Developing an improvement leaders fellowship program and the evaluation of the integration of patient fellows

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Fellowship Programme

• Multi-disciplinary education programme -  
  to build capacity in improvement science in Northwest London region

• Aim - build capacity in quality improvement and research by developing future leaders with the authority and ability to improve patient care across Northwest London and beyond

• Seven cohorts, 71 alumni fellows (13 current)  
  range of different professions and 14 patients from across NWL  
  Patients and industry fellows

• Fellows receive £7.5k bursary and:  
  1 year training programme (1 day per month)  
  undertake quality improvement project  
  knowledge sharing international study visit (Sweden, US)
"Working alongside the other fellows as an equal has been life changing for me."

"This has been a wonderful and truly transformative experience."

http://clahrc-northwestlondon.nihr.ac.uk/what-we-do/learning-and-development/fellowship
3 elements

- Systematic Approach to Quality Improvement
  - Tools and theory
- Leadership
  - Theory, applied evidence based practice and self development
- Peer to Peer learning and support
  - less tangible and arises from the group dynamic
  - Mix of multi-disciplinary staff and patients
  - Pedagogically plans are made to create space within the curriculum for sessions tailored to individual need
  - Thus, co-design with the cohort of third of curriculum

Patient Involvement as Political Priority

- Current emphasis on patient and public involvement (PPI),
  - in UK & internationally increased in the last decade (NIHR, 2015; Gibson et al., 2012)
- Patients, families and carers urged to contribute to improvement
  - as end recipients of care - well placed to provide a unique insight into day-to-day problems and how they might be addressed
- Central to the CLAHRC NWL systematic approach (Reed at al., in press)
- Newly emerging evidence base
  - Emerging literature evaluating the use of PPI in healthcare (Barber, et al. 2011; Pizzo et al, 2014)
  - Evidence examining the involvement of patients in educational fellowships is currently lacking
Productive Struggle

• The concept of ‘Productive Struggle’ is useful in designing a space where challenge can be fruitful
• Concepts - based in pedagogy and educational theory
  – capture intangible internal struggle learners go through to make sense of new concepts
• New concepts - bring higher demand for cognitive load
  – this struggle to make sense and place in context the new ideas is a productive activity that richly enhances learning

Brown et al, 2014; Roediger, 2014; Hiebert & Grouws, 2007

Evaluation

• Continuous iterative evaluation (2010 – 2016), 84 fellows
• Discrete external evaluation on cohorts 2010-2013
  – 34 interviews (from group of 43 alumni)
  – Semi-structured interviews
  – Analysed using Grounded Theory (Glaser & Strauss, 1967)

<table>
<thead>
<tr>
<th>Fellows Cohort</th>
<th>'Professional' fellows</th>
<th>'Patient' fellows</th>
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<tbody>
<tr>
<td>2010</td>
<td>9</td>
<td>0</td>
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<tr>
<td>Total</td>
<td>70</td>
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Evaluation - Highlights

• Programme enabled a dynamic and evolved approach
  
  ‘There’s been a lot of opportunity to have consensus, and what would you like, and I think as mature people and mature learners that’s really good.’

• Monthly fellowship days
  
  ‘Positive the study day opportunities’

• Support from CLAHRC
  
  ‘They [CLAHRC] definitely say they were always there.......have been really, really helpful for me’

Evaluation - Highlights

• Knowledge sharing
  
  ‘the great thing about the Fellows was meeting each other and learning from each other and having that support’

• Installed passion and understanding in continuing improvement
  
  ‘I really, really will take away a lot of things from what happened, I’ve learnt a lot and also become very passionate and interested in it and it’s what I want to do’

• Recommend to others
  
  ‘Absolutely, [I would do it again] and I would recommend it to other people. I think it’s a very valuable to do.’
Multi-disciplinary Group

‘I was pleased it was such a mix. It gives you a broader understanding of other roles…..because working in the organisation you don’t get a chance to be so multidisciplinary with them but also to be an equal with them. So again that is the old hierarchical structure that exists, people get segregated out that an opportunity like that to work closer with GPs etc….is not to be sniffed at’

Inclusion of Patients

‘Well obviously whenever we were talking about healthcare they were talking about the patient in this position which is expected and to be honest as a healthcare professional initially it got on my nerves because I was thinking some of these things have to be decided’
Inclusion of Patients

‘By the end of it you were thinking you are right we haven’t talked to anyone…...why hadn’t I talked to patients?….it would be really enhanced by talking to patients and I think that is something that they [patient reps] brought. They also brought a way of looking at things because they are slightly irreverent and take you down a peg or two if you are talking professionally. And also I quite like the idea that they seemed to be so much less rigid and more flexible about how you go about things than people who have been working in the NHS for a long time’

