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Patient Story from Université de Montréal

The first time I heard about patients-as-trainers, I wanted to be part of it. I thought it would be a great opportunity to be closer to the students and have impact on their perception of the relationship between patients and providers. All of the patients interested in this new activity received training on mentorship, followed by a discussion on the role and responsibility of the mentor. Then, we broke into small groups with the students. My team of one male and two female students was very diverse, their ages ranged between 24 and 36 years, and they were at different levels in their training programs in three different professions. At our first meeting, they wanted to talk about my illness, their professions, and care transitions. Subsequent topics included building trust, mental and physical pain, and a discussion of the patient-provider partnership.

By providing simple examples, I was able to illustrate how each of the three professions could build or rebuild trust, and how they could humanize their attitudes and behaviour toward patients. I was able to see that students learned a lot from these three meetings. They also showed that they were able to recognize attitudes and behaviours that could hurt the relationship between the patient and the medical team. This was a very fulfilling experience because we developed a connection based on empathy and respect. I was respectful of their professional knowledge and life experiences, and they were respectful of my expertise regarding my illness and my care, and my life experience. I also was able to compare my perception of the health system with theirs and assess if I was biased by my hospitalization experiences. In the end, I could see that their perception was comparable to mine. We had great exchanges and discussions, and I would participate in the mentorship again anytime!

Catherine Marchand
Patient-as-Trainer

CASE STUDY 1

UNIVERSITÉ DE MONTRÉAL

PARTNERS IN INTERPROFESSIONAL EDUCATION: INTEGRATING PATIENTS-AS-TRAINERS

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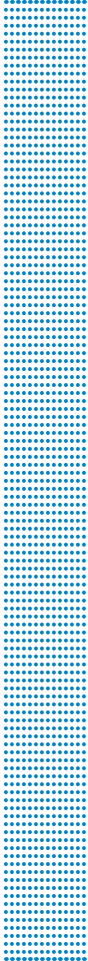
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Note: Throughout the text the notion of "patient" includes "caregivers" and "families"

PROBLEM STATEMENT

Many experts and practitioners consider that a paradigm shift in healthcare programs and services is needed and overdue. It is our contention that we need to move away from traditional paternalistic approaches, wherein physicians and other health professionals determine course and outcomes, and shift toward the inclusion of the patient as an equally valued member of the healthcare team, creating a true partnership between clinicians, patients, and caregivers. Future health professionals



and social sciences professionals trained with this new healthcare partnership model will likely become agents of change and contribute to healthcare transformation. This paper describes a successful approach to integrate patients in interprofessional education (IPE) courses.

BACKGROUND AND CONTEXT

A recent editorial in *BMJ* argues that many healthcare systems in industrialized countries are costly, wasteful, fragmented, and depersonalized. It points out that clinicians and patients need to work in partnership to improve healthcare and challenge deeply engrained practices and behaviours. It also calls for increased patient engagement in the design and implementation of new policies, systems, and services as well as in clinical decision-making (1). A full-blown partnership approach, in which patients and caregivers actively participate in goal setting and care, means that patients must be integrated strategically and methodologically at multiple levels to improve healthcare delivery.

It is our opinion that a paradigm shift in care delivery must take root in the initial stages of training for long-lasting change to take hold, and we believe this full partnership between patients and professionals should also be implemented in education. This training should begin early, with the involvement of patients in the preclinical training of health professionals, before they are exposed to stereotypes and old school concepts. Early exposure will allow gradual development and reinforcement of competency in building healthcare partnerships, and integration of concepts and consolidation of competency during clinical training. Ultimately, we expect these students to become agents of change when they join the workforce.

In order to understand and act constructively towards this transformation of the healthcare system, innovative training approaches of current and future health professionals are required. Likewise, patients need to develop knowledge and competencies to become active partners in their care and also for some, partners in health professional education. Patients, with their experiential knowledge, can contribute significantly in healthcare delivery as well as in training of future health professionals (2,3).

