

Learning from and with Patients: The Role of Culture

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During my childhood (AY), one enduring memory etched in my mind is that of my mother's pollen allergy. It began as a seasonal affliction when I was young, and I distinctly remember the distressing sight of her struggling for breath, prompting multiple emergency room visits. Over the years, she sought the assistance of various doctors and tried different combinations of anti-asthmatic medications, yet none provided lasting relief.

However, a turning point arrived when my determined mother decided she had endured enough and opted to explore traditional herbal remedies. Despite facing opposition from her concerned children, who feared for her well-being, she remained resolute and introduced cinnamon tea as a daily part of her routine. Although it took a few months, as pollen season approached that year, her allergies became scarcely noticeable and seemed to have disappeared entirely.



Intrigued by this remarkable transformation, I accompanied her to her consultant, who was astounded by her improved condition. When he learned of her remedy, he expressed admiration and informed her that he would recommend it to his other patients as well. Recently, I met her consultant again, at our local hospital, and he shared with me that many of his other patients had reported significant improvements in their breathing by incorporating cinnamon tea into their treatment plans.

This personal experience sheds light on the profound significance of patient involvement, not only in health care decision making, but also in the lifelong learning of physicians, emphasising the value of patients' lived experiences. These experiences can be used beneficially by physicians if they create a safe environment and build trusting relationships with their patients. Relationship-centred communications could enable patients to share their ideas and perspectives about

their illnesses, and empower them to be active participants in the shared decision-making process [1]. The benefits of physician-patient collaboration are well documented from the patient's perspective, including improved patient outcomes, enhanced patient satisfaction and enhanced quality of care [2]. Additionally, research evidence increasingly shows that trusting patient-physician relationships, in which patients feel safe to discuss their care and provide feedback to health care providers may have a positive impact on physicians' lifelong learning [3].

Active involvement of patients in formal CPD activities may contribute greatly to the quality and effectiveness of healthcare. Patients may furthermore provide invaluable feedback to their physician if physicians demonstrate a willingness and openness to seek this feedback and recognise its potential to improve their performance and overall professional development [4]. In other words, if a healthcare professional is willing to "learn" from and with their patients, then there actually might not be a limit to impactful workplace based CPD activities taking place in day-to-day professional practice. Such informal CPD moments or instances should be harnessed to complement "formal" CPD activities and even serve as great window of opportunity for continuous learning when formal CPD activities might not be accessible or available to practitioners [5].

It has often been stated that "culture eats strategy for breakfast". In healthcare, this could be viewed as the critical role personal and societal cultural beliefs play in patient communications and doctor-patient relationships [6]. The interaction described in the anecdotal case demonstrates the impact of a patient's cultural

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beliefs on their care and how open-mindedness on the part of clinicians can facilitate trusting collaborative relationships. Acknowledgment of culture then facilitates patient compliance and provides consultants with immense learning opportunities which should be utilised effectively.

Cultural ideologies and beliefs are also important to consider when we call for formal patient involvement in CPD [7,8]. Unfortunately, literature on patient involvement does not always seem to take the role of culture into account [8] [9,10], and even seems to promote a one-size-fits-all approach [8] which may not align with the diverse cultural contexts and goals of individuals involved. Each patient has a unique background, set of beliefs, values, and healthcare needs, shaped by their cultural heritage [11]. By disregarding individual differences and implementing a standardised approach, we may risk alienating patients and hindering their potential engagement in the educational process. Moreover, such an approach may fail to address the specific healthcare challenges and aspirations within different cultural communities, resulting in a disconnect between CPD activities and the patients that physicians aim to serve [12]. To ensure the effectiveness and relevance of CPD, it is therefore crucial to embrace an approach that acknowledges and respects the diversity of cultural contexts and goals, tailoring strategies for involving patients in physicians' lifelong learning accordingly.

Patients have the potential to serve as exceptional educators. Incorporating them into continuing professional development (CPD) can inspire clinicians both intellectually and emotionally, reaffirming the value of their work [10]. Patients may be the best educators to teach, assess and provide feedback on skills such as communication skills, empathy, humanism and professionalism; their lived experiences of their illnesses may provide invaluable feedback for development of competencies related to medical knowledge. Thus, it is imperative that we invest in research that delves into the cultural and contextual dimensions of patient engagement not only in the education of clinical trainees but also practicing clinicians. By paying careful attention to cultural and contextual dimensions, we can gain a deeper understanding of how patient involvement manifests in different settings and uncover the potential barriers and facilitators to learning from and with patients within specific communities. This knowledge can help identify innovative approaches, tailored interventions, and best practices that promote active patient involvement in physicians' lifelong learning across

diverse cultural contexts. Only by bridging the gap between the rhetoric and reality surrounding patient involvement, we can truly enhance the quality of patient-centred care and foster equitable and high-quality care for all individuals, irrespective of their cultural background.

Disclosure statement

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