Patient and Public Involvement in Osteopathic and Chiropractic Education

About the Survey

- The patient involvement in osteopathic and chiropractic education surveys were open from 14 May 2019 to 2 September 2019 for completion by a representative of each of the educational institutions.
- The survey was completed by all nine osteopathic educational institutions
- The survey was completed by three chiropractic educational institutions (NB there are 4 in total)

Survey Results

Patient Involvement in Teaching Clinics

Patients contribute to clinical education in a variety of ways aside from attending a patient clinic for treatment in all of the chiropractic educational institutions (CEIs) that responded (100%) and in most of the OEIs (6/9 or 67%).

Q2.	**Do patients contribute to clinical education in other ways apart from attending your patient clinic for treatment?**		**Total**
	Yes	**No**	
Osteopathic	6	3	9
Chiropractic	3	0	3
Total	9	3	12

Table 1: Patients contribution to clinical education

The main ways in which patients are *physically* involved in clinical education are primarily through a patient panel or engagement group and as expert patients for both osteopathic and chiropractic education providers. However, both osteopathic and chiropractic schools do also cite a wider variety of other methods.

Q2d. Which of the following ways are patients physically involved in clinical education:	**Osteopathic**	**Chiropractic**	**Total**
Patient participation panel or forum	3	2	5
Patients take part in specific tutorials or lectures related to their conditions (e.g., sharing experiences on chronic pain or disability in a classroom setting)	0	2	2
Patients are involved as patient educators (e.g. expert patients)	2	2	4

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Other	1	2	3
Total	6	8	12

Table 2: Patient involvement in clinical education

When respondents were asked to describe the ways in which patients are involved board representation, engagement groups, clinical teaching, case histories or story-telling, attendance at specific engagement days and surveys were reported across both the osteopathic and chiropractic education providers (see Table 3)

Q2a. Please describe the ways in which patients are involved:	
Osteopathic	**Chiropractic**
Board Representation	
Representation on the board	Patient representation on ethics committee and research committees
Engagement Group or Panel	
Participation in patient engagement groups, which cover issues such as communication, consent and shared decision-making	Participation in patient engagement groups
Clinical Teaching	
Patients contribute to classes such as professional practice	In teaching of clinical cases for the patient perspective in technique classes, where different populations are needed to demonstrate patient management, e.g. pregnancy or older age group in assessing interns in clinical training
	Constantly observed in clinic by students through all year groups
	Patients in lectures, workshops, and advanced clinical learning days
Attendance at Engagement Days	
	Attendance of specific advanced clinical learning days for the clinic interns
	Attendance of clinic studies sessions through the year groups on MChiro course
	Attendance of patient engagement days, lectures and clinical education days with students
	Attendance at seminars to have group discussions with students
Case Histories or Story Telling	
Anonymised patient case histories, which form part of students clinical portfolio and guide their reflective practice. Cases have usually been chosen to assist with differential	Recorded patients telling their story of living with a certain condition. These are available on the VLE for students to view

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thinking and management planning	
Regular patients have been asked to act as new patients for case history taking purposes with preclinical students, with the patient happy to give basic feedback on the students performance (in the past)	
Tutors have invited patients from their private practice for their patients to talk to students about their experience of living with conditions such as osteoarthritis and Multiple Sclerosis (in the past)	
Surveys	
	Surveys about their satisfaction or experience
	Comments box
Other	
	Mark presentations and give feedback
	Interview potential students and staff members
	One institution makes the distinction between healthcare patients being involved, rather than chiropractic specific patients.

Table 3: Ways in which patients are involved

The main reasons for patients not contributing to clinical education aside from attending a patient clinic for three (3/9 or 33%) osteopathic educator providers were largely around logistical issues either nothing was in place due to a new course and clinic still being put in place or bringing patients to another site was not accessible or practical. These institutions cited patient involvement such as case studies and patient feedback surveys. However, all these institutions cited that they plan to involve patients more directly in their clinical education in the future.

