

AN EXTERNAL REVIEW OF PATIENT AND COMMUNITY VOICES IN HEALTH PROFESSIONAL EDUCATION:

A PROJECT OF THE DIVISION OF HEALTH CARE
COMMUNICATION, COLLEGE OF HEALTH DISCIPLINES,
THE UNIVERSITY OF BRITISH COLUMBIA

FINAL REPORT OCTOBER 2011



An External Review of Patient and Community Voices in Health Professional Education: Final Report

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1. EXECUTIVE SUMMARY

Project Objective

The objective of this evaluation is to assess the *UBC Patient and Community Voices in Health Professional Education* project from the perspective of community partners who have been involved in planning and delivering the project. This independent evaluation was undertaken following the completion of the three (3) year project funded by the UBC Teaching and Learning Enhancement Fund. This evaluation seeks to gather information on the successes and challenges of the project and to explore other ways to continue to engage people from the community in health professional education.

Project Description

The goal of the *UBC Patient and Community Voices in Health Professional Education* project is to put patient and community teachers at the centre of health professional education. The project provides a unique learning opportunity for health and human services students, where the teachers are patients and clients, and students learn directly from their stories and their expertise. The project currently offers the following types of educational activities:

- Interprofessional workshops where patient educators share their personal experience of living with a chronic condition or disability.
- The Community and Patient Fair which features information booths tended by community members and organizations from a variety of organizations.
- Patient panels where at least three (3) patients present their stories to groups of students who have an opportunity to ask questions.
- The longitudinal interprofessional health mentors program where teams of students from different disciplines learn together from a mentor (patient/client) with a chronic condition or disability.

Evaluation Method

The evaluation findings are based on feedback received through twelve (12) key informant interviews with community members involved in organizing and delivering different aspects of the project. All interview participants had personal or professional knowledge about living with a chronic condition or disability.

Key Findings

Interview participants were asked a series of open-ended questions to gather their perspectives on the project's successes, challenges, as well as other opportunities to bring the experience and expertise of

patients and community members into the education of health professionals. Some of the key findings are outlined below.

Project Successes

Interview participants identified the following project successes: the project fulfilled a community need; the events were well received by the students; and the project resulted in significant positive benefits for individual patient educators, and the community organizations involved in the project.

All twelve (12) interview participants spoke very positively of the need to provide these types of educational opportunities to future health professionals. They felt it was important for students to have an understanding of what it is like for individuals to live with a chronic condition or disability, since this would help them better understand how their future clients/patients would like to be treated and supported by their health professionals.

From the perspective of patient educators who were interviewed for this evaluation, the project was very well received by the student participants. They felt that sharing their personal stories resonated with students who were very keen and receptive.

The patient educators reported that the project resulted not only in positive benefits for the students but also for the educators. The educators appreciated the opportunity to help others by sharing their experience, and found the experience to be empowering. In some cases it inspired patient educators to seek out treatment and other opportunities to educate health professionals.

Representatives from community organizations reported that the project provided them with a valuable opportunity to deliver their message within the community, as well as an opportunity to network with other like-minded organizations and learn more about other programs within the community.

Project Challenges

The project challenges that were identified by community educators included a lack of sustainable funding and scheduling conflicts.

Interview participants reported that the lack of sustainable funding for this project is a challenge, because the community and future students would benefit from this becoming an ongoing program.

Some interview participants also reported that it is a challenge to schedule interprofessional workshops and the Community and Patient Fair at a time that does not conflict with students' class schedules because of the range of health programs involved.

Future Directions

Interview participants recommended that the UBC Patient and Community Voices become an ongoing program and that it be expanded in scope in order to reach a greater number of students.

Recommendations

This evaluation project identified some opportunities to enhance future delivery of *UBC Patient and Community Voices in Health Professional Education*. The recommendations include:

1. Support the ongoing delivery of the *UBC Patient and Community Voices in Health Professional Education* program.
2. Expand the scope of the project to reach more students.
3. Explore integrating *UBC Patient and Community Voices in Health Professional Education* into curricula.
4. Conduct outreach to underrepresented health professional programs at UBC.
5. Expand community involvement within the program.

