

Patients guiding providers in the clinical care setting moves well beyond what is traditionally described as 'patients as teachers' in settings for professional training.⁴ We imagine honing the skills of our future health care professionals to join in a partnership that is *guided by the patient*, so perhaps better termed as 'patient-led' care. Patient-led care would be taught as both a dialogic and relational skill: a conversation to build shared perspectives and understanding to foster trust progressively through an episode of care. Both patient and provider learn from each other through humility and respect in this exchange of unique expertise and knowledge. The patient becomes not 'just another pelvic exam'⁵ but a person with a voice and with whom a trusting relationship is formed. The object of professional training is, then, an *ability to support* a therapeutic experience as a uniquely co-created relationship in the clinical setting with THIS patient, not a patient 'like this', guided by the *patient-led* approach.

We imagine honing the skills of our future health care professionals to join in a partnership that is guided by the patient.

ORCID

Cheryl Lynn Holmes  <https://orcid.org/0000-0001-5857-2704>

REFERENCES

1. Towle S. 'Poorly relaxed women.' A situational analysis of pelvic exam learning materials for medical students. *Med Educ.* 2022;56(7):716-723. doi:10.1111/medu.14737
2. Russell G. Have we forgotten the moral justification for patient-centred care? *BMJ Qual Saf.* 2022;31:172-174.
3. Anderson NN, Gagliardi AR. Unclear if future physicians are learning about patient-centred care: Content analysis of curriculum at 16 medical schools. *Med Teach.* 2021;43(9):1085-1091. doi:10.1080/0142159X.2021.1918332
4. de Groot E, Schönrock-Adema J, Zwart D, et al. Learning from patients about patient-centredness: A realist review: BEME Guide No. 60. *Med Teach.* 2020;42(4):380-392. doi:10.1080/0142159X.2019.1695767
5. Holmes C, Miller H, Regehr G. (Almost) forgetting to care: an unanticipated source of empathy loss in clerkship. *Med Educ.* 2017;51(7):732-739. doi:10.1111/medu.13344

How to cite this article: Canfield C, Holmes CL. The pelvic exam as bellwether for patient-led care in the curriculum. *Med Educ.* 2022;56(7):692-693. doi:10.1111/medu.14805

DOI: 10.1111/medu.14817

The hunter and the lion: Amplifying health care consumers' voices in health care education

Gabrielle Brand^{1,2}  | Janeane Dart³ 

¹School of Nursing and Midwifery, Monash University, Frankston, Victoria, Australia

²Monash Centre for Scholarship in Health Education, Monash University, Clayton, Victoria, Australia

³Department of Nutrition, Dietetics and Food, Faculty of Medicine, Nursing and Health Science, Monash University, Notting Hill, Victoria, Australia

Correspondence

Gabrielle Brand, School of Nursing and Midwifery, Monash University, 47-49 Moorooduc Highway, Frankston, VIC 3199, Australia.

Email: gabrielle.brand@monash.edu

Until the lion learns to write, every story will glorify the hunter. (African proverb)

Health professions education (HPE) is designed and developed to include rich experiential curricula drawing on the expertise of

clinicians, educators, academics and students working together to enable and equip students to meet core health professional competencies. Learning occurs in university settings and a range of diverse workplace-based settings. While educational design and learning and teaching approaches have evolved over the decades,

they predominantly, still ‘glorify the hunter’, the voices of expert academics, educators and clinicians rather than the lion, who in this African proverb represents the patient or health care consumer.

While educational design and learning and teaching approaches have evolved over the decades, they predominantly, still ‘glorify the hunter’.

It is important to amplify the voice of the lion, in part, because growing evidence suggests we should be paying more attention to sociocultural factors in HPE and framing health care professional learning and practice across broader landscapes of practice.¹ Conceptions of health care professionalism, as a case in point, have also evolved to emphasise paying attention to educational strategies that engage learners in developing their professional identities² as a means to facilitate successful transition from student to professional. Professionalism, in other words, is a dynamic construct, with understandings varying across time, health care contexts and settings, cultures, multi-disciplinary teams and professions.³ Despite professionalism being described in competency standards, with codes of conduct and professional standards established across all health professions, the literature has predominantly privileged and focused on examining perspectives of academics, clinicians and students, rather than patients. That truth offers a reflection of the inherent power imbalances and hierarchy that exist across health care, including HPE. In this issue, Haney and colleagues⁴ contribute to rectifying the problem by using grounded theory to advance our understandings of medical students’ professionalism from the patient perspective.

Growing evidence suggests we should be paying more attention to sociocultural factors in HPE.

It is therefore vital that we continue efforts to move health care consumers from the periphery of HPE to the centre of the education process, amplifying their perspectives and strengthening their voices. We believe this can be achieved through co-designing HPE in a

deliberate effort to deconstruct and reposition paternalistic, hierarchical relational patterns towards more humanistic models of health care.⁵ As Haney and colleagues conclude, ‘knowing what patients perceive as important will allow educational and assessment efforts to be refined to reflect their values’.^{4, p. 1} Co-designed HPE offers a crucial formative step in preparing students to learn from, collaborate with and understand how to partner with patients in their future practice, a phenomenon described as ‘imprinting’—an important experiential learning process that drives future practice behaviours.^{6, p. 1007}

Co-designed HPE offers a crucial formative step in preparing students to learn from, collaborate with and understand how to partner with patients in their future practice.

