*“This was the most insightful team I have had. I hope they got as much from me as I received from them. They saw my needs and addressed them. Sometimes the best medicine is really listening and then addressing the problem with something other than a pill.”*

*“My students are a support group which has motivated me to care even more to succeed at getting off the blood pressure medication and lose some weight.”*

# Conclusion

- Health Mentors strongly value their role in shaping future health professionals and express positive personal outcomes by participating in the JHMP
- Meaningful engagement of HMs, students, faculty, and administration is key to success for IPE/IPC innovation
- Person-centered, IPE curricular innovations like this one may help students graduate better equipped to practice collaborative care
- Competency-based assessment tools must be routinely incorporated into curricular design

# More Information?

Lauren Collins, MD  
[Lauren.Collins@jefferson.edu](mailto:Lauren.Collins@jefferson.edu)

Health Mentors/JCIPE website info  
<http://jeffline.jefferson.edu/jcipe>

Twitter  
@JeffCIPE

# FULL INCLUSION OF PATIENTS IN GOVERNING STRUCTURES : SYNERGISTIC MODEL LINKING CARE, EDUCATION AND RESEARCH

**Vincent Dumez**, Co-director (patient), Collaboration and Patient Partnership Unit  
Faculty of Medicine, Université de Montréal  
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**Marie-Claude Vanier**, Chair, Interprofessional Operational Committee for IPE curriculum on  
collaborative practice in partnership with patients ; Full Clinical Professor, Faculty of Pharmacy,  
Université de Montréal  
[Marie-claude.vanier@umontreal.ca](mailto:Marie-claude.vanier@umontreal.ca)



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DIRECTION COLLABORATION  
ET PARTENARIAT PATIENT  
Faculté de médecine



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de Montréal

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# HISTORY

## PATIENT PARTNERSHIP at UdeM

- 2010 – Legitimized patients in a faculty of medicine
- 2010 – An operational structure directly under the Dean and directed by a patient
- 2011 – A Rapid development of closer ties with the leaders of IPE curriculum and mutual understanding
- 2011 – Pedagogical pilot projects and building of a solid bank of expert patients
- 2011 – Linking with university affiliated hospitals and practice transformation pilot projects
- 2012 – Linking with Quebec Health Ministry and managing pilot projects
- 2014 – Linking with Canadian Research Networks and research pilot projects

# **FIRST STEP SHARING A VISION**

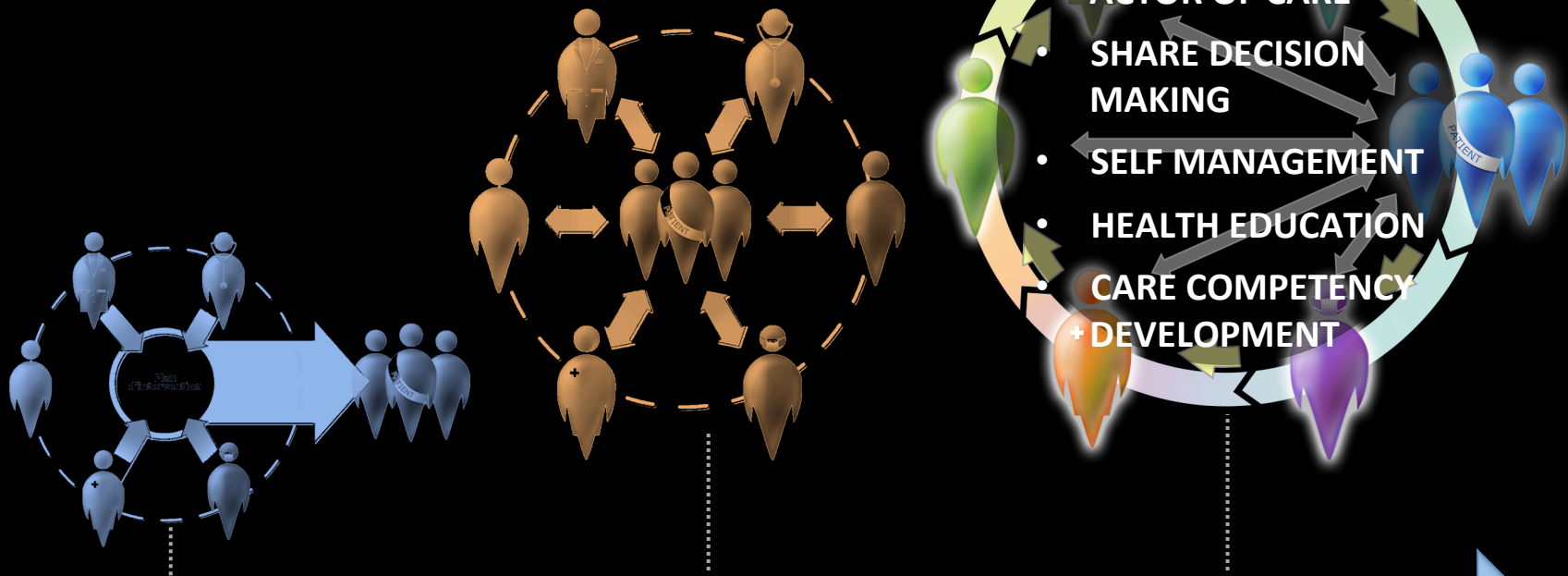
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# ENGAGING PATIENTS IN HEALTH A MAJOR CHALLENGE

