

# Co-Production in Medical Education

Megan Hill

Abigail Swerdlow

Adrian Curwen

Sonya Rudra

Millie Smith

Chaired by: Helen Bruce

Do you know what **co-production** is?

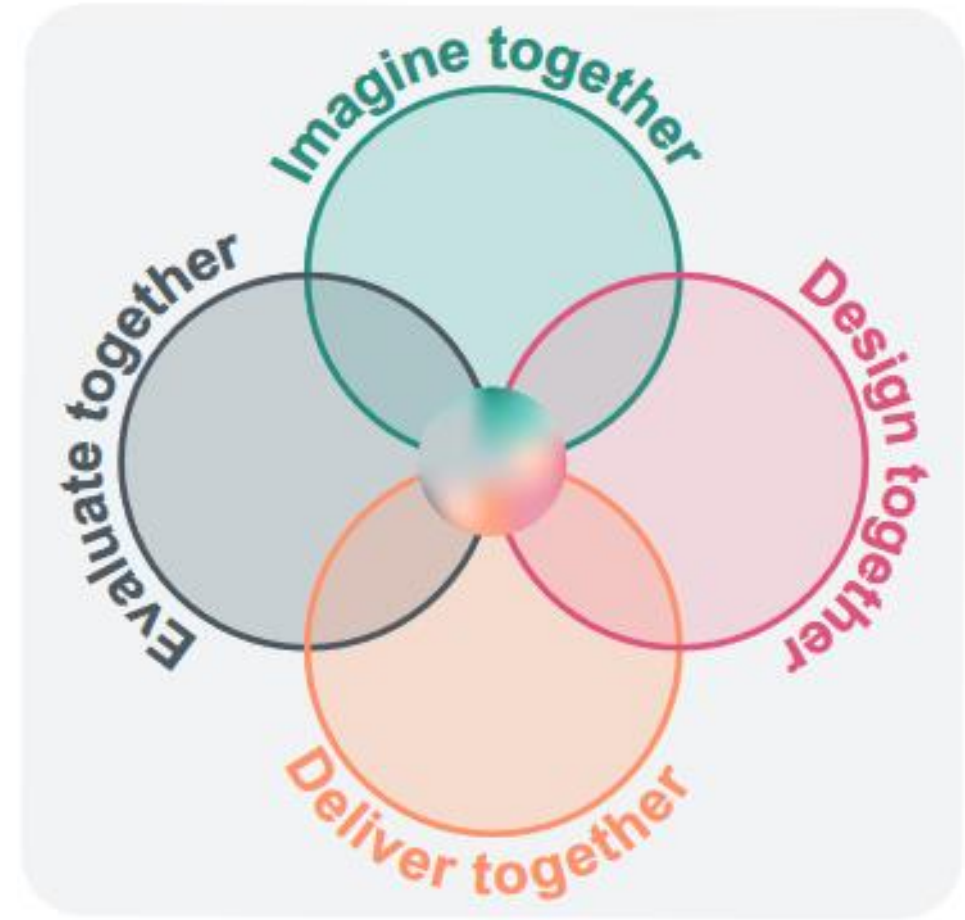
Have you been involved in co-production  
in any capacity?



Co-production is about a way of working **collaboratively** with a group of experts **valued for their expertise:** academic, clinical, experiential

# What is co-production?

- Combining expertise creates new awareness and understanding
- Builds on service user involvement by going beyond it
- Uses skills of people with lived experience but doesn't define them by their service user role



# Principles of Co-Production

1. **Expertise:** Lived Experience holds the same value as Professional Experience
2. **Non-hierarchical:** Experts by Experience hold equal power with Professionals
3. **Safe:** Participants share responsibility for maintaining a safe space
4. **Open:** Open to reality and to hope
5. **Accessible:** Meaningful coproduction cannot exist without access for all



# Benefits of co-production

SERVICES

PEOPLE

COST AND  
TIME  
EFFICIENCIES



# Benefit to people with lived experience

1. Increase in self-worth, self-confidence and self-esteem
2. Increased trust in services
3. Feelings of hope for the future
4. Social connectedness and peer support
5. Building transferable skills



# What is People Participation

1. **Promotes and facilitates** Expert by Experience involvement
2. Experts by Experience are connected with a **People Participation Lead** for their area
3. Projects such as:
  - a. Interview Panels
  - b. QI Projects
  - c. Medical Education



# Why co-produce in medical education?

The Royal College of Psychiatrists requires that tutors demonstrate active service-user involvement in psychiatry teaching



QAA “Students should be able to... identify and learn from patient expertise”.



QAA

Have you been involved in co-production in  
any aspect of medical education?

# Co-Production in Undergraduate Medical Education

Are you likely to be involved in any  
undergraduate teaching?

