Abstracts

(By Session Number)

A.1 Symposium:

Patient as a Person: lessons learned from ten years of a student-initiated program on active patient involvement in interprofessional education

Dante Mulder, Matthijs Bosveld, Marcel Verhoeven, Maastricht University, The Netherlands

Abstract: In 2015, an idea of two students to incorporate the patient's voice in interprofessional education marked the beginning of a journey that led to the sustainable implementation of active patient involvement in undergraduate education at multiple educational institutions across the Netherlands. Ten years on, annually 1000 students from 13 study programs institutions are involved in small-scale interprofessional education, learning in collaboration with 260 involved experts by experience (EBEs). The supra-institutional, interprofessional organization is facilitated by the Patient as a Person Foundation - a non-profit organization led by students and EBEs that, additionally, actively organizes reciprocity for participating EBEs in collaboration with educational institutions.

In this symposium, key figures will share personal accounts of pivotal moments throughout their exciting but challenging journey, also discussing the scientific insights that have come to light along their journey. Attending patient leaders will reflect on their roles as EBE in educational programs as well as on their role in co-organizing the education. Accounts from the initiators, as well as students will provide attendees with ten practical lessons learned along the way – a lesson for each year since our journey started. Conclusively, the presenters will debate with attendees on how to co-organize interprofessional education actively involving EBEs together with students and staff from educational institutions in a sustainable and cost-effective way. Apart from practical lessons and insights, attendees' passion for advancing patient involvement in interprofessional undergraduate health professions education will be nurtured – we promise attendees will leave inspired!

A.2 Symposium:

Claiming Agency: Expanding Roles and Deepening Patient Partner Engagement in Interprofessional Education

Elizabeth Cadavid, Bhavini Patel, Elizabeth Mohler, Janet Rodriguez, Centre for Advancing Collaborative Healthcare and Education, Toronto, Canada

Abstract: At the Centre for Advancing Collaborative Healthcare & Education (CACHE), patient, family, and caregiver partners are embedded throughout the University of Toronto's Interprofessional Education (IPE) Curriculum—not as passive participants, but as co-educators, developers, facilitators, advisors, and leaders. Over time, this involvement has evolved through what we refer to as a "ladder of engagement": a continuum that supports growth, broadens access to roles, and fosters meaningful collaboration.
This evolution raises critical questions: How do we support agency without replicating systems of hierarchy or exclusion? How do we ensure patient partners have the space, confidence, and support to shape the programs they are part of?

This symposium explores how CACHE's approach to patient partnership creates opportunities for shared power, mutual accountability, and sustained engagement. Drawing on the experiences of both patient partners and program coordinators, we will examine intentional practices—such as structured

onboarding, mentorship, co-creation of roles, and continuous consultation—that support engagement at all levels.

Rather than focusing on "professionalizing" patient partners, we centre on the idea of claiming agency—the capacity and opportunity for individuals to shape their roles, influence decisions, and contribute in ways that reflect their lived experience and values.

A.3 Workshop:

Partnering with Families: Enhancing Clinical Education Through Family Engagement

Catherine Diskin, Ashley Edwards, Kim Young, Caitlyn Hui, Hospital for Sick Kids, Toronto, Canada

Abstract: In today's healthcare landscape, where patient-centered care is both a priority and a professional expectation, engaging families in clinical education is essential. Families are active participants, advocates, and caregivers who offer invaluable perspectives on illness, recovery, healthcare delivery, and the emotional and social dimensions of care. Led by clinical, including trainee and family facilitators with a strong background in family engagement and patient-centered education, this interactive workshop explores the vital role families play in shaping compassionate, patient-centered healthcare professionals.

The Complex Care Program at the Hospital for Sick Children provides care to over 700 children with medical complexity (CMC). Care of CMC is rooted in shared decision-making as a foundation to effective partnership between clinicians and families. Over the past five years, the Complex Care Program has developed expertise incorporating families and youth into our education program. This program spans career lifespan of healthcare professionals, including curriculum development, trainee assessment, and teaching delivery across various settings (small group and large lecture) on multiple topics including clinical skills and expert topics. Family leaders have participated as co-principal investigators on grants received to support research in education and co-authors in presented and published work, reflecting our growing experience in family partnership in education.

Drawing on years of hands-on experience, research, and collaboration with families and learners in education, the facilitators will share approaches to forming family partnerships in delivering education training and real-life examples illustrating lessons learned that participants could adapt to their own institutions.

A.4 Workshop:

I said yes…. now what?" The journey of becoming a patient partner in medical education

Dana Arafeh, Melanie Henry, Noor Ramji, Michelle Leppington, Liz Kazimowicz, Kishany Subramaniam, Atif Zia, University of Toronto, Canada

Abstract: There is a growing push to engage patient partners in medical education, and often the assumption is that patients are "ready" to engage the moment they are invited. Many patients are invited by faculty or learners without the clarity, preparation, or support needed to contribute meaningfully. At the same time, faculty and learners value patient partnerships; however, they are unsure how to collaborate effectively with patient partners or what roles they can or should play. Often, there is no feedback loop or mechanism for patient partners to understand the impact of their contributions, leaving them even more uncertain about the impact of their involvement.

This workshop explores the journey of becoming a patient partner in medical education. Drawing from real stories from patient partners, participants will explore the barriers to engagement in medical education and co-design strategies to support effective partnerships using a design thinking approach. Participants will move through each stage of the design thinking process- using empathy mapping to better understand both patient and faculty experiences, and then work in groups to identify opportunities for collaboration while sharing and refining the problem together, leaving the workshop with a practical tool for change, to test and potentially implement.

A.5 Workshop:

The Third Thing: Finding Powerful Stories in the Mundane Moments of Our Lives

Mike Lang, University of Calgary, Canada

Abstract: Dr. Mike Lang has won awards for his patient-focused health and wellness documentaries and has worked with over 900 patients, family members, and healthcare professionals to create short films (called Digital Stories) about thier healthcare experiences. Many of these stories have been embedded into educational curriculums, placed in museums, shared with political leaders, and been shared widely on social media, leading to significant healthcare policy and practice changes around the world. In this workshop, Dr. Lang will walk attendees through the process he uses with storytellers of all types to help craft meaningful and compelling stories from the experiences of thier life. Attendees will leave with a rough draft of a compelling story and a better understanding of how to find deep wisdom in everyday healthcare interactions. Learn more about Dr. Mike and his work @mikelangstories on all socials or via mikelangstories.com and commonlanguagedst.org.

A6: Oral Presentations: Engaging with Diverse Patient Populations

Understanding barriers and enablers to patient participation in education development for an online course for health care professionals: findings from a qualitative research study

Yona Gellert, University of British Columbia, Canada

Abstract: The field of continuing professional development and health professions education recognizes the value of patient involvement in education development. This engagement may vary from patients participating as co-researchers, co-developers, or reviewers (Towle et al. 2010). While engagement has been happening for over a decade, emerging practices to optimally carry out patient involvement are still required. Further, little is known about what motivates patients to participate in education co-development and how to engage patients with diverse backgrounds and experiences, in particular those facing systemic barriers or underrepresented populations.

To better understand some of these contributing factors, a team at the University of British Columbia conducted a constructivist grounded theory study to explore the enablers and barriers for people with lived experience to participate in co-development of a national and bilingual online course about abortion care for health professionals in Canada that focuses on improving access for underserved populations. In addition to exploring patient motivation to participate in education co-development, the research also considered what potential emerging practices may be helpful for future education development.
Through investigating an education project that exemplified best practices in patient involvement, we will share key findings from interviews with patients, subject matter experts and health professionals and discuss central insights into emerging trends and innovations for patient co-development of health education.

Recognising Personal Strengths and Embracing Diversity within the Patient | Carer Community (PCC) – Lessons Learned at the University of Leeds, UK

Jools Symons, University of Leeds, UK
Abstract: At Leeds Medical School, we are privileged to work with a diverse group of patients and carers who deliver high-quality teaching. This enables our students to gain invaluable experience from patients with a wide range of conditions, disabilities, cultural differences, and socioeconomic states. Diversity is too often measured by race and skin colour, but it is equally important to recognise the value of learning to communicate effectively with patients who have complex needs or physical illnesses.

Teaching different communication strategies, such as those needed to interact with neurodivergent patients, can be achieved by working directly with individuals living with these conditions. For instance, well-trained facilitators can use effective tools to redirect conversations with patients who frequently interrupt or lose focus due to their condition, ensuring that students learn best practices for obtaining necessary information during patient interactions.

As a team, it is crucial for us to understand our patient and carer group, working with their strengths and viewing their conditions and behaviours as opportunities for positive learning rather than obstacles. Additionally, it is vital for students to comprehend cultural differences and practices. Having diverse members helps challenge stereotypes and biases, reinforcing the individuality of each person.
By fostering an environment that embraces diversity in all its forms, we prepare our students to become empathetic and effective healthcare professionals, capable of delivering high-quality care to a diverse patient population. This approach not only enhances their learning experience but can also contributes to the overall improvement of patient care.

Partnering with people with lived experience of dementia

Heather Cowie, Alzheimer Society of British Columbia, Canada
Abstract: Join us for a compelling workshop focused on the topic of meaningful engagement opportunities for people with lived experience of dementia. It is critical that people with lived experience have opportunities to purposefully participate in and inform the work of the Alzheimer Society of B.C. in a way that recognizes their unique perspectives, experiences and abilities. This session spotlights the Lived Experience Partner Program for people living with dementia and caregivers and is co-presented by people with lived experience. We will explore the significance of elevating the voices of people with lived experience and highlight how their diverse stories can drive change and combat stigma.

Additionally, this presentation will explore the key learnings from the first year of the program sharing insights on how to foster a culture that emphasizes the voices of people who are experts by experience, ultimately creating a more compassionate and inclusive community for those affected by dementia. The Lived Experience Partner Program provides opportunity for people with lived experience to co-create and deliver dementia education to students, health care providers and the general public.

Educational and institutional strategies to promote the inclusion of mentors living in vulnerable and violent territories in Brazil and Canada

Milena Lisboa, BSMPH, Brazil & Cathy Kline, University of British Columbia, Canada
Abstract: This presentation aims to discuss one of the biggest challenges experienced by university management in the relationship with mentors who live in territories with multiple vulnerabilities: to create sustainable conditions for patients to participate in university health training as educators, in the Health Mentors Program (HMP), where they teach students from different disciplines based on their experiences of illness. The conditions of social inequality in Brazil, especially experienced by the Afro-descendant people, end up generating social determinants, such as poverty, racism and violence, which

produce vectors of illness, creating a gap between them and the wealthier layers of the population, where most university students come from. In order to offer learning opportunities based on concrete experiences of illness, the university proposes the responsibility of teaching new professionals based on shared experiences from the perspective of patients who live in these territories marked by inequality. To ensure that the HMP can count on the participation of mentors who can teach about their experiences of chronic disease with strong social determination, it is necessary to create innovative and contextual educational and institutional strategic adaptations, in order to promote conditions of inclusion, safety and security for the meetings. Adapted from the model developed by the University of British Columbia, which remains a partner for the exchange and construction of international knowledge, we will present the main differences between the conditions of mentors in Brazil and Canada, and the institutional adaptations invented for educational and social supports.

A.7 Oral Presentations: Research Studies

Revisiting liminality: A multi-year follow up study of the impacts of a service user advisory course for psychiatry residents

Csilla Kalocsai & Sacha Agrawal, University of Toronto, Canada

Abstract: The field of continuing professional development and health professions education recognizes the value of patient involvement in education development. This engagement may vary from patients participating as co-researchers, co-developers, or reviewers (Towle et al. 2010). While engagement has been happening for over a decade, emerging practices to optimally carry out patient involvement are still required. Further, little is known about what motivates patients to participate in education co-development and how to engage patients with diverse backgrounds and experiences, in particular those facing systemic barriers or underrepresented populations.

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Patient epistemic contributions to healthcare education through the lens of lived experience: A phenomenological approach of experiential knowledge in physiotherapy education

Felicia Bielser, Haute école de santé Vaud, Switzerland

Abstract: Patient experiential knowledge (Borkman, 1976) challenges knowledge production and legitimacy in healthcare. Despite abundant literature, this concept remains poorly delineated (Cartron et al., 2021; Dumez & L'Espérance, 2024). With pragmatic approaches highlighting its contextual validity and variability across participants (Borkman, 1976; Gross et al., 2017) a contextual understanding in healthcare education is needed. Rooted in a phenomenological approach within the "course-of-action" theoretical framework (Poizat et al., 2023), this study adopts a first-person perspective to understand how patients and students make sense of experiential knowledge during educational activities in physiotherapy education. Data comprised a) nine video recordings of joint educational activities (each approximately 1.5 hours), and b) seven self-confrontation interviews with patients and students

transcribed verbatim (Poizat et al., 2023). Data analysis involved categorizing experiences across six dimensions (Theureau, 2004) and inductively thematizing experiential content. Findings reveal that the way participants sense epistemic contributions transcends factual events, encompassing explicit and implicit knowledge, immediate perceptions, and emotional dimensions. It reflects the dynamic interaction between past experiences, current actions, and anticipated future possibilities. The findings contribute to a better understanding of patient involvement in healthcare education and invite practitioners to explore reflexive journals supporting learning through patients' voices. While grounded in physiotherapy education, these insights have relevance across health and social care disciplines, offering a framework for understanding patients' epistemic contributions in interprofessional learning contexts.

Exploring the construct of just culture among patient and resident physicians in health care settings: a patient-oriented study

Fatima Duua, University of Calgary, Canada

Abstract: **Background/Objective**: The shift from blaming the healthcare providers involved to understanding the root cause of an adverse event is called 'Just Culture.' The following study aims to explore patient and resident physician perceptions of Just Culture within healthcare.

Method: We conducted a pragmatic qualitative patient-oriented study guided by constructivist grounded theory. Five research partners (two patients and three resident physicians) from equity-denied groups with lived/living experiences of safety issues and/or adverse event reporting within healthcare were engaged throughout the research. Sixteen semi-structured virtual interviews/focus groups (2-3 participants) were conducted independently with patients and residents. Domains of inquiry included the perceived influence of intersecting identities, barriers and facilitators to Just Culture and the interaction between hierarchy/power, privilege, equity, and patient safety.

Results: We generated five main categories from participant data: (1) medical hierarchy and power dynamics, (2) fear of repercussions and vulnerability due to status or position within the care system, (3) poor reporting experiences normalizing learned helplessness, (4) existing and potential facilitators to reporting, (5) strategies to improve Just Culture. Our core category is trickle-down effects in healthcare and their relationship with perceptions of safety and justice.

Conclusion: Study findings help to address gaps in the literature on Just Culture as perceived by a learner population of medical trainees and end-users of the healthcare system. Study results have the potential to influence policy and educational practices within healthcare and medical schools, fostering safer and more equitable environments for patients and residents.

Meaningful patient involvement in health professions education: Exploring issues of boundary and identity

Amber Bennett-Weston, University of Leicester, UK

Abstract: Background
Following recent changes to policy, it is expected that healthcare schools involve patients as partners in the design, delivery, and evaluation of professional curricula. We do not yet understand what these partnerships mean for our academic communities and the processes needed to support them. In this presentation, we explore what it means, to key stakeholders, to involve patients as partners within the academic community.

