

STEP 3 METHODS OF PARTICIPATION AND INTEGRATION OF ACCOMPANYING PATIENTS (APs) IN INTERDISCIPLINARY MEETINGS

CONTEXT

Partnership between patients, their loved ones and healthcare professionals is a ministerial priority enshrined in the *Politique ministérielle de soutien aux personnes présentant des maladies chroniques* and in Axe 2 of the *MSSS Strategic Plan 2023-2027: "Miser sur le partenariat avec les usagers, leurs proches et la population"* [Plan stratégique 2023–2027 – Ministère de la Santé et des Services sociaux](#)

In this context, interdisciplinary teams are called upon to collaborate with accompanying patients (AP), trained and involved in the PAROLE-Onco program. Their contribution aims to enrich clinical exchanges with an experiential perspective, in support of a more humane approach to care based on patients' real needs.

The inclusion of APs in interdisciplinary meetings can be seen as a relational pivot between healthcare teams and patients, facilitating mutual understanding of different perspectives on the disease, promoting the circulation of sensitive information, and amplifying the voice of people living with the disease in clinical decisions in order to make informed, shared decisions that respect the values and needs of those involved (Fournier & Carboneau, 2018).

OBJECTIVE

Detail the modalities and facilitating strategies for effectively integrating accompanying patients (APs) into interdisciplinary meetings, as active and recognized members of the care team.

Recommendation 1: In contexts where several APs are involved in the same program (for example, a team of 10 APs for breast cancer), two¹ persons are designated to represent the entire group at interdisciplinary meetings. This participation can take place in pairs or on a rotational basis, to ensure a faithful and coherent representation of the experience of the patients accompanied, while respecting the ability of each AP to participate.

HOW APs ARE INTEGRATED

- The integration of APs is based on mutual recognition of knowledge, respect for roles, and a willingness to collaborate.
- Interdisciplinary meetings are a strategic space for valuing the voice of experience and enriching the quality of care.

1. Clarify roles and responsibilities

Before integrating an AP into a team, it is necessary to clearly define his/her role and responsibilities. This includes expected tasks (listening, sharing experience, relaying concerns), role limits (e.g. : not giving medical advice) and team expectations. A reference document or charter of commitment could support this clarification.

AP's role in interdisciplinary meetings

- Offer a point of view drawn from lived experience
- Promote understanding and integration of patients' needs and daily lives to foster informed and respectful decision-making
- Reinforce the interdisciplinarity of the team

Limits of the role

- The AP does not intervene in clinical choices or professional judgments
- She does not replace a psychosocial or medical practitioner
- She respects confidentiality and acts within the framework agreed with the team

¹ It is recommended that two APs be designated to ensure that there is always an AP available at meetings.

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Expected posture

- Active listening, respect, benevolence
- Ability to step back from one's own experience
- Commitment to a spirit of interprofessional collaboration

Recommendation 2: All support staff involved in interdisciplinary meetings have signed a [confidentiality agreement](#), which must be strictly adhered to. This requirement helps to establish a climate of trust and guarantees information security in clinical exchanges. This reminder is in line with the mutual recognition of roles within the team: by sharing this ethical responsibility with professionals, APs are considered full members of the interdisciplinary team. This recognition fosters their active participation, legitimizing their access to certain information within agreed limits, while ensuring respect for the confidentiality of the people supported.

2. Formally introduce the AP to the team

An introductory meeting enables the AP to introduce herself, and talk about her background and motivations. It's also a time for professionals to ask questions and express their expectations and concerns. Establishing a climate of mutual respect and collaboration is essential at this stage. A model invitation to an interdisciplinary meeting including an AP is available at [Appendix 1](#).

Recommendation 3: The AP(s) integrated into the interdisciplinary team can prepare a presentation sheet with his/her photo to support his/her oral presentation (cf. [Appendix 2](#)).

3. Prepare an inclusive agenda

Setting the agenda is a concrete way of encouraging the active participation of the accompanying patient (AP). It is important to include points where their contribution is particularly relevant, such as:

- feedback on the support provided,
- concerns raised,
- challenges or issues encountered,
- positive elements expressed by the patients supported or by the AP herself.