# Co-Produced Workshops

## SSC Gender Identity Discussion



## Recovery and People Participation

Group discussions	at home care	Medical school teaching
Peer mentoring	Focus groups on how wards or services could be improved	Support groups
sharing experiences to the public/medical professionals/students	Teaching panels	Developing guidelines like NICE

## Trauma Informed Care Webinar



## CAMHS panel discussion





# Example of Co-Produced Workshop

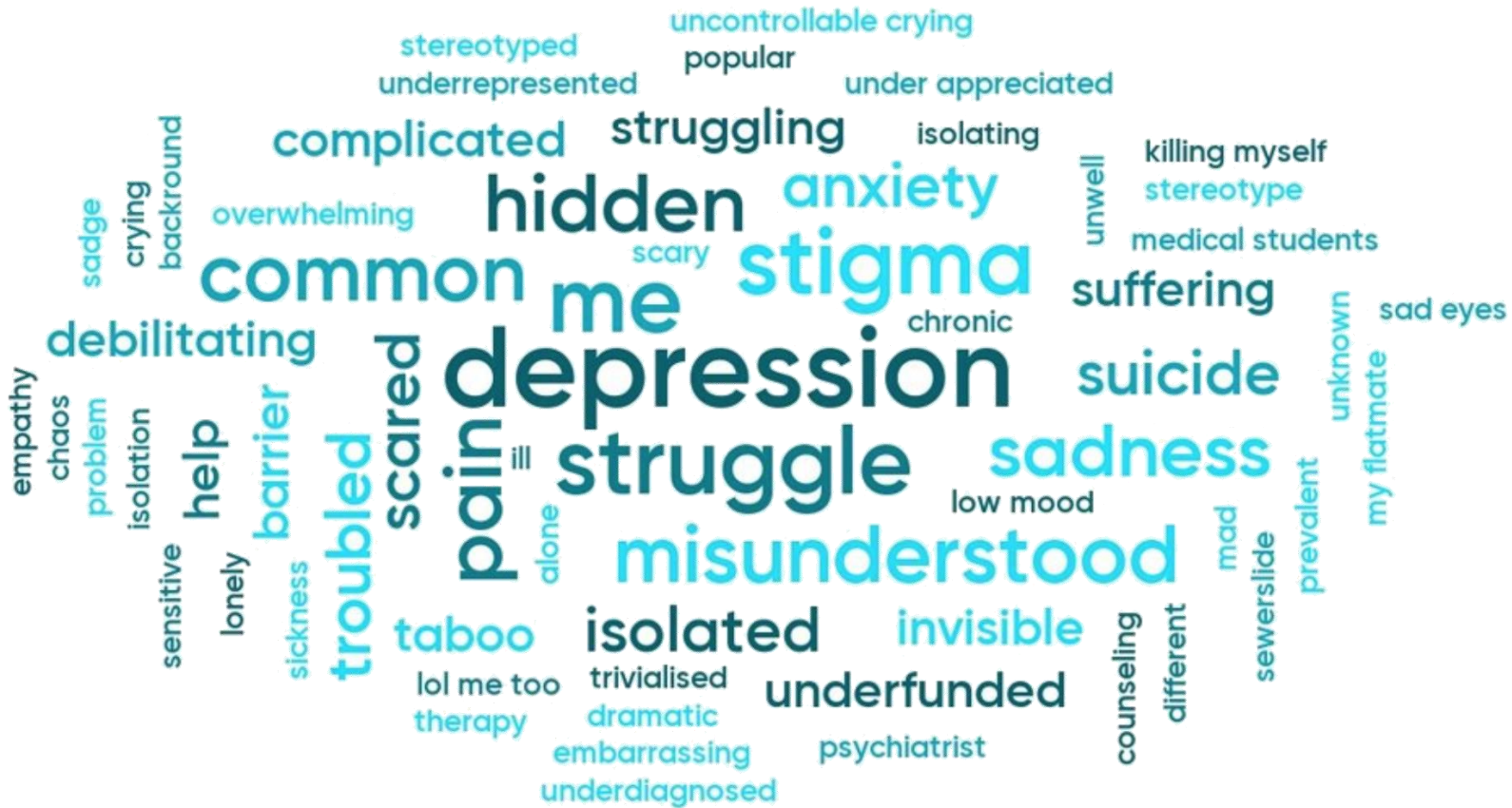
- Year 2 medical students
- Online module
- 200 students per session
- Each session repeats twice



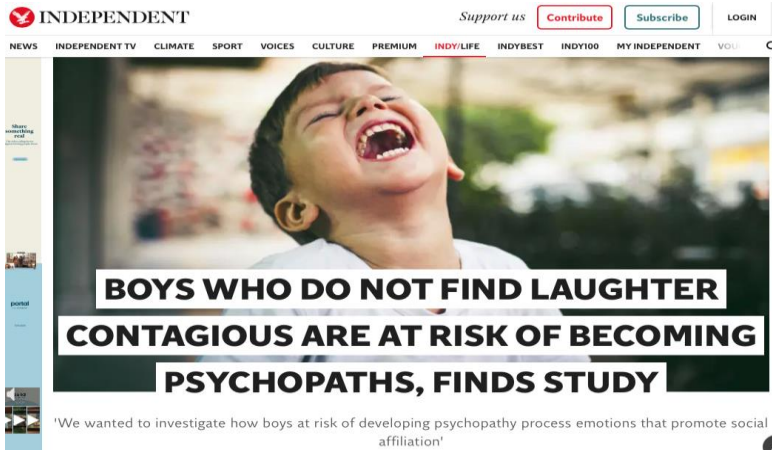
# Engaging Students Online

- Psychological safety
- Icebreakers (relevant to module, helping to connect with others)
- Breakout rooms
- Whiteboard
- Padlet/Jamboard
- Mentimeter/Kahoot
- Videos (TV/film)
- Online chat with direct messaging (anonymous to rest of the group)

