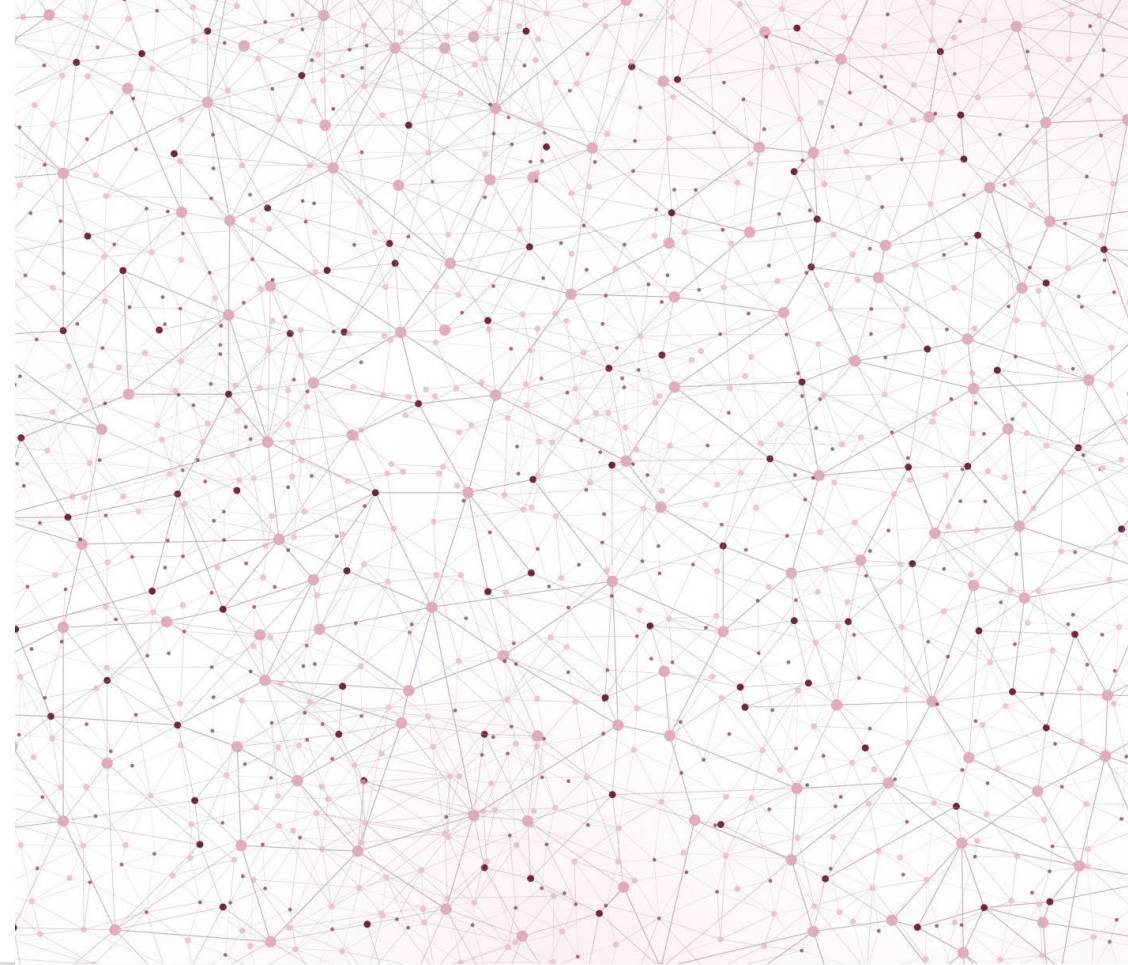


Reimagining Virtual care through Patient Partnership

Adrian Yee and Stephen Gillis



Land
Acknowledgement

lək^wəŋən
Territory

Key Messages

Co-creation with patient partners improve authenticity.

Building relationship with patient partners is the key to the success.

Advance the goal to intersect education with health quality and equity.

Trust

Technology

Health
Professions
Education

Health Quality

Health Equity

Where are the gaps?

Rapid Transition to Virtual Care/Hybrid Care since 2020.