Method: A qualitative case study design was adopted, underpinned by a social constructivist philosophical stance. Communities of Practice served as the theoretical framework. Semi-structured interviews were conducted with patients (n=10) and educators (n=10) from across a Medical and a Healthcare School. Five focus groups were held with penultimate year students (n=20) from across the two Schools. Data were analyzed using reflexive thematic analysis.

Results: Two overarching themes were generated: Boundaries and Identity. There are boundaries between patients, educators, and students which can hinder patients' meaningful involvement in healthcare education. Boundaries are marked through differences in knowledge, a lack of shared vision, and a lack of trust in patients. Patients, educators, and students have separate distinct identities. They experience tensions of identity when they come together across boundaries. These tensions reveal insights into the construction of the typical 'patient' identity in healthcare education.

Conclusions: Applying Communities of Practice has, for the first time, illuminated issues of boundary and identity that stakeholders experience when patients are involved in healthcare education. These findings deepen our understanding of the processes needed to support patient partnerships in healthcare schools.

Integrating Lived Experience into Mental Health Education: Findings from three literature reviews

Yudit Namer, University Twente, The Netherlands

Abstract: This synthesis integrates findings from three literature review studies (a mixed-methods review, a qualitative scoping review, and a narrative review) exploring Patient Involvement (PI) in Mental Health Education (MHE), highlighting its value for different stakeholders, necessary training mechanisms, and key implementation strategies.

Findings collectively emphasize that PI enhances students' knowledge, attitudes, and competencies. PI deepens comprehension of mental health and clinical contexts while fostering holistic perspectives. It also reduces stigma, encourages critical reflection on academic methods, and improves clinical skills, ultimately preparing students for future practice in mental health care. However, successful implementation requires structured training and support for both patients and educators.

Training mechanisms play a crucial role in optimizing PI's impact. Patients benefit from guidance in communication, boundary-setting, and self-care. Educators must create a safe learning environment, facilitate productive student engagement, and integrate patient narratives into meaningful learning objectives. Support systems, including institutional advocacy and structured debriefing sessions, are vital for sustaining effective PI.

A comprehensive checklist for implementing PI in MHE was developed, categorizing stakeholder needs into Interpersonal (self-determination, collaboration, and support) and Course (content, organization, and teaching). These elements underscore the importance of patient autonomy, inclusive course design, and fostering collaboration between educators, students, and patients. The checklist will also be introduced to the audience.

This synthesis will provide a roadmap for integrating PI into MHE, advocating for structured training and institutional support to maximize educational outcomes and improve mental health care practice.

A.8: Oral Presentations: The Patient's Voice

Integrating the patient's voice within health professional pain education: Development and piloting of a novel educational intervention

Timothy Wideman, McGill University, Canada

Abstract: Chronic pain is a leading cause of global disability and healthcare expenditure. Canada's national Action Plan for Pain aims to address this challenge by calling for transformative change in how pain management is taught in Health Professional Education (HPE) programs. The national plan emphasizes integrating people living with pain as partners in HPE and helping students better understand and address the suffering they often experience. This presentation highlights recent work—conducted in partnership with people living with pain—to design, implement, and evaluate an innovative educational intervention that addresses these priorities.

The first phase involved building consensus across a diverse group of people living with pain to identify what they believe HPE students should learn about the lived experience of pain. This process yielded seven key themes, which became the focus of the intervention. The intervention included one-on-one online discussions between HPE students and people living with pain, guided by an interview guide based on the seven themes. These conversations were followed by group discussions where students reflected on their learning and identified areas for growth.

The intervention was integrated into the compulsory curriculum of two cohorts in McGill's physiotherapy program. Students described the experience as transformational, helping them understand what it is like to live with pain and how to partner more effectively with patients. People living with pain reported high satisfaction and good alignment with best practice in partnered HPE. Lessons learned and future directions for implementation across additional HPE programs will be discussed.

Patient Voices in Norwegian Nursing Education; three perspectives

Catrine Buck-Jensen, Asne Knutson Depresno, Kim Fangen, Frank Oterholt, Arctic University, Norway

Abstract: Global challenges like health personnel shortages and lack of recruitment to nursing education programs necessitate innovation and reorganization of healthcare services and future education. The Norwegian community emphasizes equality and democracy; however, health professions education is not required to involve patients, and when it does, it relies on individual instructors, often randomly.
The purpose of this project is to develop research-based knowledge on how students, patients, and educators in Norwegian nursing education experience patient involvement. The research question is: How can patients be actively involved in Norwegian undergraduate nursing programs?

The study is positioned within a collaborative research paradigm where co-creation is a central premise. Data were initially generated through three digital workshops, respectively, with patients, undergraduate nursing students, and nursing educators. Furthermore, all participants were gathered physically for a 1-day co-creation workshop. The overarching goal of the workshops was to explore experiences from the participants` different perspectives and co-create proposals for models that can be piloted in nursing education in Norway.

The preliminary findings show that interaction with patients outside the clinical context can enhance the understanding of holistic patient care. Students and patients express a wish for more involvement of patients, while the educators are more pragmatic in their approach, and some still want to ensure the quality of educational activities. Participants articulated a need for developing a systematic approach to recruiting, planning, and conducting learning activities where active patient involvement is central.

When the Teacher Becomes the Subject – Disability education that hits too close to home

Scott Dunham, Canadian Memorial Chiropractic College, Toronto, Canada

Abstract: When the Teacher Becomes the Subject – Disability education that hits too close to home
Disclosing a disability in the workplace is a significant decision, as stigma and biases can be barriers for seamless workplace integration. As an educator, disclosing one's own disability to students can impact relationships and group dynamics central to the learning process. Both positive and detrimental outcomes can result from doing so, impacting both students and educators.

Health professions education may be unintentionally exclusionary as students with documented disabilities are far less prevalent than in other education fields and in the general public. Those who seek out care need to see themselves reflected in their healthcare providers, and students with disabilities likewise value seeing themselves represented by those that teach them.

This presentation explores the nuanced relationship between the teacher with a disability and their health profession students. Opportunities and impediments are uncovered through critical analysis of these dynamics and a review of the literature pertaining to health educators with disabilities. Personal anecdotes will contextualize the value of representation of those living with disabilities within health professions education.

The patient's voice in continuing medical education publications

Bonita Sawatzky & Lynda Bennet, University of British Columbia, Canada

Abstract: The patient-educator has been well documented in the literature now for undergraduate medical education or other health professional training. For most parts this role patients are given are to share their experience for students to learn history taking and clinical skills for various conditions.l For other patient involvement it also includes sharing their stories in classes as well as small group learning environments such as a health mentor model. These all contribute to teaching new upcoming physicians a bit about the patient's lived experiences which doesn't come from a textbook. However, can we provide some of this lived experience in a textbook or professional (clinical) handbook for specialised learning after they are in practice?

This presentation shares the process and stories of how an academic, clinician and a person with lived experience worked together to contribute to a clinical handbook for trained rehabilitation therapists who specialise in seating people with disabilities. This presentation will show that sharing case studies in book chapters can go beyond describing a generic patient to inviting a patient to share in greater details the personal journeys that might be encountered in going through assessments to receiving care. This approach gives a more comprehensive perspective from a patient without the potential biases from the academic and clinical "experts" who write these textbooks. This presentation will be given by both the academic and patient authors of this book chapter.

A.9 Visual Arts: Digital Story Telling and Youth

Meaningful engagement with young adult siblings through digital stories

Linda Nguyen, Samantha Bellefeuille, Jessica Havens, University of Calgary, Canada & Krystle Schofield, Victoria, Canada

Abstract: Siblings are growing up alongside their sibling with a disability, where they can support each other during the transition into adulthood. Since 2018, a Sibling Youth Advisory Council (SibYAC) comprised of young adult siblings who have a sibling with a disability have been partnering in research.

They have identified the need for supports as they prepare for their roles to support their sibling with a disability.

In this proposed Visual Arts presentation, we will discuss the following:
1. Research (5-minutes): A brief overview of how we have partnered together to conduct research, and identified different roles that siblings may have during childhood, adolescence, and emerging adulthood.
2. Purpose and process of digital storytelling (DST) as a tool for knowledge translation (5-minutes): As part of a larger study to develop a toolkit to support siblings who are youth and young adults, two SibYAC members worked with a digital storytelling facilitator to create short films, (DST), about their experience as a sibling and the resources that could be helpful for their roles.
3. Digital story screening (10-minutes): We will showcase the two digital stories.
4. Key messages and reflective discussion (10-minutes): The digital storytelling facilitator and two SibYAC members will facilitate a reflective discussion about the digital stories and their key messages with the audience.
These digital stories can be shared as educational tools to recognize the need to support siblings and ultimately support the whole family of children with disabilities.

Library of Lived Experience: An Innovative Tool for Health Education

Daniel Goldowitz, Jesman Punian, Symbia Barnaby, Rebecca Bradley, Shayna Kershaw & Sierra Vanderdeen, Vancouver, Canada

Abstract: The emergence of patient-oriented research in health care has been welcomed by patients, clinicians and policy makers. Its impact has been evidenced in many areas of research and care; however, there are notable shortcomings in: 1) the accessibility of evidence-based information on neurodevelopmental disorders for families, 2) the availability of patient knowledge repositories, and 3) the inclusion of patient voice in evidence and policy making. Bridging these gaps was the catalyst for developing the Library of Lived Experience: Neurodevelopmental Conditions in Children and Youth.

Our Library has been shaped by the voices of lived/living experience. Our goal is to recognize individuals as partners and experts of their own experience to enrich literature with the nuance of patient experience. Key topics we will explore in our session include: (1) involving patient partners in the development of the Library; (2) highlighting voices of lived and living experiences as evidence to support the education of health and social care professionals and (3) libraries of lived experience as innovative tools for supporting health policy and research.

This session will be facilitated by members of our Leadership Group and Advisory Group, whom all have lived experience, as well as our Project Lead Daniel Goldowitz. Audience members will be part of a conversation about the magnitude of impact achieved by prioritizing the voice of lived/living experience, the development of the Library using the novel Tapestry tool, and how the Library can be used as a tool for timely impact on policy, education and health systems.

Co-Designing Support for Family Members by Family Members: Centering Family Voices in Youth Mental Health Education through Video Storytelling

Alexxa Abi Jaoude & Jana Vigor, Centre for Addiction and Mental Health, Toronto, Canada

Abstract: Families are often the first and most consistent support system for youth navigating mental health challenges yet they frequently face uncertainty, barriers and isolation while trying to access help for their loved one. In response, CAMH's RBC Patient and Family Learning Space and Slaight Centre for

Youth in Transition, co-developed a video series with family members of youth with experiences of early psychosis.

The series—"Navigating Youth Mental Health: Perspectives from Families"—was developed through a family-led collaborative process and consists of seven video vignettes (two to seven minutes in length). The video series, available on YouTube and camh.ca, highlights the lived experiences of caregivers, offering practical guidance for other families trying to navigate the mental health system. Through storytelling, the series explores themes of recognizing early signs and symptoms, diagnosis, service navigation, communication, and hope. Integrated into each video are links to relevant resources and services, empowering viewers with accessible information to help navigate Ontario's complex mental health landscape.

This presentation will highlight video clips, discuss co-design principles and process, share participant feedback, and discuss how video as a creative medium enables authentic, scalable, and accessible patient education. We will also discuss challenges related to ethical storytelling, building trust, and institutional barriers. By embedding the voices of families directly into educational resources, this project enhances mental health literacy and service navigation while positioning families as valuable educators and support systems. Attendees will leave with practical strategies for co-designing ethical, impactful, and accessible educational resources with caregivers.

B.1 Symposium:

Unpacking Power, Harm, Relationality and Reciprocity that Lie Beneath the Surface: Reflecting upon Patient Engagement in Health Professions Education

Prachi Khanna, Sean Patenaude, Katelyn Greer, Janet Rodriguez, Canada

Abstract: The benefits of patient engagement continue to be felt more by institutions than those with lived experience. This session will critically explore the complexities of patient engagement in health professions education (HPE), focusing on the ethics, costs, and relational dynamics that extend beyond compensation.

This session will bring together individuals who offer intersectional perspectives, drawing from their experiences as patient partners in HPE, patient engagement professionals, peer supporters, learners, HPE facilitators, and researchers. The session will challenge participants to rethink common assumptions surrounding patient engagement and suggest strategies for advocating for equity and justice in patient engagement. The discussion will address the potential of harm in the often-extractive interaction of patient partners with large institutions, with particular attention to unintended harm from outdated and inflexible institutional policies and procedures. Attendees will examine the hidden costs of sharing personal experiences and consider the challenges that arise when limited time and budgets in academics and healthcare pose challenges to meaningful patient engagement.

Drawing from illustrative real-world examples, case vignettes, and first-hand experiences, the session will emphasize approaches for ethical practice, reciprocity, and responsibility in HPE, encouraging participants to be reflexive by recognizing their circle of influence in fostering good patient engagement. Participants will leave with an enhanced understanding of relationally responsible patient engagement, equipped with novel solutions for equitable and ethical engagement and co-production in HPE.

B.2 Symposium:

Procedures with Perspective: Amplifying Patient Voices in Pre-clerkship Clinical Skills Training

Tianna Sheih, Erika Schillinger, Jesse Rokicki-Parashar, Kim Osborn, Tamara Montacute, Stanford University & Shivanka Juneja, Malvika Juneja, Baylor College of Medicine, USA
Abstract: In 2019, faculty and students at Stanford School of Medicine launched Primary Care Defined: Perspectives and Procedures (FAMMED 215), an elective course designed to teach pre-clerkship MD and PA students primary care-focused procedural skills through hands-on practice. Recognizing the absence of the patient perspective in these sessions, we aimed to enhance the course so students not only gained technical proficiency but also learned to prioritize the patient experience.

Interventions such as short videos can help bridge classroom learning with clinical experience, while reducing logistical barriers often associated with live patient panels (Peters et al, 2017). We created two short professional videos featuring real patients sharing their experiences with (1) IUD insertion and (2) shoulder steroid injection. These videos were integrated into our procedural training sessions, and we surveyed student knowledge, skills, and attitudes towards the patient videos.

Following initial success at Stanford, we expanded to Baylor College of Medicine, where the IUD video was incorporated into a broader OB/GYN clinical skills workshop.Our panel includes faculty presenters from both institutions and one of our patient partners. We will outline the video development process, share lessons learned, and present survey results: 29/31 (93.5%) of Stanford students and 12/20 (60.0%) of Baylor students “strongly agreed” that the IUD video positively impacted their learning.

By demonstrating that pre-recorded patient videos are an efficient, effective, scalable way to integrate patient perspectives into procedural education, we hope to encourage broader adoption of this innovative, sustainable teaching method across medical curricula.

B.3 Workshop:

What difference does it make? Opportunities and Challenges in Assessment of Impact of Patient Involvement in Health Professional Education

Cathy Kline, Bonita Sawatzky, Angela Towle, William Godolphin, University of British Columbia, Canada
Abstract: Background: The 2015 Vancouver Statement called for high-quality research and evaluation of the long-term impact of patient involvement in health professional education on learners and patients. Assessing impact is challenging for many reasons including difficulties in tracking and engaging past participants over time and ascertaining if enduring outcomes are the result of a particular educational innovation or other factors.