The agenda can also include discussion points to clarify expressed needs and ensure continuity of support. Explicitly providing for these discussion points legitimizes the presence of the patient, facilitates upstream preparation and reinforces the patient's position as an active member of the team ([Guide d'accompagnement sur la rencontre d'équipe - Team meeting guide](#)). An example of a structured agenda incorporating the AP's participation is presented at [Appendix 3](#).

Recommendation 4: During interdisciplinary meetings, it is essential to remind clinicians that accompanying patients (APs) are subject to the same ethical rules and confidentiality obligations as they are with regard to the disclosure of clinical information. However, this dynamic can sometimes lead to a certain reticence: for example, if an AP expresses his or her feelings about a clinical situation, some professionals may feel the need to protect them, which may slow down the flow of information, particularly in the presence of the patient. It may therefore be appropriate to address, upstream, the way in which APs communicate in these contexts, in order to preserve a climate of trust and fluidity in exchanges.

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4. Promoting open communication

Creating a climate of trust and listening is fundamental. APs must feel comfortable expressing themselves, asking questions or making observations. Encouraging everyone to speak up, including APs, strengthens the team dynamic and enhances the value of different types of knowledge, including experiential knowledge.

Recommendation 5: During meetings, make sure that everyone participates, especially APs.

5. Use appropriate collaborative tools

The use of collaborative tools (e.g.: shared platform, logbook, simplified minutes) enables APs to follow the progress of cases and contribute to coordination. The use of these tools respects confidentiality rules and is accessible to all authorized members ([FMC 2005](#)).

Recommendation 6: APs all have health and social services network e-mail addresses, which enable them to be integrated into secure spaces, i.e. the Teams group.

6. Define access to (relevant and limited) information

APs can transmit/receive certain clinical information, subject to the explicit consent of the person affected by cancer. It is important to frame this sharing to ensure confidentiality while enabling informed participation.

Recommendation 7: Consent to information sharing by the PAC can be given orally, and does not require written agreement.

7. Recognize the AP as a fully-fledged member

Recognition takes the form of concrete gestures: inclusion in internal communications, mention in assessments or minutes, participation in team discussions. Providing opportunities for input, inviting the AP to contribute to continuous improvement and naming his/her legitimacy are powerful levers for integration.

Recommendation 8: The various forms of recognition that can be used are listed in the [PAROLE-Onco](#) guide, including: inclusion of the AP in internal e-mails, his/her participation in team reviews, explicit mention of his/her contribution in minutes, as well as his/her presence at moments of evaluation or collective reflection. These concrete gestures validate their role, reinforce their legitimacy and support their lasting commitment to the team.

These practices are in line with the [the principles of recognition of partnership](#) developed by the [Centre of Excellence on Partnership with Patients and the Public](#) and by the SSA Québec Support Unit, which recommend explicit, visible and ongoing forms of recognition for the contribution of patient partners.

8. Offer joint training and awareness-raising for the team

Training or exchange sessions bringing together professionals and APs help create a common language and a better understanding of each other's realities and limits. These spaces strengthen team cohesion, prevent misunderstandings and support the development of an inclusive interdisciplinary culture.

Recommendation 9: A video presenting the dynamics of an interdisciplinary team including APs can be viewed at the following link: [Documentary capsules – Patient partnership](#).

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9. Promote concerted preparation between APs prior to meetings

When several accompanying patients (APs) are involved in the same program, it is relevant to schedule moments of shared preparation prior to interdisciplinary meetings. This approach favors a harmonized representation of experiences, the prioritization of messages to be conveyed to the team, and the sharing of points of vigilance. For example, APs prepare summary documents together, discuss the clinical or relational issues to be raised, and define common messages to be conveyed.

This practice reinforces the coherence of interventions, supports APs in their reflective posture, and structures their contribution in a collaborative dynamic.

Recommendation 10: In contexts where several APs participate in the same program, it is recommended to schedule preparatory meetings between them prior to interdisciplinary meetings. These exchanges can be formal or informal, in the presence of a clinical point of contact if necessary, and aim to organize concerted speaking, clarify key messages and reinforce APs' professional posture within the interdisciplinary framework.

10. Support ongoing, reassuring communication

A contact person within the clinical team (e.g. nurse navigator, coordinator) is designated to facilitate APs' integration into meetings. In this way, APs can review their participation on a regular basis to adjust as necessary. Clear, benevolent and reciprocal communication helps maintain a climate conducive to partnership.

