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Increasing Patient Involvement in Health Professional Education

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Abstract – Patient-centred care is a concept taught throughout the health disciplines, but the expertise of the patient in their own experiences and unique needs is often neglected. Increasing patient involvement in education is an essential stepping-stone towards a partnership model of patient-health professional communication in practice, and there is much room for development and expansion, especially in health professional education at UBC. In this opinion paper, we discuss the rationale for patient-educators and present examples of activities for student involvement, based on our work in the Division of Health Care Communication. The UBC medical program is presented as a focus for discussion, with implications for all health disciplines.

Keywords: Patient-centred care; Patient-educators; Health professional education; Medical students

Introduction

As medical students, as in all health professions, our education is completely focused on the patient[1]. We learn about the symptoms and diseases that patients present with, and the strategies available for management and treatment. However, the human aspect of the patient is often neglected in our education, and this sentiment is echoed in many other health disciplines, including but not limited to social work, nursing, physiotherapy, pharmacy, and occupational therapy (Mackay & Millar, 2012; Le Var, 2002; Gutteridge & Dobbins, 2010; Terrien & Hale, 2014; Repper & Breeze, 2007; Noble et al., 2014; Morgan & Jones, 2009; Corring & Cook, 1999). Patients are experts in their own lived experiences, with unique needs, and their voices need to be heard. Patient-centred care involves the whole patient, and programs need to recognize and incorporate the patient voice into health professional education.

In fact, the central role of the patient in health professional education has been acknowledged throughout history, with Sir William Osler stating, "the best teaching is that taught by the patient himself" (Osler, 1904). However, this role has decreased significantly as technology has advanced, as patients have been supplanted by healthy volunteers, standardized patients, educational technology, and more (Fiddes, Brooks & Komesaroff, 2013). Although programs around the world are now beginning to include patients in education to a greater extent again, and in greater depth (Wykurz, 2002), there is undoubtedly much room for improvement (Frenk et al., 2010).

Rationale for patient involvement in education

Worldwide, patient-educators play varying roles in health professional education. Medical student reflections after patient-educator-led clinical skills sessions highlight that students appreciated seeing conditions within the context of the patient's life and experiences, and that students recognized that patients were a capable part of the team (Oswald, Czupryn, Wiseman & Snell, 2014). Students identified mainly experiential learning themes about patient-lived experiences that enriched their lecture-based biomedical learning. Henriksen and Ringsted (2011 & 2014) concluded similarly that patient-led teachings should supplement faculty-led teaching to balance experiential and biomedical education, and that the teacher-student power relation involved may further legitimize patient-led learning. Follow-up questionnaires administered after patient involvement in medical education show that students may gain greater awareness of the needs of vulnerable populations, and that previous opinions surrounding chronic conditions, senior care, mental illness and the importance of family involvement in care, improve as these issues are addressed by patient-educators (Towle et al., 2010). Furthermore, the learning that occurs with patient-educators is not unidirectional; students learn not only from but also with the patients, in a mutually beneficial relationship.

[1] For the purposes of this article, we will be referring to the population that all health professionals serve - our patients, service users, clients and consumers - as "patients", although we acknowledge that this is not the term of choice for all disciplines, or indeed for patients themselves.

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Follow-up has highlighted that patients involved in medical education report that they learned more about themselves, developed new insights into their condition, created a coherent narrative of their feelings and experiences, benefitted from increased self-esteem and validation, and appreciated the opportunity to shape the health professionals of the future (Rees, Knight & Wilkinson, 2007; Walters, Buszewicz, Russell & Humphrey, 2003). Ultimately, within the literature there is no lack of evidence supporting the benefits of including patients in education (Anderson, Lennox & Petersen, 2003; Muir, 2007; Mukohara et al., 2006; Gecht, 2000).

Impacts of patient involvement in education appear to reach beyond the immediate benefits to students and patient-educators. Patient-led education may initiate student communication and collaboration with patients in a partners-in-care model, facilitating informed shared decision making. Literature suggests that effective patient-physician communication also improves health outcomes and adherence to treatment regimens (Stewart, 1995). The long-term impacts of including patient voices in health professional education and how to carry this new information forward into practice merit further investigation (Towle et al., 2010).

