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# Engaging Consumers in Workforce Training Guideline

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### 1. Introduction

At the WA Country Health Service (WACHS), consumers are first in all that we do. Engaging with and listening to consumers and carers and their health care experiences, is essential to inform health service improvement.

Involving consumers in the design and delivery of clinical and non-clinical workforce training is one of the ways we can use consumer perspectives and experiences to improve our services; ensure an ongoing focus on patient-centred care; and meet the requirements of the National Safety & Quality in Health Service Standard 2. Insights into the experiences of consumers, carers and families, seen through their eyes, and gained via training and professional development, can be applied by clinicians and non-clinical staff to improve ongoing practice.

#### **Benefits for Staff:**

- Motivates staff by emphasising the relevance of learning and assists in the development of clinical and non-clinical reasoning
- Encourages staff to value cultural and consumer diversity
- Fosters empathy and the development of relevant consumer-centred professional skills including communication
- Enhances understanding of consumer perspectives
- Develops an appreciation for an individualised approach to health care.

#### **Benefits for Consumers:**

- Improved training of the medical workforce, resulting in improved healthcare for the whole population
- Improves consumers' knowledge of their condition
- Increases self-esteem and empowerment
- Strengthens understanding of the health professional-consumer relationship
- Provides a sense of satisfaction that their experience will help to benefit the wider community.

This Guide supports the WACHS [Workforce Learning and Development Policy](#) and [Program Development Procedure](#) which include requirements for staff to involve consumers in workforce training and development, where appropriate.

Staff are to refer to the WACHS L&D policy and procedure when planning for, designing and implementing training programs.

This guideline provides WACHS staff with information on how to involve consumers in the design and delivery of workforce training, as well as some practical checklists, tips and examples to follow.

## 2. When to Involve Consumers

If you are planning to develop, review or deliver workforce training, you should consider whether engaging consumers or incorporating the consumer voice into these activities will be beneficial, appropriate or useful for everyone involved (staff and consumers) and that you have the capacity to ensure consumers are well-supported in their role.

### 2.1 WACHS Learning & Development Procedure

- **Part 3** of the WACHS L&D Program Development Procedure outlines the stages that need to be undertaken when developing programs or training.
- **Stage 2 of the Procedure** provides for consumer representation and input in the establishment of a review team for the training program.
- **Program Request forms** in the final section of the Procedure should be completed and include details of any consumers members on your review or development team.

### 2.2 What kinds of training would benefit from consumer involvement?

The Executive Sponsor, in discussion with the Content Lead of any training program development or Review Team should consider whether the training program would benefit from consumer involvement, and the best way to achieve this. This may vary depending on the training/education topic.

Non-clinical training programs are good candidates for consumer input and involvement. Examples of these include, but are not limited to:

- Cultural awareness training
- Customer service training
- Communications training
- Primary health and preventative care training
- Chronic conditions self-management training
- Staff orientation and induction
- PATS training
- Disability Access and Inclusion training.

Some technical clinical training may not be suitable for consumer involvement, but some can positively benefit from including a consumer voice or experience in the receipt of clinical care. Examples may include:

- Mental Health professional development
- Aged Care professional development
- Clinical interviews/taking case histories
- Safety & Quality topics such as falls prevention, hand hygiene, clinical handover etc.
- Complaints management training.

### 3. Recruiting Consumers

Once you have decided to involve consumers in the design or delivery of your training program, the next step is to find interested consumers who are suited to the role. Usually consumers are willing to participate if they believe their voices are being genuinely heard and will influence change.

#### **What skills, experience, or background will a consumer need?**

This may vary depending on the type of involvement, but generally:

- a lived experience in receiving health care or services, relevant to the training topic
- an ability to look beyond their own experience
- willingness to participate and share their experiences – even if they are personal, negative or uncomfortable
- confidence in sharing their story or speaking in group settings
- a basic understanding of the health service, including roles and responsibilities of carers, consumers and clinicians.