Currently, IPE programs are being implemented in Canada, the United States, Australia, and Europe, as is evidenced by the publication of interprofessional

competencies frameworks (4,5). We believe that IPE constitutes a unique opportunity to make patient engagement a reality. To meet these ends, the IPE program at the Université de Montréal (UdeM) trains and calls upon patients to act as co-facilitators with health professionals in the training of students in 13 different health-related professions.

PURPOSE

This paper explains the integration process of patients-as-trainers in our IPE program, describes the patient-as-trainer role and its impact on the development and evolution of the curricula, and summarizes the results and challenges.

SECTION 1: EDUCATIONAL CHALLENGES IN IPE: SHIFTING FROM A PATIENT-CENTERED TO A PARTNERSHIP APPROACH

Université de Montréal Context: Preconditions, Conceptual Evolution, and IPE Curricula

In its current form, the IPE program comprises three one-credit undergraduate mandatory courses embedded in the first three years of preclinical education. Approximately 1,400 students are enrolled yearly in each of the three IPE courses. See *Vanier et al. (6)* for further details about UdeM's IPE curriculum. Initially, patients were not involved in the planning and dispensing of these courses. An opportunity to involve patients arose when the former dean of the Faculty of Medicine created, in 2010, the Faculty Bureau of Expertise on Patient Partnership (FBEPP), which has recently been integrated into the Center for Applied Pedagogy in Health Sciences. The direction of the Bureau was entrusted to a patient who possesses a strong expertise in management consulting and lives with three chronic diseases. The Bureau's first action was to describe and consolidate the concept of patient-as-partner. According to the vision of the Bureau, the term "patient-as-partner in care" refers to a patient:

“who is being gradually empowered to participate in the decision-making process regarding his/her care plan and to make free and informed choices; who is becoming a full-fledged member of the interprofessional team

handling his/her care; whose experiential knowledge and ability to develop care expertise for his/her medical condition are recognized as evidence; and who influences the interventions chosen and their prioritization in accordance with his/her life project.”

Current IPE Program and Involvement of Patients-as-Trainers in IPE Courses

One way to achieve this aim is through education. The FBEPP and Interfaculty Operational Committee (IOC) decided to embark on a feasibility project to integrate patients-as-trainers in the IPE program. It was hypothesized that patients-as-trainers’ participation could help students better understand patient experiences, better grasp the concept of healthcare partnership and its fulfillment in clinical practice, as well as model collaboration from initial training onward. The 2011 fall semester third-year IPE workshop was chosen for this initial trial project. The workshop required the enactment of an interprofessional team meeting simulation (in a small-group setting; n=11), whose aim was to develop an interprofessional plan of care for an elderly patient. As a key innovation, a patient-as-trainer co-facilitated the workshop with a faculty professor or a health professional tutor. Patients-as-trainers gave targeted feedback on student learning of the concepts of healthcare partnership and provided insights as to how the patient in the case study might react to the clinical interventions. Moreover, they shared their experiential knowledge of living with a chronic disease (or being a caregiver to such a person) to personalize learning. An added advantage of the co-facilitation: the tutor and patient-as-trainer modeled collaborative practice and brought to life both theory and concepts of healthcare partnership.

Fourteen patients-as-trainers participated in this first project, allowing 308 students to experience this innovative teaching model. In light of the positive comments received, deans approved the expansion of the patients-as-trainers project into first and second year IPE courses. The roles of patients-as-trainers varied slightly in these courses. In the first year introductory IPE course, each patient gave an account of his/her own experience and co-facilitated the session. Discussion with students about their own healthcare experiences and students’ experiences was the centerpiece of the course. The second year course focused on professional roles and application of the collaborative practice and patient partnership concepts. The patient-as-trainer advocated patient and family interests and personal objectives with regards to health care.