2. INTRODUCTION

Project Objective

The objective of this external review is to evaluate the *UBC Patient and Community Voices in Health Professional Education* project from the perspective of community members who have been involved in the planning and delivery of the project. Now that this three (3) project funded by the UBC Teaching and Learning Enhancement Fund has completed its third year of operation, this evaluation seeks to gather feedback on the successes and challenges in the project, and to explore other ways to continue to engage people from the community in health professional education. The findings will not only be used to evaluate the existing project, but also to guide the development of future projects.

The UBC Patient and Community Voices in Health Professional Education Project

The goal of *Patient and Community Voices in Health Professional Education* is to put patient and community teachers at the centre of health professional education, and to build sustainable community-campus partnerships to enhance the education of future health professionals.

The project provides a special kind of education for health and human services students. The teachers are patients and clients. Students learn directly from patients, through their stories and from their expertise. The project currently offers the following types of educational activities: interprofessional workshops, the Community and Patient Fair, patient panels, and health mentors.

Interprofessional Workshops

The interprofessional workshops are 2 to 3 hours long and are attended by 6 to 20 students from multiple programs. They are generally held in a community setting. Learning objectives for each workshop are developed collaboratively by community, faculty and students, but the workshops themselves are taught by community educators emphasizing their unique experiences.

Community and Patient Fair

The Community and Patient Fair is an all day annual event held as part of UBC's Celebrate Learning Week. The fair features information booths tended by community members and patients from a variety of organizations. Over thirty (30) community organizations and over two hundred (200) students and faculty members attend the fair.

Patient Panels

Patient panels are a major activity at the Community and Patient Fair. In the patient panels, at least three (3) patients present their stories to groups of students. The patient panel approach is suitable for large groups of students and can be adapted to be an education activity that is independent of the Community and Patient Fair.

Health Mentors

The interprofessional longitudinal Health Mentors (HM) program started in 2011 with new funding from the UBC Teaching and Learning Enhancement Fund and the UBC College of Health Disciplines. The Health Mentors program is a unique educational experience in which teams of students from different disciplines learn together from and with a mentor (patient/client) with a chronic condition or disability (an expert in their life).

Report Structure

The next section of this report outlines the evaluation method. This is followed by an analysis of project findings. The subsequent section provides a discussion of the overall evaluation findings. The final section of the report provides a concluding discussion and a set of recommendations based on the project findings. In the appendices, the reader can find the interview guide, interview invitation and consent form.

3. EVALUATION METHOD

The evaluation results were drawn from twelve (12) key informant interviews that took place during September 2011. The interview participants include community members who were Advisory Board members; past workshop presenters or patient panelists; and individuals involved in organizing the Community and Patient Fair. All of the participants had personal or professional knowledge about living with a chronic condition or long term disability.

Interview participants were asked a series of open-ended questions to: gather their perspectives on the projects strengths and weaknesses; identify how the project impacted them or their organization; and identify other potential initiatives that could help to bring the experience and expertise of patients and community members into the education of health professionals. Refer to the appendices for the interview guide, invitation, consent form.

All interviews were recorded with the participant's consent. Participants were given the option of either doing an in-person interview at a time and location that was convenient for them, or conducting the interview over the phone. The majority of participants (75%) chose to do the interview over the phone because it was considered more convenient.

4. ANALYSIS OF FINDINGS

The following evaluation findings are based on feedback received from key informant interviews with community members involved in organizing and delivering different aspects of the *Patient and Community Voices in Health Professional Education* project.

A total of twelve (12) individuals participated in key informant interviews, and all of the participants were knowledgeable about the experiences of people with living with a chronic condition or long term disability. Two thirds of the interview participants self identified as having a chronic condition or long term disability, and approximately 58% represented an organization which serves people with chronic conditions or disabilities.

What did they want to educate health professionals about?