Methods: Welcome, introductions, housekeeping (10 mins). Presentation of examples of outcome studies of UBC’s Health Mentors program that have used quantitative (e.g. case-based assessment) and qualitative (e.g. follow up interviews and focus groups) methods to assess the lasting effects of the program on students and patient mentors up to 10 years post-program. Successes, challenges and limitations will be shared (20 mins). Small group discussion: What kinds of evaluation have you tried? What have you discovered? How can we advance evaluation to collectively build an evidence base for patient and public involvement in health professional education? How can patients and students be partners in research and evaluation efforts? (40 mins) Large group discussion: best ideas to inform the development of a good practice guide for the field (10 mins). Wrap up: next steps for individual and collective action (10 mins). Target audience: Anyone who has an interest in research and program evaluation of patient involvement in health professional education (educators, researchers, policy makers, patients, students).

B.4 Workshop:

Co-Facilitating Critically and Reflexively: Bringing Patient Partnership to Life in the Classroom

Sacha Agrawal, Kateryna Metersky, Elizabeth Cadavid, Michelle Francis, Toronto, Canada

Abstract: Patient partners are frequently invited into health professions classrooms to share their lived experience, perspectives and knowledge with students. Often, an implicit goal of involving patients in this way is to teach students to engage collaboratively with patients as partners in care. However, the same hierarchical power relations that have historically operated in clinical spaces can also surface in the classroom. One approach to disrupting these power differences is for patient partners to act as co-facilitators in learning activities alongside clinical faculty/instructors. In a co-facilitated learning activity, students have the opportunity to directly observe partnership between clinician and patient in real time and real life, in a way that can serve as a model for future collaborative practice. However, successfully co-facilitating across differences of lived and learned expertise is difficult, as it requires that both facilitators bring a heightened awareness of self and other to the activity, while communicating openly to address both visible and hidden power dynamics. Through this workshop, we aim to build exchange knowledge and build our collective ability to co-facilitate critically, reflexively and equitably to inspire students to create a more just healthcare culture. Participants will have the opportunity to discuss their prior experiences as instructors, patients and co-facilitators, consider some of the hidden power dynamics that operate in health professions education classrooms, and work through some common co-facilitation scenarios that can can pose challenges. By reimagining facilitation as a shared, reflexive practice, we aim to move beyond inclusion toward transformation.

B.5 Workshop:

Crip Care, Mad Pride, and Neurodivergent Solidarity: Building Change Together

Heather McCain & Michael McCain, Live Educate Transform Society, Vancouver, Canada

Abstract: This workshop is an opportunity to learn about disability and neurodiversity through the perspectives of lived experience and community knowledge. Rooted in Disability Justice, the session centres the expertise of disabled, mad, and neurodivergent communities as essential sources of knowledge, resistance, and change.

The workshop introduces key frameworks such as crip care, mad pride, and the neurodivergent paradigm, which challenge dominant medical and deficit-based narratives. Participants will learn how these communities define their own identities and understand justice and liberation on their own terms, challenging stigma, reclaiming power, and building movements grounded in interdependence and collective care.

Through stories, conversation, and reflection, participants will learn how disabled, mad, and neurodivergent people have built movements, created culture, and pushed for change - often while fighting systems that ignore their voices or speak over them instead of listening to them.

This workshop invites participants to foster meaningful change and create affirming environments - in schools, workplaces, and community spaces. Together we will explore what it means to move beyond awareness - acting alongside disabled, mad, crip, and neurodivergent communities in the shared and ongoing work of collective care and liberation.

B.6 Oral Presentations: Engaging Patients in Student Feedback

The power patients possess: engaging patients in feedback conversations

Marcel Verhoeven, Matthijs Bosveld, Carolin Sehlbach, Maastricht University, The Netherlands

Abstract:

Background:Patient feedback is essential for improving healthcare professionals' performance and fostering person-centered care. However, barriers such as power dynamics, role conflicts, and lack of tools

to invite feedback hinder effective feedback conversations. Despite the recognized value of patient feedback, its integration into lifelong learning therefore remains limited.
Methods: Using a design-based research approach, we conducted semi-structured interviews with 12 healthcare professionals and 10 patient partners to explore perspectives on patient feedback as a tool for learning. These insights informed the development of a two-session, interprofessional training program, which was subsequently piloted and evaluated through observations and surveys in an academic hospital.

Results**:** Participants acknowledged the importance of patient feedback in improving treatment relationships, professional performance, and organizational care processes. However, they faced challenges such as vulnerability, shifting relationships, and conflicting roles as patient-educators or professional-learners. The training program fostered a safe space for open dialogue, allowing healthcare professionals to gain insight into patients' experiences with providing feedback and the theory behind patient feedback. Participants described the training as mutually beneficial and inspirational, because they could see one another as humans.

Recognising Mistakes: Patient Mentors (PMs) Supporting Problematic Students in Understanding and Changing Their Behaviours

Jools Symons, University of Leeds, UK

Abstract: We trained 13 Patient Mentors from the Patient | Carer Community (PCC) to run one-on-one sessions with struggling students. Referrals from programme leads typically involve students facing professionalism issues: poor attendance, lack of engagement. These 90-minute sessions, face-to-face or online, provide a private space so students receive tailored support from PMs. This support is further enhanced by matching students with PMs (gender, age, cultural-background, religious-background, or family dynamics), providing trusted and relatable mentors (General Medical Council 2024).

We debrief PMs to help them compile reports. Students write their reflection and this, plus, the PM's, is shared with the programme lead. We get student updates at bi-monthly Course Management meetings. 93% of students have progressed without further incident. Occasionally students require regular meetings with PMs, providing continuous support and guidance for 12 months or more.

To date, 30 PMs have worked with 74 students across eight programmes. Understanding patient/carer perspectives significantly enhances students' reflective practice (Stanford medicine 2025). Recognising the impact of their actions on patients/carers often leads our students to reassess and modify their behaviour. The PMs have gone on to sit on and work with the Health and Conduct Committee (H&CC) on more serious student cases. The committee ensures students adhere to professional standards, addressing issues of academic integrity, behaviour, and ethics and has the power to recommend the student is removed from the programme. PMs work with H&CC students over a longer period, helping them to re-evaluate their impact through a self-regulated learning approach (White 2007).

Learning from patient feedback – working towards student feedback engagement

Charlotte Eijkelboom, Utrecht University, The Netherlands

Abstract: Patient feedback is increasingly important in medical education. As users of healthcare, patients can provide unique perspectives on performance. Therefore, their feedback can be complementary to faculty/peer feedback. However, feedback dialogues do not always result in learning. Students must engage with feedback for it to contribute to learning. Meaning they should seek, make sense of, and act upon feedback. Feedback engagement is partly determined by learners' perception of feedback as a

means to learn, the feedback message, and the feedback provider. We present the results of two studies that explored medical students' perceptions of patient feedback.

First, we qualitatively studied students' credibility judgments of patients as feedback providers. In judging patients' credibility, students weighted aspects of their trustworthiness, competence, and goodwill. Interestingly, these credibility judgments were not fixed. Instead, they changed in response to the student-patient relationship and the feedback content.

Second, we quantitatively studied students' general perceptions of patient feedback and their perceptions of received feedback messages. Ninety students filled in validated questionnaires before and after patient feedback training. Overall, students had positive perceptions regarding patient feedback. However, students' perceptions became less positive after training and experience.

Patient feedback is an essential, yet not an easy way to learn. Our results show that students' positive perceptions of patient feedback decreased. Hence, we need to longitudinally guide and support students in engaging with patient feedback, otherwise their perceptions might go further downhill. During this presentation we will discuss explanations for students' decrease in positive perceptions and ways to reverse this.

B.7 Oral Presentations: Teaching the Social Determinants of Health

Transforming the teaching of social determinants of health: Insights from a participatory project drawing on community knowledge

Julie Masse, Université de Sherbrooke, Canada

Abstract: Teaching about the social determinants of health (SDH) is crucial to training socially engaged healthcare professionals. However, SDH education in health sciences programs is often rooted in biomedical paradigms that limit students' critical thinking and understanding of broader health contexts. Meanwhile, some rich popular education initiatives developed by community organizations address SDH. Despite their transformative potential, these community-based initiatives are rarely disseminated outside of community settings. This presentation share practical insights from a participatory project aimed at strengthening community-university collaborations to SDH teaching in health sciences programs.

The project began with an environmental scan of community initiatives related to SDH in the Quebec City region, as well as interviews and focus groups with community (n=14) and academic (n=9) stakeholders to explore their experiences and perspectives on collaboration.

The results were discussed at a workshop involving 38 participants, including community partners, people with lived experience of poverty, and Université Laval teachers and leaders. Together they identified recommendations to support collaborations between universities and communities organizations in teaching SDH:

1. Community needs must be at the heart of any collaborative initiative.
2. Regular community-university reflexion forums must be held to nuture collaborative relationships.
3. A dedicated, co-created, and adequately resourced entity is needed to coordinate and sustain collaborations.
4. Institutional policies have to be revised to provide greater reciprocity in collaborations.

Those recommendations were formally adressed to Université Laval's leaders. Implementing them would align with institutional priorities in terms of social responsibility in healthcare and with best practices in community-university collaboration.

Shaken and Stirred: WTPV 2015 Impacts on Social Determinants of Health Teaching at Western Sydney University School of Medicine

Brahmaputra Marjadi, Western Sydney University, Australia

Abstract: Western Sydney University School of Medicine (WSUSOM) teaches Social Determinants of Health through Medicin in Context (MiC), our flagship community-engaed learning program, which places students in the community to witness first-hand the lived realities of their future patients. The then MiC Convenor's attendance at WTPV 2015 has shaped philosophical and practical developments in MiC and WSUSOM curriculum in general.

WTPV 2015 inspired the MiC Team to improve our pedagogical framework in engaging with community service providers and their clients. We have been engaging community partners in reviewing our teaching and co-authoring our pedagogy publications. We improved the depth of our students' engagement in community placements by better scaffolding of their learning and co-developing teaching innovations with community service providers. We ran eight Nominal Group Technique sessions with community partners before our MBBS to MD curriculum transition in 2018, and we have been translating those community voices into our MiC curriculum and beyond since.

Since WTPV 2015, the MiC Team has presented 24 conference papers and written seven publications; six of these papers were co-authored by community partners. We established a community of practice to amplify community voices in MiC curriculum. Our community-engaged learning practices are presented as exemplary by the Australian Medical Council in their 2023 accreditation guidelines. Our strong community-engaged pedagogy has earned Advance Higher Education Fellowships (UK) for seven teaching team members and career promotions for three. Efforts are ongoing to bring more authentic patient voices to our curriculum via Narrative Medicine and other innovations including generative AI.

Live territories as a locus of experience-based learning of health mentors: a study on social determinants of health of HTLV infection

Milena Lisboa & Valedemar Ferreira Viana Neto, BSMPH, Brazil

Abstract: The Health Mentors Program, developed by Bahiana School of Medicine and Public Health (Salvador, Bahia, Brazil), in partnership with the University of British Columbia (Vancouver, Canada), promotes pedagogical meetings between students and mentors, who are, in the Brazilian pilot-program, people living with the HTLV vírus. The meetings take place in their home communities, affected by socio-historical conditions of social inequality in a country with a colonial history. The city of Salvador has the highest prevalence of HTLV-I infection in Brazil, with about 50 thousand people currently living with this virus. The history of HTLV infection, linked to the slave trade in Brazil and its vertical and horizontal transmission through sexual relations over the centuries, has maintained viral transmission among black and poor people, sometimes within certain families for generations. Historical racism, which sustains the separation between whites, understood as heirs of the European oligarchy and intellectuality, and blacks, understood as direct descendants of African slaves and, therefore, poor, ends up hindering relationships between classes and racial miscegenation, promoting a gap, that isolates certain pathological conditions, especially those that are linked to sexual and affective practices. These social determinants cross the territories and lives of the people who carry the virus. In this research, we will present the meanings constructed by the mentors about the social determinants that affect their communities, including the conditions that sustain and produce the illness of black people in Brazil, in the interest of understanding the teachings by the mentors.

Listening Deeply to Patient's Needs: Linking Undergraduate Learners with Patients Through a Win-Win Resource Navigator Service-Learning Course

Sarah Davis & Samantha Russo, University of Wisconsin, USA

Abstract: The Community Resource Navigator Program (CRNP), founded in 2016, is an innovative service-learning course that combines the theoretical frameworks of social determinants of health, systems thinking and liberation with hands-on resource navigation work. Housed within the Center for Patient Partnerships, undergraduate (U.S. based entry-level post-secondary education) students can participate for multiple semesters and receive training in interpersonal skills and cultural humility while supporting patient resource acquisition. This presentation will share the CRNP model in which students learn directly from patients about resources needs that maximize health and wellness. We will highlight specific learning that students attribute to their interactions with patients and invite participants to help us identify mechanisms to deepen this learning. Designed to situate "patients as teachers," the course provides a scaffolded opportunity for students to gain interpersonal and leadership skills while providing relevant and available resources for patients in medical and community-based settings. The CRNP has proven to be an essential resource for patients in our university's metro area. If patients from Medical-School run, free-care clinic decide to become a client of the program, navigators then call regularly to provide needed resources and check-in. Clients are provided with relevant resources, and validation that their struggles have complex root causes. The liberation model grounds Navigators and clients as equals, working together to navigate complex social service and benefits systems while building more robust community resource networks. After participating in CRNP, Navigators reported increased understanding and importance of social determinants of health, greater cultural awareness, and enhanced communication skills.

B.8 Visual Arts: Non-video

Who do you see? Unmasking the lived experience of aging with unstable housing

Martina Kelly & Lara Nixon, University of Calgary, Canada

Abstract: Older adults are among the largest and fastest-growing populations facing housing instability. Aging in insecure housing is linked to poor health, which is often exacerbated by a limited understanding of the structural barriers contributing to precarious housing, such as traumatic life and care experiences, chronic physical and mental health issues, social stigma, and isolation. In this immersive visual arts presentation, we invite participants to 'see' older people with experiences of housing precarity (OPEHP) not as part of the 'silver tsunami' or as individuals to be avoided on the sidewalk, but rather as people with complex and diverse lives.

Our presentation will feature three interconnected, interactive displays, creating multiple entry points and inviting participants to engage with the exhibit from various perspectives. One display will present demographic and epidemiological data, along with a policy and systems analysis related to older homelessness in Canada. Another display will showcase handcrafted masks (12 in total), representing both the outer and inner experiences of OPEHP. These masks were created by co-participants as part of a participatory research study exploring the lived experiences of a group of OPEHP, self-named the 'Exchange'. The third display will provide reflective and crafting prompts for participants to write, doodle, or draw in response to (or in anticipation of) what they see. Materials will be available on a table in front of the display. We propose mask-making as powerful conduits for deeper reflection on 'othered' experiences.

