



« ATtentif à sa formation et à sa participation à la formation des professionnels et des patients et à la recherche dans son domaine »

Session AT

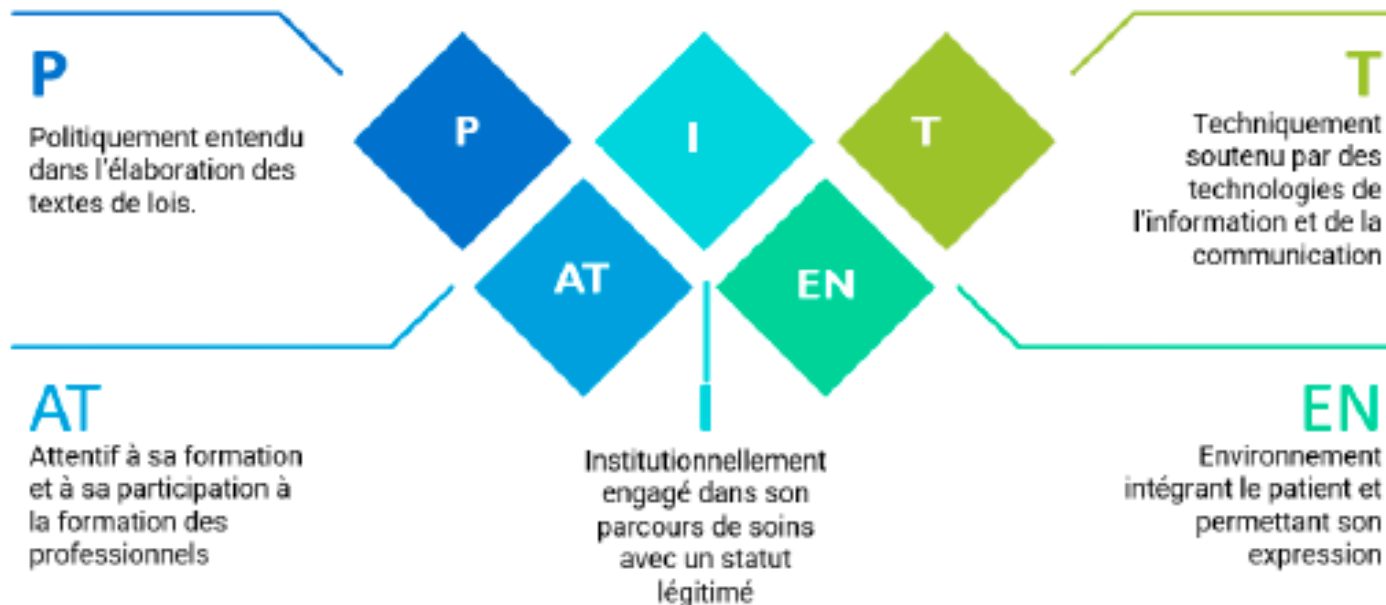
Table ronde : La formation comme incontournable à un changement culturel pour un partenariat efficace

- Fédération des Hôpitaux Luxembourgeois
- Université du Luxembourg
- Luxembourg Institute of Health
- Competence Center