Contributing to the Development of Resources used in Clinical Education

For the majority of osteopathic and chiropractic educational providers, patients did not contribute to the development of their resources used in clinical education (6/9 osteopathic 2/3 chiropractic institutions). Reasons for this included:

- New course so still in the early development stages and not yet incorporated this process (two education providers, one osteopathic, one chiropractic)
- It had not been explored as an option (osteopathic)
- Time constraints are affecting this being put into place, but this is something they would like to do in the future (osteopathic)
- It's being explored or planned at the moment (osteopathic)

Q3.	Do patients contribute to the development of resources used in clinical education?		Total
	Yes	No	
Osteopathic	3	6	9
Chiropractic	1	2	3
Total	*4*	*3*	12

Table 4: Patient contribution to teaching resources in clinic

In the small number of education providers where patients did contribute to the development of resources used in clinical education (3 osteopathic and 1 chiropractic providers), the main ways reported were:

- the use of real patient problems for problem-solving learning,
- patient narratives
- and virtual patient cases e.g. interactive computer simulations of patients and clinical processes to compliment clinical training.

One osteopathic educational provider also reported that patients contribute to learning materials used by faculty.

Q3c. Which of the following ways do patients contribute to resources used in clinical education:	Osteopathic	Chiropractic	Total
Use of real patient problems for problem-solving learning	3	1	4
Virtual patient cases	2	1	3
Patient narratives	2	1	3
Patients contribute to learning materials used by faculty	1	0	1
Other	0	0	0

Table 5: Main ways patients contribute to teaching resources in clinic

When these four education providers were asked how these resources are developed in conjunction with patients, the following comments were made:

Osteopathic	Chiropractic
Use patient feedback form and anonymous answers are collated and discussed at the patient engagement group meetings, with relevant committees informed dependent on the issue.	Resources were identified that would be useful in the course as a whole
Clinical review, which involved interviews with a small sample of patients both new and returning	Via the PEG, research committee or advanced clinical learning days

patients. Significant comments were included in the report, which will affect change for the institution	
Through case studies, scenarios for discussion and assessment	Patients are involved in lectures as a live clinical learning resource
Identifying additional requirements of resources through patient feedback	

Box 1: Development of clinical resources with patients

Diversity of patient experience

Students are exposed to a diversity of patient experiences mainly through a general clinic (9/9 osteopathic and 2/3 chiropractic providers). For a smaller number of osteopathic and chiropractic education providers this is also achieved through specialist clinics for particular patient groups (6/9 osteopathic and 1/3 chiropractic) and targeted recruitment of particular patient groups at set times of the year to meet the needs of the curriculum (3/9 osteopathic and 1/3 chiropractic). Specialist clinics that were cited included:

- pregnancy and maternity,
- children's or paediatrics,
- sports injury,
- women's health,
- headache clinics
- diagnostic ultrasound clinic.

One chiropractic educational provider also cities lectures and engagement with groups like retired, older, specialist populations, such as patients with Parkinson's, etc. This college also reported having close links with the gym next door to the college who runs COPD focused exercise classes.

Q4. How do you ensure that students are exposed to a diversity of patient experiences?	Osteopathic	Chiropractic	Total
Through a general clinic	9	2	11
Through specialist clinics for particular patient groups	6	1	7
Targeted recruitment of particular patient groups at set times of the year to meet the needs of the curriculum	3	1	4
Other	2	2	4

Table 6: Diversity of patient experiences

Other ways in which osteopathy students are exposed to a diversity of patient experiences is by having their own dashboard that collates a range of data about the patients that they have seen as the lead practitioner. This enables them to have a good understanding of their practice, including the patient presentations that they

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have seen, the types of treatments and techniques and investigations they have used as well as other demographic data, such as age, gender, etc of the patients. This enables students to consider their own clinical education along with their peers and tutors on how this can be broadened and developed further. Several OEIs report that students are required to reflect on their own audit data and each of the patient scenarios set out in the Guidance for Osteopathic Pre-registration Education (2015) (GOPRE) see https://www.osteopathy.org.uk/news-and-resources/document-library/training/guidance-for-osteopathic-pre-registration-education/. Students are then tasked with broadening their (part-time) exposure either by observing, swapping with other students or coming on different shifts/ flexible attendance.

Newsletters are also a popular means of ensuring that students are exposed to a diversity of patient experiences as part of their osteopathic education. These periodic newsletters tend to report on certain areas of the body, specific medical conditions, activities that may lead to specific types of complaints, and tutors with a special interest. This tends to bring forth new patients with those conditions.

For the remaining chiropractic institution, it is a new course, so they are still in the early development stages in not yet incorporated this process.

Patient involvement in curricular and governance structures

Patients are not involved in curriculum developments (8/9) for almost all of the OEIs. In contrast, all of the chiropractic institutions involve patients in curriculum developments (3/3).