Exceptionally Rare, Domestic Routines in Rare Disease Families

Krystle Schofield, Victoria, Canada

Abstract: Rare disease families often undergo massive transformations in their domestic routines to support a family member living with a rare condition. These adapted "normals" require various levels of support and understanding from siblings, extended family members, friends and community, home care providers and beyond. This ongoing series of documentary photographs explores the routines and events of various families from the rare disease community in British Columbia. It asks questions like; what resources are involved? How are siblings included and supported? How does traditional work get done? How does the design of the home support care? How is youth education adapted?
In this proposed Visual Arts presentation, I will share the following:
A series of documentary photographs that offer a window into domestic care and routines, coupled with audio that highlights key moments in the daily unscripted life of rare disease families. (10 minutes)
A reflective discussion about the photographs. (10 minutes)
These photographs are part of a self-funded photography project by Krystle Schofield, a rare disease mom, documentary photographer and digital storytelling facilitator.

B.9 Roundtable:

Believe Me - Health Equity for Gender and Sexual Diverse Communities

Ben Keane O'Hara & Lydia Luk, Health Equity Collaborative & PeerNetBC, Canada

Abstract: Sexual and gender diverse communities in British Columbia experience significant health disparities when compared to the general population. Intersecting oppressions among sexual and gender diverse people who are also Indigenous, Black, Multiracial and People of Colour (POC) can result in further negative impact. These may include historic and ongoing colonization, racism, and intergenerational or multigenerational experiences of trauma and genocide.

PeerNetBC anchored a five-year community led and collaborative project, called Health Equity Collaborative (HEC). The project brought together people with lived experience as well as allies working in health care, research, and in the community for a participatory consultation process designed to understand the issues surrounding health equity. In the final 2 years the HEC focused energy on the qualitative study on health barriers with a unique focus marginalized communities with an intersectional analysis – stories and experiences of sexual and gender diverse folks who are also Black, Indigenous, and People of Colour (BIPoC). HEC created a community-based report providing recommendations to increase health equity.

While this report was published in 2020, with current conditions in our world, the "Believe Me" report stands as an important and relevant insight to inform our health care systems, providers and community members.

C.1 Workshop:

Patient Partners in Education: Emerging Trends and Future Directions

Connie Evans & Brenda Jones, BC Institute of Technology, Canada

Abstract: Patient Partners have an increasingly vital role in planning curriculum and student education healthcare. In this interactive 90-minute workshop, participants will engage in collaborative activities to assess existing practices and co-create future strategies for meaningful Patient Partner participation in post secondary healthcare programming. During this session, participants will explore current practices related to Patient Partner engagement and examine a facilitator-developed case model to identify gaps in meaningful integration. They will also engage in brainstorming to generate innovative approaches for

involving Patient Partners in curriculum design and delivery and collaboratively design a model for a future initiative that supports their meaningful integration into health science student education.

This workshop will be of interest to health administrators, policy makers, educators, program directors, students, researchers, and patient partners. The outcomes of this workshop will contribute to the ongoing discourse on patient and family centered education and inform the development of inclusive and effective programming.

C.2 Workshop:

The Future is Co-Produced: Embracing Reflexivity and Comfort Agreements to Support Power Sharing

Charlotte Denniston, University of Melbourne, Australia & Holly Harris, Sophie Soklaridis, Centre for Addiction and Mental Health, Toronto, Canada

Abstract: Co-production in health professional education and associated research requires more than tokenistic inclusion of people with lived experience (PWLE). Power-sharing strategies are essential to foster genuine collaboration between PWLE, students, academics, and clinicians. However, practical guidance on translating this interest into action remains limited. This workshop introduces comfort agreements as both an example of and a practical tool for power sharing. Comfort agreements are co-produced frameworks that establish shared expectations, promote reflexivity, and address power imbalances in participatory research and education.

Dedicating time upfront to create a comfort agreement enhances productivity by providing a mutually agreed-upon framework to navigate challenges. Although implementing a comfort agreement requires an initial time investment, it mitigates challenges that often derail collaborative projects, including difficulty reaching consensus, interpersonal conflicts, and disengagement.

Building on evidence of the benefits of team reflexivity, psychological safety, and distributive leadership in fostering safe and inclusive team environments, facilitators will use real-world examples to demonstrate an initial time investment accelerates the path to more meaningful and productive collaboration. During the session, participants will collaboratively create a comfort agreement and explore its role in navigating the complexities of co-production. The session will conclude with a reflective discussion on the value of comfort agreements in health professional education, research, and interdisciplinary teams.

C.3 Oral Presentations: Families and Children

Partnering with Families to Prioritize Competencies of Physicians Caring for Children with Medical Complexity

Catherine Diskin, University of Toronto, Canada

Abstract: **Background**

Essential competencies of pediatricians who care for children with medical complexity (CMC) are being defined by educational programs at present. Patients and families are key stakeholders in defining competencies.

Objectives: We (i)describe a consensus methodology study design rooted in multi-level family partnership and (ii)identify high-priority competencies required of pediatricians caring for CMC.

Methods: The study was led by four Principal Investigators, including two family leaders, with roles, expectations, and remuneration discussed upfront. Purposeful sampling assembled an expert panel of clinicians, family leaders, caregivers, and patients with lived experience in CMC care. In Round 1, panelists

provided open-ended responses about essential competencies for pediatricians. After refinement, rounds 2 and 3 involved rating and prioritizing the competencies, leading to a final list of ten essential competencies.

Results: The expert panel included 47 clinicians, 41 family caregivers, and 9 young adults with medical complexity, representing diverse lived and clinical experiences. Round 1 produced 131 responses, refined into 94 competencies. Top competencies beyond medical expertise included "valuing the whole child" and "demonstrating a humanistic approach to care." While consensus was reached, subtle differences in priorities emphasized the importance of diverse perspectives in shaping competency frameworks.

Conclusion**:** The study's findings provide a foundation for advancing postgraduate medical education. With increasing family and patient participation in clinical education, the codesign model used here offers a replicable approach to incorporating lived experience into competency framework development.

Learning from families of children with medical complexity: Innovative method in pre-clinical medical education

Judy So, Lydia Kang, Sanya Grover, Esther Lee, University of British Columbia, Canada

Abstract:
Background: In this project, medical students supported families of children with medical complexity (CMC) in creating care plans as a non-traditional learning opportunity. CMC are defined as those with chronic conditions, functional limitation, and high healthcare use/ caregiver needs. Families of CMC face unique challenges, including helping others, especially healthcare providers, see their child as more than a diagnosis. While previous studies have explored the value of patient educators, few have involved caregivers of CMC.

Methods: With institutional ethics approval, medical students virtually supported families in creating strengths-based digital care plans over 6 weeks. Students engaged in regular group debrief sessions and submitted individual reflections at the end. A qualitative thematic narrative analysis was completed to examine (1) the value in learning from those with lived experiences and (2) key insights gained through working with families of CMC.

Results: Eight first- and second-year medical students participated across three iterations, supporting 23 families. Learning from families taught students that CMC are more than their diagnoses or limitations. Students gained insights into caregiver burnout, the difficulties that come with transitioning into adult care, and the importance of the language healthcare workers use in clinical settings. Students felt this project provided valuable insights which would not have been taught, or as impactful, in traditional didactic lectures. They felt their experience would shape future patient interactions.
Conclusions: Learning from families of CMC should be a foundational component of pre-clinical medical education, fostering empathy and equipping students with a framework to navigate future patient experiences.

Evaluation of Service User-Led workshops in children's palliative care

Joanne Pavey, University of West England, UK

Abstract: Children's nurses report feeling unprepared when caring for children with life-limiting conditions and their families, while the value of including service users in the provision of nursing education is increasingly recognised. This small-scale evaluation examined the effect on learning of service user-led workshops as part of a module for final year children's nursing students and post-registration

children's nurses. The workshops focused on the experience of children's palliative care and child bereavement from the parent's perspective. Findings from evaluation data indicated high levels of satisfaction with the workshop and identified three themes: safe space, shift in perspective and enhancing practice. A model of service user facilitated learning describes how these themes can enable learning about children's palliative care. This evaluation suggests that involvement of service users as partners in healthcare education can be transformative,

Owning Your Story: Empowering Medically Complex Families and Educating Communities Through Digital Stories

Krystle Schofield, Victoria, Canada

Abstract: The value of the patient voice is in increasing demand in health professional education. Yet, there is often a gap between the request for personal health experience stories and the support for patients and families to learn how to tell them. By working with trained digital storytelling facilitators patients and families craft authentic and meaningful short films that can lead to impactful conversations and new understanding.

This presentation will discuss the ethical structure of digital storytelling facilitation as a tool for education, advocacy, research and therapeutic experience. We will share examples of how the digital storytelling facilitation process prioritizes well-being and empowers individuals to seek out and take ownership of their stories, leading to better outcomes for the storytellers themselves. A storyteller will be present to participate in the discussion of their story and to share the impact of using video-based storytelling in their lives.

C.4: Orals and Visual Arts: Continuing Professional and Faculty Development

Oral: Fostering Meaningful Collaboration: Applying Backwards Design to the Co-development of Continuing Professional Development with People with Lived and Living Experience

Craig Ferguson & Yona Gelert, University of British Columbia, Canada

Abstract: CPD scholars have increasingly called for the involvement of people with lived and living experience (PWLLE) in the design of continuing professional development (CPD). Inviting PWLLE to serve as members of educational planning committees can set the stage for meaningful PWLLE involvement. However, simply inviting PWLLE to join a planning committee may not be sufficient to ensure their fulsome participation due to intimidating committee environments and PWLLE feeling uncertain about their contributions.

To address these barriers, we have developed a practical strategy to demonstrate the value of PWLLE and their lived experience in course co-creation and establish a tone of collaboration within committees. During their first meeting, we engage committees in a structured brainstorming activity adapted from the backwards design methodology. This activity prompts committee members to articulate what learners should know and be able to do and intentionally creates space for both clinical and experiential expertise, encouraging PWLLE to continue collaborating on the project.

We have implemented this strategy for several online courses, such as a recent course on Fetal Alcohol Spectrum Disorder (FASD). One PWLLE contribution became the foundation for an entire lesson and several learning objectives in the FASD course. Considerations when implementing the activity include setting committee expectations about valuing lived experience as evidence and offering multiple communication channels. This practical strategy represents an important step toward the meaningful

involvement of PWLLE not merely as data sources but as equal partners in CPD co-creation, ultimately helping health professionals better understand patient values, goals, and preferences.

Oral: Building capacity of health professions educators to successfully co-design with patients

James Bonnamy & Gabrielle Brand, Monash University, Australia

Abstract: There is a growing global trend towards valuing and foregrounding lived experience in health professions education because of the benefits to learners, educators, and patients. By integrating lived experience in health professions education through meaningful partnership, traditional power relations shift and there is increased patient agency to improve education and the experiences and outcomes for patients. However, how to partner with patients across different education contexts and disciplines is not well described. So, given the changing landscape in health professions education, we need to advance educators' skills, capacity, and confidence to partner with patients.

In order to help health professions educators to build their skills, capacity, and confidence to partner with patients, we developed and applied a co-design framework to four education research projects across four different health professions education contexts. All of the projects received ethics approval and were overseen by a lived experience education expert.

Based on our experiences and partnerships, we have learned (and continue to learn) how to establish and sustain collaborative and successful relationships to co-design health professions education with patients. To help other health professions educators co-design with patients, we've developed a number of practical recommendations in our framework to support and advance their skills, capacity, and confidence (Brand et al., 2025). In this presentation, we will share these practical recommendations that have underpinned our co-design approaches and optimised lived experience in our health professions education.

Embedding patient perspectives in faculty development supports for Layered Learning

Heather Buckley, Stephen Gillis, Carolyn Canfield, University of British Columbia, Canada

Abstract: Health professions education programs are expanding to train more doctors, a worthy goal that can also place an additional load on existing preceptors who are already working hard to balance patient care and teaching. "Layered learning", or learning environments that include pairing a preceptor with multiple learners at different levels (e.g. a medical student and a resident) has been viewed as a potentially effective model to support expansion because it enables more learners to be placed in a given practice setting. However, many preceptors are reluctant to take on multiple learners. Furthermore, patient perspectives in the design of layered learning environments are lacking. When patients are the ultimate recipient of the health care encounter, embedding their perspectives in the design of supports for faculty is paramount.

Our team held a series of interviews and workshops with patients (or patient partners), preceptors, residents and medical students to understand how to structure layered learning environments so that they enhance collaboration, teaching, learning and patient care. With all these perspectives providing a foundation, we brought these groups together and filmed them discussing their experiences with layered learning, what supports are required, and how to overcome challenges.

Our team created video "shorts" of patients, learners and teachers sharing best practices and experiences with layered learning. In this session, we will showcase these powerful videos and leave time for

discussion around how to best include patient perspectives in the design and development of resources to support teaching in the health professions.

C.5: Creative Arts: Podcasts and Catalyst Films

Beyond awareness: driving action on pain through a patient led knowledge-translation podcast

Jennifer Daly-Cyr & Virginia McIntyre, Canada

Abstract: Jennifer Daly-Cyr, Virginia McIntyre, and Keith Meldrum, People with Lived Pain Experience, created and lead an innovative, conversation-style and innovative podcast, Action on Pain. This podcast brings together people with pain experiences, scientists, academics, clinicians, and experts to discuss how their work impacts pain management and supports the Action Plan for Pain in Canada. They take a proactive approach to addressing these topics.

Their vision: Help move Health Canada's An Action Plan on Pain in Canada forward by centering the discussion on persistent pain through the perspective of lived and living experiences. See: https://actionplan.paincanada.ca/.

Their mission: Provide a platform for various stakeholders across the spectrum of persistent pain to discuss their efforts and work as centred on Health Canada's An Action Plan for Pain in Canada, aiming to highlight, support, and advance the plan.

At the time of launch (launch planned: May 1-4, 2025), no other podcast solely by people living with pain in Canada aligns with Health Canada's An Action Plan on Pain regarding its goals and recommendations. These podcasters will speak to how and why they developed this innovative approach to knowledge translation, which addresses a wide audience spectrum including researchers and trainees, practitioners, patients and caregivers, advocates, policy makers and the general public.

Combining Four Theoretical Frameworks to Produce Audio Narrative Podcasts about Mental Health Lived Experiences: A Proof-of-Concept Study

Brahmaputra Marjadi, Western Sydney University, Australia

Abstract: Authentic patients' voices are crucial for effective learning resources in health professional education (HPE). Developing such resources requires a strong pedagogical basis. This presentation documents a proof-of-concept study where a team of academics and community partner created authentic narrative non-fiction audio podcasts to be used in HPE and continuing professional development of community service staff.

The team of two medical educators, a humanities academic, and a community service provider operated under an expanded Interprofessional Collaboration framework beyond health professions. Two people with lived experiences in depression, suicidal ideation, and stigmatisation were engaged through a community service using a Community Engaged Learning framework. The podcasts were developed into learning modules using a Narrative Medicine framework. A Pedagogy of Discomfort framework was chosen to reflect on and make meanings from the team members' learning as they navigated challenges in the ethical, legal, interprofessional, sensitivity, and logistical aspects of the project. A proof-of-concept design was chosen to try out this novel approach by the team before rolling it out as a potential interprofessional project between HPE and humanities students.