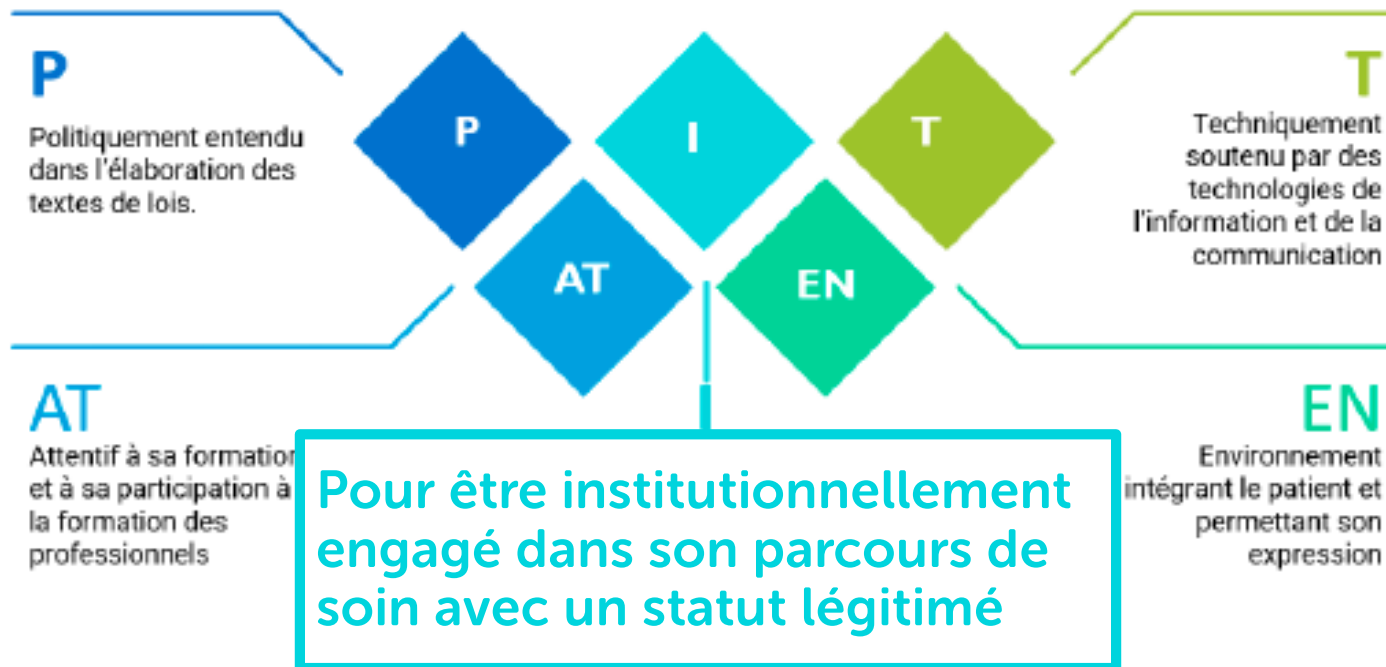


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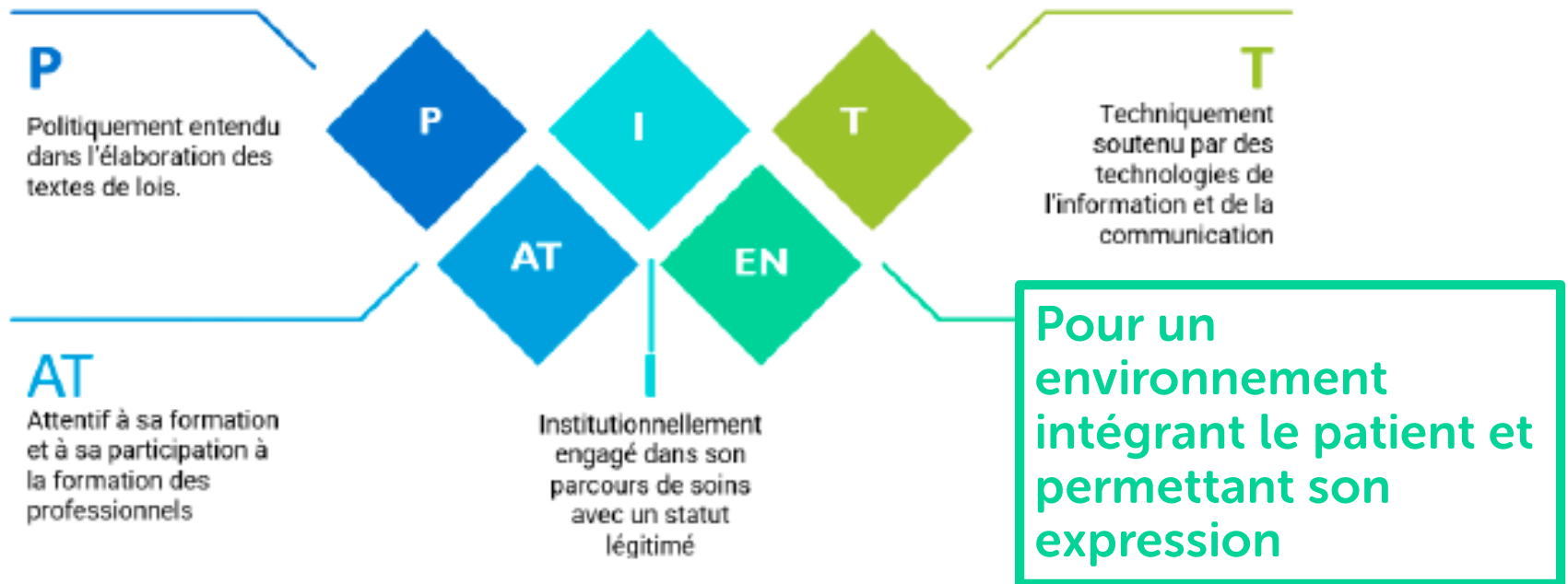
Quelles formations ?