Q5. Does your institution involve patients in curriculum developments in any ways? (e.g. patients involved on programme committees, collaborating in education. Decisions based on developments, objectives or evaluation)	Osteopathic	Chiropractic	Total
Yes	1	3	4
No	8	0	8

Table 7: Patient involvement in curriculum development

Patients are involved in chiropractic curriculum developments in the following ways:

- research committees commenting on the research projects that might be useful.
- Through the patient engagement group, research committee and fitness to practise committee
- research committee programme development and revalidation.
- patient involvement group meets with management team on a regular basis to inform decisions and provide invaluable feedback for curriculum development.

- A patient panel on the curriculum design process to act as a focus group for gathering information, engaging reaction to proposed changes.
- Giving a voice to citizens and members, drawn from this varied cross-section e.g. patients, carers, clients and health and social care workers help the education institution to connect with hard to reach groups and service users, who typically struggle to have their opinions heard.
- external members are invited to contribute to peer support evaluations and successful projects have already been managed for the mental health charity Mind in Southwark and Lambeth.
- The opinions of members are also called upon to give a practical perspective in the early stages of project developments to ensure no unnecessary money or effort is spent
- Members get involved with the co-production of service transformations, innovations and initiatives to ensure people and their treatment are always the number one consideration.

Box 2: Patients involved in chiropractic curriculum development

The reasons that the osteopathic education providers have not involved patients in curriculum developments are largely two-fold: 3/8 institutions have not considered this at all and for 4/8 a plan is in place to explore this, or its part of their future development plan, or more generally it's something that they would like to explore.

One OEI reported that

'*To date all our staff and trustees are patients. Involving non-staff as patients requires a very particular kind of patient, one that is interested in education, regulation, sitting in meetings and doing paperwork, so they are often not really representative of your average patient. This really means their inclusion is more about being seen to include them, rather than for a real benefit to the process. We are a monoculture (osteopathy) unlike many other health contexts where the patient journey is very complex.' Respondent 5*

Box 3: Constraints of involving patients in osteopathic curriculum developments

Just one OEI reported patients were consulted as part of their curriculum review and that these patients were pleased to hear that under the new curriculum first and second year students were going to experience more hours of observation in clinic prior to starting in year three.

All of chiropractic education providers and most of the osteopathic providers report that they do not involve patients in their governance (e.g. patients holding a formal position within the governance structure such as patient representation on the Board of Trustees or equivalent) (3/3 chiropractic and 6/9 osteopathic institutions).

But it may be fair to say that only one of the chiropractic institutions is absolutely certain of this, firmly stating that it had not been explored as an option

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Q6. Does your institution involve patients in its governance? (e.g. patients hold a formal position within the governance structure such as patient representation on the Board of Trustees or equivalent)?	Osteopathic	Chiropractic	Total
Yes	3	1	4
No	6	5	11
Total	9	6	15

Table 8: Patient involvement in governance structures

For the remaining two chiropractic providers there was some confusion as to whether these chiropractic institutions did in fact involve patients in its governance. For one this arose because there were multiple respondents reporting for one of the chiropractic institutions. Here one of the four respondents reported that patients are involved in the institutions governance and that the patients were specifically recruited as patient representatives as part of the governing body. The added value of involving patients in such a way was thought to offer patient perspectives. It is possible that the remaining three respondents for this institution stated that they didn't think the institution involved patients in its governance because they were not directly involved with the Board of Trustees. One of the other chiropractic institutions also commented that they were unsure if this occurred within the wider University.

According to the few OEIs that do involve patients in their governance structures (3/9), involving patients in governance structures can be beneficial and add some value, but on the whole patients are largely not involved in an OEIs governance structures (6/9). In some instances, there was no particular reason that patients have not been involved in governance structures (2/6), for one institution it is not explicitly known whether the board of governors contains patients or not due to the osteopathy school being a small part of a large college. For others it was because getting patients to attend forums and committees is difficult to manage (2/6), or it is part of their future development plan, but not their primary objective.

Those that do involve patients in their governance structures cite such participation adding the following value:

- strengthens provision
- More responsive to issues as they occur
- Assists in shaping strategic and operational directions
- Provides specific or different insights as a direct result of being service users
- Improves quality of care

Despite this, only one osteopathic institution has specifically recruited patient representatives as part of the governing body.

