

Opinion

Patient and public involvement in the design of education for pharmacists: Is this an untapped resource? ☆

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Abstract

The involvement of patients and public in the design and delivery of public services, especially health services, is now commonly advocated, if not mandated, by governments, regulators, and professional bodies. Concurrently, the role of patients in the education of health professionals has been changing and increasing over recent years. However, the involvement of patients in curriculum development, program design, or assessment is less developed or utilized. The pharmacy profession's role across the world is now even more patient focussed. There is very little published in the literature about pharmacist education and patient involvement, especially from the perspective of curriculum or learning-program development. The major literature reviews fail to mention pharmacy education in any significant way. The aim of this thought paper is to discuss the benefits and challenges of using patients in the design and development of learning programs for pharmacists. The involvement and integration of patients and public into the development of learning programs for pharmacists can have a range of benefits for the learner, developer, and provider organization. Practical examples about how education developer integrate patients and the public into their processes are provided and discussed in areas such as supporting the concept or plan for the learning program, helping with the design, writing or contributing to the content of the program, reviewing the content, and promotion of the learning program. It is likely that patients and public will also need to be trained to fully engage in the pharmacy agenda as models of pharmacy practice evolve.

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Keywords: Pharmacist; Education; Patient; Public; Involvement

Introduction

The involvement of patients and public in the design and delivery of public services, especially health services, is now commonly advocated, if not mandated, by governments, regulators, and professional bodies.^{1–3} Some consider this to be a necessity following specific high-profile medical incidents,¹ and it is underpinned by the concept of consumerism in health care.⁴

Concurrently, the role of patients in the education of health professionals has been changing and increasing over

recent years.^{5–9} The concept of “patients as teachers” is well established,^{4,9} and many organizations use the standardized patient experience to portray patients with specific disease.^{9,10} However, the involvement of patients in curriculum development, program design, or assessment is less developed or utilized.^{6,11–13} Evaluation of the use of patients and users in health professionals' education is limited.⁶

Health-education providers engage clinically active faculty members in program delivery when developing learning for health care professionals who have direct patient care. This ensures that the student recognizes the clinical validity and applicability of their learning. However, it is also important that the student can gain the true patient perspective within their educational programs. Engagement with patients or public should and can bring “added value” in helping learners achieve a deeper level of learning.¹⁴

☆ There is no financial disclosure or conflicts of interests for all authors of this paper.

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The pharmacy profession's role across the world has developed over the last ten years and is now highly patient focussed.^{13,15} Pharmacists work closely with patients in a range of settings in all sectors of the profession (community, hospital, and primary care). Personal consultations and providing advice to patients are common place. As educators adapt their teaching and learning to enhance this role change, their own focus on patients and public and their needs should be enhanced. There is very little published in the literature about pharmacist education and patient involvement, especially from the perspective of curriculum or learning-program development.^{16,17} The majority of literature reviews fail to mention pharmacy education in any significant way.^{5,9}

The Centre for Pharmacy Postgraduate Education (CPPE) develops and delivers learning for the 57,000 pharmacy professionals in England. It is a not-for-profit organization and funded by the UK Government. CPPE creates all forms of learning, including workshops, conferences, distance learning, e-learning, and assessment. It has a clearly defined process for the learning-program development. This includes forming working-design groups to scope out learning-program content, appointing trained writers, and rigorous quality control processes, including piloting with users.

Engagement with patients and public was previously undertaken at the point of delivery; they added their personal experience to bring cases to life for our learners. However, this engagement is now brought in at the start of

the program-development process. We invite experts in the field, those who have just started practicing in the area, naïve investigators, and educators to come together and map out the needs of the learners and the resources that are available to support them. Also, engaging with patients and public at this early stage ensures that their needs are included from the earliest point, reflected in the learning objectives, and built into all the materials that are developed.

The aim of this thought paper is to discuss the benefits and challenges that we have found when using patients in the design and development of learning programs for pharmacists. It will provide some practical examples about how education developers could integrate patients and public into their processes and share the experiences of CPPE.

Advantages of involving patients and public

The involvement and integration of patients and public into the development of learning programs for pharmacists can have a range of benefits for the learner, developer, patient, and provider organization. The involvement of these individuals has the potential to make educational programs better. These are summarized in [Table 1](#) and can include^{6,7} the following:

- Ensuring that educationalists reflect the true patient perspective in program development and adding credibility to the learning experience.
- Ensuring that the educationalists and the learners remain patient focussed.
- Augmenting educators' understanding of the reality of the management of conditions versus policy, protocols, or opinion.
- Enhancing the opportunity to use “real” case studies in program development.
- Increasing the opportunities to learn about what “goes wrong” in practice and use them as examples in learning-program development, such as risk management and patient safety.

Issues relating to increased credibility of learning delivery and relevance to practice are already likely to be improved when pharmacy educators are engaged in the active delivery of clinical care as well as academic practice. In the UK, this has been seen with the common place engagement of the teacher practitioner to provide input at both undergraduate and postgraduate levels.

Engaging with patients and public can transform the focus from being the management of a real disease or condition, or delivery of a service, to being the focus on a real person, with emotional, cultural, and spiritual implications. This adds an extra dimension to the learning that is provided.

Further benefits can be found that are more subjective and relate to relationship forming and empowerment,

Table 1
Benefits of involvement

Stakeholder	Benefits
Learner	Relevant and applicable True to life Enhanced confidence Motivating Opportunities to learn from what goes wrong
Developer	Reassures of accuracy and relevance Reflects true patient perspective Adds credibility to the learning Retains patient/public focus Augments learner understanding and engagement Balances clinical condition with policy, protocol, and opinion
Provider organization	Credibility Links clinical and academic practice with patient views Links patient views with policy and protocols
Patient/public	Building of relationships Increased awareness of pharmacy role and depth of the profession's learning Awareness of potential pharmacy contribution to patient care/public service Feel valued—given a “voice” Able to pay something back to the system

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