

## Co-Production Guidance for Education Articles

A key component of *The BMJ* Patient Partnership strategy, is to co-produce our content with patients. As part of this we are committed to asking authors of educational articles to work with patients in their development of these articles. In this guidance we use the word patients to cover the broad range of people who have health conditions, use healthcare services or have a role as carers for these people.

### **Why involve patients?**

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### **Why involve patients?**

Patient and public involvement in healthcare is now widely seen as good practice and backed by national and international policies. The BMJ is seeking to help drive this movement forward through its pledge to co produce the journals' content. We see this as integral to achieving our mission to inform and stimulate doctors in ways that will improve outcomes for patients.

### **How do I start involving patients?**

Many doctors now work closely with patients and will feel confident about ways to involve them in developing their article. If not, there are a range of ideas provided in this guidance. It might help to visualise this ladder of involvement shown below. In general, the further up the the ladder you can go the better.

#### **The 'Ladder of Engagement and Participation'**

There are many different ways in which people might participate in health depending upon their personal circumstances and interest. The 'Ladder of Engagement and Participation' is a widely recognised model for understanding different forms and degrees of patient and public involvement, (based on the work of Sherry Arnstein?). Patient and public voice activity on every step of the ladder is valuable, although participation becomes more meaningful at the top of the ladder.

<b>Devolving</b>	Placing decision-making in the hands of the community and individuals. For example, Personal Health Budgets or a community development approach.	<b>Devolving</b>
<b>Collaborating</b>	Working in partnership with communities and patients in each aspect of the decision, including the development of alternatives and the identification of the preferred solution.	<b>Collaborating</b>
<b>Involving</b>	Working directly with communities and patients to ensure that concerns and aspirations are consistently understood and considered. For example, partnership boards, reference groups and service users participating in policy groups.	<b>Involving</b>
<b>Consulting</b>	Obtaining community and individual feedback on analysis, alternatives and / or decisions. For example, surveys, door knocking, citizens' panels and focus groups.	<b>Consulting</b>
<b>Informing</b>	Providing communities and individuals with balanced and objective information to assist them in understanding problems, alternatives, opportunities, solutions. For example, websites, newsletters and press releases.	<b>Informing</b>

Source: NHS England

As part of *The BMJ's* Patient Partnership Strategy, we have a Patient Editor, Anya de longh working alongside clinical editors and they are very willing to help discuss this with you. (email [adeiongh@bmj.com](mailto:adeiongh@bmj.com)).

### What might patient involvement look like in an education article?

The following table provides examples of what patient involvement might look like in education articles.

Method	Explanation (and examples)
Informal patient interviews	Some clinicians have done informal interviews with patients and carers and collected feedback at a service level.  Example: <a href="#">Interpreting Iron Studies</a>
Author initiated Patient review	In their development of the article, authors may ask patients to review an early draft. Such questions might include “what is missing, what would you do differently?”  Example: <a href="#">Is tonsillectomy recommended in adults with recurrent tonsillitis?</a>
Including a Patient Commentary	To sit within or alongside an article to provide a patient perspective on the topic, making them more 'visible' in the process - such as hearing patient perspective through podcasts/ creating videos or BMJ Opinion pieces alongside articles.  Example of a short commentary within an article: <a href="#">When to refer for palliative radiotherapy</a>
Patient Co-Author	When patients or carers have been equal partners in the writing of the article, and are listed at authors. Whilst this is often seen as optimal, patient co-authors should not be tokenistic. This must fulfill ICMJE requirements as for all other authors.  Example: <a href="#">Long term hormonal treatment for transgender people</a>
Developing Infographics	Infographics are often created for clinicians, and

	can benefit from patient input, and could additionally be created for clinicians to use in consultation with patients (or directly for patients.)
Using pre-existing patient feedback and opinions	<p>Many patient perspectives are already widely shared online and can provide valuable insights. Platforms include Care Opinion (UK), blogs and social media, James Lind Alliance priorities, Healthwatch (UK) and condition specific support group reports.</p> <p>Example: <a href="#">Eosinophilic oesophagitis: update on management and controversies</a></p>
Contributing to Education Podcasts	<p>Recording a patient narrative as part of a podcast creates interest in education podcasts. NB this can be done remotely without having to come to <i>The BMJ</i> offices.</p> <p>Example: <a href="#">Helping bereaved people</a></p>

The '[What Your Patient Is Thinking](#)' series of articles are part of our education suite of articles, and is written and edited by patients to provoke thought and understanding of patient and carer perspectives. Any patients involved might also consider writing a WYPIT.

### How to find people to involve?

Authors may see patients in clinic regularly, but finding patients and carers to contribute to articles is often described as difficult. Some ideas are suggested below.