The four frameworks served well in guiding the first part of the project which resulted in two insightful audio podcasts from authentic mental health service users. This proof-of-concept study demonstrated

that podcast co-creation on health topics is a feasible collaborative project for HPE and humanities students, with some caveats to be minded. The second part of the project i.e., developing Narrative Medicine learning modules from the podcasts, is completed but not yet evaluated.

The Power of Catalyst Films to Center Patients' Voices in Educational Settings

Sarah Davis, Jane Evered & Martha Gaines, University of Wisconsin, USA

Abstract: Inclusion of multiple patients' experiences to authentically represent diverse lived experiences is a long-standing challenge in health and social care professional education.
Catalyst films, which double as a participatory visual research method and patient engagement tool, offer a promising solution. Catalyst films are short films comprised of rigorously-analyzed interview data from diverse patients about their experiences with health. They are designed to spark conversation with patients, families, consumers, health care professionals, educators, and researchers about how to improve health care experiences.

To facilitate shared learning, this session will begin by viewing clips from a variety of catalyst films available at HealthexperiencesUSA.org. We will share context of how these films relate to other tools used to ensure that patients' voices are represented in health professional education1,2 and share insights gleaned from clinicians and health professional learners' feedback during recent film viewings and from an earlier educational intervention using film footage derived from rigorously collected interviews.1,3 We then will explore the role of facilitated discussions and self-directed reflection pre-and post-viewing to ensure affective skills learning outcomes. Walking our talk, we will engage with workshop participants in knowledge-exchange about how to maximize the value proposition of catalyst films for health professional education. Participants will be invited to brainstorm additional opportunities to use these films in health professional education and identify complementary curricular tools and facilitators to their use. One product of the workshop will be building blocks for a "Catalyst Films for Educational Use Dissemination Plan" to support broad uptake in educational settings.

C.6 Orals and Visual Arts Presentations: Storytelling

Narrative synergy: mutual learning through storytelling

Fil Osmolski, UK

Abstract: Patient narratives can have an impact on the listener, however when shared in a way that enhances understanding, promotes learning and forms connections, those stories can have a much more powerful and lasting effect. Patients and learners exchanging stories can complement each other, creating a richer, more impactful experience than any single story could achieve on its own. Through working in partnership with healthcare students in the classroom as well as NHS Staff, I have learned to combine powerful, authentic group storytelling with a safe, engaging and empowering environment to voice and challenge opinions, encourage critical thinking, and identify ways to improve patient care.

Over the past four years I have worked with healthcare students from University College London (UCL), Greenwich, Cardiff, Exeter, Hull and Leeds universities. I combine my personal health story with varying teaching points to address the session's learning objectives, which fosters open dialogue about, for example, effective strategies for delivering relevant information and communicating empathetically.

I encourage learners to challenge my story, as this opens discussions which lead onto improving my teaching each time. Feedback from UCL described how students were "incredibly inspired by a willingness to share…to help us learn and grow as healthcare professionals." These mutual learning environments have given meaning to my journey and provided me with opportunities to give back to the NHS and help

educate healthcare professionals and students. When delivered effectively, storytelling centred on collaborative learning achieves precisely that.

The Value of the Patient's Voice

Vikram Bubber, Canada

Abstract: The health care system has become a business and like any business, it needs to listen to its' customers to succeed. As long as I have been a "customer" of the health care system, I have seen a lot from my own eyes.

The barrier between the decision makers and the patients needs to be eliminated. The only way is if the patient voice is at the table every time a decision, which will affect their physical or mental care, is made. Every patient voice shares knowledge and experience, unique to them but often includes feedback from multiple patient voices.

The inherent value of the patient voice and story is priceless. We have evolved from our ancestors who shared stories with each other in times of need and support. We learn from stories, whether it be from highly-priced educational institutions or from life experiences. We as patients, strive to share our experiences and knowledge not for enrichment but fulfillment. We want to make a difference not for ourselves but for our greater community.

People became health care workers because they wanted to make a difference by helping the vulnerable and those who cannot help themselves. Let us work together to bring this compassion back so everyone can work together to create a better system for the next group of individuals who need help.
The presentation will share the importance and value of the patient voice and the best way to improve the health care system.

Knowledge-related Tensions in Patient Family Partner Storytelling in Clinical Education

Sacha Agrawal, University of Toronto, Canada

Abstract: Clinical education increasingly involves patient and family partners (PFPs), or service user educators, to tell their stories. Current inclusion practices, however, often do not meaningfully shift power relations among PFPs, clinical teachers, and learners. Our paper seeks to understand how power has influenced PFP storytelling in clinical education, with a focus on knowledge-related tensions PFPs experienced.

Eleven PFP volunteers from an academic hospital in Toronto, Canada were recruited. They shared their personal healthcare story in response to a prompt, participated in a semi-structured interview, and completed an online demographic survey. We used reflexive thematic analysis to gain insights into knowledge-related tensions that PFP storytellers grappled with when creating their stories for clinical education.

Our findings illustrated the tensions PFP storytellers experienced regarding their identities as knowers, their lived experience as valid knowledge, and the appropriate ways to share their knowledge in the contexts of clinical education. PFP storytellers had to negotiate their identities as knowers, seek an epistemic space for their lived experience, and balance their personal emotions with feeling rules, or social expectations of how one should or should not feel and express.

We argue that deep and meaningful involvement will require clinical education to renew understandings of and approaches to knowledge and emotion, and support PFP storytellers in their educational roles through efforts such as co-production. This is necessary, in order to engage storytellers in ethical and equitable ways, and to find greater alignment with the social justice and transformative goals of PFP storytelling.

Digital Storytelling as a Potential Educational Tool for Healthcare Providers

Anna Leonova & Erin Fernie, University of British Columbia, Canada

Abstract: Endometriosis is an incurable condition affecting 10% of cisgender women and an unmeasured number of gender-diverse people. People with endometriosis commonly experience chronic pelvic pain and pain during menstruation, intercourse, bowel movements, and urination, making it a socially isolating and acutely distressing condition. In Canada, endometriosis diagnosis takes 5 years on average, with some reporting diagnosis taking up to 20 years. Much of this delay is due to healthcare providers' (HCPs) lacking knowledge and awareness of endometriosis, compounded by longstanding dismissal of women's health issues.

Guided by the Endometriosis Patient Research Advisory Board, who highlighted an urgent need to center patient voices in endometriosis experiences and healthcare solutions, our team pursued Digital Storytelling (DST) as a novel psychosocial intervention. In this project, 36 people with endometriosis virtually engaged in group discussions and co-created 3-5-minute individual digital stories about their experiences, resulting in a vast array of evocative and deeply powerful narratives. We are currently organizing a film festival to showcase these stories and understand how they influence the knowledge and attitudes of the general public, HCPs, and policymakers. Co-led by a PhD student and a person with lived experience of endometriosis, our aim of this creative arts session is to facilitate an engaging dialogue with the conference's audience about how these stories can be incorporated into medical education. Ultimately, this initiative seeks to develop a robust educational tool to enhance HCPs' sensitivity and competence in recognizing endometriosis and its vast impacts, thereby improving patient care.

C.7 Oral & Symposium: Patients and the Healthcare System

Oral: Walk with Me: Engaging Patients as Teachers of Health System Science

Meg Tabaka & Saachi Datta, Stanford University, USA.

Abstract: **Introduction**:
Health Systems Science (HSS) – the study of how healthcare is delivered - has been coined the third pillar of medical education alongside basic and clinical science. However, HSS often feels abstract to pre-clerkship students who have had limited exposure to healthcare. To address this, we enlisted patient and family partners (PFPs) to teach HHS concepts, in a program called "Walk With Me: Patient Engaged Exploration of the Healthcare System".

Methods: In this elective course, first-year medical and physician assistant students were paired with PFPs over nine months. HSS topics were introduced in monthly seminars and the students/PFP pairs met regularly outside of class. Students and PFPs completed end of year surveys (177/192 responded) encompassing a combination of open-ended and Likert scale questions. We performed a thematic analysis of the open-ended responses.

Results: Three primary themes emerged:
1. Understanding the patient experience of navigating a complex healthcare system
2. Valuing the longitudinal relationship with a PFP

3. Animating their medical studies through the lens of their patients' experiences
One student wrote, "It was really an honor to become her friend. She taught me about what patients with chronic illness go through in a way classes never can." Virtually all (97%) PFPs and students felt the students understood the patient perspective and over 90% of the PFPs felt they took an active role in teaching the experience of navigating a complex healthcare system.

Conclusions: Engaging patients as teachers is a meaningful way to teach pre-clerkship medical and PA students about HSS.

Symposium: Partnering with patients in education and care

Farrah Schwartz & Vasilik Bakas, University Health Network Toronto, Canada

Abstract: At the University Health Network (UHN), patient engagement is a foundational element integrated into both care delivery and organizational improvement through the Patient Experience Portfolio. This portfolio leads initiatives that enhance patient involvement in care (e.g., Patient and Family Learning Centres, myUHN Patient Portal, Patient Education) and in organizational decision-making (e.g., Patient Partnerships, Patient Experience Measurement, Patient Relations, Caregiver Support Hub). Grounded in the Patient Declaration of Values—co-developed by Patient Partners—the program amplifies patient voices authentically within hospital operations and professional education.

This panel presentation will showcase UHN's strategies to embed patient voices across practice and education, drawing on experiences from members of the Patient Experience Portfolio and a Patient Partner. Key themes will include: Integrating patient stories and voices into clinical education; Leveraging Patient Experience Measurement and other measures to drive systemic change; Highlighting the role of Patient Partners in safety, quality, teaching and education; Working in partnership with patients through co-design and development of innovative work; Advancing engagement in care and digital health through accessible, health-literate tools.

In addition to presenting UHN's approach, the panel will share actionable insights and lessons that can be applied across diverse healthcare contexts. This 60-minute session will conclude with an open discussion, fostering dialogue on advancing patient engagement practices.

C.8: Oral and Roundtable: Parents and Families

Oral: From parent and educator to Parent Educator!

Anne de La Croix, Amsterdam, The Netherlands

Abstract:
2013.A neurologist assesses my baby, with him a group of trainees. After a physical exam, he asks me to call my son's name. I do. My son does not react. I expected this as the lack of connection with my child has been heartbreaking. The neurologist tells the trainees, "No response to mother's voice." He leaves with his trainees, without looking at me. I pick up my son, feeling sad.

Two days later, in a medical school teaching room, I'm discussing communication with twelve students. They students ask questions: "Could you tell us how we tick the empathy box in the exam?" And "Can we skip the question about the patient's ideas? We only have 8 minutes at the exam." They're eager to learn, but more eager to pass. I close the session, feeling sad.

2025**:** Twelve years later, I teach a class where students engage with a Parent Educator, a parent of a child with severe special needs. A tearful moment sparks reflection on how we all handle emotions. Students show vulnerability in their questions. I close the session, feeling fulfilled.

Today I will share my journey in which I used my personal experiences to transform my professional life. I will introduce the educational innovation called 'Caring Together, Learning Together' in which parents of children with complex care needs have an educational role as Parent Educators at the Amsterdam University Medical Centre. I will address organisation, implementation, and evaluation of the teaching, and personal reflections.

Roundtable: Zoom In: Stories and Families as Medical Educators

Cara Coleman, Danielle Gerber, University of Virginia, USA

Abstract: Story is the currency of communication in healthcare. For children with medical complexity (CMC), their stories are rich in their personality and layered in the complexities of their lives. When a CMC wheels into the emergency department, often medical students, residents and fellows are the first to speak. "What is going on with Malia?" they ask, unaware of the impossibility of a concise answer. There is a sigh and pause. Years of seeing many providers, in many systems, means that distrust, trauma, and burnout all influence how families answer. On a good day, it can be challenging amidst pressures of a busy, fragmented healthcare system for trainees to hear, understand, and respond to all aspects of the story being told about all that is going on. There are consequences of not listening to and understanding the whole story. Not only does this lead to a disconnect between families and providers, but we are all left in silos, grappling with a broken healthcare system, without knowing all the information- or how to move forward together. Medical trainees in pediatrics are introduced to the importance of family-centered care and whole-person care, but they are not always taught how to provide it. In this roundtable session, titled "Zoom In: Stories and Families as Medical Educators," will feature families of CMC and a complex care pediatrician facilitating discussion about 2 projects, Family Lens and Family-Led Academic Grand ("FLAG") Rounds, that position families as educators (including curriculum development and evaluation) in pediatric medical education.

C.9 Roundtable: Interprofessional Education

Roundtable Discussion Pass the mic: Patients as teachers of cultural humility in interprofessional healthcare education

Sarah Gordon & Caitlin Gibson, Manchester University, USA

Abstract: **Introduction**: The call for impactful diversity, equity, and cultural sensitivity training is urgent and paramount. Traditional approaches to teaching cultural sensitivity risk tokenization or reducing patient groups, and lack of intersectionality in discussion of diverse populations. Patients are prime albeit underutilized resources for teaching the complexities of navigating the healthcare system as they are experts by experience.

Methods: Faculty at two institutions recruited patients to share their experiences navigating the healthcare system with interprofessional students in healthcare professions. Clear expectations and benefits were provided during the recruitment process and patients were prepared and trained as panelists to teach and share their personal experiences.

Results: Assessment of patient experiences and training was adequate and the educational activity provided a sufficient platform for sharing knowledge with students. Best practices for recruitment, training, and ethical considerations using a published framework for incorporating patients as teachers

was generated as a result of this experience. Attendees will receive practical guidance in a worksheet-guided workshop format and will leave the session with a preliminary plan for incorporating patients into their own curricula.

Conclusion: Faculty in healthcare curricula must ensure patients feel comfortable, empowered, valuable, and prepared to serve as partners in education. Partnerships between patients and institutions are vital for the success of these experiences.

D.1 Symposium:

An Interdisciplinary, Experiential Curriculum Taught by People with Lived Expertise of Incarceration

Carmen Black, Tiheba Bain, Alina Tsyrulnik, David Brisette, Yale University, USA

Abstracts: Carceral practices disproportionately target persons minoritized through racialization, poverty, immigration status, mental illness, and more. Despite the pervasiveness of mass incarceration, only the minority of medical schools have curricula on the intersection of the criminal justice system and healthcare. Furthermore, for the majority of medical education, trainees are only exposed to hospitalized incarcerated people in shackles and under guard. The AAMC awarded Yale School of Medicine (YSM) and our community partner, Women Against Mass Incarceration (WAMI),founded by Dr. Tiheba Bain, a 2023-2025 Nurturing Experiences for Tomorrow's Community Leaders (NEXT) Grant for our project entitled, "The DEPART Initiative: DEtained Patients' Advocacy and Rights throughout Treatment." DEPART centers 20 people with lived expertise of incarceration joining 20 interdisciplinary Yale faculty to host an annual event for nearly 250 first-year MD, PA, and MSN students featuring large and small group discussions through YSM's Interprofessional Longitudinal Clinical Experience (ILCE) curriculum. In our 2023 and 2024 education event cohorts, students expressing feeling very or extremely comfortable treating incarcerated patients rose from 34% to 62% and 36% to 74% before and after the event, respectively. Remarks include, "I think it was extremely valuable to hear from the panelists and their stories. I feel extremely grateful for their vulnerability and willingness to share their stories," and "…It was also really impactful being in small groups and having to converse individually with a formally incarcerated individual about their experience." Because of this strong work, Yale is committed to continue this annual event going forward.

