

---

**CONFERENCE ABSTRACT****Participatory design of a patient-centered and interprofessional training program for patients, students and care professionals**17<sup>th</sup> International Conference on Integrated Care, Dublin, 08-10 May 2017Thomas Willem Vijn<sup>1</sup>, Hub Wollersheim<sup>1</sup>, Jan A.M. Kremer<sup>1</sup>, Cornelia R.M.G. Fluit<sup>2</sup>

1: Radboud university medical center, Radboud Institute for Health Sciences, Scientific Institute for Quality of Healthcare, Nijmegen, the Netherlands;

2: Radboud university medical center, Radboudumc Health Academy, Department for Research in Learning and Education, Nijmegen, the Netherlands

---

**Introduction:** Next to training care professionals, training of patients is essential to enhance patient-centeredness of care. To simultaneously train patients and (future) care professionals, a training program will be constructed, wherein patients, students and care professionals learn together by exchanging experiences, knowledge and skills. The training program was co-created with participating groups and education professionals in a design-based and participatory approach by engaging them in the design process.

**Methods:** Four focus group studies were performed with patients, students, care professionals and education professionals. Topic guides of focus group interviews focused on the ideas and preferences on the structure, content and educational design of the program. A concept map was created based on the results of the focus group studies and combined with a scoping review on student provided patient education to find matching educational principles, topics and methods (1). Based on the concept map, the structure and content of the program was created by the research team and discussed with an advisory board of patients, care professionals and education professionals.

**Results:** The training program will consist of base meetings on the condition, treatment process and options, self-management, healthcare system, shared-decision making, and the role of the patient and technology in healthcare. In addition, personalized meetings, e.g., around consultations, will be organized based on the needs of patients. Learning goals for patients are focused on enhancing their disease knowledge, disease attitude, self-management skills, and communication skills and self-efficacy in relations with care professionals. Learning goals for students are aimed at improving their knowledge of patients' perspective, trust in patients, attitude towards patient-centeredness, communication skills and shared-decision making skills. Learning goals for care professionals are improving their insight in the patients' and students' perspective, trust in patients and attitude towards patient-centeredness.

**Discussions/conclusions/lessons learned:** We provide an innovative approach in combining patient education and medical education, which was co-created with patients, students, care

professionals and education professionals. By grounding the structure and content of the program on the perspectives of participating groups, we expect to enhance the effects of the program on participants. Previous studies have shown the effects of involving students in providing patient education on patients and students (1), we expect to simultaneously improve the knowledge, attitude and skills of patients, students and care professionals in our training program.

**Limitations:** Although the structure and content of the program are based on the perspectives of participating groups with personalized elements, full personalization of the program to the needs of individual participants was decided to be too challenging. To improve personalization, we will assess if the program fitted participants' personal needs, preferences and capacities during program evaluation and adapt the structure and content of the program during evaluation of the program in practice.

**Suggestions for future research:** In future studies, we will test the program in regular care practice and medical education for patients with a chronic condition and patients with an oncologic condition by conducting process and effect evaluation of the program using rapid plan-do-study-act cycles of three months.

**References:**

1- Vijn TW, Fluit CRMG, Kremer JAM, Beune T, Faber MJ, Wollersheim H. Improving Quality of Care and Medical Education by Involving Medical Students in Providing Patient Education: a Scoping Review. Submitted for publication.

---

**Keywords:** participatory medicine; patient-centeredness; patient education; medical education; practice-based learning

---