



2019 **EPF**
Congress

Patients as teachers

Where are we today?

Stijntje Dijk, Medical Student

Edwin Duijzer, Physician

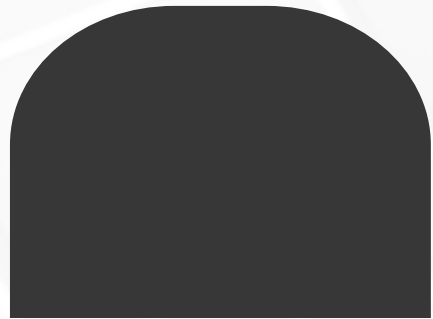
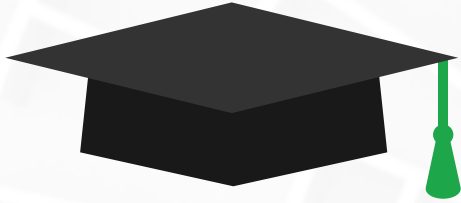
Matthias Wienold, Patient representative

14/11/2019

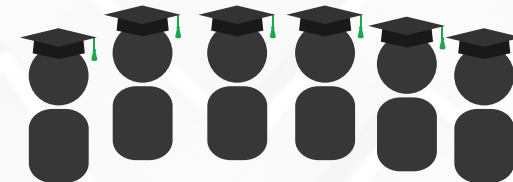
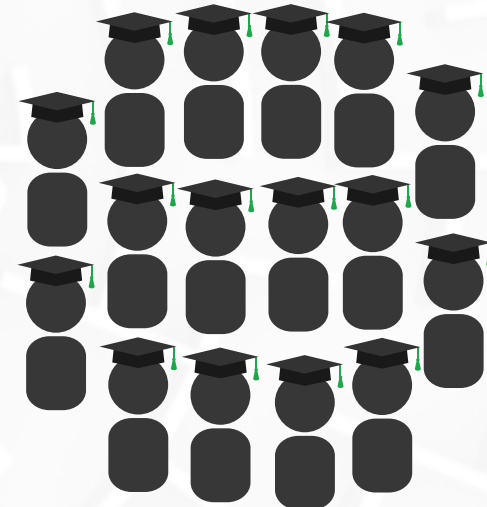
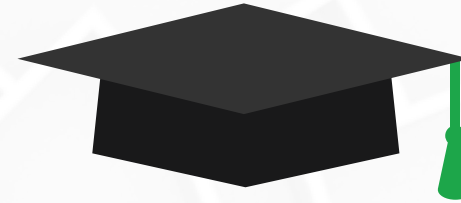
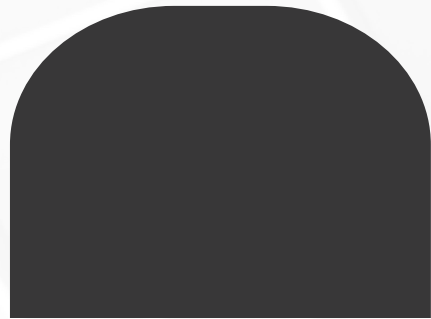
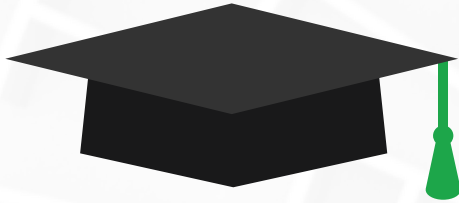
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Medical Education



Undergraduate Medical Education



MEDICAL EDUCATION

Constructive alignment

Problem identification & General needs
Vision/Mission, Mandate, Population needs

Evaluation and Feedback
Assessment of learners
Evaluation of the program

Targeted needs assessment
Where are these learners now?



**What is
medical education?**

Implementation
Delivery of Education
Teaching

Goals and objectives
What should students know at
the end of the course?

Educational strategy
How can we best achieve these goals

Discussing patients in medical education

Our impression:

- **First thought:** medical students learning **on patients as subjects**
- **Second thought:** **patient teaching** a doctor or student
- **Third thought:** not always the case, but increasing over time

What we wanted to know:

- What are the roles patients take on in (undergraduate) medical education?
- What are the rationales, benefits and pitfalls of active patient involvement?
- What are the opportunities for patient organizations to get involved?

OUR RESEARCH

Systematic review

Purpose: To review the **scientific literature** related to **active** patient involvement

Articles we were interested in:

Studies that described patient involvement in medical education defined as the direct, involvement of real patients and community members in the development, delivery or evaluation of undergraduate education of medical students.

Articles we were not interested in:

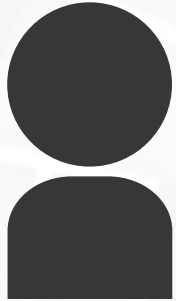
Studies with simulated patients or actors, patients solely undergoing examinations or patients who were only being observed in wards or studies about postgraduate training.

What we found:

49 studies that discussed active patient involvement

Please note: this is unpublished research which has not yet undergone peer review

The rationale behind patient involvement



Patients

- **Sense of responsibility to the community** to change healthcare for the better
- **Meaningful** contribution and personal fulfillment
- Personal growth



Institutions

- **Desire to change education by:**
 - Teaching patient-centered, interprofessional care
 - Social accountability
 - Making education engaging, powerful and transformative
- **Political and government:** UK/Australian Medical Council, WHO
- **Empower patients**

Identified patient roles in medical education



Teacher

- Story sharing
- Clinical skills (history taking, physical examination)
- Other competencies



Assessor

- Formative (feedback)
- Summative (counts towards grade) in OSCE



Curriculum developer

- Evaluation of the programme,
- Steering committee,
- Consultation for disease specific or interprofessional courses,
- Identify learning objectives,
- Strategic development



Selection committee member

- Selecting students applying to Medicine

Which patients are involved in MedEd?