All of chiropractic educational institutions have a patient participation panel, patient forum or something similar in operation (3/3) compared to almost half of the osteopathic education providers (4/9).

Q7. Does your institution have a patient participation panel, patient forum or similar?	Osteopathic	Chiropractic	Total
Yes	4	3	8
No	5	0	5
Total	9	3	13

Table 9: Patient panel

These patient participation panels or forums contribute to the educational processes or activities in the following ways:

- feedback on clinical sessions and intern performance.
- PEG group
- influences research directions
- feedback loop to clinic experience
- curriculum development
- the coming together with backgrounds as patients, carers, service users, health and social care sector professionals or those with the skills to innovate the sector. Members work closely with staff within the institution contributing to bids for research funding and using their skills and academic study to create innovative developments to benefit the health and social care sector
- Discuss any emerging issues raised by the patient feedback forms
- Update patients on current plans and changes
- Informs the running of the clinic
- Explore how to improve the patient experience in clinic
- Discussion of patient and clinic issues such as consent
- How patients are handed over from year four to year three students. This has led to a more comprehensive system, whereby fourth-year students are encouraged to introduce the new practitioner to the patient on the final few treatments before handover.

One chiropractic institution did report, although they have a patient participation panel, it contributed very little to educational processes or activities, because so few patients want to be involved and those that do rarely attend meetings.

Reasons given for not having a patient panel or forum in operation amongst the osteopathic respondents largely (5/6) consisted of

- potential plans to explore this in the future,
- concerns held about the type of patient that is typically attracted to such roles not being an 'average' patient, which results in it becoming more about the need to involve them than it being of any real benefit to the process (see quote p4)

- or the time constraints and challenges involved in managing a patient forum.

Q8. Does your institution involve patients in the recruitment of applicants?	Osteopathic	Chiropractic	Total
Yes	3	1	4
No	6	2	8
Total	9	3	12

Table 10: Patients involved in the recruitment of applicants

Very few, osteopathic or chiropractic education providers involve patients in the recruitment of applicants (3/9 osteopathic and 2/3 chiropractic). This is largely due to either there not being enough interest from patients, logistics, or the perception that no real value would be added as there are criteria to be fulfilled). However, one chiropractic respondent thought there was no reason why it couldn't happen.

For the osteopathic education providers which do involve patients in the recruitment of applicants this is primarily done through word-of-mouth or placing adverts for the course in patient newsletters. One, OEI does cite a plan for patients to attend student interviews as part of a small panel in November, where they can share their views on suitability of potential applicants.

The one chiropractic institution that does involve patients in the recruitment of applicants stated that normally a patient (service user) interviews all applicants in a mini assessment. The potential student is asked about meeting patient needs. The patient then forms part of the decision panel. They state that patients have offered a unique perspective on the suitability of potential students, in particular in relation to professionalism, compassion and empathy.

Almost half of the OEIs involve patients in assessment or assessment designed for students (4/9). Here, patients are involved in:-

- Clinic assessments based on clinical encounter of a new or ongoing patient (formative and summative)
- MCCA[1] and Final Clinical Competence Assessment (FCCA) exams
- For a range of other assessments students do have to base their work on their clinical work and particular cases that they have led on, (this does not involve the patient directly)
- Patient feedback shared with individual students every term but not part of formal assessment (cited by one OEI)

[1] This acronym was cited by respondent without definition – possibly Mock Clinical Competence Assessment or related to some other form of accreditation

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Q9. Does your institution involve patients in assessment or assessment designed for students?	Osteopathic	Chiropractic	Total
Yes	4	1	5
No	5	2	7
Total	9	3	12

Table 11: Patient involvement in assessment

The main reasons that patients were not involved in assessment or assessment design were that it had not been considered (3/5), or it will be explored and form part of future development plans as increased service user activity takes place (2/5). One of these OEIs also expressed that they were unsure of the suitability of using patients in this way.

Only one of the chiropractic education providers involved patients in assessment or assessment design for students. This was achieved through sometimes using patients as part of the clinic entrance and exit exams, to ensure the experience of the examinations were true to life scenarios as possible, assess interns in clinic concerning specific criteria such as communication, professionalism, etc. so the interns are assessed by those who will be assessing them in practice after graduation or acting as patients with specific abnormalities in clinic assessments and exams. However, it is noted that these have been trialled with mixed success.