# What is the first word that comes to mind when you hear 'mental illness'?



# Media Representations of Mental Health







**Mirror**

COVID-19 NEWS POLITICS FOOTBALL CELEBS TV MONEY

**My OCD boyfriend is more interested in cleaning than in me – should I dump him?**

Shd I dump my boyf cos he won't stop cleaning the house? He's got OCD and it's driving me nuts!

OPINION By Coleen Nolan  
00:00, 11 Apr 2011 | UPDATED 12:36, 29 Mar 2012

Shd I dump my boyf cos he won't stop cleaning the house? He's got OCD and it's driving me nuts!

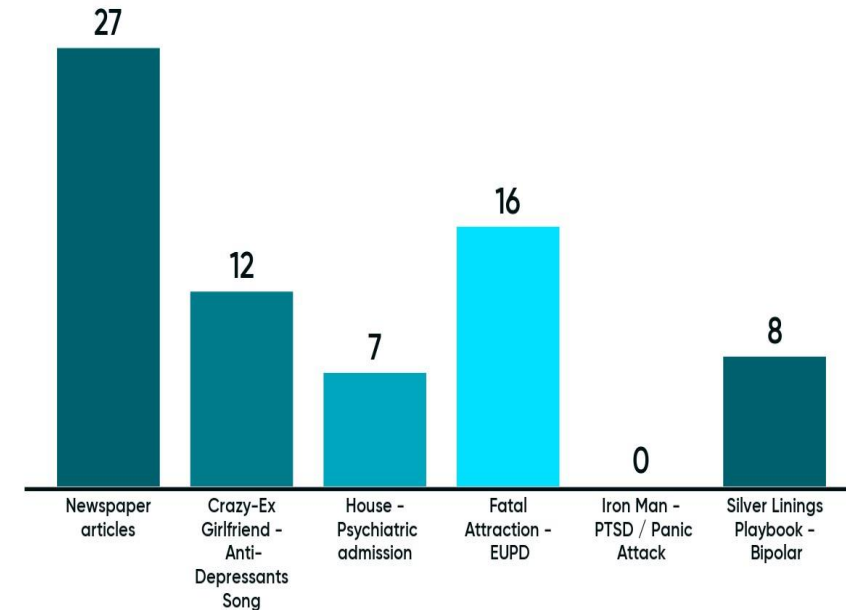
**INDEPENDENT**

NEWS INDEPENDENT TV CLIMATE SPORT VOICES CULTURE PREMIUM INDY/LIFE INDYBEST INDY100 MY INDEPENDENT VOICE

**BOYS WHO DO NOT FIND LAUGHTER CONTAGIOUS ARE AT RISK OF BECOMING PSYCHOPATHS, FINDS STUDY**

'We wanted to investigate how boys at risk of developing psychopathy process emotions that promote social affiliation'

# Which is the most dangerous portrayal?



# Personal Journeys/Q & A

How did you overcome your trauma?

How can you trust your feelings, like when you're in love, how do you know if it's real and not just because of your mental illness?

What do you mean by 'Didn't want to die. Didn't want to live.'

What helps you to keep going/where do you find meaning?

If there was a pill to remove your diagnoses and comorbidities, would you take it?



# Challenges

## Specific

- Cameras
- “Ghost” students not participating
- Student anxieties about large group discussions
- Triggering – how we mitigate this
- Supporting facilitators

## General

- Power imbalance
- Organisational barriers
- Financial Cost
- Lack of training
- Communication
- Time commitment
- Staff Attitudes/Stigma

# The Future

- Co-production in every university
- Part of planning the curriculum
- Not seen as a tick box/tokenistic, but part of the process

# Student Quotes

- “I really liked the fact that we had actual patient to talk to. I feel like it was an interaction that I will remember for a long time and I will try to incorporate all the things that these patients mentioned when I interact with mental health patients in later years.”
- “Very powerful hearing personal experiences and will definitely take into mind their difficulties and advice on how their experience could have improved.”
- “Very interesting to hear the side of the patients and how they feel throughout the whole process. Their experiences are invaluable for us as future doctors, ensuring we treat them how they would want to be treated.”

# Co-Production in Postgraduate Medical Education

Are you likely to be involved in any  
postgraduate teaching?

# To End

Do you have a better understanding of the value of co-production in medical education?



And

Who is feeling inspired to get involved in  
co-production?

# Thank you for listening

Questions/Comments?