There are many published guidelines and recommendations.

Most guidelines are based on clinicians' perspectives, expert opinions or regulatory necessities.

Definitions



Patients: an umbrella term to include people with health conditions, their caregivers, or individuals within the circle of care.



Curricular development: involves problem identification, needs assessment, setting goals and objectives, evaluation and feedback.

Growing trends to involve patients

Patients are motivated to participate in curriculum development (Dijk et al. 2020).

Patients who teach see the enthusiasm which their content is received by learners and faculty.

Some curriculum topics cannot be addressed without involving patients.

Patient involvement is a logical way to enhance social accountability in medical education.

Co-Designing Virtual Care Curriculum



PATIENT CO-
CREATION



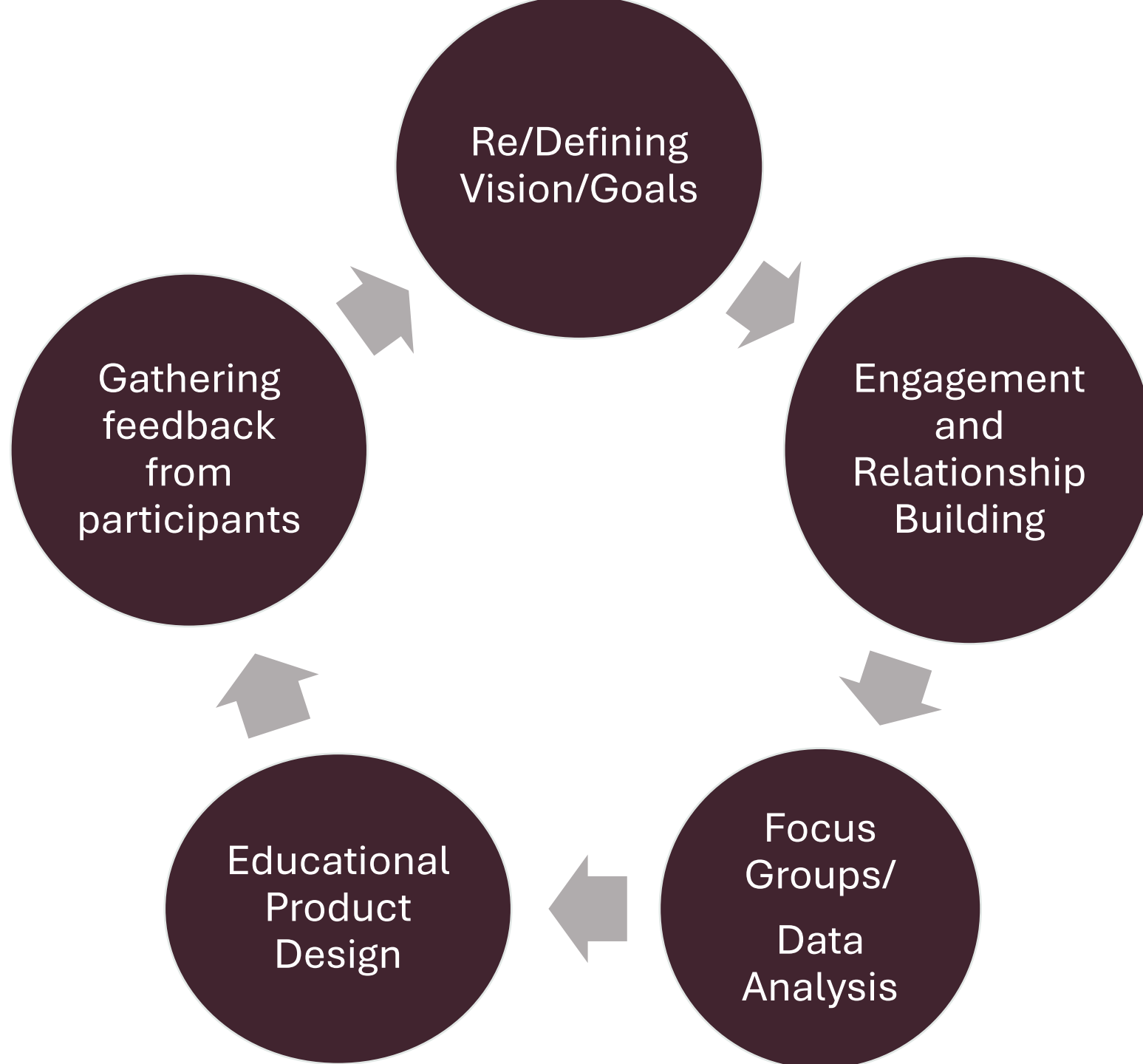
STUDENT
EDUCATION



COMMUNITY
ENGAGEMENT

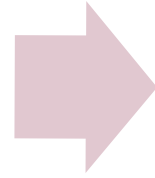


PROJECT
DELIVERABLES

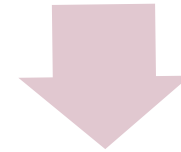


Data Gathering

Gathering lived experiences of virtual care.



15 focus-group interviews



4 individual interviews



Thematic Analysis as the technique to identify key themes.

Key Focus Group Questions



What is your experience in receiving care virtually?

Thinking about your virtual care experience, what has worked well for you?

What about virtual care has been challenging?

Data Analysis

We used Thematic Analysis to seek to understand experiences, thoughts, or behaviours across a data set.

Themes are actively constructed patterns derived from a data set that answer research questions.

The most widely-accepted framework involves a six-step process.

Six Steps of Thematic Analysis



Familiarizing yourself with the data



Generating initial codes



Searching for themes



Reviewing themes



Defining and naming themes



Producing the report.

What is a Theme?

- Theme is a patterned response or meaning derived from the data that informs the research question.
- Themes can be classified as explicit or surface meanings or reflect deeper, more underlying meanings.
- Researchers can employ an inductive or deductive approach to theme identification.
- For this project, we used a deductive approach.