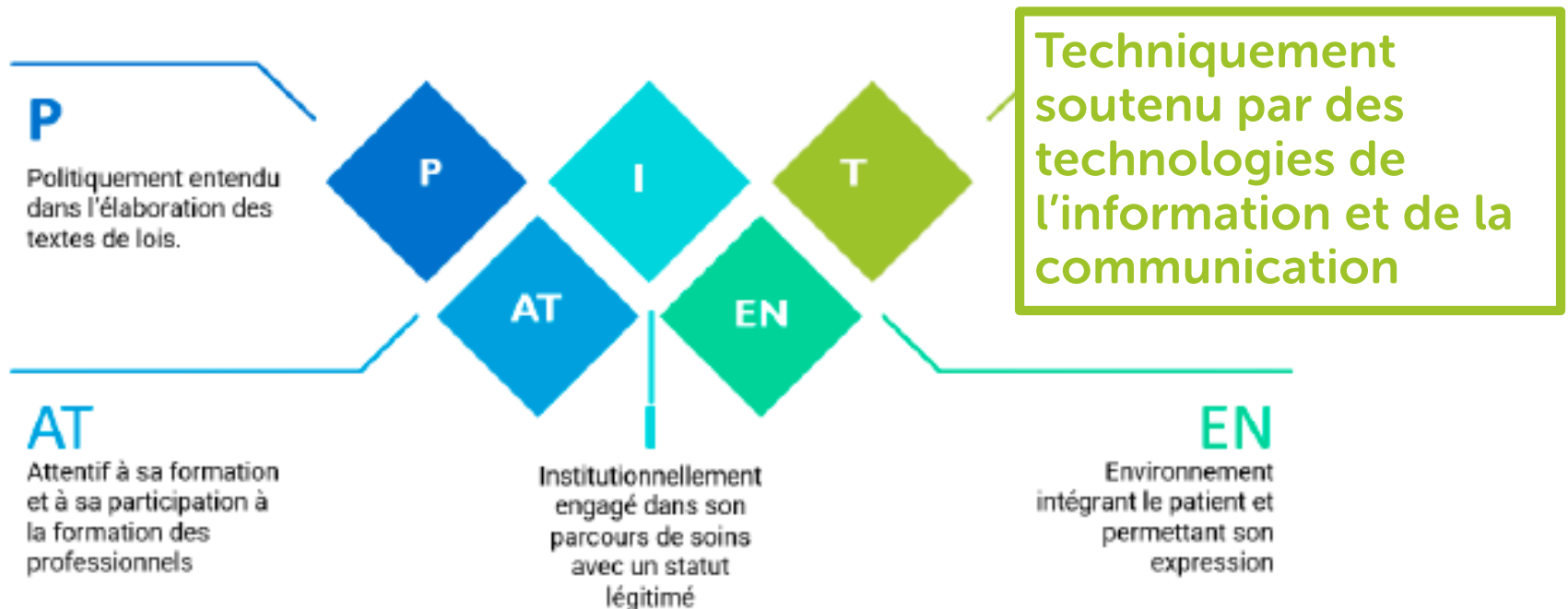
Quelle formation pour...