#### **Where can we find consumers to participate?**

Based on the types of skills, or experience required, you can identify suitable consumers via:

- your local [District Health Advisory Councils](#) (“DHACs”)
- your region or districts’ Consumer Representative database if you have one
- Local health support groups and networks
- [WA Health Consumers Council](#) (“HCC”)
- local / regional WACHS program staff for recommendations of current or recent patients, carers or families
- advertising in local papers, noticeboards etc.
- advertising in WACHS newsletters, websites and brochures
- contacting local groups such as multicultural resource centres, community resource centres, Aboriginal<sup>1</sup> health organisations, community health centres and groups, schools, senior citizen centres etc.

#### **How do we formalise the consumer’s participation?**

- **Get their consent**, including disclosing:
  - The purpose, aim, expectation and conditions of participation;
  - The level of participation;
  - How they will be supported (*see Section 5 for further details*)
  - What you will do with the information consumers give you?
  - How you will inform them of any outcomes of the work you do together?
  - How their story or photo may be used for training purposes (if applicable)
  - Whether their real name or an alias will be used (if applicable).
- **Provide a mechanism for withdrawing** from participation.
- **Confirm all these details in a letter** to the consumer.
- **Ask them to sign a [WA Health Volunteer Agreement](#)** (includes confidentiality agreement).

<sup>1</sup> Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

## 4. How to Involve Consumers in Workforce Training

Consumer perspectives and experiences can be incorporated into workforce training in many shapes and forms including:

- consumer / patient stories
- consumers as trainers or educators
- reviewing and developing training materials
- consumer feedback.

The degree of involvement and the role of the consumer can vary along a spectrum of engagement, from minimal involvement to full partnership, as shown in [Appendix 1](#).

WACHS encourages staff to be creative and innovative in their approaches to involving and engaging consumers, beyond the examples provided.

Whatever the approach, always ensure the consumer is well-supported to participate: see the Checklist in **Section 5** and the information below.

### CONSUMER STORIES

Inviting consumers to share their health experience or “story” as part of the delivery of training can be a powerful way to understand consumer perspectives and to influence attitudes towards consumers. Consumer stories can be produced and delivered in a number of formats, including:

- consumers sharing their experience/perspective in face-to-face staff workshops / education sessions (or via video-conference)
- consumers sharing their experience in a pre-recorded/semi-scripted video
- written consumer stories included as written case studies in e-learning programs, face-to-face workshops, or in supplementary paper-based or online training resources.

See [Appendix 2](#): Collecting consumer stories checklist and case study.

### CONSUMERS AS TRAINERS / EDUCATORS

Engaging patients as teachers can be beneficial in clinical training and education. In some settings, engaging trained patients or actors to simulate patients in a patient consultation scenario has been shown to improve communication and change attitudes towards consumers. This could also be useful in non-clinical, customer service scenario training.

Experienced consumer representatives may also be engaged in providing training or education to staff on consumer-centred care, consumer engagement, or the consumer role within the organisation.

In any case it is important to put a structured process in place to adequately train and support consumers in this role.

See [Appendix 3](#): Involving consumers as trainers/educators checklist and case study.

### REVIEWING TRAINING MATERIALS

If there is a committee in your region or program/service area that oversees training and development for the workforce, you could consider inviting a consumer to join this committee to provide input into training and development priorities and the development of training materials.

You can also appoint consumer members to your Program Development or Review Teams for specific training program projects. Refer to the WACHS L&D Policy & Procedure.

There are several resources available on the [WACHS Consumer Engagement intranet page](#) to assist you in supporting consumers representatives in formal WACHS groups such as project teams, committees and working groups:

- [Information for WACHS Committees with Consumer Representatives](#)
- [WACHS Consumer Representative Role Description Template](#)
- [Guidance for Consumer Representatives](#)
- [Online Training Course for Consumer Representatives](#) (approximately 60mins)
- [Stop this meeting I want to get off!](#) (YouTube link to a humorous, but not far from the truth, take on consumer participation in health service bureaucracy).