Interview participants were asked what they wanted to teach future health professionals about at the beginning of the project. One third of interview participants reported that they wanted to encourage health professionals to listen to the patient perspective. As one (1) participant stated:

“Patients want health professionals to listen to them. It is really important for people who are training to be health professionals to have that patient perspective and to learn from real people not just textbook examples. Any opportunity that puts students/professionals together to talk about their conditions can really profoundly affect the students.”

A quarter of the participants wanted to address some of the stigma that accompanies certain health conditions (e.g. HIV, mental illnesses), and to provide future professionals with some understanding of what life is like for someone with their condition.

A quarter of participants reported that their health condition was relatively rare, and that many medical professionals had limited knowledge of it. They wanted to speak with future health professionals to increase awareness of their condition, and to improve chances of early diagnosis for others.

A quarter of the participants reported that they wanted health professionals to encourage future patients with debilitating conditions to strive to live a normal life, connect with peer support groups, and become their own health advocates. They pointed out that some potentially life threatening conditions are not always a death sentence, and there is a whole range of possible outcomes for individuals with their condition. Many people with chronic health conditions are very capable of going to school, continuing their career, or volunteering in their community. They mentioned that it is important to connect patients with local organizations and peer support networks that can help them navigate life with their health condition. Here are a few illustrative comments:

- “My organization wanted to teach health professionals that we are not going to die. I think educators needs to know that there are a lot of survivors and that there are programs available in BC to help doctors help their patients.”

- “I have had many doctors say you cannot do this over the years, and I would say yes, I can and I will find a way.”
- “Health professionals need to know to treat people as adults and not like children. People need to be encouraged because a lot of people we work with have been told that they are sick and could never go to work or go to school.”

One (1) of the interview participants indicated that she did not come into the program with a specific goal in mind; rather, she wanted to be available to answer any questions that future health professionals may have.

Participants were also asked if their perspective on what future health professionals need to know more about changed after participating in the project. The majority of the participants reported that there is still a need for them to teach their original message. A couple of participants reported that they are starting to see an increased awareness among some audiences. One (1) participant reported that there is beginning to be a greater understanding of the need for health professionals to work in partnership with community members.

What was the most surprising thing that happened?

Interview participants were also asked, what was the most surprising thing that happened as part of your participation this project? Five (5) of the interview participants reported that they were pleasantly surprised by the eagerness and keenness of the students, and how much the students expressed appreciation for the opportunity to learn from them. Here are a couple of illustrative comments:

- “The demand for [the workshops] is so great. There were a lot of eager participants and it was greatly embraced. It is something that was very useful.”
- “[My] surprise was that it really did make that much of a difference and there was such demand for it.”

Two (2) of the participants reported that they were surprised about how much they learned through their participation in the project, and how valuable it was to learn about other organizations and other patients’ experiences.

One (1) participant reported that they were surprised at how there were benefits for both people giving the talk and those at the event receiving the education. He mentioned that the other person he worked with was able to take charge of his own health care, sought treatment, and was able to go back to work. He also reported that through volunteering, “a disease that I felt no control over at all, all of a sudden, I felt a sense of control and that really made me feel that much more empowered.”

One (1) participant mentioned that he was surprised that the students thought he would look more ill. He stated:

“Everyone always looks at me and says ‘you are so healthy and you look so good.’ People always have a perception of people with a disease where they look sickly and they cannot cope. I think

what comes across that there are coping mechanisms that people do use, and there are people out there that contend with diseases that people consider debilitating. It is technically not a death sentence just a debilitating disease. When you are getting something out of the text book, it is not the reality of the situation, and the reality of the situation varies. [It is important to] recognize that there are possibilities for this person that are better.”

One (1) participant reported being surprised about how honest and open the educators were with the students about imparting very personal information.

What aspects of the teaching approach worked best?

Interview participants who were involved in teaching workshops or appearing on patient panels were asked what aspects of their teaching approach worked best with the students.