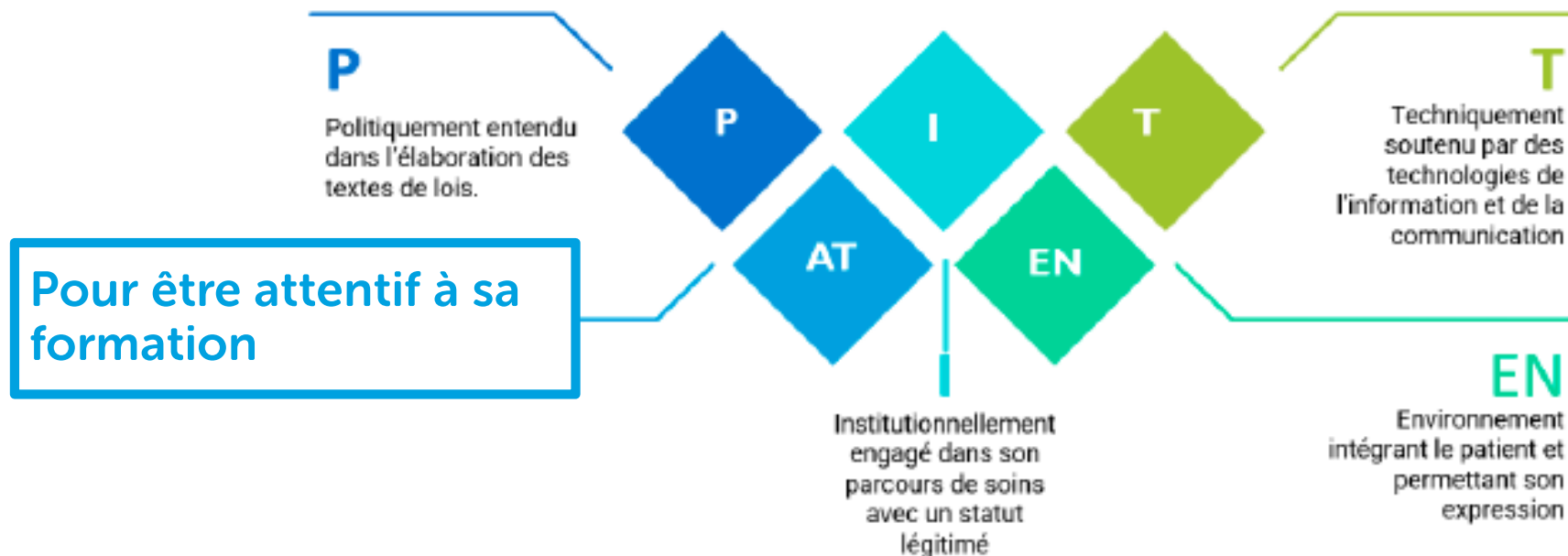
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