See [Appendix 4](#). Checklist for involving consumers in training review and design teams.

### CONSUMER FEEDBACK

Feedback on health care experiences and ideas for service improvement can be received in a variety of ways from consumers across WACHS, and may include:

- Compliments and complaints systems
- Consumer and community consultation activities and events
- District Health Advisory Councils, Mental Health Consumer Advisory Groups, Local Health Advisory Groups, Hospital User Groups
- Patient/client surveys
- Stories shared on [Patient Opinion](#)

The information shared by consumers in these ways can be used to inform and enhance workforce training.

For example, feedback might highlight areas of service/skills that could benefit from focussed training/development at a particular site, team, or region.

Assessing any gaps in training identified from feedback provided by consumers on their health care experience, should form part of the health service's improvement approach.

See [Appendix 5](#): Using consumer feedback to learn and improve - checklist and case study.

## 5. Supporting Consumers in Their Role

Throughout the process of involving consumers in workforce training, it is important that consumers feel **supported, valued** and **guided**. Use the checklist below:

### **CHECKLIST: SUPPORTING CONSUMERS**

#### **.. Preferences and support requirements**

Ask your consumer what their preferences are for participating and try and meet/respect these preferences whenever possible. This is particularly relevant for consumers from Culturally and Linguistically Diverse populations, Aboriginal consumers, rural and remote consumers, those with a disability, young families, and mental health conditions etc.

You should consider:

- accessible facilities and transport
- appropriate settings and convenient session/meeting times
- the health literacy of the consumer and whether interpreters and/or translated materials are required.

#### **.. Communications**

- Provide your consumer with clear, complete, timely and accessible information about their role and the training activity during all aspects of the process.
- Encourage the consumers to comment and ask questions at all time during the process.
- Provide a list of commonly used acronyms relevant to the training program you are working on.

#### **.. Peer support**

Consider engaging more than one consumer in your project. This has several benefits:

- Ensures a level of support level of peer support
- Provides back-up representation should one consumer become unwell or is unable to attend
- Provides for more diverse representation of the consumer voice.

#### **r Training and orientation**

WACHS is responsible for providing orientation, training, safe environments, insurance cover and reimbursement for approved out-of-pocket expenses to volunteers and consumer representatives, as per the [WA Health Volunteer Policy](#)

- Consider practical aspects of participation and visiting clinical settings, such as Fire and Evacuation procedures and Hand Hygiene information.

- If a consumer is being involved in face-to-face training of staff or a recording is being made of their story, consider your consumer's confidence and cover aspects such as:
  - scripting
  - practice runs
  - coaching.
- If involving a consumer in a formal learning and development committee, consider implementing a trial period of three meetings. This allows the consumer representative to decide if the role is suited to them and allows the health service to determine whether the representative needs any additional support, training or guidance.

### .. **Reimbursement**

The cost of participating in volunteer work can act as a major barrier to consumer and carer participation.

- in line with the [WA Health Volunteer Policy](#), WACHS regions and program areas may consider reimbursing approved out of pocket expenses for volunteers and/or consumers engaged in more complex forms of engagement such as participation in governance committees, working groups, training and education of staff, or delivering a volunteer service.
- Payment for participation may be considered at the discretion of the program manager or Executive Sponsor.
- Currently, participation payments are available only for District Health Advisory Council members as determined by the WACHS [Advisory Council Participation Payments, Reimbursement of Expenses and Support Policy](#).

### .. **Confidentiality**

Consumer volunteers and representatives working with WACHS are bound by confidentiality and disclosure clauses. A [WA Health Volunteer Agreement \(including Confidentiality Agreement\)](#) is to be entered into prior to engaging with consumers.

### .. **Evaluation**

- Seek feedback from consumers engaged in workforce training on their experience, what can be improved, if support provided is sufficient, and how the experience benefited them as consumer. This feedback can also be used to improve future consumer engagement approaches and activities.