For the remaining two chiropractic education providers, patients had not been involved in assessment or assessment design for students for different reasons. For one it had been explored two years ago and it was decided that it would probably not get enough patient involvement and that patients lack the necessary knowledge for their marks/feedback to be used in summative assessments. For the other CEI they were a new course and they were still in the early development stages and had not yet incorporated this process.

Patient Feedback

For both the osteopathic and chiropractic education providers, patient surveys, comments cards, complaints and compliments and patient panels are significant mechanisms to give patients the opportunity to feedback.

When we look at the osteopathic education providers separately the most popular mechanisms to give patients the opportunity to feedback were through comment cards, complaints and compliments, patient experience surveys or patient satisfaction surveys. A smaller portion of OEIs used their patient panel or forum or involve patients in research, whilst fewer OEIs were inclined to use patient outcome surveys such as the Bournemouth survey, public meetings, in-depth interviews with patients or online ratings. One OEI reported that there were no feedback mechanisms currently available due to the teaching clinic not being open at the time of completing the survey. It was also reported that patients are encouraged to give

'in session' feedback while students are evaluating and treating the patient and that patients can give feedback about specific students after the session.

In contrast, all the chiropractic education providers currently use a patient panel or forum as well as public meetings to give patients the opportunity to feedback. Two of the institutions use patient involvement in research, patient satisfaction surveys, patient outcome surveys (e.g. Bournemouth survey), complaints and compliments, and comment cards. One of the institutions in addition to these mechanisms, also cites using patient experience surveys, online ratings, and patient stories.

Q10. What mechanisms does your institution currently used to give patients the opportunity to feedback?	**Osteopathic**	**Chiropractic**
Patient panel or forum	4	6
Public meetings	1	2
Patient satisfaction survey	6	5
Patient experience survey	6	4
Patient outcome surveys (e.g. Bournemouth survey)	1	4
Comment cards	7	4
Complaints and compliments	7	5
Online ratings	2	1
Patient stories	0	1
Patient involvement in research	3	5
In-depth interviews with patients	1	0
None	0	0
Other	1	0

Table 12: Patient feedback mechanisms

Patient feedback contributes to educational programmes in the following ways:

Osteopathic	**Chiropractic**
Issues raised in patient groups or patient feedback forms offered back to faculty members and can initiate changes in processes and procedures when required	Act as prompts for changes in specific areas of the MSK curriculum
It helps to identify the impact of clinic tutoring activities, give students feedback from patients and identify areas of improvement can be taken into classroom teaching	All feedback is used to modify the teaching and/or fed directly back to individual students
Patients provide feedback on the clinical service offered by the teaching clinic. This feedback has informed staff training regarding clinical practice. For example, recent staff training	

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implemented a strategy for maximising treatment time in the osteopathic appointments	
If themes have occurred or if a particular situation has arisen that may be a learning opportunity	
Feedback is taken to the clinic, college committee, which is made up of students, staff and management and recommendations are made based on this	The PEG meetings influence decisions of not only how the clinic is run, but also how elements of student education could be reviewed. This may lead to noticeable changes in communication, or technique specific changes of pain education
Inclusion of communication/consent	

Box 4: Patient feedback and development of educational programmes

In terms of how patient feedback contributes to the development of individual students, all students get their own patient feedback every term. It is reported that feedback received is fed back to students to reflect on, it is discussed in student clinical supervisions where development points are highlighted with a view to informing good practice. Patient feedback will very often be specific to individual students, so this is fed back to those students in a constructive manner in order to aid their development and help build their confidence and encourage them to reflect on their feelings of patient management and how they interact with the patient's actual experience. Students also receive feedback from patients on group work completed.

On occasion, it was reported that patients will send a letter or an email to the clinic giving feedback on their experience. These are predominantly positive comments which are fed back directly to the student or tutor in question. Patient's comments, both positive and negative may form part of the student reflection on their learning journal.

One osteopathic education provider reported using a role player for some of their assessments to provide standardisation. The role player provides feedback to the student. Another commented that they would like to look at more formal ways of students gathering patient feedback as part of their clinical development

Students get the opportunity to feedback about aspects of their programme of study, at all the chiropractic and almost all osteopathic education providers (8/9 and 3/3). This is achieved through regular boards of study held each term, where students can raise areas for development and respond to improvements/changes which have been implemented or through clinic committee meeting. Students are also given the opportunity to feedback via module feedback and annual QA surveys to all year groups which often include a Likert response to the quality of the learning experience in the clinic. Students also routinely feedback informally to staff/tutors. Chiropractic education providers also achieve this through their advanced clinical

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learning days where patients are bought into the college to speak with students and be open to examination and questioning for the benefit of the learning experience, bringing it to life for the students.