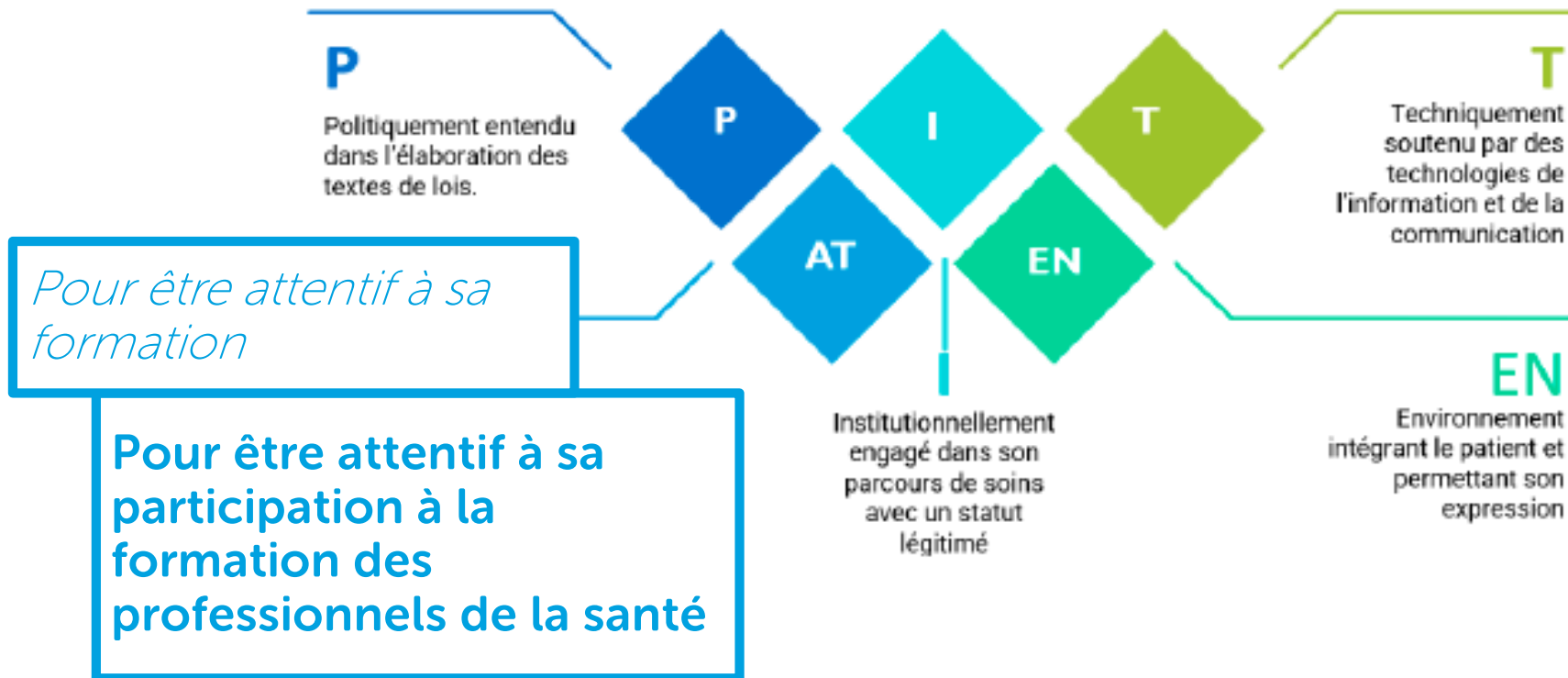
Quelle formation pour...