Questionnaire Statements	Proportion of Students Agreeing or Strongly Agreeing		
	CSS1900 (n=1056)	CSS2900 (n=666)	CSS3900 (n=404)
Co-facilitation by a healthcare provider and a patient was relevant	93%	85.4%	89.8%
Patient's shared experience and comments enriched the discussion	91.2%	85.1%	89.1%
Presence of a patient allowed a more concrete illustration of the concept of healthcare partnership	90.5%	N.A.	N.A.
After this course, I am now considering using the healthcare partnership approach in my future practice.	94.1%	N.A.	N.A.
Presence of a patient allowed me to better integrate the concept of healthcare partnership	N.A.	81.7%	82.7%
Patient's participation prompted me to allow more importance to the case study patient's (and family's) point of view when prioritizing clinical interventions.	N.A.	77.5%	82.7%
Presence of a patient is a plus value to the workshop	N.A.	86.8%	91.3%

CSS = *Collaboration en Sciences Santé*; N.A. = Not assessed

Because of the significant and ongoing costs of implementation and maintenance of such an infrastructure, deans requested additional data before formally approving full implementation of patients-as-trainers in Spring 2012. Positive endorsement from students and positive reception from the provincial government and the university-affiliated hospitals network to the healthcare partnership model—coupled with the growing need for well-trained health professionals in that area—underscored the importance of integrating patients-as-trainers in IPE and convinced deans to support its expansion and continuation. This is now perceived at UdeM as an important and differentiating characteristic of our health sciences and psychosocial sciences training programs, demonstrating our educators' and institution's leadership.

In 2012–2013, a total of 4,200 students took part in IPE courses, approximately 1,400 students in each of the three courses. Patients-as-trainers were present in all first-year course workshops, 63% of second-year workshops, and 47% of third-year workshops. During the 2013–2014 academic year, we aim to ensure the presence of a patient-as-trainer in each workshop group of the three IPE courses. Students' appreciation data obtained during academic year 2012–2013 confirmed our

expectations and solidified our orientation. Table 1 above summarizes students' appreciation measured via online course assessment questionnaires that use a five-point Likert scale. Open-ended questions also revealed that many students consider patients-as-trainers' contribution as a strong pedagogical component of these courses.

Challenges and Strategies

Challenges in such an adventure are numerous, and exist at the educational, logistical, and organizational levels.

At the educational level, introduction of the healthcare partnership model requires the development and adoption of a shared vision. This vision is continuously evolving. The collaboration between our academic IOC, the FBEPP, and the Collaborative Practice Committee from the university affiliated teaching hospitals network greatly contributed to the dissemination of a shared model of healthcare partnership. This has led to the publication of the first version of an implementation guide for healthcare partnership and services (7). Other educational challenges included development and updating of educational materials, such as learning guides, tutor and patient-as-trainer's guides, online modules, and case studies, and formally training patients-as-trainers to ensure coherence of messages transmitted to students in the different workshop groups. A School of Expert Patients, offering a complete formal training curriculum for expert patients, will be created in the near future. A patient train-the-trainer program is currently being piloted with 16 patients.

Logistical issues and demands include: (1) Availability of sufficient classrooms, particularly since some patients have impaired mobility; and (2) Recruiting a sufficient number of patients-as-trainers and professors or healthcare providers as facilitators. The FBEPP is crucial in selecting each patient according to the following criteria:

- Patient has reached a phase of acceptance of his/her health problem;
- Patient is able to generalize his/her own experience to other contexts of care;
- Patient demonstrates high level of self-management for his/her care;

- Patient wants to be involved in training his/her peers, students, or healthcare providers;
- Patient possesses good interpersonal communication and interaction abilities; and
- Patient demonstrates reflective attitude by concrete actions.

At the moment, recruiting happens mainly by word of mouth, referral from clinicians, or contacts with the FBEPP. The FBEPP also intervenes to pair the right tutor with the right patient-as-trainer in order to maximize the co-facilitation dynamic, taking into account personalities and experience.

Organizational challenges include: (1) Yearly evaluation and adjustment of IPE courses and their content for continuous improvement; (2) Long-term financing of the involvement of patients-as-trainers in IPE courses; and (3) creating an expanded, sustainable program.