## 6. Roles and Responsibilities

It is important that staff and consumers involved in the development, review, delivery and evaluation of workforce training, understand their roles and responsibilities.

### **Executive Sponsors of Training Program Development / Review Teams**

- Determine whether consumer input and/or partnership should be sought in the review, development and/or delivery of the training program.
- Identify opportunities for incorporating consumer involvement into the training program and into their improvement activities.
- Provide support and resources for consumer engagement.

### **Content Leads of Training Program Development Review Teams**

- Recruit suitably skilled consumers to participate in, and/or provide input to workforce training.
- Provide support to consumers (as outlined in these Guidelines) so they are able to fulfil their engagement role.

### **Program Development or Review Team members**

- Demonstrate support for and value the consumer or consumer representative role on the team.

### **Regional Learning & Development Coordinators**

- Demonstrate support for and value the role of consumer input and participation in workforce training review, design, and delivery.
- Provide support to Executive Sponsors and Program Development or Review Teams to involve consumers if required.

### **Staff participants in workforce training**

- Understand, demonstrate support for, and value the role of consumer participation in the delivery of workforce training.

### **Staff educators/trainers**

- Assist staff participants in understanding and valuing the role of consumer participation in the workforce training.
- Provide support to consumers involved in delivery staff training where required.

### **Consumers engaged in designing and/or delivering workforce training/education**

- Advise staff of any special participation requirements or preferences.
- Ensure they understand their role and ask for clarification and guidance if they do not.
- Ask questions if they do not understand anything during the engagement process, and ensure they have all relevant information to provide input and feedback.

## 7. Evaluation

WACHS Regions and Program Areas should record evidence of consumer involvement in workforce training design and delivery for the purposes of evaluating effectiveness of engagement as well as for use in accreditation and annual reporting processes.

It is a requirement of the WA Health [Code of Conduct](#) that employees “comply with all applicable WA Health policy frameworks.”

## 8. References

Australian Commission on Safety & Quality in Health Care. (2016). *National Safety & Quality Health Service [Standard 2: Partnering with Consumers](#)*. [online]

Spencer, J., Godolphin, W., Karpenko, N. and Towle, A. (2011). [Can Patients be Teachers? Involving patients and service users in healthcare professionals' education](#). United Kingdom: The Health Foundation

## 9. Related Policy Documents

WACHS [Workforce Learning and Development Policy](#)

WACHS [Program Development Procedure](#)

WACHS [Partnering with Consumers Guideline](#)

WACHS [Advisory Council Participation Payments, Reimbursement of Expenses and Support Policy](#)

## 10. Related WA Health Policies

[WA Health Volunteer Policy](#)