Recommendation 11: It is recommended that a resource person be designated within the clinical team to ensure a supportive and communicative link with the AP. This person acts as a point of reference, facilitates the progressive integration of the AP into team dynamics, and supports the regulation of relational or organizational issues as needed. This recommendation is based on the principles of care partnership, according to which ongoing communication and the designation of a clinical referent foster lasting commitment and effective coordination between patient partners and teams ([Pomey et al., 2015; Patients as Partners: A Qualitative Study of Patients' Engagement in Their Health Care](#)). Such a posture fosters a climate of trust, mutual recognition and a smooth flow of information.

11. Regularly evaluate and adjust AP participation

A regular moment of exchange between APs and members of the clinical team is set up to answer the following questions: What has worked well? What could be improved? These adjustments support sustainable, mutually beneficial integration.

Recommendation 12: It is suggested that once every three months, APs and professional members of the committee meet to discuss participation, perceived contributions, limitations and adjustment needs. These exchanges can take place within a benevolent reflective framework, complementing the written feedback. A template for post-meeting reflective feedback to be completed by the AP is available in [Appendix 4](#).

12. Create a resource center for APs

In addition, meetings between caregivers, facilitated or cofacilitated, can be organized to support experience sharing, well-being and role consolidation.

Recommendation 13: Setting up a community of practice for all APs creates a protected space where APs can freely exchange on their practices and help each other in their intervention. The operating procedures of the community of practice can be set out in a [charter charte](#).

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APPENDIX 1. MODEL INVITATION TO AN INTERDISCIPLINARY MEETING FOR AN ACCOMPANYING PATIENT (AP)

Subject: Invitation to participate in an interdisciplinary meeting

Hello **[Name of AP]**,

We would like to invite you to participate in an interdisciplinary meeting scheduled for **[date]** at **[time]**, to be held at **[location or videoconference link]**. This meeting will focus on **[main theme or patient concerned if applicable with consent]**, and will bring together members of the clinical team involved in accompanying the person affected by cancer.

Your presence will enable you to share your experiential perspective and contribute to the team's reflections. A preparatory agenda will be sent to you by **[date]**.

If you would like to suggest any points to be added to the agenda, please do not hesitate to send them to us before **[deadline]**.

Please do not hesitate to contact us if you have any questions or particular needs for your participation.

Thank you for your commitment,

[Signature of the person in charge]

APPENDIX 2. SAMPLE ACCOMPANYING PATIENT (AP) PRESENTATION SHEET

Photo

(Insert a business card-style portrait photo)

Name:

First name:

Role: Accompanying Patient (AP) - PAROLE-Onco Program

Personal background (2-3 lines):

Ex.: *I was diagnosed with breast cancer in 2019. My experience of treatments and the care pathway has given me the desire to help other patients through this period.* "

Motivation to become a AP:

Ex.: *"I want to offer active listening and a human perspective so that patients feel less alone."*

Strengths or contributions I wish to share with the team:

Ex.: *"My ability to make the link between emotions and clinical realities, as well as my experience of care transitions."*

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APPENDIX 3. SAMPLE INCLUSIVE AGENDA FOR INTERDISCIPLINARY MEETING

Agenda - Interdisciplinary meeting Date : [Date] Time : [Time] Location : [Location / videoconference]

Duration : [Approximate duration]

1. Welcome of participants and introduction of the AP (5 min)
2. Quick tour de table (function, involvement in the case)
3. Clinical update by the team (10 min)
4. Input and observations from the AP (10 min)
 - Patient's experience (if applicable)
 - Points to emphasize in relation to psychosocial needs, transitions or daily life
5. Joint discussion (20 min)
 - Identification of courses of action, adjustments or follow-up
6. Next steps and closure (5 min)

APPENDIX 4. POST-MEETING REFLECTIVE FEEDBACK TEMPLATE FOR AP

Feedback on your participation in the interdisciplinary meeting

Thank you for taking a few minutes to share your impressions.

1. Was I well informed and prepared before the meeting ?
2. Did I feel that my input was listened to and considered ?
3. Are there any elements that I would have liked to add or modify in my participation ?
4. Suggestions for improving my future participation or the operation of the meetings :