Six (6) of the participants mentioned that the best way to connect with students and share your message is to share your personal story and lived experience. Here are a few illustrative comments to that effect:

- “For some reason people remember personal stories. There is a connection and I think that is what is important.”
- “It was good to provide a personal analysis, not just a textbook scientific analysis.”
- “I have learned that the lived experience seems to have resonated with most people. Hearing the clinical details of the manifestation and presentation of disease and what the implications for treatment and what you are likely to observe is a far different experience from someone telling you what life is like on a daily basis for a person with numerous infections and many clinician visits.”

One (1) other participant reported that it was important to keep the format open and flexible for students to ask what they would like to learn about. Another participant reported that the format of workshops worked really well in terms of starting off in a large group, then splitting up into smaller groups, and then reporting back.

What were the strengths of how the project was implemented?

Participants were also asked, what were the strengths of how this project was implemented? One quarter of the participants indicated that the major strength was the involvement of community members in designing particular aspects of the project. This is illustrated through the following quotes:

- “One of the strengths was that we had a large table in a large room with a lot of people around of it, many of those people were individuals from community living with chronic conditions.”
- “I liked that it was community based or health consumer based and that we came up with the structure even though it was guided a bit. There was faculty sitting at the table, but they pretty much let us do our thing...I appreciate that aspect of it.”

A quarter of the participants discussed how well organized the project was and emphasized how seamless the delivery of the workshops and Fair was.

A couple of participants mentioned that they were impressed by the commitment of UBC and the organizers involved. One (1) participant stated: "What surprised me is how seriously the medical school took this...You could see how much effort/research went into it." Another participant mentioned that the project had a really great spokesperson and was well promoted.

A couple of the participants mentioned that the opportunity to meet patients and learn their personal stories is a project strength.

Some of the other comments focused on what the project is accomplishing, and were pleased that the project was dispelling myths, increasing awareness of rare conditions, and connecting students to community services.

Were there any weaknesses or opportunities for improvement?

Participants were also asked to identify if there were any weaknesses or opportunities for improvement. One third of participants stressed the importance of making this project a long term project with set funding. For example, one (1) participant stated: "It is really heartening to have a project like this happen. It would be really nice for it to continue. I guess the sustainability piece would be important for us." Another participant wanted to bring back the broader overall advisory committee of community organizations involved in the project, in particular the organization of the health fair. While there is still a smaller Fair planning committee with representation from the community, the broader overall advisory committee offered a valuable networking and learning opportunity for community organizations involved in the project.

One quarter of participants wanted to look into opportunities to expand the project to reach more students. It was noted by a couple of interview participants that not all health professional programs are currently actively involved, and medical students were sometimes underrepresented relative to the other health disciplines. Some of the recommendations included: inviting all of the department heads to a workshop so that they could see the value of the experience first-hand; providing opportunities for students to contact patient educators after the workshop if they have additional questions; and scheduling more frequent events so that students would have more opportunities to participate.

A quarter of the interview participants wanted to expand the role of community members in the project so that there is an equal ratio of community members to university/professional representatives on the advisory committee and other decision making groups involved in *UBC Patient and Community Voices*. It was thought that this would build upon the earlier success of the project, and create a stronger partnership between UBC and the community. One (1) participant thought that a good next step was to provide the opportunity for community members to lead the direction of a new initiative. A couple of participants recommended that the project increase representation of individuals with lived experience, as opposed to individuals representing organizations or from the academic realm.

There were a few other suggestions that were raised once by participants including:

- Provide equal opportunities for all individuals involved in the project to promote it in the community (e.g. in publications, newsletters, at conferences).
- Establish regular, direct communications with people that were involved as patient educators for the workshops, panels, or health fair, and provide past patient educators with updates on the project, and advertise opportunities to become involved again.
- Explore new ways to build on the interprofessional learning piece because this focus may be lost sometimes with the focus on patient voices.

What was the most significant change?

Participants were also asked what was the most significant change that you (or your organization) experienced as a result of your participation in this project? All the organizational representatives involved in this project indicated that it provided a valuable opportunity to increase awareness about the group that they represent and their organization among health professionals. Several participants mentioned that it provided a valuable networking opportunity with other organizations, and the university.