Faculté de médecine

Université de Montréal



- PATIENT AS AN ACTOR OF CARE
- SHARE DECISION MAKING
- SELF MANAGEMENT
- HEALTH EDUCATION
- CARE COMPETENCY + DEVELOPMENT

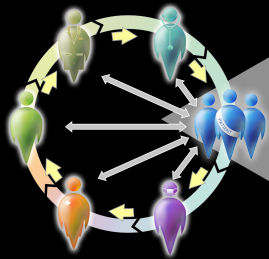
# MOVING TO PARTNERSHIP

## *Patient legitimacy*



# « MONTREAL MODEL » PATIENT ENGAGEMENT EXPERTISE

## CO-LEAD UNIT



**DEDICATED  
TO CO-BUILDING  
AND PATIENT ENGAGEMENT  
EXPERTISE**

### PARTNERING IN HEALTH EDUCATION

*+220 patients-as-educators*

- PROGRAMS TRANSFORMATION
- STUDENTS TRAINING
- STUDENTS MENTORING

### PARTNERING IN CARE

*25+ Health care institutions*

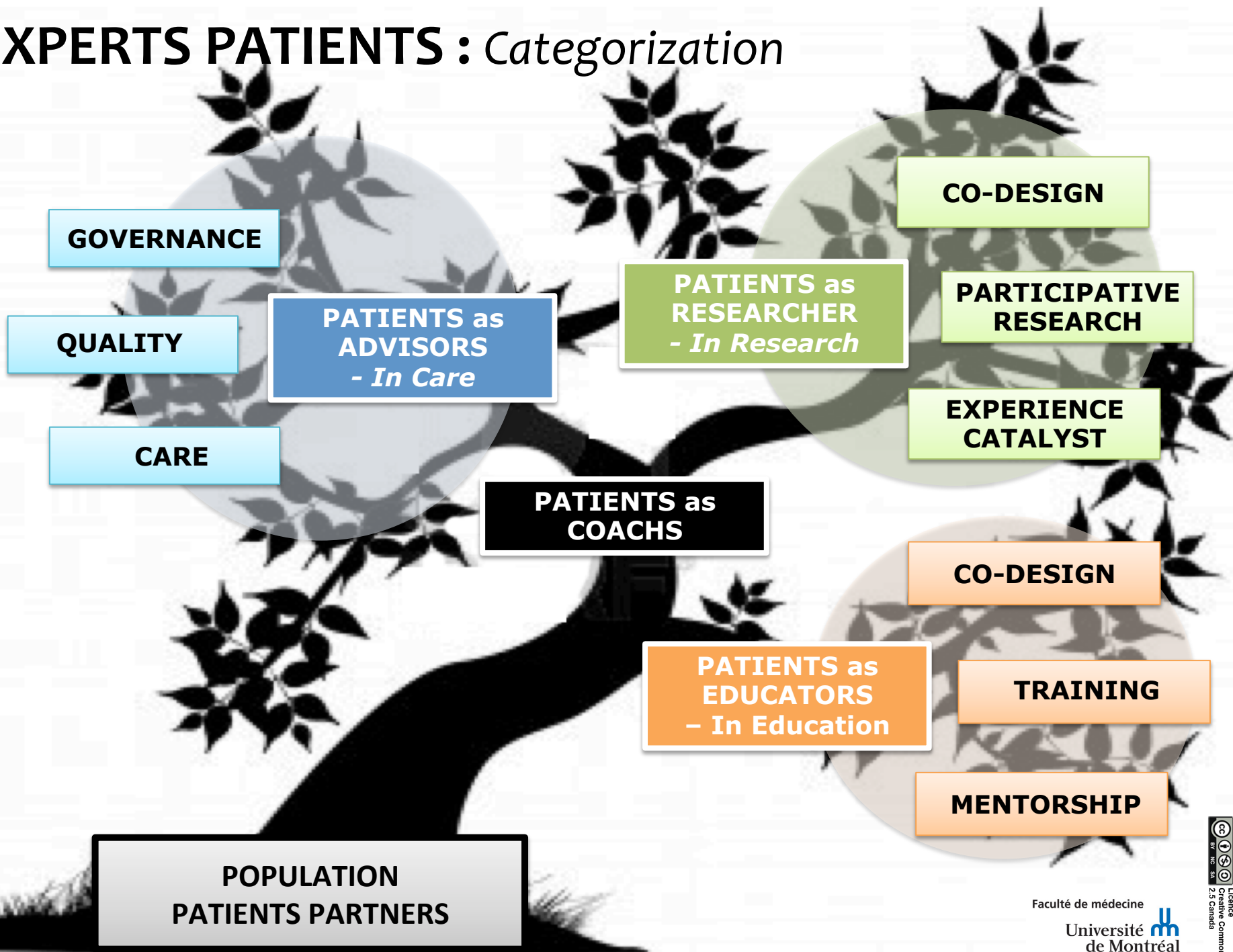
- HEALTH CARE QUALITY IMPROVMENT
- HEALTH GOVERNANCE
- PUBLIC POLICY DEVELOPMENT