D.2 Workshop:

Understanding Complex Care: The Role of Families and the Arts in Health Profession Education

Cara Coleman, University of Virginia, USA

Abstracts: With increasing complexity of patient care, preparing clinicians to partner with patients and families in the context of a team is imperative in pediatrics. Children with medical complexity (CMC) have chronic and severe conditions, substantial service needs and high healthcare use. Clinicians and families have identified myriad challenges in the care of CMC, including miscommunication, care fragmentation, lack of access to services, burnout, and dehumanization. Care of CMC is recognized as a critical aspect of pediatric training, but the core Entrustable Professional Activities (EPAs) for general pediatrics do not adequately address the needs of CMC. In 2022, complex care EPAs were co-developed by families of CMC and clinicians—the first example of EPAs in pediatrics being written and revised in partnership with families. In 2023, we designed a complex care narrative medicine workshop series with carefully curated poems and paintings tied to the co-created EPAs as a topical framework for each workshop. Each series cohort (3 total) included families, doctors, nurses and other healthcare professionals. This workshop, entitled "Understanding Complex Care: The Role of Families and the Arts in Health Profession Education," presented by one of the families of CMC who developed the EPAs and designed/ facilitated the narrative medicine series, will present the EPAs and curriculum work (including publications about the work) and conduct one of the narrative medicine workshops from the series with participants.

D.3 Workshop:

Use Your IMAGINATION! Creative Teaching Techniques For ANYONE: Learn From A Patient Partner At The Forefront Of Innovative Educational Methods.

Karen Firus, University of British Columbia, Canada

Abstract: Elevate your teaching methods with easy creative techniques.
This workshop is for patient partners, health educators and students, not just for "artistic" types. A common myth, especially in science and healthcare, is that creativity is a rare gift that select people are born with. Not so! Creativity is a learned skill and an awareness available to all of us.

In this dynamic workshop, Karen Firus, an award-winning Patient Partner, will provide examples of creative teaching techniques and pep talks, rousing discussion, and guided hands-on creativity free of judgement. The focus is on positive reinforcement and an exploration of passion, curiosity, openness, and playfulness - all of which you'll learn to incorporate in your teachings. Health education learning is primarily clinical and textbook. Right brain learning promotes emotional intelligence, communication and observation skills, confidence and self-expression, and interprofessional collaboration. Attendees will learn various techniques to inspire, motivate and teach students to think outside of the box.

Kayla, a speech language pathology student, sums it up, "I learned how liberating creativity can be, not only for those we serve but also for the healthcare team and ourselves. Creativity expands our knowledge as it encourages clinicians to challenge criteria, assessments, and treatments, opening the opportunity for growth." Creative learning is effective, helping students more easily retain vast amounts of information, develop attributes such as humanity, empathy, and acceptance, and to fully BE THEMSELVES. Creativity ignites joy for students on their educational and career journeys, and for those teaching with these inventive methods.

D.4: Oral Presentations: Brave New (Digital) World

Prototype for Improving Health Across the Lifespan Teaching using Generative AI

Brahmaputra Marjadi, Western Sydney University, Australia

Abstract: Australian medical schools have been instructed by the accrediting body to improve teaching about caring for patients across their lifespans. Ideally, students should longitudinally care for real-life families during their training; but logistical, safety, and privacy requirements can be prohibitive. Therefore, we developed a VITAL prototype (Virtual Intelligent Tool for Across-Lifespan Learning) which uses generative artificial intelligence to build a spiral curriculum on this topic across our 5-year MD program. The prototype simulates longitudinal management and follow-ups of health across the lifespan in realistically diverse Australian families.

VITAL was built on simulated, immersive, and experiential pedagogical approaches for teaching Social Determinants of Health in clinical practice. Developed using Next.js, a popular full-stack framework, and SQLite for lightweight and efficient data storage, the prototype allows for tailoring family generation prompts to create persistent, realistic family simulations for long-term interactions and observations. The SQLite database also stores simulation data in structured tables, enabling family histories and updates to reflect changes in family scenarios over time.

Under our Four-of-Fours community engaged learning framework, we will co-evaluate the appropriateness of the prototype's behaviours with academics, professional staff, community partners and student representatives. The mixed-methods evaluation (using quantitative surveys, open-text

accounts, and focus groups) will focus on the realism of simulated family scenarios, the alignment of generated content with curriculum objectives, the students' level of engagement, and VITAL's effectiveness in enhancing students' understanding of health issues, their social determinants, and comprehensive person-centred care across the lifespan.

Exploring Consumer and Community Involvement in Culturally Responsive Curriculum Design for Health Professions Education

Yehyung Lee, Monash University, Australia

Abstract: In response to increasing cultural diversity within the Australian healthcare sector, there is a growing consensus on the need for person-centred care to also be culturally responsive. Whilst it is evident that culturally responsive healthcare improves health outcomes, current practice may not always meet consumer and community needs, subsequently leading to poorer health experiences and outcomes. As a result, one way to address this could be to co-design with culturally diverse consumer and community members in creating a culturally responsive curriculum in health professions education (HPE) to ensure that the future healthcare workforce are equipped with the necessary skills and knowledge.

To address this we've adopted a novel approach that involves developing an AI-driven simulated patient, created to immerse health professions students in a complex cultural scenario co-designed with members of culturally diverse communities. This immersive educational experience bridges the gap between classrooms and real-world applications, encouraging students to develop a culturally sensitive approach and receive feedback on their ability to interact with diverse patients. The direction of this work was informed by a scoping review investigating the current extent of consumer and community involvement in the development or delivery of culturally responsive HPE curricula.

This honours project is due for completion by September 2025 and the presentation will report a model for creating authentic consumer and community involvement. In doing so, this can ultimately enable the future healthcare workers to deliver genuine and truly culturally responsive care.

Enhancing Virtual Care with Patients and for Patients

Carolyn Canfield & Betsa Parsa-Pajouh, University of British Columbia, Canada

Abstract: Despite growing interest in virtual care education, curricula often lack patient partner perspectives. This project applied participatory action research to develop a virtual care curriculum in partnership with patients, and community members. Through a series of focus groups and interviews, we explored participants' experiences with virtual care and their perspectives on what makes it effective. Qualitative analysis revealed five key themes: honoring patient preferences, fostering connection, building trust, ensuring equitable access, and promoting collaboration. Based on these five themes, we iteratively co-designed and co-produced five educational podcasts and adapted with feedback from participants. We evaluated the product quality and development and engagement process. The iterative process reflected the importance of acknowledging and valuing patients' unique perspectives and experiences in all stages of a project. Extending patient engagement beyond the defined scope of the project emerged as a crucial practice, pointing to the need for sustained interaction and support even after the project's completion. This presentation details the collaborative process, resulting insights and lessons learned in building partnerships with patients and community members in curricular development.

Empowering and Supporting Patients and Caregivers in the Digital and Virtual Care Ecosystems: Co-Created Guide

David Wiljer & Michelle Wan, University of Toronto, Canada

Abstract: As health care is moving to digital options, human relationship between patients, caregivers and their healthcare teams is important now more than ever. Digital compassion is using technology in a way that makes the time spent with healthcare providers (HCPs) more compassionate. This requires both patients and their HCPs to have the knowledge and skills to work together with compassion, involving comfort with digital tools, collaboration with care teams, and trusting and building communicative relationships. We collaborated with people with lived experience (PLEX) to co-design and develop a patient and caregiver resource to navigate virtual care and promote digital compassion.

A co-design approach consisted of an environmental scan to review existing patient education resources and working sessions. Working sessions with PLEX partners and patient and family learning centres identified learning needs, preferred education methods, and reflection questions. The guide was iteratively developed using the Health Equity and Inclusion Framework for Education and Training.

Engagement with PLEX partners provided diverse perspectives on digital healthcare challenges, including disparities, accessibility, communication, and emotional support. The four PLEX partners shaped the guide, including reflective questions and practical scenarios to guide patients in building provider relationships, advocating for their preferences, collaborating and connecting with their care team, and establishing a personal support system.
Following the lead of the PLEX partners, this guide was thoughtfully developed and brings us one step closer to fostering digital compassion in healthcare. Adopting a health equity perspective ensures representation and creates opportunities to address health disparities.

D.5 Oral Presentations: Co-creation of Education

Stop, Collaborate, and Listen: Engaging Patients in the Development of Chronic Pelvic Pain Medical Education Resources

Natasha Orr & Rachel Langer, University of British Columbia, Canada

Abstract: Chronic pelvic pain (CPP) affects ~15% of women and gender diverse people, yet it is often dismissed or misdiagnosed by healthcare providers due in part to lack of education on this topic. In Canadian medical education, the entire curriculum averages only 20 hours of pain content, with very little (~1 hour only) dedicated to CPP affecting people with a uterus. Using a user-centered design approach, our team is developing an educational resource package about CPP for medical and nurse practitioner students. The package will include serious game case-based resources, video series about the diagnosis and treatment of CPP, videos about when/how to perform/interpret pelvic exams on people with pelvic pain, FAQs, and flowcharts for the diagnosis and treatment of CPP.

The development of these resources is guided by our team of experts including patient partners, student partners/knowledge users (medical and nurse practitioner students), clinicians, and researchers. Our team was constructed with an EDI lens and includes people with diverse educational backgrounds, ethnicities, sexes, genders, geographic locations in BC, and experience. In line with user-centered design, the team meets monthly to provide unique perspectives to guide the development of CPP educational materials that are relevant to end user and patient needs. The resource package will be available to thousands of medical trainees. These resources will advance medical education on a common yet underrecognized condition and improve the experience of clinicians, ultimately improving care and health outcomes for people with CPP.

Rewriting the Script: Centering Power, Equity, and Patient Partnership in Interprofessional Education

Sacha Agrawal, Elizabeth Cadavid, Kateryna Metersky, Michelle Francis, Toronto, Canada
Abstract: The fields of interprofessional education and patient engagement have both been critiqued for neglecting the robust discussions of power relations that are necessary to enact a more equitable health system. Previous work from our Centre led to the creation of a foundational interprofessional education activity, delivered annually to over 1,000 pre-licensure students from across the health professions, that aims to convey an understanding of the meaning and value of partnering with patients. We set out to reflexively revise this activity to more fully account for the way power relations govern the interactions between patients, students and healthcare providers. The original structure involved small-group sessions where patient partners shared their lived experiences, followed by a table-read and discussion of a "reader's theatre" script derived from interviews with patients and healthcare providers. While the activity was well received by students, new questions emerged through our reflexive analysis, such as: Whose voices were being centred, and whose were excluded? What could be said and what was left unsaid? From what position could the patient partners speak? In response, we conducted new interviews with patient partners to explore how their diverse social identities affect their experiences receiving care, and we revised the script accordingly. To address power differences between patient partners and students during the learning activity, the role of patient partners was shifted from storyteller to co-facilitator. In this presentation, we will share our process for reflexively analyzing and revising this activity as we strive for meaningful and impactful patient involvement.

Disrupting Ableism: Experiences and learnings in patient-partner co-creation of a successful interprofessional elective

Robyn Davies & Janet Rodriguez, Unity Health Toronto, Canada

Abstract: Through a meaningful partnership of Patient-Family Partners (PFPs) and collaborative learning, we created a two-hour virtual interprofessional (IP) elective about disrupting ableism in healthcare. Ableism is prevalent in healthcare; however, it is often not recognized and, therefore, not addressed. It results from longstanding structural and attitudinal barriers within the healthcare environment, perpetuated by complacency. Tackling ableism will create a more equitable healthcare system for all.
We also heard from healthcare professional learners that very little curricular time is spent on the topic of disability or ableism. At the same time, our provincial government had promised to make Ontario accessible by 2025, through the Accessibility for Ontarians with Disabilities Act. Despite 27% of Canadians self-identifying as disabled, we were not addressing ableism and its impact on healthcare delivery. We noted, too, that the medical model of disability prevails despite alternative models.

Concurrently, we recognized that we had the infrastructure to support the development of an anti-ableism IP elective and, as importantly, passionate PFPs who were experienced educators interested in sharing their lived intersectional experiences of navigating healthcare systems. This elective has successfully run on three occasions, to over 100 learners. Evaluations show that interprofessional education about disrupting ableism in healthcare is rewarding for the learners, facilitators, and presenters.

We aim to discuss our successful partnership experience in co-creating and offering an IP elective focused on disrupting ableism. We share our insights to encourage participants to explore similar partnerships in their own work organization.

Beyond inclusion: co-creating an authentic inclusive writing guide with patients and professionals

Jess Taylor-Calhoun, Emily Foucault & Andrew Johnson, Centre for Addiction and Mental Health, Toronto, Canada

Abstract: This presentation will focus on the co-creation of Education at CAMH's Clear and Inclusive Writing Guidelines. When updating our house style guide, which traditionally covers grammar, capitalization and formatting, we identified the need to evolve guidelines to include equity, diversity, inclusion, and anti-racism in health care communication. Typically style guides are created by a small group of communications professionals and rarely consult patients or community members. Challenging this norm, we engaged over 20 groups from across CAMH such as patient, youth, and family advisors who have experienced psychosis, alcohol and substance use disorder, personality disorders, other mental health concerns, neurodevelopmental disabilities or physical disabilities; service users from the Toronto sex workers community; clinicians, educators, and researchers serving Indigenous, Black, and 2SLGBTQIA+ and gender-diverse populations, in addition to CAMH communication professionals.

Leadership in the guide's development was shared and fluid. One patient advisor stepped into a leadership role: writing the introduction to the guide, applying feedback from others and shaping key sections focused on the impact of language on patient populations. Rather than assigning rigid roles such as "patient" or "clinician," we honoured all the expertise contributors had to offer: both lived and professional.

In this presentation, we will outline the organizational structures supporting this work, our co-creation process, lessons learned and the project's expected impacts. We will show that patient and

interprofessional co-creation is possible within large, complex organizations. We offer this work-in-progress as a model for meaningful patient involvement in health care communication projects that create inclusive care environments.

D.6 Oral Presentations: Co-Teaching

Teaching Communication to Medical Students with Patient Partners

Annie Descoteaux, Marie-Pierre Codsi, Morganne Masse, Benoit-Pierre Stock, Université de Montreal, Canada

Abstract: Teaching Communication to Medical Students with Patient Partners
In 2024, a new medical curriculum was launched, bringing an innovative approach to how communication is taught to future physicians. Fully co-designed with patient partners and grounded in the arts and humanities, this longitudinal training aims to teach communication as a relational, reflective, and human practice from the very beginning of medical education.

A distinctive feature of this initiative is its co-facilitation model: each small group of 10 students is accompanied by a longitudinal coaching duo composed of a physician and a patient partner. These coaches work with the same group throughout the academic year, across four workshops, fostering trust, continuity, and deeper learning. This structure encourages authentic dialogue and sustained reflection on the complexities of human relationships in healthcare. The workshops rely on narrative, artistic, and experiential methods rather than simulation or standardized patients.

