The Patient Pathway

Introduction

Patient involvement is pivotal in the development and delivery of programmes. Patients are given clear guidance and support on all aspects of their role and on how they can opt in and out at any stage. Patients are chosen according to the aims and objectives of the programme and in partnership with their health or social care team. Their pathway is summarised in Figure 7.

Figure 7: The patient pathway.
First Patient Contact

A member of the health care team currently working closely with the patient will make the first approach according to the following selection criteria:

- underpinning health problems relevant to the programme;
- patient available and able to talk with students for a 60 minute interview (interpreters and, or, carers are used in some cases);
- a range of ages and medical, psychological or social problems in each cohort;
- multi-disciplinary working with at least three agencies involved in their care;
- agencies from a range of organisations across statutory and voluntary sectors.

Following a brief explanation of the programme, patients are asked if they would be interested in learning more about their potential involvement. For those who express a wish to pursue this invitation, their details are entered onto the referral template and sent confidentially to the academic co-ordinator. A short leaflet summarising the programme is provided for the patients.

First Tutor Contact

A tutor or the academic co-ordinator arranges a visit. Patients are informed on the nature of the teaching programme and their story-telling role. They are asked to host the interview in their own home or care setting to provide the students with a better understanding of the social and environmental issues associated with their problems.

Tutors respond to queries and reassure patients about their confidentiality. Patients are informed on how to withdraw at any stage without any impact on their care.

Patient Induction

Further visits obtain informed consent and a signed patient contract. Tutors facilitate the patient to develop a short summary of their health, psychological and social history to form the student briefing paper. In this way, patients are empowered to control the information exchanged during the programme. They are reassured that their briefing paper is confidential, kept secure during the programme and subsequently destroyed.

Patients identify the service providers they wish to be involved. They are informed that the agency interviews will not divulge any information which has not been discussed or released for inclusion in their briefing paper.

Patients are made aware that their anonymised information will be presented and debated in the student presentation session and written as an assessment. Patients are reassured that the visit of students will not directly affect their care.

Patient Interviews

Each student group conducts an interview lasting approximately 60-minutes. A judgement is made by the patient about whether there is a need for the tutor to be present in a supportive role. Some patients are anxious about taking part and others about the sensitivity of the

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1 See Templates of Forms and Letters (Template Two: Algorithm of Patient Recruitment).
2 See Templates of Forms and Letters (Template Three: Patient Referral Template).
3 See Templates of Forms and Letters (Template Four: Patient Information Leaflet).
4 See Templates of Forms and Letters (Template Five: Patient Consent Form).
6 See Templates of Forms and Letters (Template Seven: Confirmation Letter to Patient).
subject matter to be discussed. Where a programme is repeated with different cohorts over a short time span, patients may be invited to participate again.

**Post Interview Debrief**

Students can be timetabled to re-visit their patient to thank them for their involvement and to feed back on their learning. Informal feedback to patients is regularly provided by tutors which includes a reflection on how well the students achieved their learning outcomes.

**Post Programme and Patient Fees**

The university sends each patient a letter to acknowledge their involvement in the teaching programmes. Based on the rationale that all professionals involved in the programmes are offered funding to back-fill their time, then patients who host a visit in their home are similarly offered a fee. Patients who are accessing services at the time of student contact, for example hospital inpatients or patients attending outpatients are not offered a fee for their involvement.

With ethical approval and consent, patients contribute to the evaluation studies.

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