

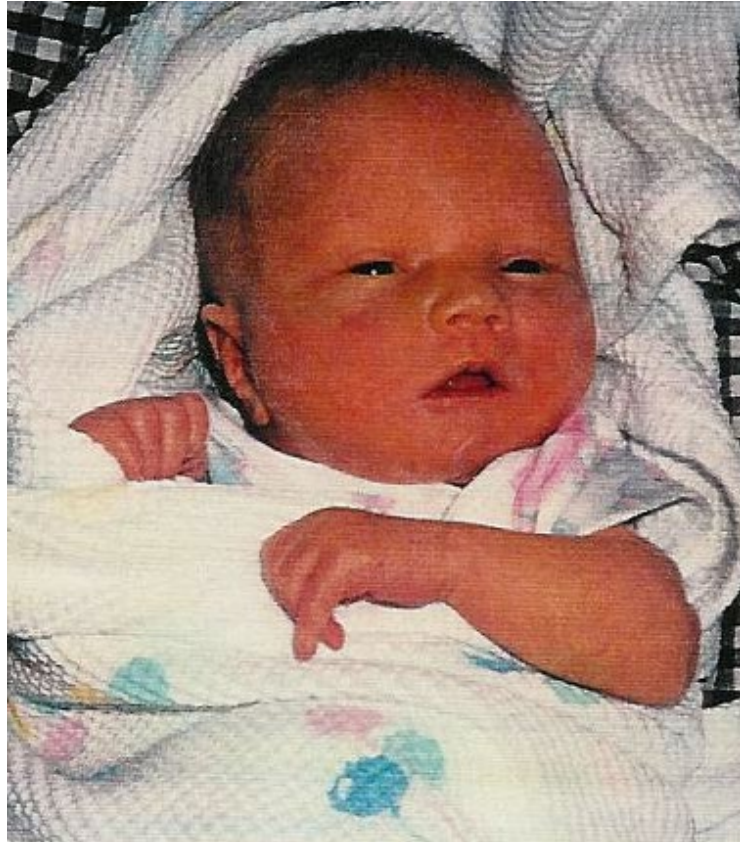
**Patients as Educators:**  
*The new partner in IPE*

*.....the best teaching is that  
taught by the patient himself.*

*Sir William Osler*  
*New York Academy of Medicine, 1903 in [Fiddes, Brooks, &  
Komensaroff, 2013](#)*

# Case Study of Patients as Educators

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# How do medical students and professionals learn how to:

Engage patients as part of the healthcare team and empower them with the right information?

Deliver coordinated care as a team around the goals and preferences of patients?

Understand and respect the challenges and burdens that illness and injury cause patients and their families?

Listen to and communicate with patients?

Raise issues and concerns constructively among the care team to keep patients safe?

# Solution: Patients as Educators





**AWHONN**  
American Women's Hospital Nurses  
Obstetrics and Neonatal Nurses

**Universal Screening**

AWHONN supports universal screening to facilitate the prevention of acute bilirubinemia. Chronic and irreversible bilirubinemia screening should be done through direct inspection alone. Nurses who care for bilirubin levels in terms of a newborn more readily assessed for risk of development of additional acute bilirubinemia.

Health care providers should work with elevated bilirubin levels (hyperbilirubinemia). Hospitals should adopt facility-wide care for all newborns in order to prevent. In addition, facilities and health care as successful breastfeeding helps to encourage facilities to appropriately. Visual inspection should no longer be used. Upon infant discharge, all health care providers should provide written discharge instructions in the understanding and discourage behavior that cause the bilirubin level to rise, such as:

- Extra phototherapy
- Care abnormalities
- Exhaling

AWHONN's position on universal screening to support the American Academy of Pediatrics' *Management of Hyperbilirubinemia in the Newborn Infant*, published in July 2004.

**Background**

Acute bilirubin encephalopathy may




**Partnership System  
Patient Safety**



oct 10  
Fairfax



**MMWR**  
MORBIDITY AND MORTALITY  
WEEKLY REPORT

June 15, 2007

**Progress To West**

In 1998, the World Health Organization resolved to eradicate poliomyelitis from all continents. In 2000, poliovirus (Virus of West Nile Infection). This report outlines the national immunization days (NID) in west and central Africa.

**Routine Vaccination**

During 1999, routine vaccine (OPV2) among infants aged 12 months (Table 1). In comparison, 55% in 1999 and has remained.