Patients as educators in the MD Undergraduate Program (MDUP) at UBC

Currently in the MDUP, patients primarily participate in education in what we believe to be a passive manner in communication and clinical skills sessions. Although many patients will share their stories, the sessions focus on skills development, not the patient experience. On occasion, lecturers invite a patient to share a real-life experience of a recently taught condition, but the lecturer prompts the patient and guides the discussion, effectively choosing the learning objectives. In a more active role, clinical teaching associates – trained patient instructors who guide us through the more intimate breast and pelvic examination techniques – use knowledge of their bodies to provide real-time guidance and feedback. The sessions remain focused on development of clinical skills, but discussions with peers have highlighted that students typically find this interaction with more active patient-educators to be one of the best learning experiences in the lecture-based, first half of the 4-year curriculum.

Although we do not have personal experience in other health professional curricula, the current roles of patient-educators appear fairly uniform across the board, with much desire to incorporate patients as educators within the curriculum but few practical advances (Mackay & Millar, 2012; Le Var, 2002; Gutteridge & Dobbins, 2010; Terrien & Hale, 2014; Repper & Breeze, 2007; Noble et al., 2014; Morgan & Jones, 2009; Corring & Cook, 1999). Towle et al. (2010) noted that activities with patients as educators are primarily one-time, disconnected activities that lack reflection on the importance of patients' unique experiences and expertise. There is increasing diversity and expansion of patients' roles in health professional education; still, there are many programs like ours that have room for development.

Opportunities for health professional student involvement

As summer interns in the Division of Health Care Communication (DHCC) in the College of Health Disciplines, we adapted and expanded a number of current DHCC programs for inclusion in the new MDUP curriculum, as well as the Interprofessional Education (IPE) Passport, with highlights presented in Box 1. DHCC programs use evidence and practices derived from collaboration with patients and the community to increase patient involvement in decisions surrounding their own health care, through patient and health professional student education. The MDUP curriculum renewal will introduce a series of flexible enhanced learning (FLEX) courses, from which medical students will receive course credits for pursuing scholarly interests, such as community service learning, research, or global health initiatives outside of the core curriculum. Students in all disciplines may access the IPE Passport, a database of activities providing a range of exposure to and immersion in interprofessional collaboration. In certain health professional programs, students are required to use the IPE Passport, whereas students in other disciplines are encouraged but not required to since many activities are completed outside of course time.

The activities we developed this summer aim to promote a partnership model of patient-health professional communication, focusing on patient-centred care and education. Although our work focused primarily on the MDUP, all health disciplines should strive to include this education in their training. The activities described below provide health disciplines with opportunities for immediate student participation and examples for further development involving patient-educators, often in a community context. An exciting precedent is being set as programs award credits for completion of these previously extracurricular

activities, as it demonstrates recognition of their importance, and lays the groundwork for further inclusion of patients as educators in health professional education.

Box 1. DHCC programs developed for FLEX
1. Health Mentors Program
2. Allies in Health Fair
3. Patient and Community Voices Workshops
4. Talk to Your Doc

A complete compilation of activities and descriptions is available at http://www.dhcc.chd.ubc.ca/ourwork.

Health Mentors Program

The interprofessional Health Mentors Program (HMP) matches interdisciplinary teams of students with volunteer community mentors who are either caring for someone or living with a chronic condition/disability. Over 16 months, students learn together from and with their mentors, who are experts in their own experiences and help students learn about living with chronic disease, the range of work involved in its management, and the contributions of interprofessional collaboration to their care (Towle et al., 2014). Students also explore the roles of health care providers, both independently and within an interprofessional alliance, in addressing the psychosocial and biomedical needs of people with chronic conditions and their caregivers. Immersion in an interprofessional team that focuses on the mentor's experience promotes students to engage in patient-centred care, rather than simply talking about it. The HMP is open to all health disciplines, and is eligible for IPE Passport points.