Braun V, Clarke V. 2006. Using thematic analysis in psychology. *Qual Res Psychol.* 3(2):77-10



Key Findings



- Prioritizing patient preferences
- Fostering connection
- Respect Social Determinants of Trust
- Inclusive practices
- Enhancing Collaboration

Prioritizing Patient's Preference

- Provides options for patients to engage with their care.
- Provides Flexibility.
- Supporting patients with Video-Conferencing technology.
- Engaging patients where they are.

“That's actually been a great experience. ... for many people who live with depression and anxiety, getting to the appointment is sometimes the hardest step... When you're visibly Trans... the process of leaving your home to get to an appointment puts you on the path of facing discrimination by people waiting for the bus, or by even by the person who's at reception desk at the Medical Centre. You don't know what you're going to encounter, and [Virtual Care] reduces some of the barriers by just being able to pick up the phone or open up Zoom, ...”



Fostering Connection

- Pay Attention to non-verbal communication.
- Attentive listening.
- Thoughtful communication.
- Avoid jargon and complex medical terms.

"If I sense that you're hurried, I won't bring up anything else. I'll just provide a yes or no answer and end it quickly because I don't feel cared for. Even slowing down a bit and using a tone of voice that sounds genuinely caring, like 'How is your mood? How have you been?' - questions physicians may hesitate to ask - can prevent Pandora's box from opening."


Respecting the Social Determinants of Trust

- Trust is foundational for the relationship between patients and clinicians (Baker, 2020)
- Clinicians work to gain trust so patients are willing to accept their diagnoses and recommended treatment.
- Trust in health care has declined during the past half-century (Baker, 2020)
- It is even harder to build trust in Virtual Care.

Background: Building Trust

- Khullar and colleagues⁷ emphasizes the importance of healing relationships for creating trust.
- Clinicians should begin by asking questions of patients rather than immediately trying to provide alternative information and recommendations.
- Trust must be earned by respecting patients' knowledge, perspectives, and lived experiences and inviting them into a conversation.

How to foster trust in virtual care?