So how can we amplify the voices of ‘lions’ in HPE? We would start to answer that question by offering three examples of co-designed curricula aimed at teaching dimensions of professionalism.³ Each can be adapted into existing health care education to remedy the ‘blind spots’ Haney and colleagues⁴ refer to, ensuring we support learners to develop professional identities, professionalism and person-centred practice in meaningful ways.

So how can we amplify the voices of ‘lions’ in HPE?

1. Professionalism as cultural capability

Rosalie, an Indigenous Noongar woman, was invited to co-design a strengths-based, visual narrative portrait for health workforce education. Cultural artefacts and audio-recorded Indigenous narratives were utilised in the education resource to foster cultural capability. The Depth of Field health humanities education methodology⁵ (see <https://vimeo.com/385779412>) was used to stimulate new and different ways of seeing, knowing and understandings that occur when we create culturally safe spaces for learners to sit in ‘the uncomfortable tension that can be felt while walking through difficult historical truths’.^{7, p. 4}

2. Professionalism as hierarchy

At our institution, interactive online case studies referred to as Integrating Science and Practice are used to help students explore and apply theory and skills in their field of study.⁸ In performing a case study, students submit a Clinical Action Plan (CAP) that is followed by immediate feedback in the form of a video-recorded CAP response by an expert clinician. Students are then prompted to submit a reflective analysis comparing the expert response with their own original CAP. Only recently did we realise the patient's voice was missing, thus raising concern that we were further perpetuating relational power imbalances. To rectify this, we video-recorded health care consumers' lived experience to parallel the clinician response to ensure our education design is sending a clear message that we value consumers as equal partners in their health care.

3. Professionalism as person centredness

Other ways we have infused the lived experience of health care consumers is by encouraging health professional learners to integrate the 'art' and 'science' of health care. Examples include using magnetic resonance imaging (MRI) images and poetry to bridge clinical and human experiences of stroke recovery that helps move learners beyond 'diagnosis' to more person-centred care.⁹ Emotional and embodied (see <https://vimeo.com/454585619>), this co-designed resource encourages learners to pause, connect and reflect on the fragility of human life with emphasis placed on co-design to remind us of health professionals' core values of empathy, service and respect for patients.

As clinicians, educators, academics and researchers, it is a matter of care, respect and integrity that we work together to amplify lions' voices in HPE. The results from Haney et al.'s study confirm that patients trust both the health care system and the education process, so why are we not honouring that trust by working together to co-design education that better aligns with patients' values and expectations? As demonstrated in the learning and teaching professionalism examples above, creating rich learning opportunities to challenge presiding 'knowledge' in HPE through co-designing curriculum is both possible and has the potential to transform traditional, hierarchal health care relationships from transactional to transformative. HPE has glorified the 'hunter' for too long. It is time to hear the lion roar!

As clinicians, educators, academics and researchers, it is a matter of care, respect and integrity that we work together to amplify lions' voices in HPE.

ORCID

Gabrielle Brand  <https://orcid.org/0000-0001-6606-6721>

Janeane Dart  <https://orcid.org/0000-0002-7563-0395>

REFERENCES

1. Dart J, Ash S, McCall L, Rees C. 'We're our own worst enemies': a qualitative exploration of sociocultural factors in dietetic education influencing student-dietitian transitions. *J Acad Nutr Diet.* 2022. doi:10.1016/j.jand.2022.03.015
2. Cruess SR, Cruess RL, Steinert Y. Supporting the development of a professional identity: general principles. *Med Teach.* 2019;41(6):641-649. doi:10.1080/0142159X.2018.1536260
3. Dart J, McCall L, Ash S, Rees C. Conceptualising professionalism in Dietetics: an Australasian qualitative study. *J Acad Nutr Diet.* 2022. doi:10.1016/j.jand.2022.02.010
4. Haney S, Rowland P, Ginsburg S. Patients' perspectives on medical students' professionalism: blind spots and opportunities. *Med Educ.* 2022; 56(7):724-735. doi:10.1111/medu.14735
5. Brand G, Sheers C, Wise S, et al. A research approach for co-designing education with healthcare consumers. *Med Educ.* 2021;55(5):574-581. doi:10.1111/medu.14411
6. Englander R, Holmboe E, Batalden P, et al. Coproducing health professions education: a prerequisite to coproducing health care services? *Acad Med.* 2020;95(7):1006-1013. doi:10.1097/ACM.0000000000003137
7. Redvers N, Schultz C, Vera Prince M, Cunningham M, Jones R, Blondin BS. Indigenous perspectives on education for sustainable healthcare. *Med Teach.* 2020;42(10):1085-1090. doi:10.1080/0142159X.2020.1791320
8. Williams I, Schliephake K, Heinrich L, Baird M. Integrating Science and Practice (iSAP): an interactive case-based clinical decision-making radiography training program. *MedEdPublish.* 2017;6(65):1-10. doi:10.15694/mep.2017.000065
9. Brand G, Osborne A, Wise S, Isaac C, Etherton-Bear C. Using MRI art, poetry, photography and patient narratives to bridge clinical and human experiences of stroke recovery. *Med Humanit.* 2020;46(3):243-249. doi:10.1136/medhum-2018-011623

How to cite this article: Brand G, Dart J. The hunter and the lion: Amplifying health care consumers' voices in health care education. *Med Educ.* 2022;56(7):693-695. doi:10.1111/medu.14817