**AFP Surveillance**

During 2000, AFP surveillance (Table 1). The number of cases and Chad decreased from 11 confirmed by wild virus in (Table 1). With the exception of cases with adequate specimen 1999 to 37%–84% in 2000.

Vol. 56 / No. 23

Calicivirus Infection — Continue available from CDC's National Center for Zoonotic and Respiratory Diseases, <http://www.cdc.gov/nczid/nczid/>

**Reference**

1. Kahl KS, Hovvay P, Bahria CI. Detection of Shiga toxin-producing E. coli (STEC) O157:H7 by molecular subtyping for Eae subtyping. *N Engl J Med* 1996; 345:1000–1001.
2. Bender JE, Feldman H, Combe M. The pattern of illness in outbreak of E. coli O157:H7. *N Engl J Med* 1996; 345:1000–1001.
3. Council of State and Territorial Health Officials. <http://www.cdc.gov>. Accessed June 15, 2007.
4. Kaplan JE, Feldman H, Combe M. The pattern of illness in outbreak of E. coli O157:H7. *N Engl J Med* 1996; 345:1000–1001.
5. Densen VC, Hunt JM, Paine J. Minnesota experience. *J Infect Dis* 1996; 173:1000–1001.
6. CDC. *News release*. <http://www.cdc.gov>. Accessed June 15, 2007.

**Kernicterus in Full Term**

Kernicterus is a preventable untreated hyperbilirubinemia toxic to the developing newborn include severe jaundice, lethargy, choreoathetoid cerebral palsy, deafness. Kernicterus is not a new entity; however, a pilot re 21 states from 1994 to June personal communication, 2001 healthy infants who develop newborns must be screened a.

In early 2001, a national audited a survey on kernicterus word-of-mouth or through the Internet. For this report, a case was defined as a diagnosis since 1994, at birth >5 lbs, 5 oz (>2500 g). A questionnaire, four had children four had children who did not.

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Joint Commission on Accreditation of Healthcare Organizations - Microsoft Internet Explorer

Address: [http://www.jcaho.org/safety\\_fm.html](http://www.jcaho.org/safety_fm.html)

**Joint Commission on Accreditation of Healthcare Organizations**

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**Sentinel Event ALERT**

**Issue 18, April 2001**

Published for Joint Commission accredited organizations and interested health care professionals, *Sentinel Event Alert* identifies the most frequently occurring sentinel events, describes their common underlying causes, and suggests steps to prevent occurrences in the future.

During the on-site survey of accredited organizations, JCAHO surveyors assess the organization's familiarity with and use of *Sentinel Event Alert* information. Organizations

**Collaborations in Interprofessional Education**

ICOM Longitudinal Interprofessional Education Experience, 2019-2021

Suzanne Rogers, DO, FAAP

Sue Sheridan, MM, MBA, DHL

Barbara Mason, PharmD, FASHP



# It is happening...



Home Profiles Research Units University Assets Projects and Grants ...

## Partnering with Patients in Interprofessional Education in Canada and in the USA: Challenges and Strategies

Amy L Pittenger

Pharmaceutical Care and Health Systems, Professional Education

Research output: Chapter in Book/Report/Conference proceeding > Chapter

"Our medical students are coached by patients and patients sit on the committees designing our new curriculum to inform concepts, context, and complexity"  
Jan Kremer



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## Patient involvement in interprofessional education: A qualitative study yielding recommendations on incorporating the patient's perspective