There was also a sense that the project gave many organizations a sense of pride and reinforced their purpose. Some of the organizations were already actively looking for opportunities to engage and educate health professionals as part of their regular work. They reported being honored that they were invited to UBC to deliver their message to future health professionals, and they were pleased that the patient voice was the focus of this project. Here are a few illustrative comments:

- “The project gave some pride to us and our organization.”
- “[The project resulted in] a feeling of the value that we bring and represent to others. We had felt the need to reach out to next generation clinicians through their program at UBC. This opportunity came along and we saw a much greater collaborative process. Suddenly our voice was actively being sought and actually heard by a group of people that needs to hear it.”
- “More and more individuals are finding that we as individuals and as an organization are capable of coming to the table with an equal weight and value and usefulness as the clinician that is on the other side.”

There were also a number of benefits for the individuals who were involved in organizing, planning or delivering certain aspects of the project. Eight (8) participants reported that the project increased individual self confidence and made them feel valued. One (1) participant stated: “As a consumer too, I think we feel really valued...It was really surprising how valued the community voice was.” Another participant mentioned that volunteering to share one’s story can be empowering because it is “taking something very debilitating and giving it a positive spin. Typically it is the other way around. [Usually,] no one wants to hear about it if you are ill. No one wants the truth.” One (1) participant mentioned that volunteering as a patient educator helps to develop valuable life skills such as public speaking.

Three (3) participants mentioned that their involvement in the project provided a valuable opportunity for community members to meet new people. Another three (3) participants stated that their participation encouraged them to pursue future opportunities to serve as an educator and advocate. For example, one participant stated: “I have this passion that I need to help the medical profession to learn more because of the experiences we just had. There is a real need for education.”

Do you have ideas for other projects/initiatives that would bring the experience and expertise of patients and community members into the education of health professionals?

Participants were also invited to identify any ideas for other projects or initiatives that would bring the experience and expertise of patients and community members into the education of health professionals.

Most of the suggestions involved at looking at ways to make *UBC Patient and Community Voices in Health Professional Education* part of the regular curriculum for health profession students. Five (5) participants wanted to embed the curriculum with more patient/community/association voices. One (1) person indicated that the existing project needs to be officially adopted and made part of the regular curriculum. Two (2) participants suggested bringing some of these educational opportunities (e.g. patient panels) into classrooms.

Three (3) participants wanted a continuation or expansion of the existing program. One (1) participant mentioned that there needs to be broader participation from the different health professional programs at UBC, since some are more well represented than others. One (1) participant suggested that events such as the Fair or workshops need to be held on a more regular basis (as opposed to once a year) to accommodate different student schedules. One (1) participant thought that the health mentors initiative should be the evolution of the *UBC Patient and Community Voices in Health Professional Education* project.

Some of the other suggestions focused on ways to enhance the delivery of the current project. One (1) participant suggested that it might make sense to bring some of the educational opportunities out to the suburbs, because it provides a new perspective on what it is like to have a chronic condition and to have to travel for health services. The participant pointed out that people with chronic conditions who live in the suburbs may also be less likely to travel to UBC to participate in this project. Another participant suggested that *Patient and Community Voices* should target medical students after they had picked their specialty, so that community members can provide the patient perspective on a health condition that is relevant to their specialty. One (1) participant thought that finding a successful physician with a mental health condition to speak would help to overcome the stigma of mental illness.

One (1) participant suggested using the arts (theatre/music) as part of the education process since this can be an effective way to resonate with people, and suggested partnering with Theatre Terrific, David Diamond (Headlines Theatre), and Earle Peach to brainstorm some ideas to deliver engaging educational content.

Overall participants thought that the current project is very strong. For example, one (1) participant asked: “How could you do it better?” Another participant stated: “I think other initiatives that can augment and build upon *Patient and Community Voices* are important.”

Do you have other comments or feedback?