## 11. Appendices

**Appendix 1:** [Spectrum of Engagement](#)

**Appendix 2:** [Checklist and Case Study: Collecting and using consumers stories](#)

**Appendix 3:** [Checklist: Engaging consumers as teachers / trainers](#)

**Appendix 4:** [Checklist for involving consumers in training program review teams](#)

**Appendix 5:** [Checklist and Case Study: Using consumer feedback to learn and improve](#)

## 12. Definitions

<b>Carer</b>	A person who (without being paid) provides ongoing care or assistance to another person who has a disability, a chronic illness or a mental illness, or who is frail. This includes family members who may not identify as carers. Carers may receive an allowance from Government to support them to provide care to an individual.
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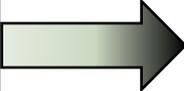
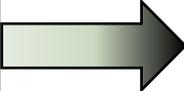
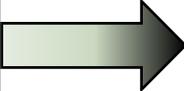
<b>Community</b>	Members of the public, including future users of health services, volunteers, community agencies and people who live in a defined geographical location and/or who share a sense of identity or have common concerns.
<b>Consumer (Health)</b>	A person who is currently using, has previously used, or will potentially use a health service, including individual patients, their families and carers, and community members.
<b>Consumer-centred care</b>	Patient or consumer-centred care is health care that is respectful of, and responsive to, the preferences, needs and values of patients and consumers. It puts the consumer in the centre of all health care decision making.
<b>Consumer feedback</b>	Formal and informal, written or verbal input, comments, suggestions, complaints and compliments.
<b>Consumer groups</b>	Groups that share a common health care experience, including consumer organisations, carer groups and advocacy, self-help and consumer network organisations.
<b>Consumer/carer representative</b>	An individual who has a lived experience of as a health service consumer or carer, who voices consumer/carer perspectives and takes part in the health service decision making processes on behalf of consumers/carers.
<b>Consumer/carer participation</b>	Encompasses the paid and voluntary contribution by consumers, family members and carers in a range of activities with WACHS such as attendance at forums, participation on committees, meetings and other formal functions.
<b>Engagement</b>	An informed dialogue between an organisation and consumers/community that encourages sharing of ideas, options and collaborative decision making.
<b>Health literacy</b>	The extent to which consumers can obtain, process and understand information about health care, services and the health system. It also refers to a consumer's capacity to use that information to make decisions about their health.
<b>Volunteer</b>	A person who participates of their own free will, without financial reward (not including reimbursement for approved out of pocket expenses)

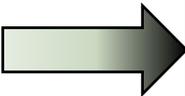
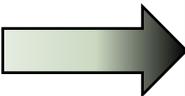
**This document can be made available in alternative formats on request for a person with a disability**

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**Appendix 1: Spectrum of Engagement of Consumers in Workforce Training**

Consumer Role	Degree of engagement with role		
	(Limited engagement)		(High engagement)
<p><b>1. Paper-based or Electronic Case Study / Scenario:</b> Consumer is focus of a paper-based, electronic or web-based case study/scenario.</p>	Case study/scenario written by staff and no input from the consumer other than serving as the example/subject.		Case study scenario written and evaluated by members of consumer group being described.
<p><b>2. Standardised / Simulated Patient:</b> Consumer encounter with staff is scripted, serves as an example to illustrate or reinforce learning</p>	Individual who is not a consumer with the specific condition reading or acting out a pre-prepared script which was not written or evaluated by consumers.		Individual with the condition simulating a clinical encounter with staff using a script written and evaluated by members of that consumer group.
<p><b>3. Consumer shares their experience with staff within WACHS developed / coordinated training program:</b> Consumer is invited to share their experience. WACHS plan the encounter but consumer determined personal comfort and level of participation.</p>	Single contact in which consumer(s) share their experience in their own words but staff do not have the opportunity for engagement (such as asking questions).		Multiple interactive encounters between consumer(s) and staff in which staff have the opportunity to ask questions.
<p><b>4. Consumer Teacher (s) involved in training and/or evaluating staff:</b> Consumer is given preparation for specific training role, may actively question staff participants, be involved in giving feedback and/or evaluating their performance.</p>	Consumer educator(s) given minimal preparation for a single encounter with students in which they are given independence to teach, question and/or evaluate staff participants.		Multiple encounters between staff participants and consumer educator(s) in which the consumer is given extensive preparation for training role and works collaboratively with WACHS as an equal partner in training and/or evaluation.

Consumer Role	Degree of engagement with role		
	(Limited engagement)		(High engagement)
<p><b>5. Consumer Teachers(s) as equal partners in staff training and education and program development:</b>                      Consumer involved in many aspects of training delivery, development and evaluation, beyond specific sessions to training programs as a whole. A true partnership in which consumers make meaningful and valued contributions to decision making.</p>	<p>Consumer teacher(s)' involvement across all aspects of learning and development: training, evaluation, and contributing to curriculum; however, their involvement in these aspects may be sporadic and/or their contribution to some roles may be greater than others.</p>		<p>Complete immersion of consumer teacher(s) in all aspects of learning and development: training, evaluation and curriculum design with this involvement being sustained over time and a substantial input to all three roles.</p>
<p><b>6. Consumer (s) involved at the organisational level as teachers in training, evaluation and program development for staff:</b>                      As above but there also are also organisational policies that ensure involvement in decision making groups within WACHS professional training and development.</p>	<p>Consumers teacher(s) involved in all aspects of L&amp;D delivery: training, evaluation and curriculum design as well as some type of organisational support for consumer involvement in L&amp;D.</p>		<p>Consumer teacher(s) involved in all aspects of education delivery: training, evaluation and curriculum design as well as an institutional directive for consumer involvement in education and extensive involvement of consumer teacher(s) on boards at the organisational level.</p>

**Source:** The Health Foundation: *Can Patients be Teachers? Involving patients and service users in healthcare professionals' education.* 2011.