Finding patients through:

- Existing university partnerships (**most**)
- (Social) media, posters in health facilities
- Personal connections
- Health professionals themselves
- **Community- and patient organizations**



Selection:

- Anyone who wishes to participate
- Communication skills, teaching affinity, enthusiasm, time, mobility, ability to cope with repeated physical examination
- "Representative" physical signs



How patients prepare for their roles

How?

- Varying: Substantial training sessions of 100 hours, to a single orientation session.
- Training programmes for patients in teaching musculoskeletal skills examinations
- Taught by faculty educational experts, students, or peers

Why?

- Explain and safeguard intended learning outcomes
- Build confidence and skills in the educational process (PBL, presentation skills, cofacilitation, how to give effective feedback)
- Preparing for potential opportunities or challenges (eg conflict, emotions, unmet expectations)

Why not?

Patients' views on their involvement

Benefits

- Meaningful contribution
- Personal fulfillment
- Personal growth
- Responsibility to community
- Material
- Medical check up,
- Detailed time and attention
- Networking



Potential Drawbacks Drawbacks

- Confrontation stigma
- Feeling vulnerable
- Last-minute cancellations
- Non-appreciative reactions
- Uncertainty
- Traumatic to repeatedly tell story

Concerns raised by students and faculty

Overall positive experiences, however some concerns mentioned:

- **Faculty members**
 - Were concerned patient stories would be traumatic to students
 - Were concerned to work with patient organizations as they may have political motives
 - Fear of tokenism in cases of structural involvement
- **Students**
 - Felt pressured that patients asked them for information and advice, rather than their clinician.
 - Feared getting one patients' view would lead to bias
 - Feared patients were likely to be too lenient in feedback
 - Were skeptic of unstructured learning experiences and patients' knowledge

What is sustainable?

Key factors

- Adequate resources, formal acknowledgement of the value, and a clear faculty commitment
- Institution wide incorporation of social accountability or patient-centered education
- Permanent platforms rather than sporadic encounters



Role of patient organizations?

In the current literature

- **Most cited:** recruitment of patients or community members
- Peer support
- Representatives consulted by the university for curriculum development
- “Brokers” between two cultures of academia and community
- Dedicated internal patient group, Patient and Public Involvement Manager

International Journal of Health Governance
Vol. 21 No. 1, 2016 pp. 18-25

The patient’s voice in health and social care professional education The Vancouver Statement

Angela Towle, Christine Farrell, Martha E. Gaines,
William Godolphin, Gabrielle John, Cathy Kline, Beth Lown,
Penny Morris, Jools Symons and Jill Thistlethwaite
(Information about the authors can be found at the end of this article.)

WHERE TO START?



Where to start as a patient organization?

Finding your way through the university jungle

- Complex university structures and hierarchies can be daunting when you're not familiar with them.
- Are there:
 - existing frameworks for integrated involvement?
 - existing commitments that the university has made?
 - existing organizations or offices willing to work with you?
 - champions in the medical school that you can work with?
 - student organizations that you can work with?



IFMSA
International Federation of
Medical Students' Associations

Creating interest

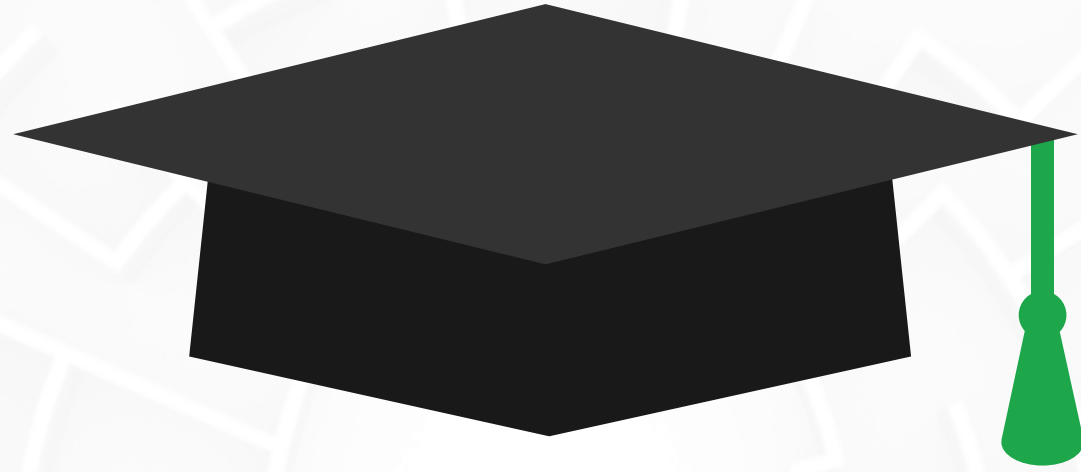
- Facilitate peer support and networks
- Call for significant, meaningful roles
- Think beyond solely the role of the teacher

Meaningful involvement



Ongoing discussion

- **Preparation:** Preparedness vs. Authenticity?
- **Who takes what role:** Patient representatives vs. individual patients?
- **Commitment:** Volunteers vs. Employees?
- **Role of patient organizations?**
- **Postgraduate?** (Next speakers)



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THANK YOU!



Credit: Several of the vector images used for this presentation were created using [vecteezy.com](https://www.vecteezy.com)