This presentation will outline our co-construction process, key pedagogical principles, and preliminary findings from the first year of implementation.

"Talk to me like this": A collaboration to support patients as partners in communication skills teaching

Lesley Scott, University of Sunderland & Jools Symons, University of Leeds, & Lindsay Muscroft, University of Warwick, UK

Abstract: Warwick, Sunderland and Leeds medical schools have all embedded, authentic patient and carer involvement in admissions through to graduation. Working together and sharing innovations and lessons learnt has enabled us to accelerate patient involvement in novel ways and provided a supportive community of practice. This involvement is the cornerstone of excellent practice with patients scaffolding support to develop communication skills of future doctors as demonstrated below:

At Warwick, all students meet with patients or carers in the first week and complete an empathy map together to start developing their communication and increase their understanding of the patient perspective. Patients co-teach students, focusing on communication through compassionate curiosity and sharing their lived experience as a "patient of the week" to contextualise pre-clinical learning. Patient, Carer and Public Involvement (PCPI) participants, at Sunderland support the development of communication and clinical skills. Over the past two years PCPI's have supported additional developmental sessions for students who lack confidence, suffer anxiety or where concerns have been raised regarding skills attainment. After these sessions students self-reported they were more confident in their ability to communicate with patients.

At Leeds, the Patient Carer Community (PCC) work with senior students who have received poor feedback from clinical placement leads. Their bespoke approach commences with mentoring to identify issues and their underlying causes, providing realistic practice and supportive feedback. This authentic support

improves students' communication skills and confidence. Collaboration has enabled our universities to refine and enhance our patient and carer involvement for the benefit of our students.

Experts by experience as co-teachers in nursing education

Minna Laitila, Seinäjoki University of Applied Sciences, Finland

Abstract: The purpose of this presentation is to describe the joint or collaborative teaching process with experts by experience (EbE) at a Finnish University of Applied Sciences in nursing education. The presentation will concentrate on the views of EbEs on the benefits of simulations in general and the involvement of EbEs especially.

The process started as a pilot in Autumn 2021 and has since been established as a permanent way to organize simulations in mental health and addiction nursing courses. At the beginning of the pilot, EbEs took part in the planning of simulation lessons. The division of responsibilities during the lessons was also agreed upon: Who would act as a facilitator for the exercises, who would play the roles of patients, and who would be responsible for the debriefing discussions and feedback?

The feedback from the students has been very positive. In this presentation, the feedback from the EbEs is introduced. EbEs who have participated in the simulations were asked: What benefits do you think the simulation and the involvement of experts by experience have had on students' learning?

According to the replies, the EbEs felt that the simulations were more realistic when persons with actual real-life experience participated in them. They also thought that their participation helped students to understand the patient's viewpoint. During the simulations, students got practice in how to talk, listen, and encounter patients with mental health and addiction problems. One important benefit was reducing the stigma still connected to mental health and addiction problems.

Co-teaching with expert patients living with complex chronic diseases: A workshop model

Cathy Kline & Gloria Gray, University of British Columbia, Canada

Abstract: People with complex chronic diseases have expertise from their lived experience that can help trainees learn how to better support patients. We co-designed a workshop with community partners that brings patients and students together for patient-centred learning with faculty support.
Objective: To develop a patient-led interprofessional workshop for students on complex chronic diseases: ME/CFS, fibromyalgia and Lyme disease.

Methods: The workshop was developed by a group of students, patients / caregivers, and faculty working together in a participatory educational design.

Results: Workshops have been delivered biannually since 2021 attended by 129 students from 13 disciplines. Student surveys collected after the workshops included two scored items and three free-text questions that asked what they learned, what was missing and suggestions for improvements. Free-text responses were analyzed thematically into three broad categories: workshop highlights; student learning; and workshop deficiencies. On a scale of one (one of the worst) to five (one of the best) comparing the workshop to other educational experiences, the mean score was 4.4. All respondents said they would recommend the workshop. Free text responses showed that many students had little or no prior knowledge of the topics and the workshop bridged a gap in their training about how stigma can interfere with timely diagnosis and access to treatment. The main deficiency was the desire for more time with the panelists to ask questions.

Conclusion: Patient-led workshops empower patient partners and students with a shared understanding of complex chronic disease and illustrate the value of their contributions to interprofessional education.

D.7 Oral Presentations: Professional Development of Students

Medicine in the First Person Puts Patients at the Center of Medical Education

Pedro Morgado, University Minho, Portugal

Abstract: Since 2020, the Medicine program at the University of Minho has incorporated the "Academic Profile" curriculum unit from the 1st to the 5th year, accounting for 25% of total credits per academic year. This initiative fosters professional identity formation through personal and professional development, as well as Humanities and Society.

A key component is "Medicine in the First Person," where patients actively contribute as educators, offering students firsthand exposure to diverse lived experiences. Sessions feature individuals living with HIV, chronic pain, psychiatric conditions, domestic violence survivors, LGBTI+ individuals, and members of the Roma community. Each three- to four-hour session includes theoretical contextualization, personal narratives, student-led interviews, and reflective discussions.

Students consistently identify these sessions as among the most impactful aspects of their education, emphasizing the importance of direct patient interaction. Participating patients also report a positive experience, recognizing their role in shaping future medical professionals. The University of Minho's experience with this innovative model, unique in the Portuguese context, highlights its potential for broader implementation in medical education, reinforcing the value of patient voices in shaping empathetic, socially aware physicians.

Integrating Patient Perspectives in Biomedical Sciences Education to strengthen professional development.

Petra Van Gurp, Radboud University Medical Centre, The Netherlands

Abstract: This panel presentation explores integrating patient educators into two different types of medication-related courses to enhance student learning in clinical direct patient care and drug development. The program includes three 30-minutes segments.

Part 1 features two pharmacy faculty members and a patient educator who will present an overview of a pharmacy skills lab activity for third-year Doctor of Pharmacy students. In this telemedicine-based lab, students interview arthritis patients, collect health data, and develop a treatment plan, with the patient educator sharing personal experiences and insights to help students understand chronic illness challenges. Survey results show positive student responses, highlighting improved clinical skills, communication, and patient-centered care awareness. The patient educator will share insights into benefits for patient educator participation.

Part 2 highlights a graduate professor's overview of a biologics-focused drug development course for the treatment of immune-mediated diseases that incorporates a patient educator with rheumatoid arthritis. The patient educator shares her journey, from functional loss to the impact of biologics, and discusses the evolving role of patient engagement in research and regulatory processes. This enhances students' understanding of the patient's role in drug development and ensures future treatments prioritize the patient experience and their real-world needs. Part 3 concludes with an interactive panel discussion in an audience questions and answer format, featuring instructors from both courses and a patient educator.

This discussion answer audience questions and will offer insights into the benefits and challenges of integrating patient voices in pharmacy skills and biomedical sciences education.

From learning to transforming: Patients as Agents of transformation

Camille Greppin-Becherraz, Haute école de santé Vaud, Switzerland

Abstract: Patients' involvement in health education has been considered for several decades, with established benefits for students' learning (Berkesse et al., 2022). It varies along a continuum—from patients as learning subjects to full partners in curriculum co-design (Towle et al., 2009).

In 2024, we implemented a program integrating chronic ill patient mentors into the 3rd physiotherapy curriculum in Lausanne, Switzerland. This resulted from a co-creation process, with patient experts and students. Our qualitative evaluation revealed that (1) students reported transformative learning experiences, and (2) patient mentors described their participation as empowering, providing opportunities to influence future professionals and healthcare systems. This suggested that encounters can catalyze both personal and professional changes and has led us to a critical reflection: while patients traditionally are involved in meeting institutional needs, as educational resources, could their participation also address their own aspirations?

We propose to reflect on the role of educational institutions as participatory spaces (Renedo et al., 2014), where patients are considered not only as contributors to learning but also as social actors capable of shaping professional practices. These spaces can support patient emancipation, promote power redistribution and recognize patients as change agents (Martin & Finn, 2011). Drawing on Kangasjarvi et al. (2020), we suggest that when patients actively participate, they transform from educational resources into agents of change. We consider that educational institutions have a responsibility to foster authentic partnerships with patients by validating their expertise and supporting their agency, thereby contributing to meaningful social changes.

Close encounters with the sick: Facilitating medical students' professional identity formation through structured early patient contact

Edvin Schei & Knut Eliassen, University of Bergen, Norway

Abstract: The therapeutic potential of medicine is best realized when clinicians can interact with patients and relatives as compassionate co-humans. Medical education should highlight what sickness does to persons and strengthen clinicians' understanding of patients' existential challenges. However, avoiding emotion is common in the medical culture, and may lead both to poor quality of care and to burnout in students and clinicians.

PASKON is a method for teaching patient contact to first-year medical students at the University of Bergen, Norway. Students reflect on personal experiences of sickness, vulnerability and resilience, before meeting people with serious health problems in small groups. The experience of entering the intimacy sphere of a vulnerable stranger is a rite of passage that breeds excitement, unease, surprise, and a fledgling sense of what it means to be a clinician. The patient encounters provide rich material for dialogue and reflection on professional identity.

This interactive workshop analyzes the rationale for working with relationships, narratives and self-awareness in medical education. Participants will be involved in a simulated PASKON session and introduced to pedagogical tools for dealing with the unpredictability and emotions that emerge in authentic human encounters.

Structure: Part 1 is a short introduction to emotions and relationships in clinical medicine and in medical education, with an overview of the course and its pedagogic elements. Part 2 engages participants in group work, as students or patients, exploring the experience of sharing stories of suffering, and how it can be used to trigger reflection, empathy, role awareness and self-confidence.

D.8 Oral and Visual Arts: Experiences of Substance Use

Oral: Addressing Opioid Use Stigma in Pharmacy Practice: Grounding Educational Initiatives in Patient Voices

Jordana Rovet, Sean Patenaude & Andrew Johnson, Centre for Addiction and Mental Health, Toronto, Canada

Abstract: Opioid-related stigma presents a significant barrier to care for individuals seeking pharmacy services for pain management, opioid use disorder (OUD), or take-home naloxone programs. This project embedded patient voices in the development of accessible educational materials designed to reduce stigma among Canadian pharmacy professionals and enhance patient-centered care.

At the core of this initiative was meaningful engagement with people with lived and living experience (PWLLE), who played a pivotal role in shaping the project. A PWLLE facilitator co-led engagement strategies, co-facilitated roundtable discussions and contributed to knowledge translation. The project involved three consultation rounds: roundtable discussions on stigma experiences and key messaging, an anonymous survey to validate emerging themes, and participant feedback on draft educational materials. Across these stages, 47 participants joined the initial discussions, 41 completed the survey, and 22 participated in the final consultation.

Findings, analyzed using inductive and descriptive coding, directly informed the creation of a resource toolkit, pharmacy posters, and social media graphics—ensuring these materials reflected the insights and experiences of PWLLE. The resources were launched at a national webinar and are freely available through CAMH (https://kmb.camh.ca/eenet/resources/addressing-opioid-stigma-in-pharmacies). This session, co-led by the PWLLE facilitator, will provide insight into the co-production process, illustrating how the inclusion of patient perspectives strengthened the project's outcomes. Attendees will gain practical strategies for integrating lived experience into health and social care education to foster stigma-free environments. Funding from the Public Health Agency of Canada.

Stories and Dialogue: Lived Experience in the BCMHSUS Workforce

Caylee Raber & Anja Lanz, Vancouver, Canada

Abstract: People living with mental health and substance use (MHSU) who work in healthcare face stigma that is destructive, pervasive which can lead to negative work experiences, discrimination, fear of disclosure and seeking treatment. Workplace stigma drives staff presenteeism, absenteeism, reduced productivity and engagement, difficulty attracting and retaining talent, challenges implementing psychological health and safety initiatives, and increased costs related to mental health injuries.

Through trauma-informed co-designed storytelling, Lived Experience Strategic Advisor facilitators with support from the Patient Experience and Community Engagement team atBC Mental Health and Substance Use Services (BCMHSUS) and students from the Health Design Lab at Emily Carr University of Art and Design (ECUAD) created animated storytelling videos to disrupt workplace stigma. Featuring voices of BCMHSUS staff with lived experience, it explores stigma's impacts on identities and careers, and envisions a future where lived experience is an asset. Students illustrated innovation in patient

involvement education, deepened their empathy, strengthened relational skills and humanized topics often taught in literature.

Videos are being integrated into team-based training, leadership workshops, and onboarding initiatives across BCMHSUS. Facilitated discussions encourage reflection on themes, assumptions, workplace culture and practice. Structural shifts have occurred by embedding videos into organizational learning and development efforts: hiring a new Peer Support team, rewriting outdated policies, promoting mental wellness as valid sick leave.

Our highest hopes are to disrupt stigma, challenge stereotypes, and highlight how lived experience can shape more compassionate and effective healthcare and workplaces. Sharing these stories open space for more dialogue, understanding, and change.

Learning Together to Address Opioid Use Disorder: A Catalyst Film from Health Experience Interviews

Jane Evered, University of Wisconsin, USA

Abstract: Catalyst films are an educational tool used to catalyze service improvement by marrying the persuasive potential of peer-to-peer communication with rigorously developed audio-visual tools. These translational research products synthesize, integrate, and present actionable insights using patient-experience videos comprised of interview clips with both practical and emotional impact. In this session, we share excerpts from our 45-minute catalyst film about people's experiences with medication for opioid use disorder (MOUD). Millions of people in the US live with opioid use disorder (OUD). Although medications exist to treat OUD (MOUD), many of these treatments remain highly underutilized; only 13.4% of those eligible, report receiving treatment. Integrating curricula about MOUD into health professional education is a promising approach to expanding access, as persistent stigma and inadequate clinician training are known barriers. Our multidisciplinary team collected and analyzed interviews with 38 people around the country who have experience with OUD and MOUD. We created the film in partnership with two advisors (co-authors) who told their stories for the project. The MOUD catalyst film and accompanying toolkit are designed to enhance empathy and illuminate actionable insights for equitable person-centered OUD treatment, sparking ideas for ways to improve services and support for people, families, and communities. These tools are targeted for use in health professional and continuing educational settings, particularly among addiction medicine specialists and other clinicians who prescribe MOUD. Preliminary evaluation feedback suggests strong appreciation for the diverse range of experiences presented in the film and enthusiasm about sharing the film with learners at all levels.

D.9 Roundtable Discussions:

Learning Together: Integrating meaningful patient and public involvement (PPI) within undergraduate medical education.

Sophie Park, Oxford University, UK

Abstract: A socially accountable medical education curriculum requires the equitable distribution of power among all stakeholders, including patients and the public. This workshop draws on our experience of co-developing two Patient and Public Involvement (PPI) partnerships to inform undergraduate primary care medical education. Central to this process are principles of equality, diversity and inclusion (EDI). We will present case examples to guide participant discussion around PPI recruitment, early engagement, team building, and feedback mechanisms, using tools such as an 'impact log' to evaluate PPI–staff collaboration.

Towle's Taxonomy of Involvement will be used to illustrate how patients and the public have contributed to strategic curricular and assessment design. We will also consider how principles from the UK NIHR INCLUDE guidance - established in clinical research - may be adapted for PPI recruitment and reimbursement within educational settings to support equitable engagement.