Quelle formation pour...

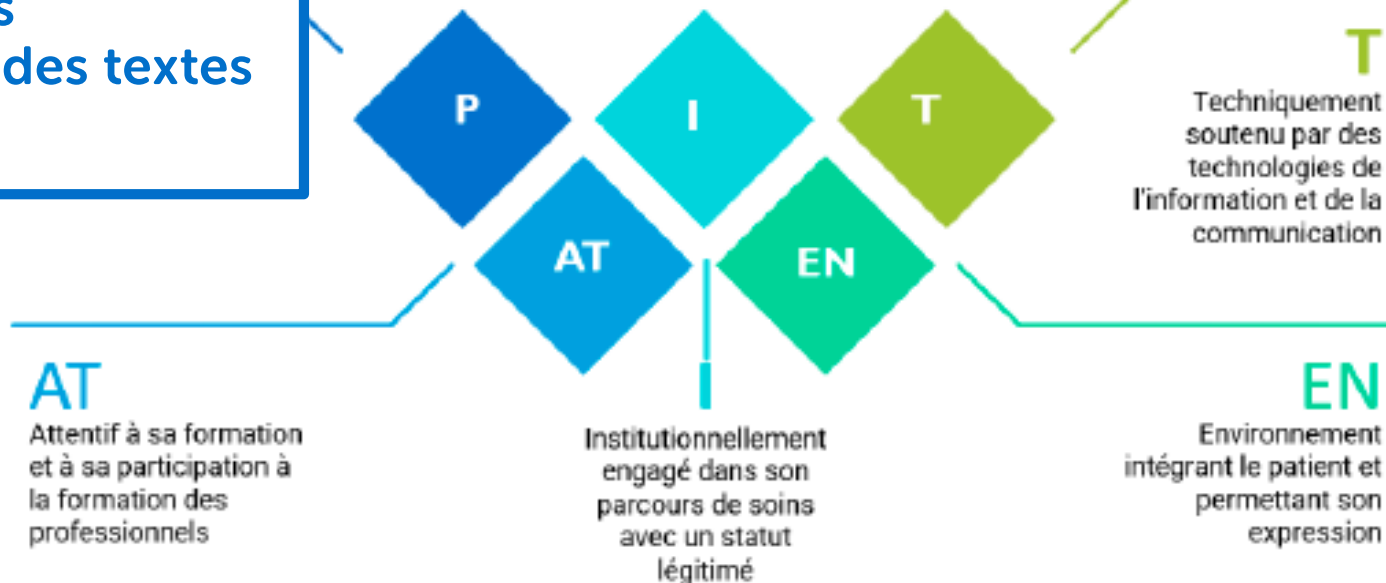


Quelle formation pour...



Quelle formation pour...

Pour être politiquement
entendu dans
l'élaboration des textes
de loi



Pourquoi une formation au partenariat patient ? Ce que nous apprennent les recherches et les patients partenaires sur le sujet

- ❑ Dan LECOCQ, Université du Luxembourg
- ❑ Sandrine LAVALLE, Luxembourg Institute of Health



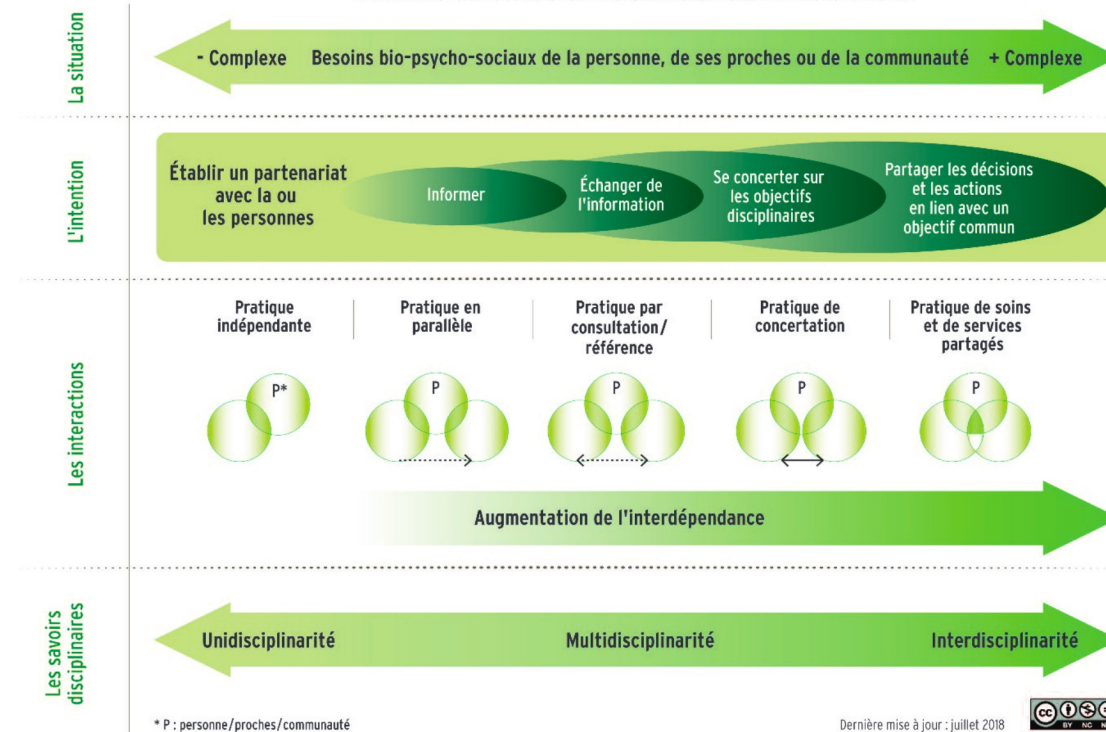
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Réflexion à propos des formations au partenariat patient