## Appendix 2: Checklist: Collecting consumer stories

- .. Make sure the consumer is comfortable and at ease.
- .. Explain and discuss the purpose and format of the story interview.
- .. Ensure you have the consumers' signed consent to use their story and/or photo for training and education purposes.
- .. Ask the consumer if they would prefer their story to be de-identified or use an alias
- .. Encourage the consumer to tell their own story in their own way, on their own terms and at their own pace.
- .. Start with open-ended questions such as "how did things start for you?" or "how did that make you feel?"
- .. Invite the consumer to reflect on their own experiences.
- .. Invite the consumer to suggest improvements. Focus on things that would have made all the difference in their own specific experiences.
- .. Paraphrase the consumer's experiences, their reflections and their suggestions.
- .. Give a simple, concise outline of the next steps in the project including how their story will be used to educate staff and/or make improvements.

### **CASE STUDY: Partnering with consumers to deliver Heart Failure Education**

As part of the WACHS Chronic Disease Self-Management Project, a survey of staff knowledge and practice in selected chronic diseases highlighted gaps in the care of patients with Congestive Heart Failure (CHF) in Bunbury and Busselton hospitals.

A Heart Failure Education Day was held for staff tailored to address identified gaps. In order to gain a consumer perspective amongst the clinical training content, Gail, a patient from the Bunbury Cardiac Rehabilitation Program (CRP) was invited to present to staff her experiences of her recent stay in hospital.

She raised several issues around the lack of education and patient information related to fluid restrictions and of broader staff/patient communication concerns. Subsequently, Chronic Conditions Project Officer, Dawn Lake, collaborated with Gail to produce patient education resources.

Staff who attended the education day expressed an increased understanding of the consumer perspective and an intention to change practices, and Gail stated that having her issues and challenges acknowledged made her feel valued and more positive about returning to hospital in the future.

Lessons learned from this process highlighted the importance of building good relationships between staff and consumers. Approaching hospital staff with constructive feedback can be confronting for consumers. Developing trust and a good rapport with consumers helps them feel supported and safe to relate honestly with staff. Ensuring full support from staff and management, encourages staff to be open to consumer feedback to improve services.

**See also:** Department of Health [Toolkit for Collecting and Using Patient Stories for Service Improvement in WA Health](#).

### Appendix 3: Checklist: Involving consumers as trainers / educators

- .. Brief the consumer on their training role, expectations, and audience
- .. Introduce the consumer to the training group, and emphasise the value of their role
- .. Formal training settings can be daunting: where possible, consider involving the consumer via an informal Q&A sessions as part of the training program.
- .. Provide your consumer with talking points and questions for them to refer to and use with the training group.
- .. Ask staff for feedback on the session and share feedback with your consumer. Work with your consumer to improve their involvement for future training sessions.
- .. Ask your consumer for feedback on their experience in the training session, suggestions for improvement and any other support they might need.

#### **CASE STUDY: Consumer involvement in orientation and training of WACHS Great Southern Graduate Nurses**

The Albany Health Campus graduate nurse program is structured to ensure graduates are fully supported with a comprehensive orientation and induction process and ongoing study days mapped throughout their one year program.

In the first week of orientation, graduates are exposed to a large range of experiences, discussions and meetings. In previous years discussion often related to how to interact with consumers, particularly how to build rapport with a consumer, be it a patient, carer or family regarding their “new nurse” status.