At the end of the interview, participants were asked whether they have any other comments or feedback. Most of the interview participants took this as an opportunity to mention that they thought the existing project fulfilled a need and was well executed. Here are a few illustrative examples:

- “I just think it is a really great project.”
- "I know the people who are running this program, who are pushing it, who are driving it, steering it. I have extremely high respect [for] what they are doing. I commend the people who are organizing this wholeheartedly. I think they are visionaries."
- "It has been wonderful; it has been a great experience for us. From what we hear afterwards, it has been very rewarding on both sides. A lot of it was just hearing out the clients, and I think hearing it from a different perspective, not just from your educators and hearing it from the community voice. It really makes a difference."
- "I think this is just the greatest thing going now."
- "I think it is a worthwhile project to provide students with this hands-on experience. I think it should be incorporated into the regular curriculum. It is a really good thing."
- “[The Fair went] above and beyond anything I could have hoped for."
- "Thank you to the people involved, because I know that a lot of really good work went into it. It really surprises me how they have embraced it, and I appreciate it."
- "[Volunteering at the Fair made our clients] feel optimistic about the health professionals who are coming up, [since], the young people who came by showed a lot of interest."

Two other participants mentioned that they would “like to see the project continue” but offered some suggestions. One participant mentioned that she “would like to see it continue in a way where community became a full partner [and was able to play a key role in setting the overall direction and scope of the project].” Another participant also mentioned that it would be worthwhile to pursue funding for the larger overall advisory committee that was disbanded to provide a useful networking opportunity for community organizations involved in the project.

5. DISCUSSION

This section provides a discussion of the key themes that emerged from the key informant interviews. They are organized by successes, challenges and potential future directions for the *UBC Patient and Community Voices in Health Professional Education* project.

Successes

Addresses a community need

All twelve (12) of the interview participants spoke very positively of the need to provide these types of educational opportunities to students. They felt that it was important for future health professionals to learn what it is like for individuals to live with a chronic condition or disability, because it provides a stronger understanding of how clients want to be treated and supported by their health professionals. Some individuals with potentially life threatening debilitating conditions wanted the students to learn that there are a range of potential outcomes for individuals with their condition and that many people continue to live normal, long lives after diagnosis. It is important for health care professionals to encourage them to live normal lives and access peer support and other services from available organizations. Other participants wanted to increase awareness of conditions in order to overcome stigma, and encourage earlier diagnosis of rare diseases.

Student reactions to the project

From the perspective of the patient educators, the project was really well received by the student participants. They reported that sharing personal stories and experiences appears to have resonated with students, and mentioned that the students were very keen, eager, and had warmly thanked them for the educational opportunity.

Significant changes for patient educators

The patient educators reported that the project resulted not only in positive benefits for the students, but also for the educators. The educators appreciated the opportunity to help others by sharing their experience, and found the experience empowering. For example, one respondent reported that through volunteering, “a disease that I felt no control over at all, all of a sudden, I felt a sense of control and that really made me feel that much more empowered.” Several participants reported that involvement in the project gave them a sense of “pride” and that they felt like their voice was “valued” throughout the project. In some cases it inspired participants to seek out other opportunities to educate medical professionals.

Significant changes for community organizations

Individuals representing community organizations reported that the project provided them with a valuable networking opportunity where they were able to connect with other organizations with likeminded goals. They also learned a lot about available programs in the community, and from the

personal stories shared by patient educators. They also felt honored and valued because their voice was being sought out by UBC and the next generation of health professionals.

Organization and delivery

Many of the interview participants praised the project coordinators for being well organized and successfully executing different aspects of the project such as workshops and the Community and Patient Fair.

Challenges

Lack of sustainable funding

Several interview participants reported that the lack of sustainable funding for this project is a barrier because it could potentially prevent the ongoing delivery of the project. They thought that the types of learning opportunities provided through this project should be embedded into the broader curriculum, with set funding.

Scheduling challenges

Some interview participants reported that it can be a challenge to schedule interprofessional workshops and the Community and Patient Fair at a time that works well with student schedules, and that it may be necessary to offer learning opportunities at different times in order to reach more students.