SECTION 2: LESSONS LEARNED AND STEPS FOR SUCCESSFUL INVOLVEMENT OF PATIENTS-AS-TRAINERS IN OUR IPE CURRICULUM

The past three years have been rich in experiences and lessons learned. We have identified the following six steps as keys to success.

Step 1: Creating organizational structures and financing

Creation of a FBEPP with a clear mandate, the existence of the IOC for the IPE curriculum, and the support of the Center for Applied Pedagogy in Health Sciences (CAPHS) allowed easy and efficient collaboration between the different persons and structures involved. In Canada, universities have mixed financing that comes from student fees and government subsidies. Since *Collaboration en Sciences Santé* (CSS) courses are mandatory and imbedded in the different professional curricula, a stable recurrent income to support development and coordination of these interfaculty courses is generated by student credits. Fees related to patients-as-trainers' involvement in courses are covered by the IPE curriculum budget as well as a fee for FBEPP's administrative services.

Step 2: A communion of values and agreeing on a conceptual framework

A solid foundation of common values and a model of partnership competencies were developed from a shared vision of collaborative practice and healthcare partnership (7). In this model, both patients and healthcare practitioners must develop the same set of partnership competencies in order for each to fulfill specific roles. This brings to the fore the need for a clear definition of the different roles for patient involvement within the FBEPP. These roles are patients-as-trainers in academic settings, patients-as-advisers in care settings, and patients-as-researchers in research projects and teams. An important element of our IPE curriculum is clarifying and re-evaluating the role of patients-as-trainers in our different educational activities to ensure that learning objectives are being met.

Step 3: Concerted development of the IPE curriculum

An integrated and collaborative structure that includes professors from all the participating programs and patient representatives from the FBEPP makes for a collective and coherent structure to guide planning and development of IPE content and pedagogical activities. Development and review of educational materials and content was also done collaboratively with members of a team working on collaborative practice improvement and continuing education at our university. Synergy also was created with the Committee on Collaborative Practice and Partnership of the Network of University Affiliated Teaching Hospitals and Clinics in order to share concepts and agree on terminology. This shared understanding was very useful for development of an avant-garde workshop for systematically involving patients in collaborative practice in continuous improvement processes. A physician of the CPASS and a patient-as-trainer of the FBEPP have thus far co-facilitated this workshop for 26 active clinical teams. The preliminary results of this deployment demonstrate the innovation capacity of patients and the efficiency of the co-building methodology for care improvement.

Step 4: Recruitment and training of IPE tutors and patients-as-trainers

Substantial efforts are put into recruiting and training tutors and patients who are passionate about health care and transforming practices. These efforts help ensure that messaging and learning during workshops are consistent with the IPE and collaborative practice visions. Most health professional tutors are recruited from

the Network of University Affiliated Teaching Hospital and Clinics, allowing transfer of knowledge and partnership competency back to the clinical teams and health organizations. Another key factor was a solid, efficient, and creative administrative team supporting the IOC.

Step 5: Gradual introduction of patients-as-trainers

Implementation of the IPE curriculum in the different programs and integration of patients-as-trainers in workshop groups was done gradually to avoid overwhelming pressure on the programs or on the educators involved and the FBEPP.

Step 6: Continuing improvement

Students evaluate the IPE courses they take on an annual basis and are asked how they perceive patients' involvement in their academic training. Armed with this knowledge, we make adjustments to IPE courses each year. Currently, our main improvement objective is the development of longitudinal educational activities in the IPE courses, in order to increase the amount of time students from different professions spend together to learn together and from each other and from patients. This year we will pilot a new activity: a small group of volunteer students will participate in multiple meetings with a patient mentor. The pedagogical format of this activity will be inspired by the Patient Health Mentors program at Thomas Jefferson University (8) and University of British Columbia (9).

