THE CASE EXCHANGE (“C-EX”) INTEGRATING THE PATIENT/PARENT EXPERIENCE

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BACKGROUND

North West London boasts a wealth of expertise in Paediatrics. Trainees acquire knowledge and skills as they rotate through various posts in the region. Most trainees will rotate through 6 different posts during their Level 1 training.

THE PROBLEM

• Verbal feedback from trainees, highlighted a lack of experience in areas they did not rotate
• Absence of regional curriculum-matched teaching for junior trainees
• Much focus on integrating the patient experience into the undergraduate curriculum but limited use of patients’ as educators in postgraduate training.

ACTION

We developed the first ever trainee-led, monthly teaching programme in the region, which enrolled patients/parents as educators.

Three main aims:
1. The provision of regular RCPCH Curriculum matched teaching
2. Sharing good practice across the region through the use of sub-specialty case based learning
3. Integration of a session dedicated to the patient/parent experience

By inviting all the Paediatric departments in the region to host their own Case Exchange, we increased exposure to sub-specialty areas, ensured sustainability of the programme by involving all trusts in the organisation of sessions and helped fortify the Paediatric community by bringing trainees together.

THE CASE EXCHANGE (“C-EX”) EXPERIENCE

The “C-EX” was facilitated by a central organising team. Hosts were provided with an electronic package providing resources and tools to aid in organising a “C-EX” session. This included guidance on session format, certificates for speakers and attendees and a poster template.

RECOMMENDED SESSION FORMAT

Central location, 18:30-20:30
SHO delivered case based presentations
SpR delivered case based presentations
Refreshment break
Patient/Parent Session
Key-note Consultant Session

LESSONS LEARNED

Since the launch in January 2014, all the hospital trusts in the region have enthusiastically hosted a “C-EX”. Sessions have been attended by all level trainees, including medical students and consultants and have covered a variety of sub-specialties.

Feedback questionnaire data was sampled from one “C-EX” session. Questionnaires were received from 23 of 27 attendees. A linkert scale was used to evaluate presentation quality and usefulness (1=very poor, 5=excellent). The data below reflects the value and success of the patient/parent talk, which received the highest % of ‘excellent’ ratings from responders.

CONCLUSIONS

We highly recommend the formal integration of a patient/parent delivered session as part of regular postgraduate teaching. Enabling patients the opportunity to educate, provides them with a platform to share their views and empowers patients to actively shape our training. We hope to further explore the impact of the sessions on both the trainees and the patients/parents involved.

“It is refreshing to hear the patient experience”
“The parent session has influenced how I will practice in the future”