Future Directions

Expansion of project

All twelve (12) interview participants thought that it was important for the *UBC Patient and Community Voices in Health Professional Education* project to continue in the future, and the focus on personal stories and experiences was a good approach. Several participants thought that the project should be expanded and recommended that aspects of the project (e.g.) be embedded into the regular curriculum and become part of the regular training for health professionals. Others recommended expanding the number of interprofessional workshops and patient panels to address demand and overcome scheduling conflicts for students.

Expand community involvement

Interview participants praised the project organizers for including a broad range of community organizers and patient experiences within the project. Nonetheless, a few participants suggested that involvement of community members should be expanded, because they perceived there to be higher representation from the university relative to the community. In particular some individuals wanted a higher representation of patients in groups involved in decision making and setting strategic directions for the project.

6. CONCLUSION AND RECOMMENDATIONS

The *UBC Patient and Community Voices in Health Professional Education* project demonstrates a positive return on the investment of university funds into building increased awareness among students of the patient and community perspective. The positive outcomes reported by community partners should encourage the university to continue to make investments into the *UBC Patient and Community Voices in Health Education* project. This innovative project offers an invitation to educational institutions, community organizations, and health authorities to create future opportunities for patient-led educational opportunities.

Overall, the evaluation results suggest that the *UBC Patient and Community Voices in Health Professional Education* project: was well received by community partners; provided a unique learning opportunity for students; and resulted in positive outcomes for community organizations and patient educators. The following recommendations are intended to highlight ways to strengthen the *UBC Patient and Community Voices in Health Professional Education* project.

Recommendation 1: Support the ongoing delivery of the UBC Patient and Community Voices in Health Professional Education Program

The evaluation findings suggest that the *UBC Patient and Community Voices in Health Professional Education* project is fulfilling a community need by providing future health professionals with an opportunity to learn from patient and community perspectives. It is recommended that the university establish *UBC Patient and Community Voices* as an ongoing program with sustained funding. This would provide future students with opportunities to learn from patient and community perspectives, and will help to prepare them for their future careers.

Recommendation 2: Expand the scope of the program

Interview participants mentioned that some students are unable to access learning opportunities through the *UBC Patient and Community Voices in Health Professional Education* project because of scheduling conflicts and the limited number of events that are organized each year. It is recommended that more learning opportunities be offered in order to address student demand for this type of learning opportunity.

Recommendation 3: Explore integrating Patient and Community Voices into curricula

Several interview participants commented that the project should be integrated into curricula for future health professionals, since this is the best way to ensure that these types of learning opportunities are provided to all students and are well attended by students.

Recommendation 4: Conduct outreach to underrepresented health professional programs

Some interview participants were under the impression that some groups of health professional students were underrepresented. It would be beneficial to analyze available data on attendance and numbers of students enrolled in different health professional programs at UBC to identify which groups

are currently underrepresented, and then conduct outreach to those programs to encourage participation.

Recommendation 5: Expand community involvement in the program

Some of the community partners were under the impression that the organizations that are currently involved in the project learned about it through word of mouth or having prior partnerships with UBC. It would be useful to conduct an inventory of community organizations that have already been involved with the project, and compare it to an inventory of community-based health organizations in the region to identify further groups that should be invited to participate in the Fair and other aspects of the project. It may be also be useful to maintain direct regular communications with past patient educators (as well as the organizations that represent them) to keep them informed and involved with the program on a longer term basis.

7. APPENDICES

Appendix A: Invitation Letter

Invitation to Follow-up Interview Community Partnerships for Health Professional Education

Dear,

Thank you for collaborating with us on the 'Patient and Community Voices' project. As you are aware, the project has completed its 3rd year. At this pivotal stage, we would like to explore the successes and challenges of the project to guide the development of future projects and advance the creation of a coalition of community organizations to support health professional education.