Quelques pistes proposées par la littérature en sciences de la santé

Continuum des pratiques de collaboration interprofessionnelle en santé et services sociaux

Auteurs : Careau, E.; Brière, N.; Houle, N.; Dumont, S.; Maziade, J.; Paré, L.; Desaulniers, M.; Museux, A.-C.



Careau et al., 2014

Hook, 2006

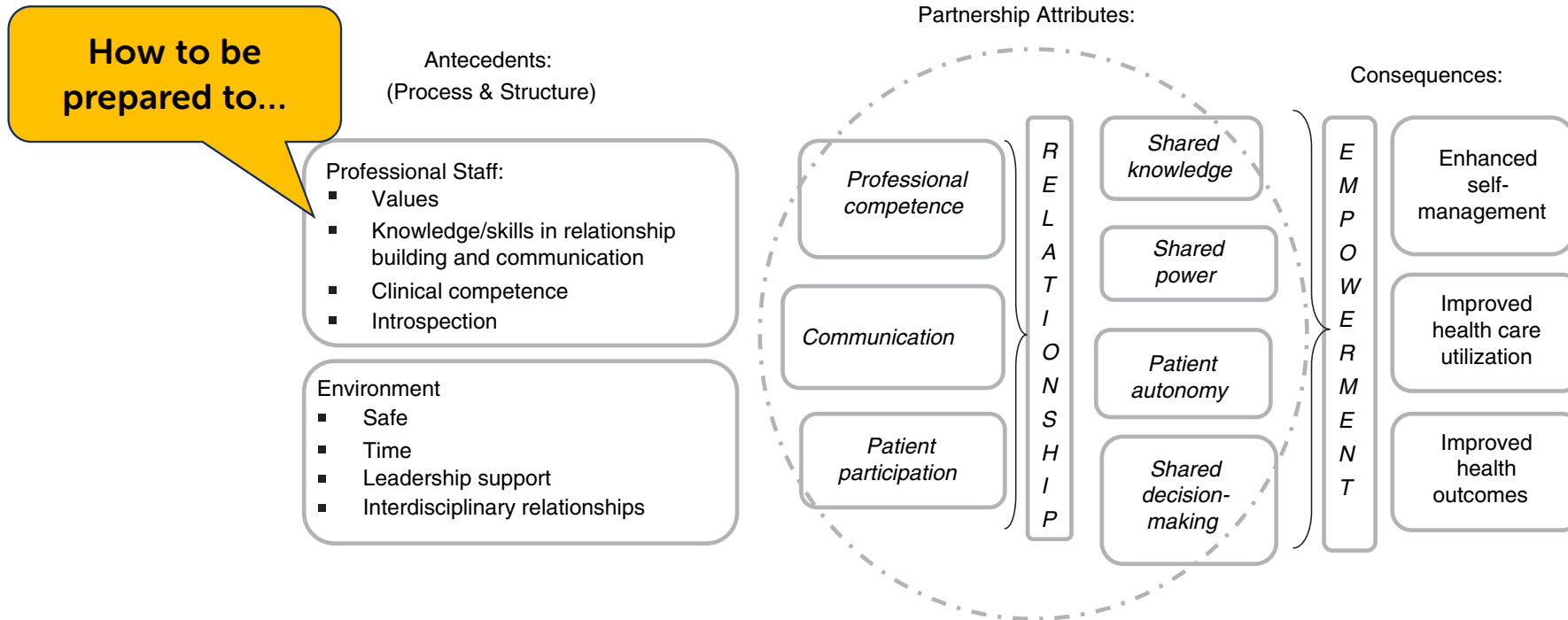


Figure 1 Antecedents, attributes and consequences of partnership.

Abelson et al., 2022

Knowledge and skills useful to your roles

Table 3 Supports and barriers to patient partners

Characteristic	Statistic	All* % (n)
Knowledge and skills useful to your role (Have and use, would like to acquire/develop this further)	Knowledge of the healthcare system	52.3 (291)/45.9 (255)
	Knowledge related to the area I'm contributing to	40.0 (219)/52.2 (286)
	Knowledge of the organisation I'm working with	53.1 (293)/44.8 (247)
	Research	46.1 (250)/36.0 (195)
	Facilitation	48.4 (264)/34.1 (186)
Barriers faced (Strongly agree/agree)	Power imbalances	50.7 (265)
	Use of acronyms and jargon	46.1 (245)
	Unclear expectations	40.2 (212)
	Not feeling heard, feeling dismissed	34.8 (185)
	Scheduling and logistics	31.6 (163)
	Learning about patient partner opportunities	28.8 (149)
	The assumption I represent all patients	27.8 (144)
	Accessibility (eg, technology, physical access, location)	27.4 (142)
	Costs associated with my role	23.8 (122)
	Discrimination	12.8 (65)
I have not faced any barriers	34.4 (164)	
Most helpful supports	Staff support from organisation (contact person, administrative support)	55.1 (283)
	Orientation/training	29.8 (153)
	Relationships with other patient partners	12.5 (64)
Thoughts about quitting	Yes	40.3 (213)

