

Editorial

Patient's voice in health professional education[☆]

Where is the patient's voice in health professional education was the question captured the imagination of 240 participants at the first international conference on this topic in Vancouver from November 3–5, 2005. Health professional education is changing and those who need health care (whether referred to as patients, clients, consumers, users, survivors or communities) are front and centre in these changes.

Delegates from around the world came from a variety of patient groups including marginalized populations, lobby groups and patients-as-teachers programs. In addition there were health professional educators, researchers and students from schools of medicine, nursing, pharmacy, occupational therapy, physiotherapy, chiropractic, social work, psychology, law and other related professions. Conference participants ignored traditional boundaries – the silos that keep them isolated – and focused on learning from each other no matter what their background or credentials.

Patients and professionals from all disciplines collaborated as equals as they taught each other how to tackle the barriers and challenges to involving patients in professional education in more effective ways.

1. Settings

A variety of approaches are already being used in some settings:

- Patients sit on advisory groups helping to define the curricula of professional schools.
- Lay persons serve as simulated or standardized patients helping students learn communication and other clinical skills more effectively.

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- Patients contribute their experiential knowledge as teachers. They help students learn how to perform a more accurate and gentle physical examination, and help them understand the impact of illness and disability on people's lives. They also share the hard won strategies they have discovered that help them cope with their challenges.
- Patients participate as equal partners in research projects, not just as subjects—they are involved in determining the research questions and the appropriate culturally-sensitive approaches to gathering information.
- By sharing their personal stories of illness and disability, patients help students develop and maintain attitudes of respect and compassion—to stay in touch with the idealism that drew them to a health professional career.
- By sharing the many challenges they face when they struggle to change their behaviours, patients help students understand the complexity and pain involved in modifying unhealthy behaviour.
- By working in partnership with those who provide community services, patients help to improve programs so that services will be more accessible and appropriate to all those in need.

One goal of the conference was to share ideas and successful strategies so that these approaches and others would become more widespread and effective. They used “appreciative inquiry”, a new and powerful approach to addressing problems that focuses on what works and builds on successes.

The participants returned to their own diverse settings around the world with a renewed sense of hope and determination that they will all work together as partners to make all health professional schools more responsive to the needs of those they serve.

2. Conclusions and recommendations

The conference concluded by affirming several principles and suggesting a number of important recommendations:

- Health professional educators must collaborate to break down the interprofessional barriers that limit cooperation, understanding and effective teamwork.

- Health professional education must prepare graduates to use patient-centred approaches in real world settings where this is more challenging than the usual classroom and clinical settings, for example with marginalized populations such as those with HIV/AIDS, those with substance abuse problems, serious and persistent mental illness and the poor.
- Health professional schools must teach their graduates how to be advocates for both patients and community—to be able to recognize and analyze the predicaments facing their patients and communities and work with them to identify the appropriate resources for preventing, solving or at least mitigating the impact of these issues.
- Health professional educators should consider how to include patients and families as active participants in educational activities across the spectrum of health professional education from entry level to continuing professional development.
- The language of the professions often betrays a paternalistic bias. Health professionals need to be sensitive to the power of language that can privilege those in authority while diminishing the influence of those who are the most vulnerable and with the most at stake.
- The models of care used by many health professions are sometimes outmoded and ineffective—they focus on what professionals are comfortable with rather than on what consumers need. In collaboration with patients,

educational programs must develop more comprehensive models of care that address the full range of dilemmas facing them, including the social, economic and psychological dimensions.

3. Immediate actions

- A thorough review of the world literature on patient and consumer involvement in health professional education should be conducted and shared with all of the conference participants and all health professional schools to assist in continuing work in this area.
- The human energy and resources must be found to create effective local and international networks for sharing ideas and accomplishments. These will be essential to sustain the momentum of this strong beginning.

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