### PARTNERING IN RESEARCH

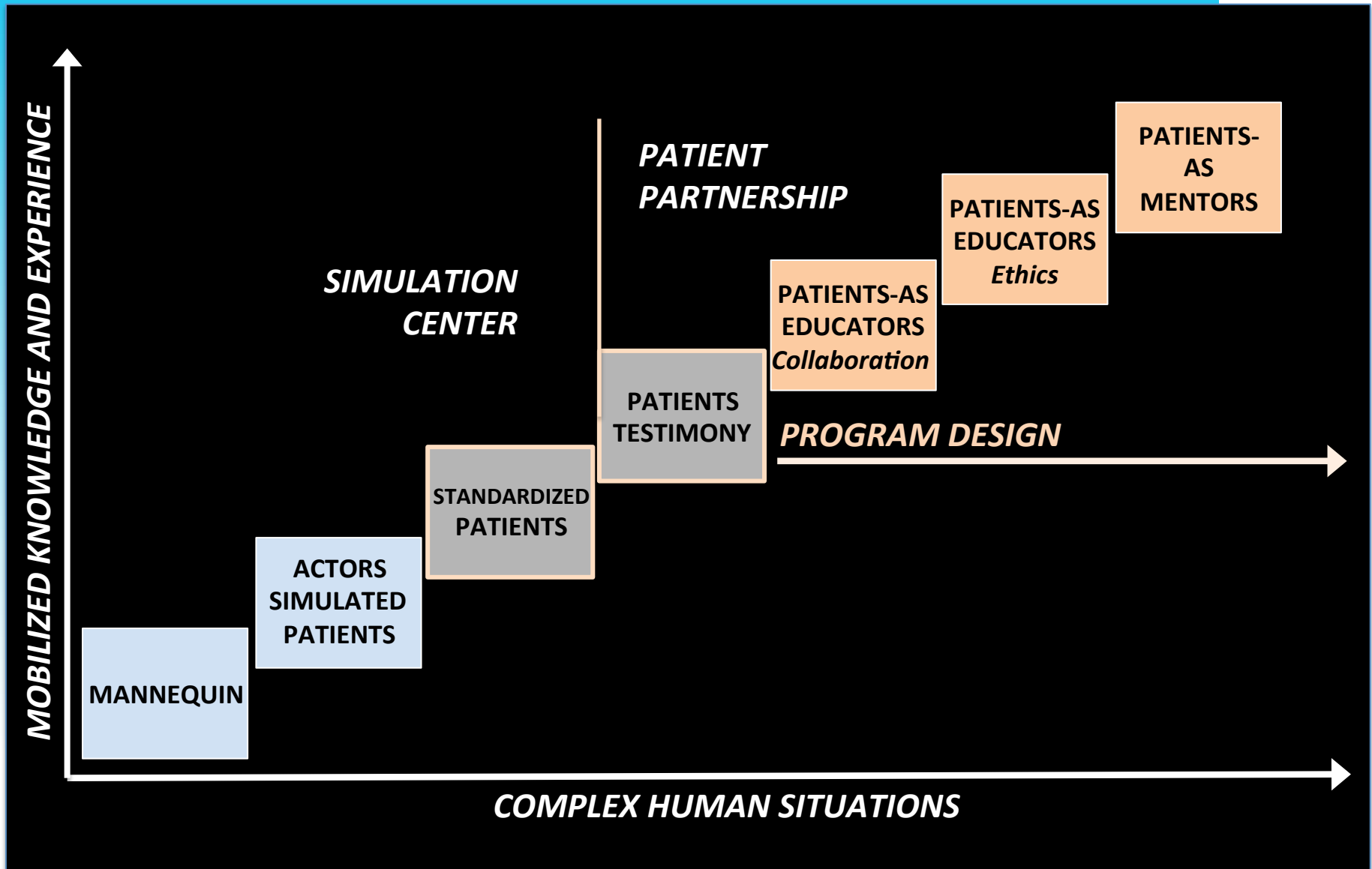
*10 national research networks*

- RESEARCH GOVERNANCE
- RESEARCH CO-DESIGN
- RESEARCH TRANSLATION

# EXPERTS PATIENTS : Categorization

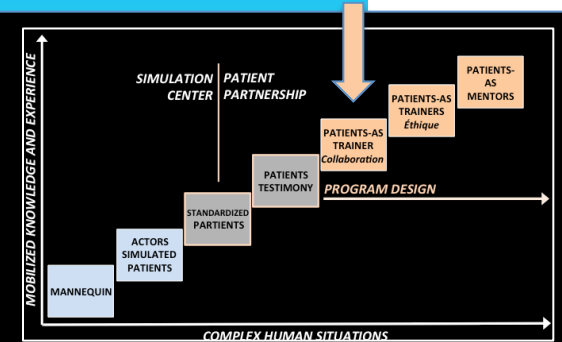