None of the osteopathic or chiropractic education providers could provide an example of student feedback where patients were referred to as either educators, teachers or experts by their students.

Enhancements and challenges in involving patient.

The majority of osteopathic education providers stated that they have plans to enhance patient involvement in education (8/9 providers), These plans are detailed in Box 5. In contrast, most of the chiropractic schools report not having any plans to enhance patient involvement in education (2/3 providers), with them reporting that what they are currently doing works well, or that they are happy with their current level of involvement and that doing more would have to add value and be both achievable and sustainable. One chiropractic education provider also reported that there is not enough interest from patients.

Q14. Does your institution have any plans to enhance patient involvement in education?	Osteopathic	Chiropractic	Total
Yes	8	1	9
No	1	2	3
Total	9	3	12

Table 13: Enhancing patient involvement

Recruitment

- recruitment of service users to assist with decision-making for any new service requests, review current service user evaluation methods, collate service user evaluation and report back to the governance committee
- recruitment of patients to research and ethics committee
- recruitment of a clinic patient onto the Board of Trustees
- recruitment of more patients to patient panel or patient group

Encourage and request feedback more routinely

- encouraging patients to feedback to their student practitioners about their experience
- inviting patients to talk about their experiences of osteopathy (both simple MSK and more complex conditions) i.e. utilising patients more to tell their own story of how they live with their condition to help students understand how symptoms emerge, manifest and how they might limit one's day to day activities

Strengthen current provision and explore alternatives

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- reviewing the function of patient panels
- exploring other ways that patients can contribute to the development of courses.
- develop patient outcome measures
- identify how patients could be given a voice through curriculum review
- developing forums and feedback mechanisms
- exploring further ways patients can be involved in all levels of the institution from providing feedback to individual students to being involved in the development of the course.

Box 5: Osteopathic education providers plans to enhance patient involvement

There were mixed feelings amongst the multiple responses from the one Chiropractic school's respondents as to whether the provider had plans to enhance patient involvement. For those that did report on plans to enhance patient involvement, the following was cited:

- development of the multidisciplinary curriculum
- increase the number of patients on the patient engagement group to get a much wider range of feedback across a wide age range and a variety of backgrounds
- continuing to leverage existing involvement, (including expanding in Manchester)

Box 6: chiropractic education providers plans to enhance patient involvement

A small proportion of osteopathic education providers reported experiencing challenges or barriers to involving patients in osteopathic education (3/9). However, a number of education providers from both sectors reported that they had not yet tried patient involvement beyond clinical setting involvement, or no course specific patient involvement has occurred to date, (3/9 osteopathic and 2/3 chiropractic).

Q15. Have you found any challenges or barriers to involving patients in education?	**Osteopathic**	**Chiropractic**
Yes	3	2[2]
No	6	2[3]
Have not tried beyond clinical setting, involvement		1
Other	0	1
Total	9	6

Table 14: Challenges to involving patients

The main challenges or barriers that osteopathic education providers report having faced in attempting to involve patients in education, primarily focused around:

[2] includes two multiple responses from one chiropractic educational provider
[3] includes two multiple responses from one chiropractic educational provider

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- unbalanced views from patients,
- identifying resources to support patient involvement and
- time to organise
- patients are time poor and so it tends to be the unemployed or retired, who come to focus groups or fill out questionnaires..

A slightly smaller number reported consent and confidentiality issues, blurring of professional boundaries and that patients have to revisit negative experiences as barriers faced. Some of these other challenges described by both sectors are included in Box 6.

Q15b. What challenges barriers have you faced in attempting to involve patients in education?	**Osteopathic**	**Chiropractic[4]**
Unbalanced views from patients,	2	0
Identifying resources to support patient involvement	2	1
Too challenging to manage	0	0
Consent and confidentiality issues	1	0
Blurring of professional boundaries as a direct result of patient involvement	1	0
Patients have to revisit negative experiences	1	0
Faculty members own expertise is devalued	0	0
Identifying responsibility for patient involvement	0	0
Other	2	2

Table 15: Main challenges faced to involving patients

"It is time-consuming to organise in an already very tight timetable, it needs to be well-planned and contribute to the learning for the module to engage students fully."

