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# Editorial

## Where's the Patient's Voice in Health Professional Education?

Ten years ago I went to Vancouver in British Columbia, Canada, for the first time. It was a wet November and I had left behind the hot Australian summer. The reason for my travel was to participate in what sounded like a fascinating new direction in health education conferences – a focus on the patient as an active partner in the development and delivery of education to learners at all levels. I am writing this editorial on my return from another November trip to Vancouver where the 2nd international conference on 'Where's the patient's voice in health professional education – 10 years on?' took place with the aim, in part, to explore what had happened during the decade 2005-2015. [Information about the conference at: http://www.interprofessional.ubc.ca/patientsvoice/].

This was an exciting event, which indicated that patient involvement in health professional education has increased. Here I should note that the conference committee (of which I was a member) use the word '*patient*' as an umbrella term to include all people with health conditions who, depending on the jurisdiction, may be referred to as service user, client or consumer. We also acknowledge their caregivers (including carers, parents and family members) and others such as community members, citizens or lay people. There is as yet no single word that is adequate or acceptable to all. '*Education'* refers to university, postgraduate and continuing professional development.

There were 250 participants from 17 countries of whom just over 20 per cent identified themselves as patients or community members; 13 per cent were students. The richness this brings to an event of this type is difficult to describe. The academics and health professionals were rapidly made aware if they slipped into jargon or 'academic-speak'. The main convenors were Angela Towle and Bill Godolphin of the University of British Columbia (UBC), who have written widely on the topic of patients-as-educators (see for example: Farrell *et al.* 2006, Towle and Godolphin 2015). They are involved in the delivery of a very successful and well-evaluated health mentors' programme that matches health professional students and patients to help learners see beyond a disease or condition to the person with the condition (Towle *et al.* 2014). The mentors are experts in their own health, and guide the students' learning in a way beyond the classroom, the ward and the clinic. Similar programmes exist elsewhere and rely on the commitment of the local community for sustainability and success. [The abstracts on the conference website give a good overview of similar and diverse programmes involving patients for example in Leeds, UK; Kings College London; and at the University of Toronto.]

URL: http://e-learning.coventry.ac.uk/ojs/index.php/pblh

Patients, historically, have been passive subjects of health professional education. In medicine, Flexner, the architect of the modern university based medical degree, infamously (in my opinion) referred to patients as ‘clinical material’ (Flexner 1925: 226). Students learn ‘on’ and ‘about’ patients rather than ‘with’ and ‘from’. Angela and colleagues have developed a typology of patient involvement to illustrate the ways in which patients may and should be engaged (Towle *et al.* 2010). Most of us will be familiar with level 1: patients’ stories are used to create learning materials that are used by educators and clinical teachers. For example, patients’ stories are used as the basis for case-based learning (CBL), virtual patients or scenarios for assessments. It is also now common practice that simulated and standardized patients are involved in communication skills activities and examinations (level 2). They work to a script and may give feedback under the supervision of a facilitator running the session. Patients are becoming increasingly recruited to share their experiences of health care, as part of a university-defined curriculum and learning outcomes. Examples at level 3 are family and community visits. Students, frequently nowadays in interprofessional groups, talk to patients to help gain an understanding of the patients’ lived experiences beyond the biomedical history. By level 4 patients are actively engaged in teaching. They undergo training for this enhanced role and become proficient in feedback dialogue with learners; patients also assess students, perhaps giving a ‘patient’ mark in a clinical assessment. Who better to decide if a student is empathic or a good communicator? Moving on to level 5, patients are equal partners in curriculum development, have membership on committees that is not tokenistic, and are listened to and respected as educators and experts. Finally, patients are involved in institutional decision-making and student selection (level 6) – their voice is respected and effective.

The conference participants indicated that patients in their organisations had taken on higher level roles in the last ten years but most were still involved at levels 1-4. Of course, these participants are not likely to represent the majority of the health professional education community. A major goal of the conference was to produce the ‘Vancouver statement’, addressed to all stakeholders, calling for action to include the autonomous and authentic voices of patients and their lived experiences as active partners in the education of current and future health and social care professionals. This statement is in draft form at the time of writing and will be further discussed by conference participants over the next month. The consensus statement will then be published and distributed widely.

We believe that patient engagement in education is essential to help prepare current and future practitioners to work in partnership with patients, delivering true patient-centred care. Patient collaboration and feedback facilitates learners developing the skills for shared decision-making and empathic and caring relationships. Research and evaluation is important to gain further evidence about the impact of such engagement on patients, learners and organisations.

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