Allies in Health Community and Patient Fair

The Fair is an annual open-house event that connects community organizations and patient support groups with students and faculty (Towle, Godolphin & Kline, 2014). Throughout the day, students can attend patient panels and information booths run by approximately 40 community organizations to learn about issues including everyday management of health concerns, experiences in the health care system, and challenges to effective communication. At this unique gathering of experts, students learn about a diversity of perspectives and community resources, and can create new connections for further engagement and education in patient-centred care. Currently, all health disciplines may obtain IPE Passport points for attending the Fair. Student volunteers are also an invaluable part of the Fair planning committee each year, assisting with panel development, fundraising, and more. We have expanded these planning positions as FLEX activities so that students will be rewarded with credit for taking more initiative to develop new panels or liaise with community organizations throughout the year. We hope that eventually, students from other disciplines will be able to receive credit for this work as well.

Patient and Community Voices (PCV) Workshops

PCV workshops are patient- and community-led, interactive educational workshops open to all health and human service students. The workshops have been ongoing since 2008, and were recently recognized as an excellent example of the feasibility and impact of education led by community educators (CEs), facilitated, rather than controlled, by faculty (Towle & Godolphin, 2013). Each workshop focuses on a specific topic, such as living with epilepsy, or mental health and recovery. The learning objectives and structure are designed by CEs with minimal guidance from faculty and students. During the workshops, CEs share their lived experiences and expertise and facilitate interprofessional discussions with students. Similar to the Fair, PCV workshop participation is eligible for IPE Passport points. We have also increased the number of ways for students to get involved with PCV workshops: medical students may undertake a FLEX activity to coordinate the workshop series over a year, working closely with numerous community organizations and CEs. As well, students may take the initiative to collaborate with a community organization and CEs to create and deliver a new workshop. So far, this has been developed as a FLEX activity; we are hoping to submit it for inclusion in the IPE Passport as well so that interprofessional groups of students can develop workshops and obtain points for their work.

Talk to Your Doc (TTYD)

TTYD workshops address the anxiety and difficulties that patients may have while accessing health care such as finding a physician, overcoming language barriers, or preparing for a medical appointment. Medical students currently facilitate TTYD workshops in high schools, with the goal of easing the transition that adolescents make in becoming independent users of health care. These high school workshops are highly sustainable, reaching back to 2000, and have been shown to benefit all involved, from high school and medical students to the overarching school board (Towle, Godolphin & Van Staalduinen, 2006). We have transitioned this activity into FLEX, so that students will gain credits for their work. In addition, we have further expanded student involvement opportunities as FLEX activities. Medical students may choose to coordinate high school TTYD workshops over a year, liaising with teachers in the community, and completing evaluations of the

program. Additionally, as TTYD workshops have also been piloted for immigrants, refugees, and other underserved populations, students can expand these projects, working closely with community organizations to develop and deliver new workshops and/or other resources. Although these initiatives are currently limited to medical students, we strongly believe that other disciplines may benefit from similar educational activities, and encourage students to take initiatives to develop similar ideas.

Conclusion

The learning spaces of FLEX and the IPE Passport offer exciting opportunities for students to choose to include patient-educators in their education. We hope that an increasing number of health disciplines will provide students with time and recognition for participating in these enriching activities. Involvement of patients as educators in health professional education has increased over the past few decades, with regard to both depth of patient contributions and number of opportunities. We hope to see continued improvement in the future, especially at UBC. Our FLEX and IPE Passport activities may be an example of coordination and sustainability of patient-centred education for future developments in all health disciplines, particularly with student involvement from participation to coordination and development. In addition, as acknowledgement of the importance of patient involvement in education increases, we hope that further research and follow-up studies will be conducted to investigate the long-term effects. We look forward to seeing the results of increased meaningful patient involvement in education, with improved patient outcomes and satisfaction in the near future.

Learn more about these activities at:
College of Health Disciplines, Interprofessional Learning Activities:
http://www.chd.ubc.ca/students/interprofessional-learning-activities/
Division of Health Care Communication:
http://www.dhcc.chd.ubc.ca/ourwork

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