- Humanize care – respect the patient’s dignity, uniqueness, strength and humanity.
 - Initiate conversation with small talk and ice-breaking topics related to the patient’s community.
 - Harness video-based virtual care that offers a more comprehensive understanding of the patient’s situation.
- 

“... you're in my world. My surroundings might help you build trust with me, build a connection, and learn more about the bigger parts of my health that may be an issue. So, I think I really appreciate it when (healthcare practitioners) say: Hey, I see a guitar in your background. You play the guitar?”

Inclusive Practice

- Recognize the digital divide.
- Do not make assumptions about access to and ability to use technology.
- Recognize the perceived power imbalance between patients and clinicians in a virtual setting.
- The power disparity increases hugely in the virtual setting.

“... if I'm not getting an answer, or a provider isn't being clear in an in-person setting, if ... I pause and give them time, they'll elaborate, but in a virtual appointment, if you do that, they're likely to hang up. I've had that happen on a number of occasions, and as a patient, you don't have any power to retrieve that call, to get them back into the room....”

Enhancing Collaboration

- Participants are skeptical about the effectiveness of virtual team-based care due to communication barriers and lack of continuity of care.
- Advocated for a centralized patient health information portal.
- Patient navigators are helpful for patients with complex and chronic conditions.

Enhancing Collaboration

- Timely access to care.
- Continuity of care.
- Clear and consistent communication within the circle of care.
- Access to information and care plan.



Virtual Ca

Today, more and more patients are receiving care via... have engaged directly with patients, learners, and ca... to better prepare our learners for the unique challen... care in the “virtual care” environment.

While virtual care has existed for many years, it has... today. Since 2020, the scope and demand for virtual... technology has made videoconferencing as efficient... encounters for certain situations. However, we are a...



00:00 18:16

EP 2 - Effective Patient Communication

00:00 14:53

Integrating Key Findings into the Curriculum

EP 3 - Acces

00:00 17:43

EP 4 - Patien

00:00 16:08

EP 5 - Professionalism and Patient Security

00:00 15:13



the **listen**

INTERVIEWING PATIENT PARTNERS

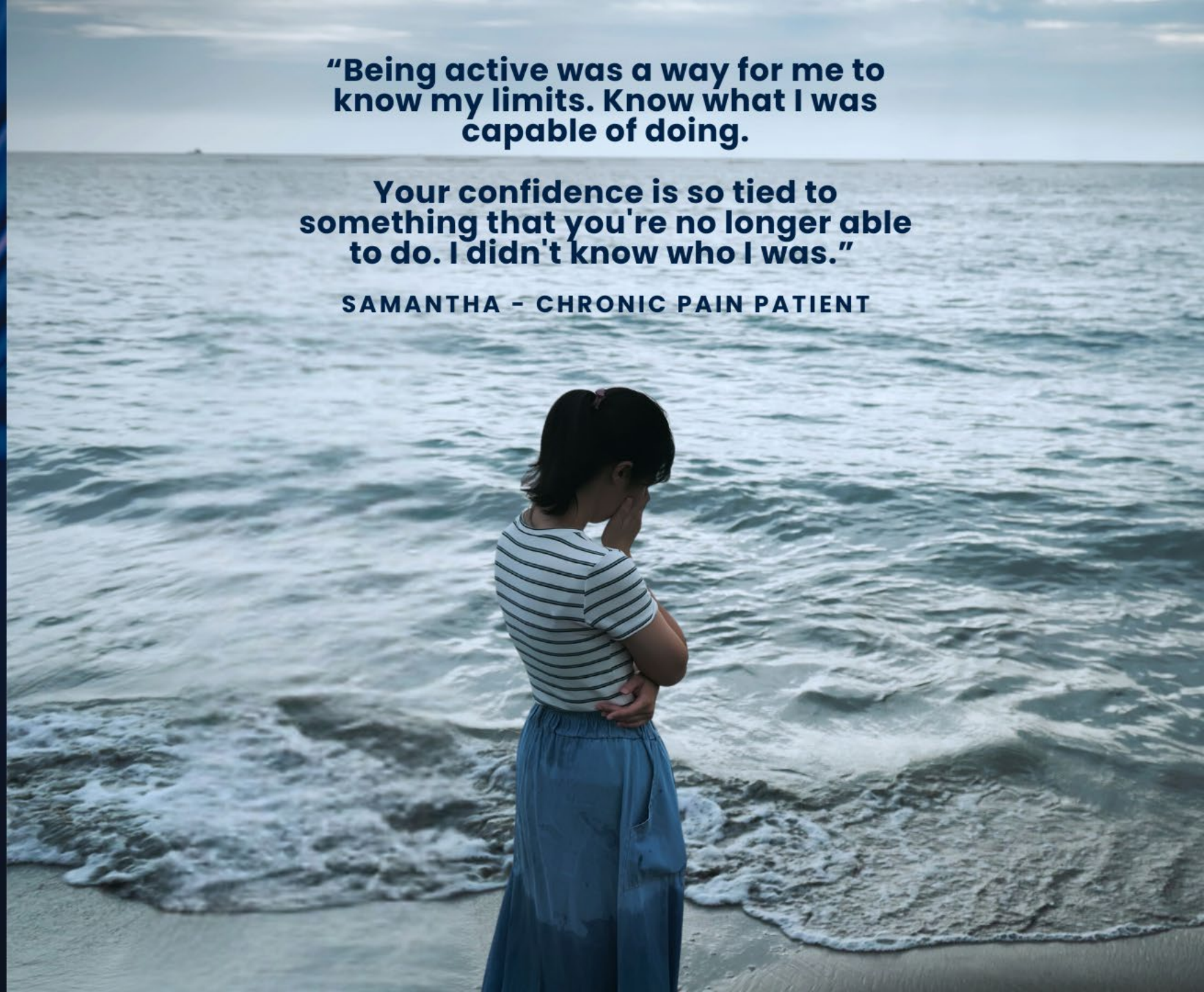
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"Being active was a way for me to know my limits. Know what I was capable of doing.

