


A Personal Perspective on Patient Involvement in Educating Health Care Providers: From Two Lenses

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Abstract

This article provides my perspective on the importance of hearing and integrating patients' voices in the education of health care providers from 2 lenses, as a patient and as a nurse. It highlights why and how patients should be actively involved in health professions education. It is important that health care professions be reminded that patients want to be involved in health professions education; this will enable them to establish meaningful partnerships with patients along the continuum of their education, as well as improve upon their delivery of patient-centred care.

Keywords

patient perspectives/narratives, relationships in health care, health professions education, patient engagement

Introduction

Active patient involvement in the education of health care providers (HCPs) is essential for HCPs' successful delivery of patient-centred care (PCC), but this is not a mainstream occurrence along the continuum of health professions education (HPE) (1). This involvement could be improved if HCPs learned from patients' perspectives on how and why they want to be involved in the education of HCPs (2,3). This article provides my perspective on the importance of hearing and integrating patients' voices in the education of HCPs from 2 lenses, as a patient and as a nurse.

My Perspective as a Patient on Active Involvement of Patients in the Education of HCPs

I have been a patient receiving care for chronic kidney disease for over 20 years. As a result, I have engaged with HCPs from many disciplines and specialties, which has illuminated for me one major aspect of PCC that is lacking: HCPs' willingness to communicate effectively with their patients. For example, I have frequently experienced HCPs who portray an "I know best" attitude and a lack of desire to hear my questions or concerns about my health care plans. I even had one physician accuse me of losing a bloodwork requisition, blaming it on my forgetfulness as a new mother. These types of experiences have made it clear to me that HCPs should be reminded of how to communicate with patients.

Literature supports that, as clinicians move through their education and into clinical practice, their risk of losing sight of the importance of communicating with patients in care increases (4). However, I believe that sustained patient involvement in HPE can help mitigate this problem. My lived experiences as a patient bring a degree of realism and new insight to the education of HCPs that will remind them of the importance of treating a person holistically. Yet, to have the most impact on educating HCPs about how to effectively communicate with patients, my involvement as a patient-educator should go beyond tokenistic activities, such as being a guest lecturer or a "one-off" participant in clinical activities. My involvement should be sustained in HPE and be respected by faculty and students as integral to the success of any health care profession.

Specifically, I can help educators in HPE in the design, development, and assessment of patient-simulations that focus on teaching HCPs the cognitive, social, and personal skills needed to communicate effectively with patients (2). Literature supports that, unlike patient-actors, real-patient involvement in the design of simulation scenarios, as well

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as in the assessment of HCPs who participate in them, brings a degree of authenticity that many HCPs attribute to their ability to communicate with patients in more patient-centered and meaningful ways (5,6). For example, as a “real” patient, I can share with HCPs personal insights into how they can help me feel heard and respected during care. Such insights, I believe, will help HCPs reflect upon the importance of engaging with patients in open and constructive dialogues that facilitate compassion and empathy in care, as well as meaningful therapeutic relationships that have the potential to improve PCC.

Another way that I, along with other patients, can be actively involved in educating HCPs about the importance of communicating with their patients is through involvement in curricula development. Patients have expressed that, when they have opportunities to add aspects of patient experiences into health professions curricula, they feel that they positively impact the likelihood that HCPs will be willing to sustainably practice PCC because of the relevance and meaningfulness they bring to HPE (3,5,6). Health care professionals have shared this position, explaining that authentic patient experience throughout their education helps them become more compassionate and empathetic clinicians (4). Thus, I believe that patients can have an enormous impact on improving HPE when provided the freedom to instill patient experiences where they see fit into health professions curricula, whether that be through routine patient-led lectures or through other means, such as mentorship programs.

Overall, I believe that only patients with lived experiences of receiving health care can shed meaningful insight into what this health care should look like, and thus, how to improve educational support to HCPs on how to provide such care. Communication is key to opening up meaningful dialogues between patients and HCPs that can improve PCC. However, for this to occur, I urge educational leaders in HPE to provide patients with opportunities for active and sustained involvement in HPE, specifically by listening to patient-advisory panels and steering committees about how to restructure the current model of HPE in a way that better reflects patients’ voices.

My Perspective as a Nurse on Active Patient Involvement in the Education of HCPs

As a nurse, I want to form partnerships with patients by being able to meaningfully communicate with them in their care. However, my perspective as a nurse on active patient involvement in the education of HCPs brings me to believe that our current health care system, which emphasizes efficiency and productivity (7), does little to support meaningful patient involvement in HPE. Nurses, as well as other HCPs, are strapped for time and resources that would allow for meaningful communication with patients along their education, including within clinical practice (7). This needs to change.

Clinical practice needs to allow for educational opportunities for HCPs, where patients take the lead in their development and implementation. In clinical settings, patients should be given regular opportunities to run workshops and lectures for HCPs on patient experiences and effective patient-engagement away from their hospital beds. Too often do HCPs talk for patients, such as during bedside rounds. My nursing experiences have illuminated that, although patients are present during these rounds, they still have little chance for input due to limited time of HCPs, which supports a lack of HCPs’ engagements in attempting to understand how to meaningfully engage patients as partners in care. Thus, patients must be provided avenues for routine encounters with HCPs on equal levels, such as through formal educational opportunities in clinical settings; this, I believe, will help HCPs reflect upon what needs to change on personal and systemic levels to better facilitate effective communication with their patients.

I acknowledge that patient-involvement may be challenging for some patients, especially for those suffering from acute onset illnesses. However, I believe patient-steering committees have unique insights into how to best facilitate active patient involvement in HPE, and thus, can represent patients’ voices. I believe that patient-steering committees should be appointed to every unit within a hospital, and they should have the integral role of ensuring that all patients feel cared for and heard by HCPs, specifically by acting as an advocate for patients during clinical rounds and interprofessional meetings on patient care, as well as by playing integral roles in the development of routine patient-led educational initiatives in HPE.

Overall, my perspectives as a patient and a nurse illuminate the need for educational leaders to involve patients in every aspect of HPE. Most importantly, it illuminates the importance of patients having autonomy to educate HCPs in meaningful ways to them. I believe that improvements to PCC will be made possible in our current health care system as patients gain sustained involvement along the continuum of HPE. For this to occur, both HCPs and patients need to advocate for this, which this article aims to do.

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Author Biography

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