Sjim Romme BSc , Matthijs H. Bosveld MSc ... See all authors

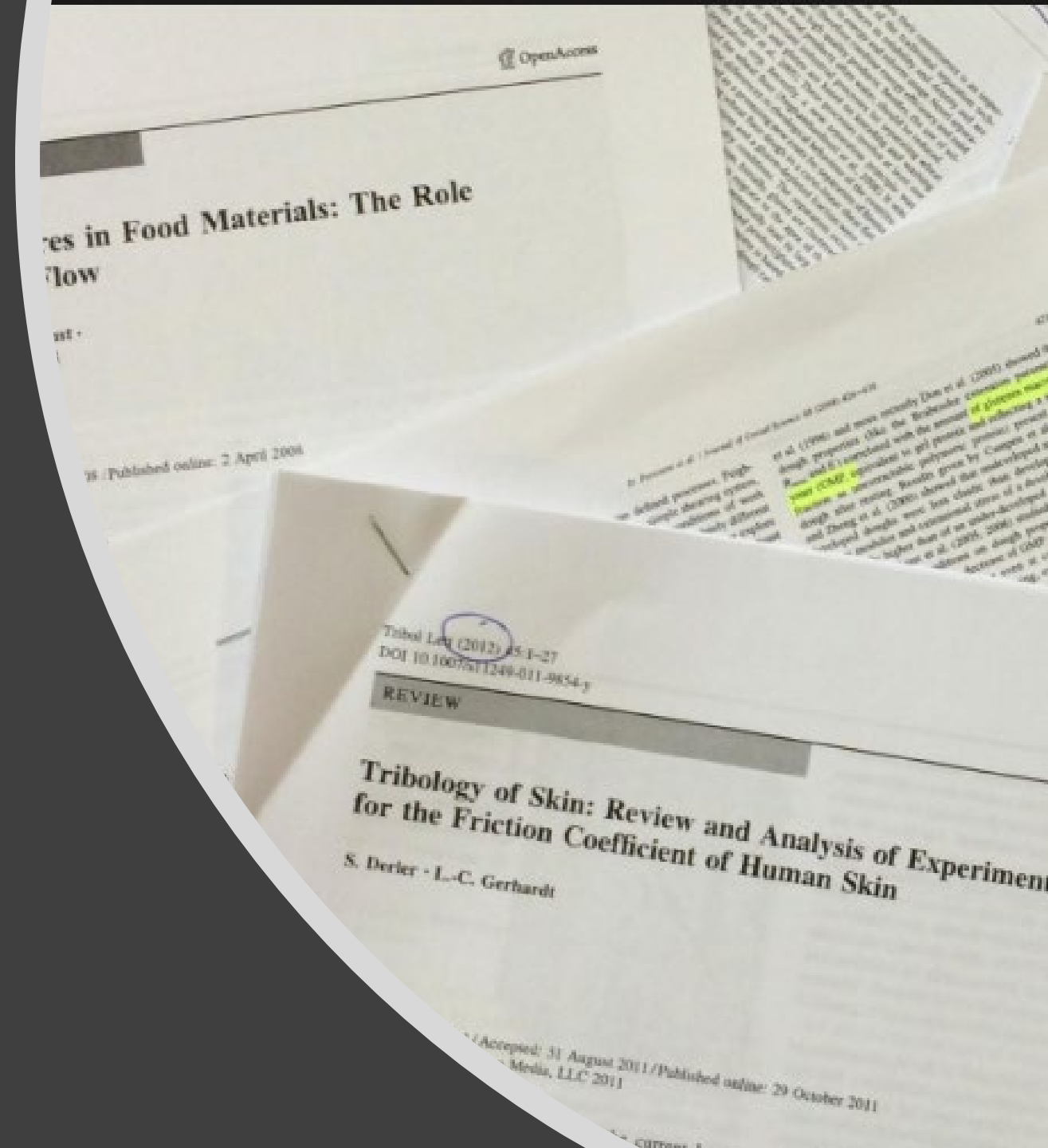


# What Does the Literature Say?

- Patients wish to be involved
- Teaching by patients has a lasting impact on:
  - technical skills
  - interpersonal skills,
  - empathic understanding
  - developing an individualized approach to the patient
- Benefits for the patient educators and instructors
- Few disadvantages have been documented

Stillman, Rugill, Rutala, Sabers, 198  
Colman et al, 2003

Klein et al, 2000; Wood & Wilson-Barnett, 1999



# What can you do now?

**Integrate**

**Integrate “Patients as Educators” into development and delivery of interprofessional education curricula**

**Identify**

**Identify leaders within your institution to champion “Patients as Educators”**

**Connect**

**Connect with local, national and international patients and patient groups**

**Prioritize**

**Prioritize a healthcare issue such as patient safety, diagnostic error, antibiotic resistant bacteria, etc.**



***“It’s a question of will”***



# Resources

- <https://onlinelibrary.wiley.com/doi/full/10.1111/hex.13073>
- <https://experts.umn.edu/en/publications/partnering-with-patients-in-interprofessional-education-in-canada>
- <https://www.ipfcc.org/bestpractices/ipe/benefits-of-partnership.html>



SOCIETY to IMPROVE DIAGNOSIS  
in MEDICINE



**Thank you!**

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