

Lived Experience Conference 2014

- ❑ What could be more important than a lived experience ?
- ❑ Improving that lived experience.
- ❑ As patients we have something expert to offer. Something so crucial that it astonishing that it has taken this long for it to take off.
- ❑ Breaking new ground and getting noticed – so much so that when the GMC visited the JR hospital they highlighted how impressed they were with the Patient involvement project of which I am a part.

What's my line ?

University of Oxford

Only women can do this

I use something called a speculum

I remove my underwear to do this

If you are going to guess correctly you'll need to ask me these questions:

- ▣ Are you in the business of saving lives ? YES
- ▣ Are you a teacher ? YES
- ▣ Do you only teach women ? NO
- ▣ Do you teach using your body ? YES

So what DO I do ?

- ▣ One of a team of about eight Clinical Teaching Associates
- ▣ Teaching Junior medics from a patient-centred perspective.

▣ CERVICAL SMEAR EXAMINATION

▣ BIMANUAL EXAMINATION of UTERUS and OVARIES

▣ We use our bodies to demonstrate on each other how to carry out a comfortable, calm, informed, consent led, intimate-examination in which female patients feel empowered, informed and well treated.

People ask some interesting questions !

▣ Whilst collecting some vaginal lubricant from a sister in an adjoining clinic, she asked me with intrigue

▣ What do you guys do in there ?

▣ We teach vaginal examinations

▣ How do they get people do that ? She whispered with intrigue.

▣ They advertise:

▣ “ARE YOU COMFORTABLE WITH YOUR BODY”

So how does it work ?

- ▣ Teaching two students at a time
- ▣ We work in pairs
- ▣ We role play..... not just how to insert a speculum :
- ▣ **JUST AS IMPORTANT ARE 6 "C"s and 3"P"s**

COUNSELLING, CONSENT and PLAIN language

- ❑ Counsel
 - ❑ Comfort (Bladder)
 - ❑ Chaperone
 - ❑ CONSENT
 - ❑ Clothing
 - ❑ Courtesy (Tissues and covers)
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- ❑ Plain
 - ❑ Positive
 - ❑ Professional

Ask us anything - we won't be embarrassed!

- ▣ We are as close to a real patient as a trainee doctor will get.
- ▣ We can give direct feedback whilst an examination is taking place “ You need to push harder on the speculum”
- ▣ And afterwards too:
 - ▣ “You made warm eye contact- I felt I could trust you” or “ You left me feeling exposed for longer than I needed to be”

Is this exploitative ?

- ❑ Far from being exploitative, professional women are employed and placed at the centre of the process. As a team, we are all working professionals in other arenas - teachers, counsellors etc and there is a manifest respect for our ability to give informed and honest feedback and to feed-into the academic process. This is not token, we give feedback on the way Junior Medics are assessed and are brought into the examiners' end-of-module marking process.
- ❑ The technique is explained and demonstrated. Students can ask those awkward questions like “what do I say before I insert my fingers into a patients vagina” or “does it hurt ?”

When women have a positive experience:

- ❑ How we are treated as working women demonstrating vaginal examination, absolutely mimics the heart of the program. Women patients are placed at the centre of the process by women teaching Associates -Expert patients if you like - who are at the core of it.
- ❑ Improving practice means female patients are treated with respect by medics who are confident in these examinations. Clear consent for vaginal examinations is taught. An appropriate professionalism involves avoiding sexual inuendo through a sensible choice of words. The result is that more women return for cervical smear examinations. This saves life and saves money. It is a win-win.

Well informed Doctors = A good patient experience

- ▣ Junior medics express a great deal of gratitude at having the opportunity to practice on a “real” patient...or as close to it as you can get. They can ask any questions they like. We are not easily embarrassed and it is an intimate teaching environment that works for them.
- ▣ “Thank you we really appreciate what you do”

Word is spreading:

- ❑ Even qualified doctors are now asking for the chance to have an obs and gynae CTA session.
- ❑ There are plans for similar teaching of breast examinations and prostate examinations using Male CTA's.
- ❑ A profession which is 20 years old in America is still having to gently open it's doors here in England. The powers that be are still likely to say:
 - ❑ “You can't have women doing that sort of thing”
 - ❑ We are showing that you can and how important it is to do so.