

# Integrating service user experiences for radiography education: Lessons to learn and lessons learnt

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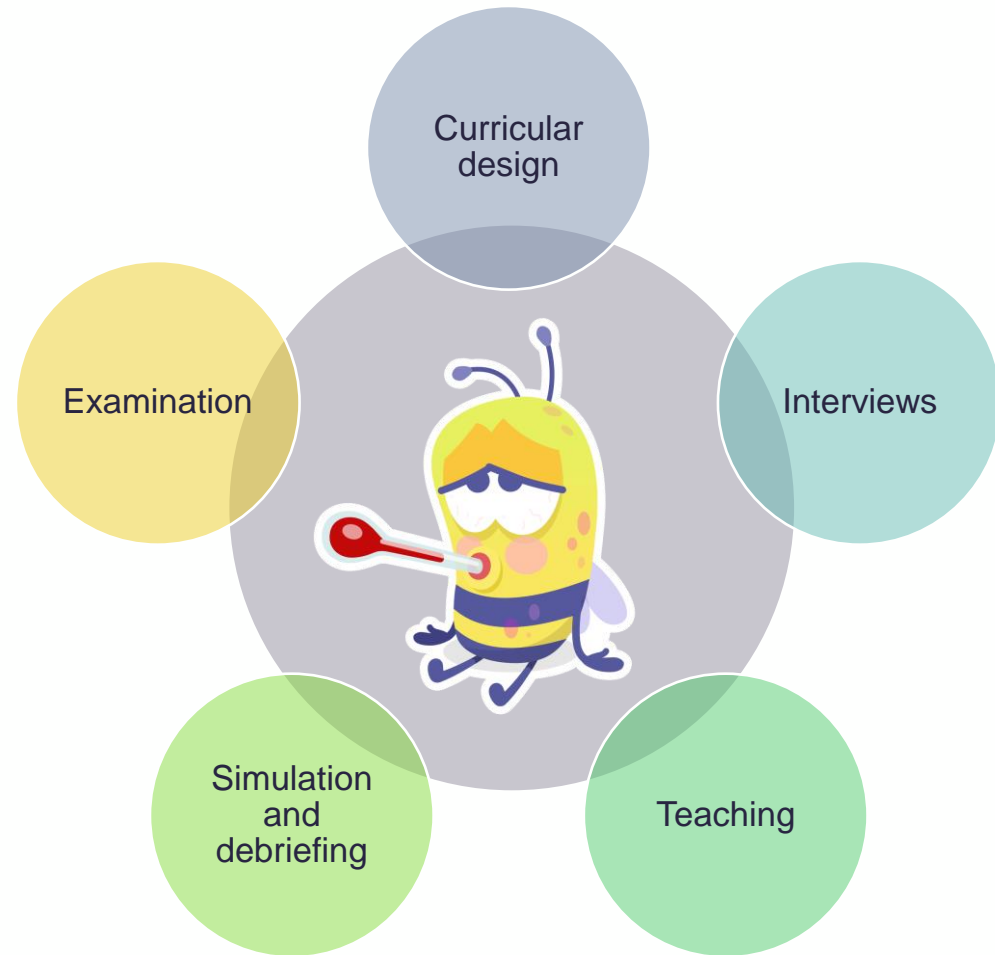
# Background

HCPC direct educators to integrate service users within the curricular.

*'To better prepare and enhance students' experiences'.*

Service users are often motivated to take these opportunities to promote experience care in the future.

Aim: Promote reflection on your own practices when using service users.



(Bridge et al., 2023; Harvey-Lloyd and Strudwick 2018; Howarth, 2018; Strudwick and Harvey-Lloyd 2013)



Educator



UKIO Conference  
working party member:  
Patient Lead



Service user

# Service user involvement



Feel valued	Tokenistic involvement
Listened to	Mismatch of agendas
Breakdown barriers/stereotypes	Practical barriers to involvement
Empowerment	Harm
Post traumatic growth	

**Vulnerable  
'Put on show'**

**'Opening up a box of emotions'**



# Educator

## Training and information

- EDI
- In house network
- Orientation to environments
- Introduction to policies and procedures

## Co-production

- Discuss the session for authenticity
- Integrate ideas
- Adjust session parameters to ensure comfort
- Note accessibility requirements

## Briefing

- Environment
- Cohort size
- Session style
- Recording

## Debriefing

- Phone calls
- Email
- In person
- Timing

## Promotion

- Social media
- Photography
- Biographies
- Acknowledgment



(Robbins, 2023; Naylor et al. 2015)

# Co-production- UKIO

Organiser

Speakers

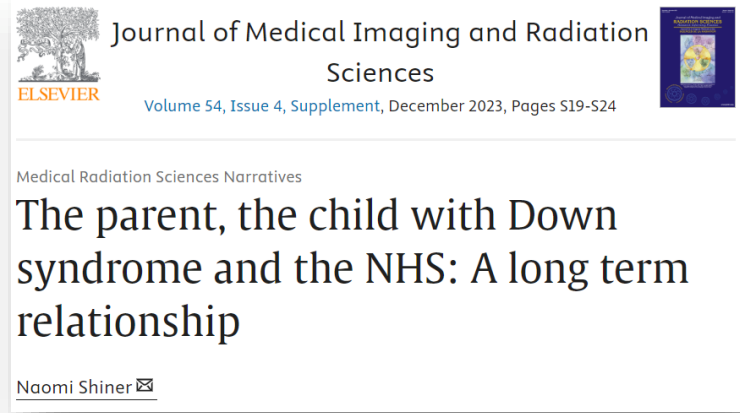
Funded Delegates

Accessibility considerations

Virtual attendance



# Service user



Long term considerations - who is hearing your story?

Personal steps in managing vulnerability.

Sudden last-minute changes to the professions present.

Share student feedback – useful for future sessions.

Requests to share story within 10-15 mins - 3hrs co-developing resources.

Heckled

Only panel member not to be recompensed

Virtual sessions no debriefing

(Robbins, 2023)



# Some considerations



- What are your intended learning outcomes?
- Why are you asking for a service user to share their story or be a simulated person?
- How much is their experience worth to you?
- Consider the time they are giving, the impact away from their home life, caring responsibilities?
- How can you make this a positive experience for all?
- Consider what stage they are in their journey, is it the right time?



# Support in simulation

## THE ADAPTED ETHICAL FRAMEWORK FOR SIMULATED PATIENTS

No pressure to become a SP

No pressure to participate in specific roles

Free to withdraw from participation at any time and without need to justify

A persons right to make choices

**RESPECT FOR AUTONOMY**

A fair distribution of services in society

**JUSTICE**

Opportunity to be an SP irrespective of race, gender, social class, disability, etc.

Involvement in shaping healthcare (patient / person centred)

Advocacy

**NON-MALEFICENCE**

Avoidance of harm

**BENEFICENCE**

A commitment to benefiting the client

Potential for SPs to be upset by the situations is reduced to an absolute minimum

Appropriate support should SP become distressed

Consent procedures fully adhered to

Benefits for the SPs may be:

- Understanding work of health care staff
- Exposure to health and wellbeing
- Exposure to the relevance of safety
- Enjoyment and satisfaction of contributing
- Potential to be ambassador/role model/influencer
- Personal needs met: 'putting something back into the system'
- Confidence building
- Payment

# Summary

Value for all parties.

Organisational level structure and process.

Care to be provided before, during and after the session.

Do no harm.

Work together!



Process and documentation



Contract- payment



Onboarding



Equal opportunity



Connection

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Thank you

Any Questions?