Source	Notes
Patients seen in clinical roles (eg in clinic)	Whilst easy to speak with, authors must ensure that this doesn't impact the therapeutic relationship and be aware of how their feedback might be influenced by their relationship as a direct patient. Asking patients during an appointment or care can confuse roles.
Condition specific patient groups (health charities, patient organisations and support	Many authors may already have links with these if it is their clinical area of interest.

groups)	
Social media	Many patients are sharing their experiences openly on social media. Searching for relevant hashtags can be helpful. The @BMJPatientEd account can support with this as well as any outreach the authors may wish to do.
Patients with general interests	For conditions where support groups may not exist, the general patient perspective can be valuable as a 'lay non-clinical' viewpoint.
Patients who have participated in training programs to partner in education	Many patients and carers are already actively involved in education of healthcare professionals. In the UK, many university faculties have patient/carer PPI reference groups, and internationally organisations such as Medicine X and ACCME have communities of people who participate in co-creation of medical education.
Liaison with <i>the BMJ</i> Patient Editorial team	Patient Editors have significant networks, and our own international Patient Partnership advisory panel can sometimes suggest links to groups or individuals.

### Reflective questions for Authors to ask themselves

- What will the patient(s) I involve gain from engaging with me on this?
- What will I gain from engaging with patients on this?
- What will the impact of this article be for patients affected by the topic covered?
- How will I create psychological safety so we can work together as equals?
- How will I describe the opportunity for involvement to patients to manage expectations about the editing process (including time-frames and uncertainty about acceptance of all comments/suggestions)
- Have I developed a plan of engagement from start to finish?

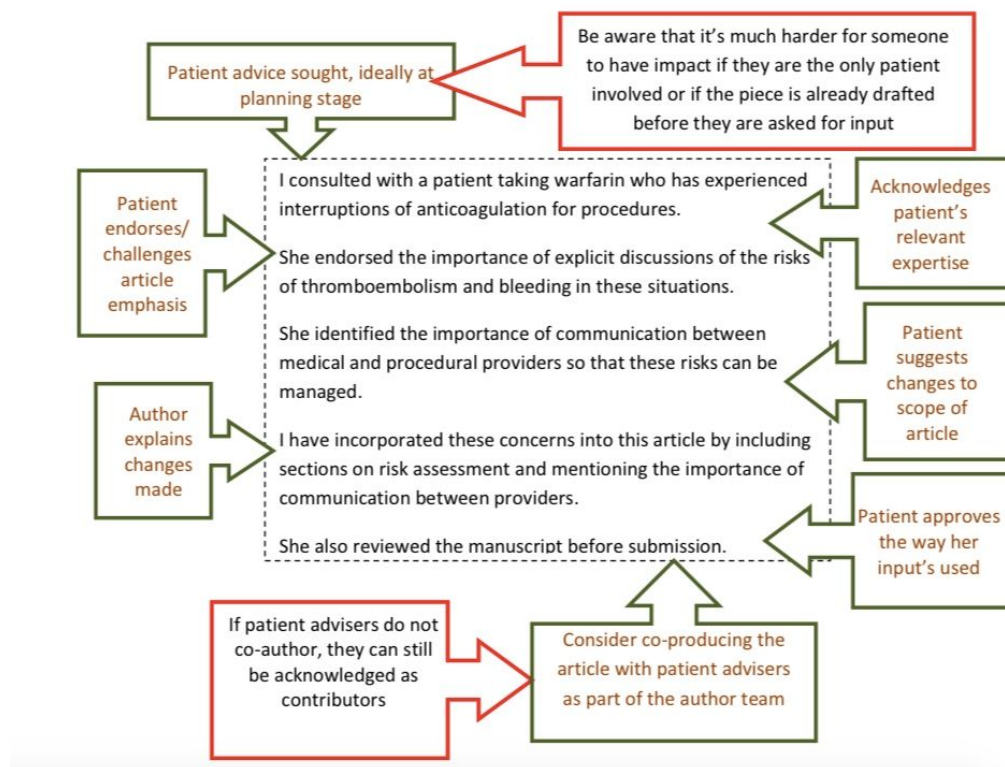
### A Checklist of frequently raised points by Patient Editors

Authors should consider a range of factors that are often cited by patients as being important and regularly raised by our Patient Editor during editorial discussion. Authors should reflect on how these points could be covered within their article:

- The biopsychosocial and holistic aspects of any condition or treatment
- The day to day burden of treatment for patients and carers (including long term impacts on quality of life)
- Any opportunities for self-management
- How this could contribute to shared decision making conversations
- Relevant resources for clinicians to share with patients
- The role of carers
- The role of other healthcare professionals in a multidisciplinary team
- Alternative and complementary therapies
- Practicalities of implementing new investigations or treatment regimes
- Financial impact for patients
- Any condition specific issues that might be raised on support groups or forums for example, or through patient generated FAQ. An example of an article that referenced this is [here](#)
- Implications for people from a range of diverse backgrounds including class, religion and race
- Patient Centred Outcome Measures of any treatment mentioned

### **Patient Involvement Statement**

All education articles are published with a box stating 'how patients were involved in the creation of this article'. Editors will support you to write this at the appropriate stage in the editorial process. The impact of patient involvement in previous articles can be seen by reading the PI statements published with each article. Below is an annotated example of a PI statement for your information.



This guidance has been developed by the Patient Editorial team in collaboration with *the BMJ's* International Patient Partnership Advisory Panel members and clinical editorial colleagues.