SECTION 3: IMPACT OF PATIENTS-AS-TRAINERS ON STUDENT LEARNING: EDUCATION AND PRACTICE

One of our chief findings is that students report feeling more confident to interact with other professionals after taking the IPE courses. Results from online student evaluations during the past academic year (2012–2013), revealed that second-year and third-year students' confidence increased, both in terms of interprofessional interactions and their participation in an interprofessional meeting. A pre-post assessment of self-reported confidence levels on a 10-point numerical scale revealed a major improvement in proportions of students reaching a confidence level greater than 7 (Table 2).

Table 2: Before and after course completion percentage of 2nd year and 3rd year students with confidence levels 7 or greater on the 10-point scale.

	Year of study	Before course completion	After course completion
Interacting with other professions in clinical placement	2 nd year	34%	68.1%
	3 rd year	61.4%	91.1%
Participating in an interprofessional meeting	2 nd year	28.9%	63.8%
	3 rd year	52.9%	88.1%

As discussed in Section 1 of this paper, students report a positive impact of patients-as-trainers on their learning and integration of healthcare partnership concepts, and a change in their vision. Indeed, more than 90% first year students agreed that, after this first IPE course, they were considering using the healthcare partnership approach in their future practice. We have not assessed yet if, when the students go into practice, they can and will implement this new model. Our next step is to implement a formal research project on the long-term impact of our IPE curriculum.

CONCLUSION: LESSONS LEARNED

Through the implementation of this IPE program and its enrichment with patients' vision and participation as co-educators, we learned that co-building, co-training, and co-leading with patient representatives at each step of the process is not only possible, but also essential. Patient leaders must take the lead in acting as role models for other patients who will be involved in a patient-as-trainer role, and careful selection of patients and structured training to become patients-as-trainers are necessary ingredients to success. Careful selection of health professional tutors with experience with collaborative practice and the availability of a detailed facilitator guide also are important. Undoubtedly, administrative and organizational supports are essential constituents. Last but not least, creating synergy and links with the practice settings is fundamental to ensure relevance of course content and workshops, ultimately ensuring that students receive the best preparation for practice in clinical settings.

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REFERENCES

1. Richards T, Montori VM, Godlee F, Lapsley P, Paul D. Let the patient revolution begin. Patients can improve healthcare: it's time to take partnership seriously. *BMJ*. 2013;346:f2614 doi: 10.1136/bmj.f2614 (Published 14 May 2013).
2. Towle A and Godolphin W. The neglect of chronic disease self- management in medical education: involving patients as educators. *Acad Med*. 2011;86(11):1350. doi:10.1097/ACM.0b013e3182308d25..
3. Towle A and Godolphin W. Patients as educators: Interprofessional learning for patient centred care. *Med Teach*. 2013;35(3):219–225.
4. CIHC. A National Interprofessional Competency Framework. Vancouver, BC: Canadian Interprofessional Health Collaborative, 2010.
5. Interprofessional Education Collaborative Expert Panel. Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington, DC: Interprofessional Education Collaborative. 2011.

6. Vanier MC, Therriault PY, Lebel P, et al. Innovating in Teaching of Collaborative Practice with a Large Student Cohort at Université de Montréal. *J Allied Health*. 2013;42(4):97E–106E.
7. Réseau universitaire intégré de santé de l'Université de Montréal. Comité sur les pratiques collaboratives et la formation interprofessionnelle. «Guide d'implantation du partenariat de soins et de services : Vers une pratique collaborative optimale entre intervenants et avec le patient». May 2013. Online: http://www.ruis.umontreal.ca/documents/Guide_implantation.pdf. Accessed on 11 January 2014.
8. Jefferson InterProfessional Education Center (JCIPE). Thomas Jefferson University (Philadelphia). Health Mentors Program. <http://jeffline.jefferson.edu/jcipe/hmp>. Accessed on 11 January 2014.
9. Interprofessional Health Mentors Program (IHMP). Division of Health Care Communication. <http://www.chd.ubc.ca/dhcc/healthmentors>. University of British Columbia. Accessed 11 January 2014.