Your confidence is so tied to something that you're no longer able to do. I didn't know who I was."

SAMANTHA - CHRONIC PAIN PATIENT



the **listen**

PRODUCTION HIGHLIGHTS

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UBC MEDICINE LEARNING NETWORK

the **listen**

streaming now



Knowledge translation work

- Developed a Virtual Team-Based Care Framework for the Real-Time Virtual Care program.

What did we learn from the project?

- It is possible and effective to co-create curriculum with patients and caregivers.
- Rethink how Health Professional Education intersects with Quality and Equity.
- There are lessons learned from how to co-create with patient partners.

Guiding Principles



- Accountability
- Inclusion
- Partnership and Shared Decision Making
- Co-production
- Two-way communication
- Support
- Different forms/levels of engagement

Representation and Recruitment

Leverage existing relationships

Do not be too concerned about a lack of diversity of perspectives initially.

It takes time and effort to reach out to historically under-represented groups.

Three Key Categories (Williamson, 2007):
individual patients, patient groups, and
Non-governmental organizations

Practical Tips



Preparing and supporting patients, learners and faculty for co-creation.



Clarifying roles, responsibilities and expectations.



Maintaining authenticity and balancing power,



Recognize and celebrate patient's contributions.

Key Messages

Co-creation with patient partners improves authenticity of curriculum.

Prioritizes building trust in virtual care.

Build longitudinal relationship when co-creating with patient partners.

Where do we integrate into Health Professions programs?

- Integrated into Year 1 and Year 2 Communication Skills curriculum.
- Integrated into Year 4 Virtual Care session.
- Integrated into the Master of Occupational Therapy program.

Epilogue

Université
de Montréal

CREATING PARTNERSHIP

Health
professionals

DISEASES AND
TREATMENTS
EXPERTS



Patients and
family

LIVING WITH
AN ILLNESS
EXPERTS

CO-BUILDING & CO-LEADERSHIP

Emily Brigham, Derek Thompson, Stephanie Harvard, and I are co-creating a project with Indigenous communities to gather perspectives on how the Faculty of Medicine should prioritize the effort in teaching and research. (Funded by Strategic Investment Fund, UBC Medicine)

Angela Towle, Carolyn Canfield, and I completed a book chapter on co-creating curriculum with patient partners.

Partners Acknowledgement



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