



# Patients' Engagement in Medical Education

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Published online: 9 March 2019

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Patient engagement in medical education for health care professionals is fundamental [1]. Patients are effective and successful in teaching skills to medical and nursing students with positive outcomes on students and patients [2]. Patients diagnosed with chronic illnesses can be considered as “expert patients” who can bring in their experience of illness and teach the emotional, psychological, social, and economic aspects of illness [2].

Traditionally, patients have been actively involved in teaching and/or assessment which is often achieved by a trained patient-educator with the goal of bringing patient voices into the education about illness and its impact on patient lifestyle and personal and psychological well-being alongside socioeconomic status [2].

However, engaging patients in the planning process of medical curriculum requires stronger partnerships between patients and healthcare providers. Patients should be involved in the decision-making process of Continuing Professional Development activities at each step of their developments [3]. Unfortunately, there is sparse evidence about patients active involvement in medical curriculum development despite that patients' engagement in the education of healthcare clinicians is associated with better patient care, treatment adherence, patient satisfaction, and positive health outcomes [4]. There are a few examples of patient involvement in successful curriculum planning and design. For example, Happell et al. study investigated patient engagement in the development of a nursing curriculum, wherein patients brought specific knowledge, skills, and qualities that they deemed favorable—for example, not victim blaming/labelling, avoiding professional narrowness, and acceptance of patients experiences [4]. The Alahlafi study used a modified Delphi technique to determine the content of a psoriasis teaching workshop wherein patients' views were incorporated in the curriculum development [5].

Additionally, parents of children with chronic disease co-produced a course on teaching residents about family dynamics related to having a child with disease.

Patients were involved in the course design, the facilitation of discussion on parent experiences with the healthcare system, and end-of-course debriefing sessions. Although the evaluation of the program was subjective, this course represented one of the few programs where patients or service users were involved right from the design stages (<https://www.unmc.edu/mmi/departments/devmedicine/devmed-training/project-docc.html>). The Project Delivery of Chronic CARE program involved parents of children with chronic illnesses in designing the training for trainee pediatricians alongside teaching them appreciation of the issues involved in living with an ill child [2]. The program was innovative as it was developed by family members of chronically ill children versus health professionals. Patient involvement in curriculum planning of educational interventions in mental health has also been highly beneficial in the provision of mental health care [3]. The study by Ferguson indicated that to improve collaboration between mental health professionals and service users, such as patients and family members requires developing ongoing relationships with patients and their family members. Identifying strategies to involve families in the development of CME is crucial to imitating and maintaining family engagement [6].

It must be noted, however, that despite the potential in establishing partnership between patients and healthcare providers, resistance to patients engagement and collaboration from family members and clinicians persist [7]. Furthermore, sometimes clinical and non-clinical educators were unsure of how to involve patients completely in course development and they were not persuaded that it was appropriate to do so. Furthermore, there have been reservations from educators on the added value that such involvement would have in increasing the educational experience [2].

In oncology, treatment has been changing rapidly and very often the usage of these new technologies does not provide sufficient evidence on long-term treatment-related side effect on patients. Thus, patients are a fundamental group to provide their feedback, and their needs should be addressed in more formal

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ways such as CPD programs for healthcare providers so that health professionals are aware of patient experiential input.

There has been controversy about involving oncology patients in CPD planning where there are perceived risks to the patients and whether damage limitation is required for the patients [8].

The Canadian Partnership for Quality Radiotherapy (CPQR) understands the significance of producing an approach for guaranteeing the integration of patient perspectives in cancer treatment. Thus, three main CPQR programs involve patient perspectives: programmatic quality, technical quality, and incident learning. Alongside this, CPQR has patients engaged in its Steering Committee. CPQR developed a document “Patient Engagement Guidelines for Canadian Radiation Treatment Programs” that advocates a partnership model between providers and patients to create a national guidance for radiation treatment centers to facilitate the integration of patients’ perspectives. The document outlines patient engagement in several aspects including patient’ role in quality experience, patient education in terms of development of patient materials, disclosure of medical errors, patient-reported outcomes, evaluation of services, and others. However, patient participation in the curriculum development for educational programs for cancer care healthcare providers has not been well integrated into the document mission [9].

Engagement of patients and patient-centeredness in medical education has been associated with better patient care, sustained treatment adherence, patient satisfaction, and improved healthcare outcomes. However, to be responsive to individual patient needs and values and to ensure that patient preferences guide all clinical decisions, patient autonomy and engagement in planning of CPD curricula should be respected. Cancer patient engagement and partnership in CPD design and implementation can facilitate patient-centered care and dialog between patients and the healthcare educators in the CPD planning.

There are many benefits that have been identified in involving patients in the training of healthcare professionals. The benefits for learners include a better understanding of the patients’ experiences and perspectives, opportunity for feedback from patients, reduction in anxiety in working with patients’ populations, and improvement in attitudes towards patients and increase in respect for the patients [10]. The benefits for patients include an opportunity to share their experiences in a positive context to make a difference in the attitudes and perceptions of health professionals, a sense of validation of personal experience, and an increase in knowledge and personal skills [10, 11].

The medical profession should work towards the elimination of barriers for patient’s engagement such as physician hierarchy and skepticism of healthcare professionals regarding the value and benefits of patient engagement. Establishment of a theoretical framework on how to partner patients and their healthcare providers in a more sustained, effective, and systematic way should be a priority. By including patients’ voices and creating strong partnerships in development of medical education programs, the healthcare outcomes can be improved at an organization or institution level, or for the entire healthcare system.

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