# PATIENTS-AS-EDUCATORS FROM SIMULATION TO REAL CONTEXT



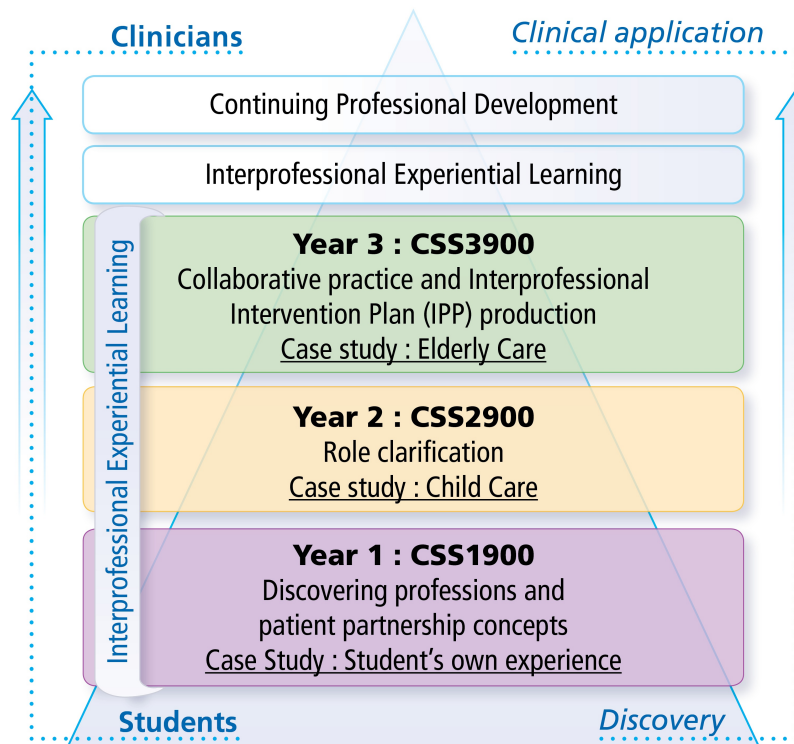
# PATIENTS-AS-EDUCATORS

## IPE – COLLABORATION COMPETENCY DEVELOPMENT



Interprofessional undergraduate  
mandatory courses  
on  
collaboration and partnership in care