"It has been known for individuals who are overly fond of their own voice to monopolise meetings etc. and it is difficult to limit this. For participation to be valid, it has to be informed. This takes time, effort, and often excludes the very people who may be underrepresented in the management context (for example, our clinic has a large population of non-English-speaking immigrants). There is also the consideration of the parameters of the dialogue. As an example, a patient was asked what might improve their experience at the clinic. They asked for a watercooler, air-conditioning and treatment on the NHS. When it was explained that none of these

[4] all chiropractic responses to this question are from one education provider

would be forthcoming, they asked why we had bothered to ask them if we weren't going to do anything, which is a fair point."

"I do think any of these challenges are insurmountable. It is important that there is clarity around the expectations and the role that any patients in these roles would be taking, and that issues such as confidentiality and consent are clear to all involved."

"Few patients step forward and the energy it takes to keep them involved is huge"

"Too few staff to do this and sustain it"

"Too few engaged patients who have a real contribution to make"

"Trying to avoid tokenism"

"Logistical issues of trying to get patients to commit their time regularly"

Box 6: Challenges or barriers described in attempting to involve patients in osteopathic and chiropractic education

The general consensus among the respondents were that patients were honestly invaluable and that the chiropractic school were very happy to involve patients who have a real contribution to make to student learning, but were not happy to involve patients just for the sake of ticking a box as it is resource intensive.

Overall level of patient involvement

In terms of how well osteopathic education providers think their institution is doing in terms of integrating patient involvement. The majority score their institution between 5 to 7, with a slightly smaller proportion scoring between 2 to 3. This largely suggests that osteopathic institutions are at very different levels of patient involvement. Some are at an informing or consultatory level, whilst others are perhaps moving more towards placation, partnership or delegation levels of participation and engagement.[5]

In contrast the majority of the chiropractic education providers score their institution at a 7 or 8. This largely suggests that these institutions are at very high delegation or citizen control type levels of participation and engagement and feel this is appropriate to manage and sustain.[6]

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[5] Arnstein (1969) Ladder of Participation http://www.citizenshandbook.org/arnsteinsladder.html
Adaptations of this used by NHS England https://www.england.nhs.uk/wp-content/uploads/2014/03/bs-guide-plann-part1.pdf

[6] Arnstein (1969) Ladder of Participation http://www.citizenshandbook.org/arnsteinsladder.html
Adaptations of this used by NHS England https://www.england.nhs.uk/wp-content/uploads/2014/03/bs-guide-plann-part1.pdf

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Q17. How well do you think your institution is doing in terms of integrating patient involvement?[7]	Osteopathic	Chiropractic	Arnstein's Ladder of Participation	
Scale 1-10				
10				
9				
8		2[8]	Citizen Control	Citizen Power
7	1	4[9]	Delegated Power	
6	2		Partnership	
5	2		Placation	Tokenism
4			Consultation	
3	3		Informing	
2	1		Therapy	Non - participation
1			Manipulation	

Table 16: Perception of level of involvement

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[7] 1= no patient involvement and 10= fully integrated in educational governance infrastructure
[8] Includes two multiple responses from one chiropractic educational institution
[9] includes two multiple responses from one chiropractic educational institution

Conclusions

- Patients contribute to clinical education in a variety of ways across both the osteopathic and chiropractic professions.
- Most of the institutions have a functioning patient panel
- Largely, patients do not contribute to the development of resources used in clinical education
- Patients are involved in chiropractic curriculum developments, but not osteopathic.
- There are mixed views as to whether patients are involved in governance structures amongst the chiropractic providers
- Few osteopathic providers involve patients in governance structures
- Specifically recruiting patient representation to form part of the governing body was rare
- Largely, patients were not involved in the recruitment of applicants, where this did occur, it was more likely to be chiropractic providers
- Slightly more osteopathic providers involved patients in assessment or assessment design
- The main feedback mechanisms used were patient surveys, comments cards, complaints and compliments or patient panels/forums.
- Chiropractic providers were less likely to have plans to enhance patient involvement, largely feeling content with their current practices and provision
- Osteopathic providers were more likely to have plans to enhance their current patient involvement practices, identifying that more could be done.
- Osteopathic and chiropractic providers are at slightly different baseline levels of patient involvement.

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