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**CONFERENCE ABSTRACT****Developing an improvement leaders fellowship programme and the evaluation of the  
integration of patient fellows**4<sup>th</sup> World Congress on Integrated Care, Wellington, NZ, 23-25 Nov 2016

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1) The National Institute for Healthcare Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Northwest London (NWL) has run an Improvement Leader Fellowship programme since 2010. A one year multi-disciplinary, improvement science capacity building programme built around a work based learning model and an improvement project delivering healthcare improvement on the ground. This innovative educational programme works to engage patients and mobilise knowledge across patient professional boundaries.

2) The multidisciplinary perspective of quality improvement and the pedagogical theory behind improvement science teaching and application are considered along with the challenges and practicalities of co-producing education with patients in this programme. Patients have been involved in the programme since 2012, the evaluation considers the impact of involving patients both for the patients themselves and the other Fellows in the multi-disciplinary group.

3) Eighty five Fellows have passed through the programme, fifteen of whom have been patients. The session will discuss the independent evaluation of four cohorts and considers the impact of the integration of patient fellows in the programme. Patient Fellows have delivered sessions within the programme, these co-produced sessions highlight the expertise that patient leaders can bring to the table.

4) Semi-structured interviews were conducted with 34 fellows, and analysed using grounded theory. Thematic analysis shows the Fellows responded positively to the multi-disciplinary approach. The inclusion of patient Fellows in the cohort resulted in a period of adjustment for both professionals and patients, independently reported by either group.

5) Concepts such as the zone of proximal development, productive struggle and participatory knowledge spaces are highlighted as theoretical underpinnings to explore the observed phenomena in the Fellowship.

6) The lesson learned were multiple, the challenges arising from the integration of patients rose a number of levels including practical (financial) and human (conflict resolution, unfounded fears)

6) Limitations included the small cohort sizes, also the intangibility and difficulty in capturing methodologically the personal development of fellows.

7) Future research may wish to consider a social network analysis of alumni fellow groups to more fully capture the education and personal development of both clinician and patient fellows.

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**Keywords:** improvement Science; multi-disciplinary education; patient and public involvement

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