This highlighted an opportunity to invite a consumer representative to talk about experiences from a consumer perspective to address these kinds of questions.

Using District Health Advisory Council (DHAC) contacts, the Staff Development Educator (SDE) identified and invited a consumer to meet and talk with the graduate nurses. The consumer was briefed on the purpose, scope, and expectations of their role and provided with background on the graduate program. The SDE and the consumer also discussed what other consumer communication issues and information would be useful to discuss with the graduates.

Using some agreed “talking points” and questions as a guide, the SDE facilitated an informal discussion session between the graduate nurses and the consumer.

Feedback from the graduate nurses was overwhelmingly positive, citing the consumer aspect of the orientation program as being particularly valuable, relevant and something that had not be covered in their university training.

The consumer felt well supported by having a clear understanding of her role, the purpose of the session, and support from the SDE. She also felt a certain satisfaction with be involved, knowing that providing the consumer perspective to the graduate nurses would impact the way they communicated and interacted with future patients.

Based on the success of the consumer session, consumer involvement in orientation processes will continue to be undertaken throughout the year where possible.

## **Appendix 4: Checklist: Consumer representatives on training review and design teams**

Being a consumer representative can be a daunting experience when that person may be the only consumer member in a group of health professionals.

Support from the working group, committee, or team Chair and members is important and enables the consumer representative to be a valued and respected voice in the group.

In addition to the Supporting Consumers Checklist at Section 5, consider the following points:

### **On appointment of the consumer to your team / group:**

- .. Describe the team / group's role in plain English, provide Terms of Reference (if available), and the names and positions of other members.
- .. Advise fellow members of the consumers appointment to the group, and background and information on how to support them in their role.
- .. Provide background information, explain key issues, and a list of regularly used terms acronyms.

### **Before each meeting:**

- .. Clarify meeting arrangements i.e. venue, date / time, access and diet needs.
- .. Send agenda and papers well in advance of the meeting in hard and electronic form

### **At the meeting:**

- .. Welcome and introduce the consumer representative to the rest of the committee at the start of the meeting and ask other members of the committee to introduce themselves.
- .. Ensure the consumer representative has the opportunity to express their viewpoint/s. Explain or avoid jargon or abbreviations.
- .. Help the consumer representative build relationships with other committee members.
- .. Encourage consumer representatives to add issues to the agenda and ensure they are involved in any informal discussions.

### **After the meeting:**

- .. Promptly pay any eligible out of pocket expenses or participation payments.
- .. Provide meeting minutes (email and post) including next steps, date of next meeting and when you will be in contact next.
- .. Provide feedback on any outcomes of the meeting.
- .. Check how the consumer representative found the meeting and whether there is anything you can do to improve this experience.
- .. Consider whether wider consumer consultation is needed. The consumer representative could provide input on how this should be done or what should be included in it.

## Appendix 5: Case Study: Using consumer feedback to learn and improve

### **Learning from consumers: Patient and family involvement in the Wheatbelt Clinical Review process**

All clinical incidents in the Wheatbelt are reported according to the WA Health approved process. Depending on the type and severity of the incident, some incidents undergo a more formal and structured clinical review to determine what the contributing factors and system failure were that led to the incident.

These reviews usually include a wide range of clinical staff involved and specialty teams to help make recommendations and actions to improve care and address the system issues.

In 2015, WACHS Wheatbelt began inviting patients, carers, and families to participate in the review of their clinical incidents to help increase the likelihood of developing more sustainable and effective clinical practice change.

Hearing the perspectives and concerns of the consumer, carer and/or family first hand helps staff to understand the impact of clinical incidents from a consumer point of view and identify areas for improvement that may not have otherwise been considered.

Some unexpected benefits have been gained by including patients and their families in reviews. Once family offered to donate money to assist in purchasing equipment for the better management of falls risks.

Another family member became engaged in designing a pre-admission questionnaire to help identify a number of risks including falls and delirium. Based on the positive results, the consumer-centred clinical review practice is being extended to other areas of risk across the business.