Impact of Patient Fellows

• Impact of patient fellows upon the fellowship group was positive
  – That was an odd old thing. On a personal level we got on extremely well with them…. They were very vocal
  – … I think on the one hand they were a blessing to the group and I think they taught us things
  – … It forced us to think about it properly and not to play lip service and it made us feel uncomfortable which may be a good thing

• Fellows found inclusion of patients difficult at first
  – with time stated that the process of inclusion had changed the mind-set of professionals in the group
Impact on group discussions

- Impact of multi-disciplinary group - advantage acknowledged by all fellows

- In particular, knowledge sharing:
  - The great thing about the fellows was meeting each other and learning from each other and having that support

- Transferability of skills and experience:
  - It’s amazing that so many of the experiences encountered by each can be found in the diverse and wide ranging contexts of the other fellows

- Challenges - some fellows highlighted the challenges they felt patients brought to the group:
  - Everyone comes together with viewpoints and through discussion move more together with understanding and developing of views and opinions. Patients can be rigid and stay at their extreme perspective

Impact on learning

- Impact of multi-disciplinary nature of group on learning:
  - Most important … developing a shared mental model of what a ‘fellowship’ is and how it differs from education, an academic degree or other forms of personal development
  - I thought it was brilliant. I considered it highly informative whilst allowing for networking in an informal environment. … I felt a balance was achieved and that it was attuned to my own needs

- Different points of view – enhancing learning
  - Productive struggle
Patient’s views

• Complex interweaving of issues - including competition and ‘worth’
• Patient view
  – professionals overcompensated for them,
  – an over engagement with patient fellows, a positive discrimination, not necessarily deserved
• ‘Warming up’ period
  – it took a month before it was common parlance for the professionals to consider the patient point of view and to ‘get used’ to the multi-disciplinary perspectives in the group

Valuing the patient perspective

• Value of patients was acknowledged by majority:
  – Working with people from outside the NHS and appreciating their differing perspectives on quality improvement. I am now convinced that quality improvement should involve people from all walks of live [sic.] and not be limited only to NHS staff
  – This has been a wonderful and truly transformative experience thus far. I have learnt a great deal in an environment made up on individuals I would never previously have considered engaging with
  – I think patient involvement is crucial to successful and sustainable project implementation. Involving patients as equal participants enables them to take joint ownership of services and may encourage them to be active participants in their care
• Some challenges but many benefits acknowledged
  – period of adjustment, or productive struggle
  – coming up against different perspectives and views - hard but then beyond this stormy period, it was seen as beneficial
Conclusions

• Value of participatory nature of fellowship
  – where bringing group together both shapes and is shaped by the group
• The flattened hierarchy required in improvement science work (where every perspective is important), enabled patients to join as equal voices with professionals to build capacity and conduct improvement projects with equity
• Essential learning point from the Fellowship
  – balance of equality of voice, clear set ground rules and management to prevent one voice (patient or professional) from dominating group
• Integration of patients into the Fellowship has enriched the experience for all fellows

Outputs from the programme

• Outputs
  – 26 publications by fellow alumni
  – 21 posters
  – 1 film.
  – 5 gone on to further education (incl. 3 doctorates and 2 Master’s)
  – one patient fellow who has gone on to be the first patient graduate from Mary Seacole Programme at the NHS Leadership Academy
• A publication evaluating the fellowship programme in preparation
‘To instruct someone… is not a matter of getting him to commit results to mind. Rather, it is to teach him to participate in the process that makes possible the establishment of knowledge. We teach a subject not to produce little living libraries on that subject, but rather to get a student to think mathematically for himself, to consider matters as an historian does, to take part in the process of knowledge-getting. Knowing is a process not a product.’

(Bruner, 1966: 72)

Fellows evaluation paper

• Title: Developing an improvement leaders fellowship programme and the evaluation of the integration of patient fellows
• 10 Patients have been involved in the programme since 2012
  - impact of involving patients - both for the patients themselves and the other Fellows in the multi-disciplinary group
• Method: 71 Fellows have passed through the programme, 10 of whom have been patients.
• Results: Semi-structured interviews were conducted with 34 fellows
  - Fellows responded positively to the multi-disciplinary approach
  - The inclusion of patient Fellows in the cohort resulted in a period of adjustment for both professionals and patients, independently reported by either group
• Data:
  - ‘Establishing a secure, close-knit group where feelings can be openly expressed without any concern about recriminations, etc. There is a genuine warmth to the group which I don’t believe I’ve experienced within any other network.’ (Patient Fellow)
  - ‘The mix of the individuals and their commitment was good… but there were strong characters there, which is good, and people held their ground where necessary. But then you could support each other in that aspect, if you know what I mean?’ (Professional fellow)
  - ‘particularly our group having… patient representatives was a really positive experience and for me they challenged everything, which was great’. (Professional Fellow)

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<td>Commissioner</td>
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<tr>
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<td>Nurse</td>
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<tr>
<td>Patient</td>
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<td>Public Health</td>
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Submission, BMJ Q&S

Breakdown of fellows backgrounds