# PARTNERSHIP WITH PATIENTS IN UNDERGRADUATE IPE



## Three stage process of progressive competency development



## Mandatory interfaculty IPE Courses

(CSS: *Collaboration en sciences santé*)

- Three 1 credit courses, 13 professions
- Content co-development and
- Interprofessional workshop co-facilitation with patients

## Academic year 2014-2015

CSS1900: 1577 students ; 35 patients; 34 health professionals

CSS2900: 1531 students ; 81 patients; 79 health professionals

CSS3900: 1388 students ; 72 patients; 77 health professionals

# AS SO WISELY SAID BY ONE OF OUR PATIENT EDUCATOR ...

... « It is not a « knowledge » that students are getting from these courses but an understanding of humans that are suffering, a sensibility to the state of patient. They are grasping humanity » .

# Interfaculty Operational Committee

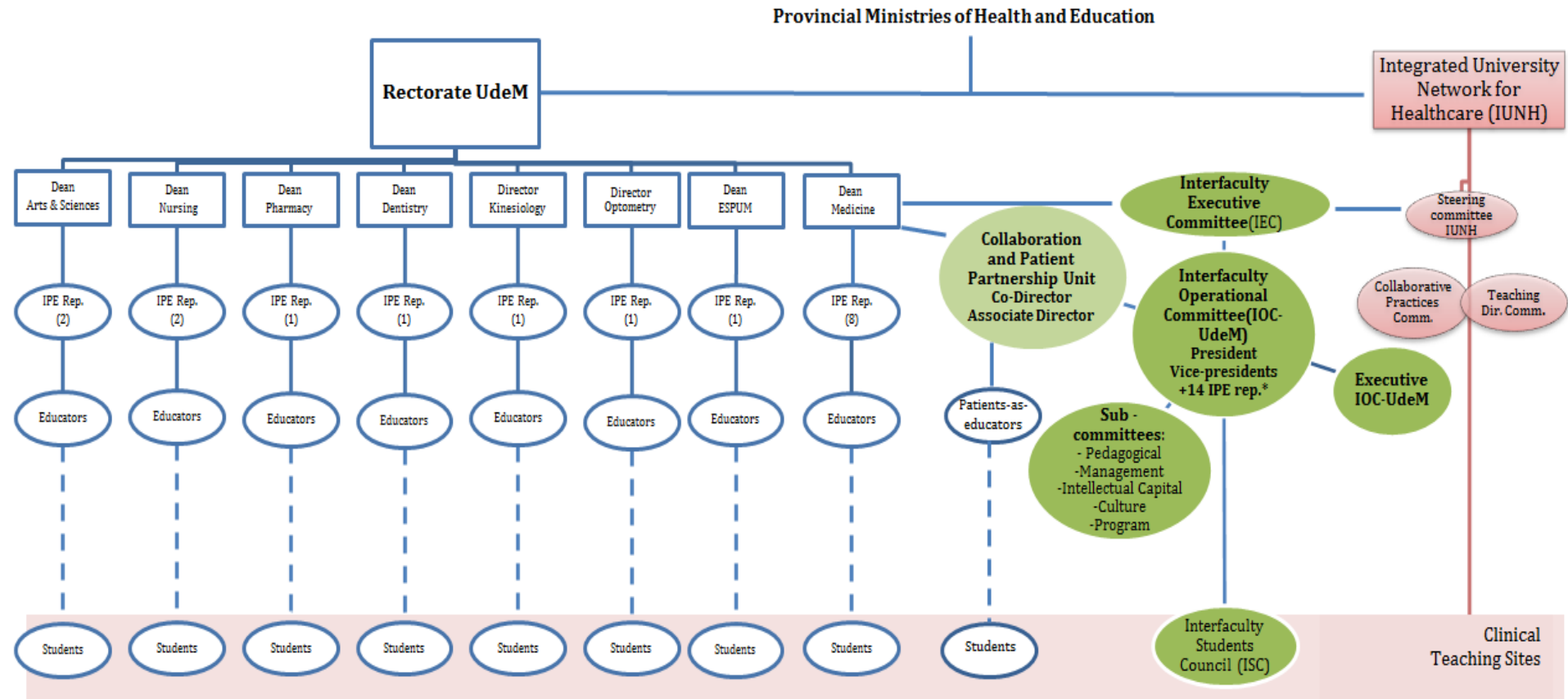
## IPE Collaboration and Partnership in Care