We invite you to share your experiences with the project and discuss future opportunities in an interview with an independent researcher from the Social Planning and Research Council of BC (SPARC BC). Information from the interviews will be used to identify what worked and what did not work and plan for future projects. Information that may identify you will be removed from the results and you will not be identified by name in any records or reports in the completed study. Only the researchers from SPARC BC will have access to information that may identify you.

The interview will take about 30 minutes. With your permission the interview will be recorded. If you are willing to be interviewed, please contact Karen Thompson at KThompson@sparcbc.ca or 604-718-8110.

Sincerely,

Angela Towle
Chair, Patient & Community Voices project
Co-Director, Division of Health Care Communication
College of Health Disciplines

Appendix B: Consent Form

Community Follow-up Consent Form

Community Partnership for Health Professional Education

Principal Investigator: Dr. Angela Towle, Faculty of Medicine, UBC and Co-director, Division of Health Care Communication, College of Health Disciplines (tel: 604-822-4526)

Co-Investigators: Dr. William Godolphin, Co-director, Division of Health Care Communication, College of Health Disciplines; Cathy Kline Research Coordinator, Division of Health Care Communication; Scott Graham, Manager of Research and Consulting, and Karen Thompson, Researcher, SPARC BC (Social Planning and Research Council of BC).

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Purpose: The aims of this study are to learn about the successes and challenges in the Patients and Community Voices project and explore ways to continue to engage people from the community in health professional education. The information will be used to evaluate the project and guide the development future projects like this one. You have been asked to participate because you were involved in the project.

Study Procedure: You are asked to take part in an interview (about 30mins). During the interview you will be asked about your experiences in the project and your ideas about different ways to engage patients and community in health professional education. With your permission the interview will be recorded. You may ask for the recorder to be turned off at any time and the interviewer will turn off the recorder.

Confidentiality: Any personal information from this study will be kept strictly confidential. Only Scott Graham and Karen Thompson from SPARC BC will have access to information that may identify you. You will not be identified by name in any records or reports in the completed study. Data records that are kept on a computer will be secured by password, and other information will be kept in a locked filing cabinet. The recording will be transcribed and any names or personal references will be removed.

Contact: If you have any questions or want further information with respect to this study, you may contact Dr. Angela Towle at 604-822-4526 or the research coordinator, Cathy Kline at 604-822-8002.

If you have any concerns about your treatment or rights as a research participant you may contact the Research Subject Information Line in the UBC Office of Research Services at 604-822-8598.

Consent: Your participation in this study is entirely voluntary and you may refuse to participate or withdraw at anytime from the study without jeopardy to your health care, community services or your participation in projects with the Division of Health Care Communication.

Your signature below indicates that you have received a copy of this consent form for your own records.

Your signature indicates that you consent to participate in this study.

Signature of participant: _____

Date: _____

Print name of participant: _____

Code: _____

Appendix C: Interview Guide

Preamble

This interview will take approximately 30 minutes. All questions are intended to help UBC learn about the successes and challenges in the *Patients and Community Voices in Health Professional Education project*. All information collected through the interview process will be kept confidential and information will be used for evaluation purposes only.

For the sake of making sure we accurately record people's responses, we would like to digitally record this interview. Do we have your permission to record this interview? (If yes, then begin interview and do not record. If not, then begin interview but do not digitally record).

1. What did you (your organization) want to teach health professionals about at the beginning of the program?
2. After participating in this project, what do you (your organization) think health professionals need to know more about?
3. What was the most surprising thing that happened as part of your participation in this project?
4. (Ask if the participant had taught a workshop) What aspects of your teaching approach do you think worked best?
5. What were the strengths of how this project was implemented?
6. Did you notice any weaknesses of the project or opportunities for improvement? If so, what were they? (e.g., venue, training, organization)
7. What was the most significant change that you (your organization) experienced as a result of your participation in this project?
8. After participating in this project, do you have ideas for other projects/initiatives that would bring the experience and expertise of patients and community members into the education of health professionals) ? What would be required to implement your ideas?
9. Do you have any other comments or feedback?

Thank you for your feedback.