*Non-responses have been removed from each data point; number of responses per question ranged from 447 to 556.

Richards et al., 2023

How it can go wrong...





Statements Describing Patient Engagement Gone Wrong	Explanation	Questions for the Research Team to Ask Themselves
 Patient Partners as a Check Mark	Also known as tokenism; inviting someone's participation but not wanting them there or listening to their perspectives, and therefore not acknowledging their insights, contributions, or ideas.	<ol style="list-style-type: none"> 1. How do we accept feedback from patient partners and integrate it into our work? 2. How can we ask more thoughtful questions of patient partners about their lived experiences? 3. How can we create safer and more inclusive spaces for real and meaningful discussions? 4. How can we share our power and privilege with patient partners?
 Unconscious Bias Towards Patient Partners	Lived experiences are often not viewed as true expertise and given less credence and respect. This may be unintentional and often relates to ableism. Unconscious bias contributes to power imbalances on the team.	
 Lack of Support to Fully Include Patient Partners	Failure to provide physical and other supports to patient partners so they may fully participate as team members.	
 Lack of Recognizing the Vulnerability of Patient Partners	Failure to appreciate that patient partners often re-live emotional or even traumatic parts of their lives for the sake of a project. This means being vulnerable, sometimes in spaces with people with whom they are not very familiar.	

Fig. 1 Statements and their explanations of patient engagement gone wrong, along with questions for the research team members to ask about how they could improve or prevent these situations