### Members 2014-2015:

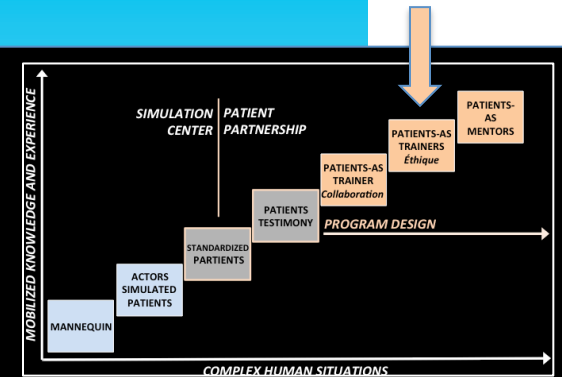
- **Audiology:** Louise Boulanger
- **Collaboration and Patient Partnership Unit :** Vincent Dumez, André Néron, Annie Descôteaux, Luigi Flora
- **Dentistry:** Anne Charbonneau
- **Kinesiology:** François Prince
- **Medicine:** Céline Huot, Julie Morisset, Paule
- **Nutrition:** Louise St-Denis, France Nolin
- **Nursing:** Isabelle Brault (vice-president), Marie-Josée Levert
- **Occupational Therapy:** Johanne Beaulieu
- **Optometry:** Julie-Andrée Marinier
- **Orthophony** (Speech and language pathology): Louise Boulanger
- **Pharmacy:** Marie-Claude Vanier (president)
- **Physiotherapy:** Chantal Besner, Josée Montreuil
- **Psychology:** Bianca D'Antono
- **Social work:** Sue-Ann MacDonald
- **Interfaculty Student Council representative:** Claudine Courteau-Godmaire
- **Support Staff:** Catherine Bélanger, Geneviève Lapointe
- **Educational technology specialist:** Audrey Raynault
- **Pedagogical advisor:** Luce Gosselin

# Governing Structure IPE Program



### MEDICINE CURRICULUM

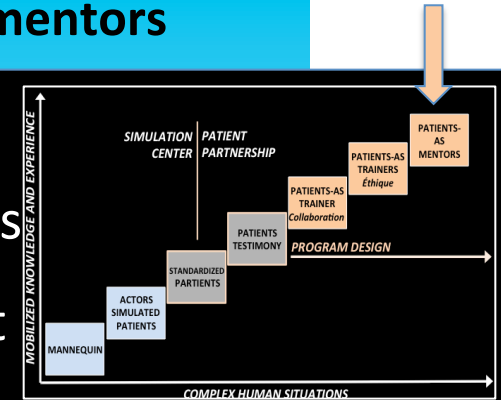
- Experienced patients educators for demanding students
- Ongoing process for integration of patients educators in courses on clinical ethics, collaboration and communication : longitudinal approach (1<sup>st</sup> to 6<sup>th</sup> year)
- Case-based learning: reviewing of pedagogical materials (case-studies) by patients, clinicians and sociologists
- Reflexive activities with patients educators during externship and internship : resolve together humanly complex situations



