Professionals learning together with patients: An exploratory study of a collaborative learning fellowship programme for healthcare improvement

Collaborations for Leadership in Applied Health Research and Care Northwest London

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13 CLAHRCs
Based across England
Linked with NHS Trusts and Academic Institutions
Funded by UK Government, Department of Health, through NIHR
Fellowship Programme

- Multi-disciplinary integrated 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.
- Nine cohorts, 108 alumni fellows
  - range of different professions and 17 patients from across region
  - Patients and industry fellows
- Fellows receive small bursary and:
  - 1 year training programme (1 day per month)
  - undertake quality improvement project
  - knowledge sharing international study visit (Sweden, US)
Spiral Curriculum

A Spiral Curriculum circles around to enable you to try out what you have learnt in practice, reflect on it, then adapt based on your learning.

Then if you need to, start the process again to learn a new tool or method. Remember to look outward to external partners as well.

Spiral of learning and application - Bruner, (1977)
Collaborative Learning - Bruner

‘... education is not just about conventional school matters like curriculum or standards or testing. What we resolve to do in school only makes sense when considered in the broader context of what the society intends to accomplish.’

• This notion underpins the idea of the spiral curriculum – ‘A curriculum as it develops should revisit this basic ideas repeatedly, building upon them until the student has grasped the full formal apparatus that goes with them’ (ibid.: 13).

(Jerome S. Bruner 1996: ix-x)

Learning by doing

I hear and I forget. I see and I remember. I do and I understand.

Confucius

OK, who wants to practice facilitating today’s meeting and using one of the recording tools?
Quality Improvement Tools and Methods

Navigating and Negotiating Change

Doyle, et al. in press

Learning together

“We like to bring together people from radically different fields and wait for the friction to produce heat, light and magic. Sometimes it takes a while.”
Methodology

- Two main methods
  - online evaluation forms (all cohorts)
    - completed anonymously, using Qualtrics platform
  - semi structured interviews (34 interviews, cohorts 1-4)
    - independent researcher not involved in fellowship delivery
- Each participant was assigned a code which ensured anonymity and confidentiality.

<table>
<thead>
<tr>
<th>Participant group</th>
<th>All cohorts 2010-2015</th>
<th>Interviews 2010-2013</th>
<th>Online 2013-2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional fellows</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Doctor</td>
<td>14</td>
<td>7</td>
<td>8</td>
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<tr>
<td>- Manager</td>
<td>13</td>
<td>8</td>
<td>3</td>
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<tr>
<td>- Nurse</td>
<td>8</td>
<td>4</td>
<td>3</td>
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<tr>
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<td>6</td>
<td>4</td>
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<td>- Researcher</td>
<td>5</td>
<td>3</td>
<td>5</td>
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<tr>
<td>- Pharmacist</td>
<td>3</td>
<td>2</td>
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<tr>
<td>- Physiotherapist</td>
<td>3</td>
<td>1</td>
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<tr>
<td>- Psychologist</td>
<td>3</td>
<td>1</td>
<td>1</td>
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<tr>
<td>Other professional including:</td>
<td></td>
<td></td>
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<tr>
<td>(Dietician, Commissioner, Audiologist, Speech &amp; Language Therapist, Industry)</td>
<td>6</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Patient and Carer fellows</td>
<td>10</td>
<td>2</td>
<td>6</td>
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<tr>
<td>Total</td>
<td>71</td>
<td>34</td>
<td>32</td>
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Findings

- Three main themes:
  - An egalitarian, safe participatory space
  - Discussing ‘real world problems’
  - Challenges of Collaborative Learning
- Patient and public involvement, interwoven throughout all themes

[The fellowship] was incredibly useful to me in terms of not so much learning the QI process, ... which was also incredibly useful but also ... honing the engagement, honing the leadership skills, honing the telling the story........ The other bit where the fellowship was useful was absolutely transforming my approach to working in partnership with patients and carers. Absolutely transformed it." (Manager)

[The fellowship gave a] broader perspective and understanding and how we could help to improve the health service and make a difference’ (Patient)

particularly our group having... patient representatives was a really positive experience and for me they challenged everything, which was great.’ (Manager)
A collaborative space

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'The great thing about the fellows was meeting each other and learning from each other and having that support.' (Researcher)

'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' (Other professional)

An egalitarian, safe participatory space

• It enabled disparate groups to have contact, to share perspectives and develop a more complete understanding of wider healthcare issues, evidence and practice:

  'the fellowship gave us the opportunity to meet people in very different jobs … so people that were patient representatives, people that were doctors, all sorts of people. So it was really different people coming together but understanding that we all have the same kind of things we are interested in….' (Manager)

  'Everyone comes together with viewpoints and through discussion move more together with understanding and developing of views and opinions'. (Doctor)
**Discussing ‘real world problems’**

'I found it really annoying that there were a lot of issues…. So, I was having these conundrums when I was meant to be learning about leadership. If I am honest I found that really annoying. I am not saying it is a bad thing …..' (Doctor)

'The mix of the individuals and their commitment was good … but there were strong characters there’ (Public Health)

• This was especially true for patient fellows. Participants reflected the benefits participating in the fellowship brought to them:

[The fellowship gave a] broader perspective and understanding and how we could help to improve the health service and make a difference’ (Patient)

**Integration with others**

particularly our group having…. patient representatives was a really positive experience and for me they challenged everything, which was great’. (Manager)

‘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)

‘Good to have patient with a different job role from industry…. his level of knowledge of things you would be blown away. He used to work in construction so he had this whole extra additional knowledge that was very valuable’. (Doctor)
Collaborative learning

‘On the one hand they [patients] 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’. (Nurse)

‘what they [healthcare professionals] learnt very very quickly and was brilliant for us [patients] to see was that as soon as [they] said we need to do this we kept on saying what about the patients? Shouldn’t they be doing it with you? And within about a month of us starting to say that it pretty much everybody in the group was saying what about the patients? And going to meetings and standing up for us. So for us it was brilliant’. (Patient)

Discussion points

• Involving patients as equals in learning programmes can benefit all participants
• Collaborative learning theory can be useful in integrated education programmes
  – Embedding of real world problems
  – Building social learning skills whilst solving real world problems
• Fellowship provided a safe space to meet multi-disciplinary colleagues and share learning
• Challenges
  – Pedagogical – many different educational levels
  – Interpersonal – heated discussions between passionate people
  – Logistical – time and money
Limitations

• Study reports on a relatively small group (n 66)
• Fixed time point evaluation, continuous evaluation needed

• Further research needed:
  – processes by which this collaborative learning occurs
  – the impact of learning on improvement of services
  – analysis of how individuals share learning and interact outside of the fellowship sessions

Summary

• Value of participatory nature of fellowship
  – where bringing group together both shapes and is shaped by the group

• Flattened hierarchy - enabled patients to join as equal voices with professionals to build capacity and work 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

Hear from our fellows

You may have heard them present ....

Sunita Sharma – B2
Tai Frater – B5
Ammu Mathew – C3

https://www.youtube.com/watch?v=s-Ihe37symw

Any questions?

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