Notes from 16th LEN at Leeds University.

At this fantastic event Jools discussed the need to add a sixth step to Tew's (2004) ladder of involvement. Following the theme of patient leadership, we covered a variety of topics including patient mentors, patient involvement in remediation and assessment.

Patient mentors:

Patient mentors is an innovative initiative that happens once a year in years 1 and 2. At Leeds University, the patient mentor session often happens around February time after the students' communication session and home visits. Each session lasts 60-90 minutes depending on the patient mentor's preference and usually involves four students per session. In addition to providing a supportive and confidential environment, the patient mentor scheme also provides an additional reporting mechanism for student placements and experiences. Feedback from students already engaged in this initiative suggests that they feel able to speak more freely about their experiences due to the non-judgemental approach of patient mentors, their ability to encourage students to feel relaxed, and perhaps most importantly, actively encourage students to have fun, something often missing in medical education. The establishment and agreement of ground rules appears pivotal to the success of patient mentors.

Patient involvement in remediation:

Another topic of discussion focused around patient involvement in remediation. Following a referral from the Health and Conduct Committee, a student is matched with a Patient Carer Community (PCC) member. Students are required to write a reflective piece following contact with the PCC member. The PCC member also writes a report following their student interaction. The PCC member does not make a decision or request regarding a remediation outcome. Importantly, they provide a recommendation.

During their journey, PCC members often buddy up to explore how other people work, what's involved and receive some peer supervision. We discussed the difficulty of letting patients know that some activities may not be best suited to their strengths and experiences and how we can constructively work together to explore these issues including identifying other opportunities that would really benefit from their experiences and providing the opportunity to observe others.

Completing the patient learner journey (PLJ) before undertaking any teaching also appeared key to the success of PPI initiatives. Usually led over three sessions, Jools helpfully described how part of the PLJ is exploring what is in your 'backpack', unpacking it's content, working through it, and repacking items or experiences that would be beneficial for teaching and learning purposes. Importantly, a PLJ is not counselling, it's sharing.

Patient involvement in assessment:

Next, the PCC members discussed their journey of PPI in assessment. While scenarios were traditionally written by doctors, following student feedback, the scenarios are now written by PCC members leading to enhanced authenticity. Following a pilot, PCC members also now write and run a fifth year OSCE with statistical evidence to support its reliability and validity.

Reflections from a PCC member:

Finally, a PCC member reflected on their journey with the PCC. Using a metaphor of a spider spinning its web, the PCC member shared her inspiring story stating that "It was the first time I felt that I had permission to be honest about what I had gone through as a patient without feeling guilty or

upsetting anyone. We all have a commonality – we all have a story!" Other words of wisdom shared included "happy, healthier, proud, thankful and independent."

Central to all of these initiatives was the idea of reciprocity, and critical examination of whose fear is it when faced with hesitancy or resistance around PPI?