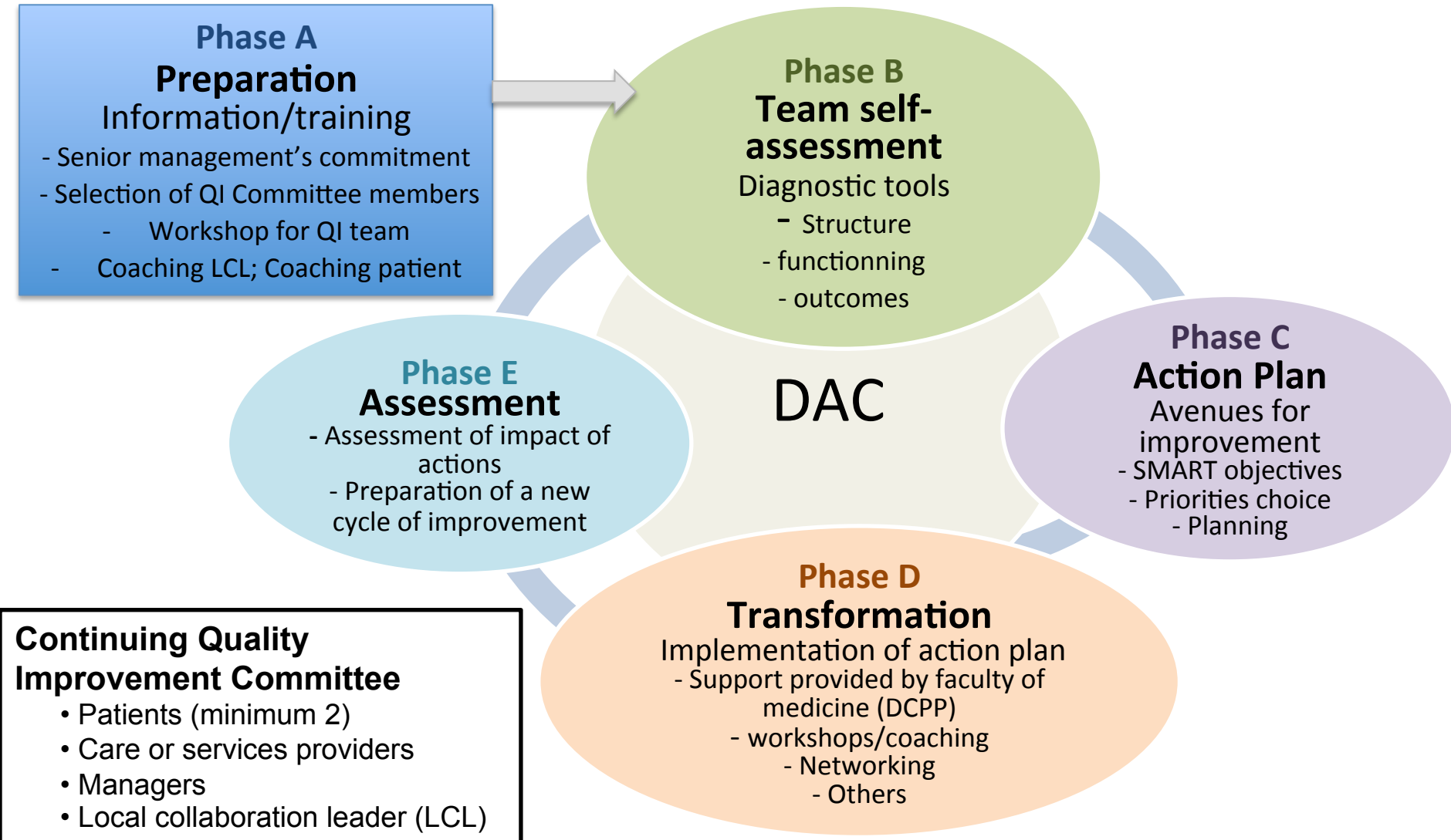
# PATIENTS-AS-MENTORS FROM SIMULATION TO REAL CONTEXT

2<sup>nd</sup> pilot project 2014-2015: 46 students, 12 professions, 10 mentors

- Most experienced patients educators selected
- Facilitate reflectivity by highlighting students' beliefs
- Encourage students to reflect on issues they did not think about before
- Exemplify partnership and collaboration concepts and impact using practical examples from their own experience
- Answer students' questions in accordance with the shared vision of partnership in care
- Stimulate students reflexion on their team dynamic
  - ✓ Trust built over the successive meetings
  - ✓ Effectiveness of collaboration and partnership between them
  - ✓ Impact of their role in the team and impact of their futur role as clinician



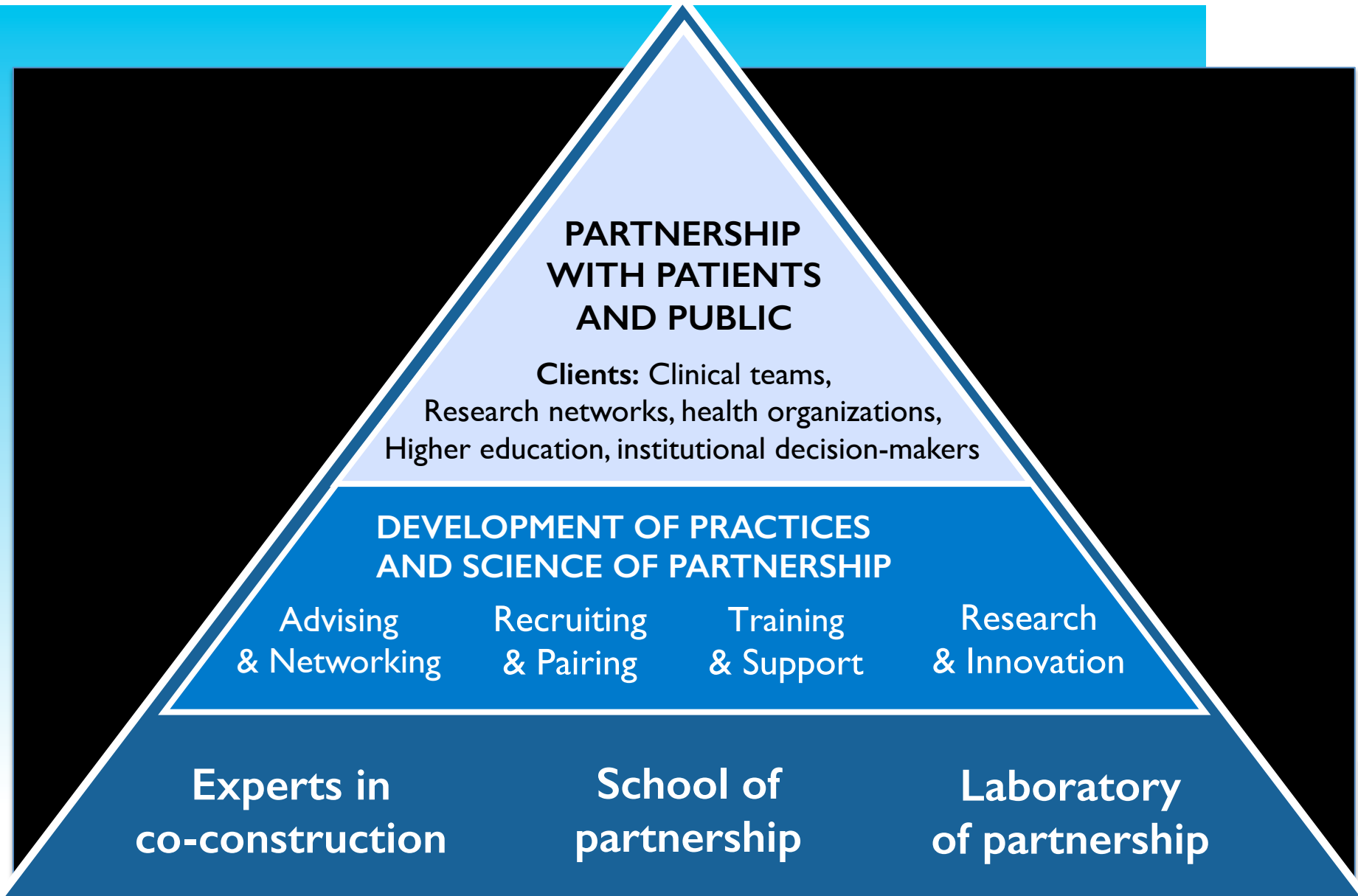
# PATIENTS-AS-ADVISORS CONTINUING EDUCATION AND PRACTICE IMPROVEMENT Partnership in Care Program Cycle



# PATIENTS' ENGAGEMENT PATIENT PARTNERSHIP SUPPORT

Faculté de médecine

Université   
de Montréal





## Discussion



- Key factors for success of partnership with patients in education
- Necessary structures to sustain patients' engagement in education
- Patients recruiting and training
- Importance of producing data confirming positive impact of patients engagement in education