A Foucauldian Discourse Analysis (FDA) framework will be applied to explore available subject positions, power relations and legitimate knowledge attributed to patients, students and clinicians in educational encounters. Traditionally, experiential knowledge is attributed to patients/public and technical knowledge to professionals. We will encourage participants to reflect on more integrated subject positions, where a range of knowledge forms are valued across all roles. This redistribution of epistemic authority invites more complex but potentially rewarding educational encounters.

Participants will engage in critical dialogue, share practical insights, and reflect on challenges and opportunities for embedding socially accountable PPI in diverse educational contexts. The session will conclude with lessons learned and intentions for future implementation.

Embedding Patient and Public Involvement in Health Professional Education: stuck between novelty and normalization

Charlotte Denniston & Leslie Arnott, University of Melbourne, Australia

Abstract: We know that things like clear roles, mutual respect and open communication are key ingredients that help Patient and Public Involvement (PPI) work well in Health Professional Education (HPE). Yet, while PPI in HPE is regular practice in some universities, in other places it is rare. How can universities overcome challenges like time, capacity, capability and resource constraints to keep PPI going?

One way to understand how PPI can be made a regular part of HPE is by using Normalization Process Theory. This theory describes four factors that influence whether an initiative becomes part of regular practice or not: How people understand the initiative; Who gets involved and how committed they are How an initiative is used in daily work; How people review and change an initiative over time; Looking at these factors can help us understand why PPI sometimes works well and other times it fails.

After a short talk about the above factors, we'll invite participants to share their experiences by answering these questions: What does long-lasting PPI look like in HPE? How do the four factors in the Normalization Process Theory framework influence whether PPI is maintained or not?

By combining theory and real-life examples, we hope to create strategies, share what we've learned and come up with new ways to study the maintenance of PPI. Our goal is to help create and evaluate long-lasting PPI in HPE. Healthcare consumers with diverse lived experience have been consulted in the development of this abstract.

E.1 Symposium:

The PULPIT consortium: European insights on patient and public involvement in interprofessional undergraduate health professions education

Matthijs Bosveld, Dante Mulder, Maastricht University, The Netherlands & Pedro Morgado, University Minho, Portugal & Ricardo Ferreira, Nursing School of Lisbon, Portugal & Cathy Kline, University of British Columbia, Canada

Abstract: The PULPIT-consortium promotes patient and public involvement (PPI) in the interprofessional education (IPE) of undergraduate healthcare students. This initiative addresses students' limited early

contact with patients and their lack of understanding of patient-centered care and collaboration amongst healthcare professionals. Through different scientific activities, the consortium has been investigating the current state of PPI in IPE of undergraduate healthcare student in different European countries.

This symposium begins with an introduction to the consortium's objectives and composition, offering attendees a clear framework to understand PULPIT's commitment to advancing PPI in IPE. Participants will then be presented with findings from an international survey mapping the current state of PPI in IPE across several European countries. Best practices and strategies that have effectively addressed barriers and supported implementation have been investigated and aggregated results will be shared. This provides practical approaches for integration in diverse educational settings.

The symposium will also highlight results from a focus group study involving students, academic staff, and patient representatives from four European countries. This segment gives attendees valuable insight into stakeholder experiences and perspectives. Building on all prior findings, international recommendations were developed and validated through a Delphi study – which will be presented to guide the development and integration of PPI in IPE.

The symposium concludes with an integrative round-table discussion, fostering dialogue and reflection. Participants will leave with a deeper understanding of the value of PPI in interprofessional education and be equipped with evidence-informed strategies to enhance patient and public involvement in their own teaching and learning environments.

E.2 Symposium:

Integrating Patient Educators into Pharmacy and Biomedical Sciences Education: Advancing Patient-Centered Care and Drug Development

Dominick Salvatore, Maureen Knell, University of Missouri-Kansas, Michael Blank, Suzanne Schrandt, USA.

Abstract: This panel presentation explores integrating patient educators into two different types of medication-related courses to enhance student learning in clinical direct patient care and drug development. The program includes three 30-minutes segments.

Part 1 features two pharmacy faculty members and a patient educator who will present an overview of a pharmacy skills lab activity for third-year Doctor of Pharmacy students. In this telemedicine-based lab, students interview arthritis patients, collect health data, and develop a treatment plan, with the patient educator sharing personal experiences and insights to help students understand chronic illness challenges. Survey results show positive student responses, highlighting improved clinical skills, communication, and patient-centered care awareness. The patient educator will share insights into benefits for patient educator participation.

Part 2 highlights a graduate professor's overview of a biologics-focused drug development course for the treatment of immune-mediated diseases that incorporates a patient educator with rheumatoid arthritis. The patient educator shares her journey, from functional loss to the impact of biologics, and discusses the evolving role of patient engagement in research and regulatory processes. This enhances students' understanding of the patient's role in drug development and ensures future treatments prioritize the patient experience and their real-world needs. Part 3 concludes with an interactive panel discussion in an audience questions and answer format, featuring instructors from both courses and a patient educator. This discussion answer audience questions and will offer insights into the benefits and challenges of integrating patient voices in pharmacy skills and biomedical sciences education.

E.3 Workshop:

Co-creating patient simulation scenarios – The Co-design Card Game

Katie Campion, St George's University, UK

Abstract: The use of patient simulation as a learning tool is growing in health professional education. Involving patients in creating simulations is an important way of developing scenarios that are authentic and holistic. However, 'how' we should do this is unexplored and undescribed. Our research project brought together patients, actors, educators and learners to investigate how to co-create patient simulation scenarios. Focus groups with individual groups helped us to understand diverse starting perspectives. Then we brought everyone together at a large co-design event to create new scenarios together. We used creative enquiry methods from graphic medicine and narrative medicine to support the process and level the epistemological playing field. This included using I-poems and student illustrations as a starting provocation to bring to light the different perspectives in the room.

Creating a successful co-design event involved a lot of decisions. How do we create a space for all to contribute? Who should be involved? How can we recruit a diverse group? What should payment look like? How do we incorporate the creative aspects? The answers to these questions can be impacted by discomfort clinicians feel when working in authentic partnership with patients and sharing power.

To explore these tensions we have co-created a card game with patients and students involved in the project. In this 90min workshop small teams will design their own co-design event. Discussions at decision points throughout the workshop aims to create productive debate, surface assumptions and empower participants in the next steps of their own projects.

E.4 Workshop:

From Presence to Partnership: Embedding Patient and Family Voices in the Heart of Continuing Professional Development

Holly Harris, David Wiljer, Laura Williams, Centre for Addiction and Mental Health, Toronto, Canada

Abstract: There is increasing recognition that engaging patients and families in health professional education, including continuing professional development (CPD), can have transformative impacts. It improves educational outcomes and strengthens the overall healthcare system by promoting a culture of collaboration and mutual respect. Despite growing recognition, many health professional educators struggle to secure organizational buy-in and support for moving beyond one-off consultations with patients and families toward co-producing a culture of equitable partnership.

In this workshop, we will discuss effective ways to articulate the value of patient and family engagement in CPD and explore engagement strategies that foster power sharing and shared decision making. This workshop will be facilitated by a panel of individuals who leverage their lived expertise related to pediatrics, mental health, and aging to foster broader engagement strategies in their roles as health educators.

Through practical examples of patient and family engagement, participants will explore the six key domains of patient knowledge, illustrating how engagement fosters reflection, clarifies focus, challenges existing constructs, and motivates healthcare professionals. The workshop will also introduce critical reflexivity as a practical strategy for fostering the conditions for meaningful engagement through challenging assumptions, reflecting on identities and power dynamics, and aligning actions with the principles of equity and inclusion. Case examples and reflection questions will be provided to help

participants apply these concepts in their practice. By the end of the session, participants will be equipped to effectively advocate for and implement meaningful approaches to patient and family engagement in CPD.

E.5 Workshop:

Power in Preparation: Empowering Patient Partners and Faculty with Tools for Confident Storytelling and Meaningful Participation in Health Education

Mandy Young, University of British Columbia & Connie Evans, BC Institute of Technology, Canada

Abstract: Patient Partners play a vital role in health professional education by sharing their lived experiences to inform and inspire future healthcare providers. To support their meaningful participation, we co-created two practical tools: a Storytelling Guide and a Session Preparation Checklist.

The Storytelling Guide empowers Patient Partners to share their personal stories in ways that are impactful, authentic, and audience-appropriate. It provides strategies for shaping narratives, handling Q&A sessions, navigating challenging questions, and tailoring key messages while prioritizing the storyteller's well-being. Designed to build confidence, the guide emphasizes the importance of intention, preparation, and ending on a hopeful note to leave a lasting impression on learners.

The Session Preparation Checklist outlines key details Patient Partners need before, during, and after their involvement in teaching sessions. It helps faculty educators clearly communicate expectations, timelines, roles, and logistics. Using a checklist creates a positive, supportive experience that encourages continued engagement and builds trust between Patient Partners and academic teams.

This interactive workshop invites participants to explore these tools, reflect on their own practices, and engage in a collaborative activity to co-create a shared collection of best practices. Together, we aim to strengthen support for Patient Partners across diverse education settings through practical strategies, mutual learning, and dialogue.

E.6 Oral Presentations: Institutional Change

Resting on our laurels: Why we need to go beyond patient involvement to lived experience leadership in health professional education

Brett Scholz, Australian National University, Australia.

Abstract: It has been over two decades since the world's first "consumer academic" position was established in a mental health nursing program. Since then, scholarship on patient engagement in health education has grown exponentially. Recently, some have even suggested we are now in a 'participatory era,' marked by increasing emphasis on co-design, co-production, and consumer engagement.

This trend is encouraging but concerning: it masks the growing tokenism excluding patients from leadership in education, and risks overstating the extent to which people working from lived experience perspectives truly influence decision-making. Framing engagement as novel can obscure the long history of lived experience advocacy and leadership, and may contribute to ongoing epistemic injustice. Despite longstanding calls for lived experience leadership, most documented examples remain confined to consumer-run organisations, with minimal presence in mainstream health education.

This presentation provides a review of recent trends in publications on patient involvement in health professional education. It maps these trends against the seminal co-produced COMMUNE guidelines for best practice in development and delivery of education in partnership with people working from lived

experiential expertise. The findings suggest that patient involvement alone is insufficient; meaningful transformation requires shifting power to people with lived experience to lead the development, delivery, and evaluation of education.

The implications of these findings involve practical steps educators and other stakeholders can take to move toward models grounded in lived experience leadership. These include guidance for increasing honesty and transparency around power-sharing in partnerships between lived experience educators and others.

From Testimonial Delivery to Shared Leadership: 15 Years of Patient Partnership in Action

Annie Descoteaux, Claudio Del Grande, Marie-Pierre Codsi, Université de Montreal, Canada

Abstract : For the past 15 years, patient partners, have been involved in teaching interprofessional collaboration within the PARTENAIRES Training Program at Université de Montréal. We wish to share our own perspective as patients, in order to reflect on our growing involvement and the evolving contribution we have made throughout this journey.

Launched in 2010 as a cross-disciplinary, small-group learning initiative across five disciplines, the program now includes 13 disciplines and annually engages over 5,000 students, 125 patient partners, and 125 clinical co-facilitators. This presentation aims to outline our journey as patient partners from occasional storytellers to central figures in the co-creation and co-delivery of this three-course curriculum. Over time, patient roles expanded to include curriculum design, facilitation, evaluation and continuous improvement, as well as leadership—culminating in a patient-professional co-directorship. Our experience shows that patient partnership in interprofessional education is not only feasible at scale, but vital for fostering authentic interprofessional collaboration. Trusting the process remains key to cultural transformation.

We will share the evolution of the PARTENAIRES model from our perspective as patient partners, focusing on the relational, pedagogical, and structural shifts that made it what it is today.

Expanding Patient and Public Involvement in Health Professions Education Through Micro-Innovations

Kim Osborn, Jessica Rokicki-Parashar, Erika Schillinger, Stanford University, USA

Abstract: **Intro**: Over the past decade, Stanford University School of Medicine's Patient and Family Engaged Medical Education Program has expanded from a single patient-initiated course to 14 courses, engaging over 1,500 pre-clerkship students. This growth was driven by curricular and operational micro-innovations—small, incremental changes that amplify patient and family voices in medical education and initiate organizational culture change.

Objective: This presentation shares initial findings from a retrospective impact evaluation of the Patient and Family Engaged Medical Education Program (2015–2024). We will discuss how micro-innovations have informed decisions on patient and public involvement in teaching.

Methods: We are conducting a retrospective impact evaluation based on participant survey data from students, patients, faculty, and staff, as well as course and program evaluations. We are analyzing these data to gain insights for the development of new courses, patient involvement, and participant training.
Preliminary Results: Physician-patient communication and compassionate care are consistently identified as important in health professional education. Patient feedback highlights the importance of clear expectations on involvement scope, time commitment, and "fit" between patient expertise and teaching

opportunity. Faculty surveys reveal a consistent need to remove logistical barriers, and learner feedback is consistently positive with respect to patient involvement.

Next Steps: A deliberate strategy of supporting and evaluating micro-innovations has allowed our program to promote patient involvement in health professions education. Programmatic analysis will highlight opportunities for future efforts to both increase and sustain patient involvement's impact.

Holding Hope: From Inclusion to Co-Creation in Patient-Led Education and System Reform

Shannon Calvert, National Eating Disorder Collaborative, Australia

Abstract: This presentation shares the development and educational relevance of Holding Hope, a lived experience-led initiative reimagining care for individuals with longstanding eating disorders. While centred on eating disorders, the values and innovations within this work resonate across broader health and social care contexts—particularly for individuals navigating complex or life-limiting conditions, where traditional models may fall short.

Initiated through national collaboration and shaped by deep insights from people with lived and loved experiences, Holding Hope responds to long-voiced concerns about recovery-focused systems that overlook quality of life. The original discussion paper (Calvert & NEDC, 2023) advocated for a trauma-informed, dignity-led approach. Building on this foundation, a co-developed Guide now offers practical, person-centred tools for care planning, education, and ethical reflection—supporting autonomy, relational safety, and collaborative decision-making.

Holding Hope's project lead, a Lived Experience Educator, will share how lived experience leadership can shift education from inclusion to authentic co-creation, and how patient voices can be embedded into systems reform, interprofessional learning, and continuing professional development. The Guide is being integrated into education, workforce, and service delivery initiatives in Australia and offers a scalable model for adaptation across disciplines and geographies.

Drawing on lessons from lived experience and interdisciplinary collaboration, this session offers educators, clinicians, students, and policymakers a values-based framework for embedding patient-led tools in education and system change. By placing the patient's voice at the centre, Holding Hope demonstrates what becomes possible when systems are shaped not only for—but with—the people they serve.

E.7 Visual Arts & Roundtable: Difficult Conversations

Visual Arts: Hard Choices, Lots of Love: Educating Health Providers on the Experiences of MAiD Family Caregivers Through Digital Storytelling

Mike Lang, University of Calgary, Canada

Abstract: Over 60,000 Canadians have utilized Medical Assistance in Dying (MAID) since the passing of Bill C-16 in 2016. This means at least 400,000 Canadians have been directly impacted by MAID as close friends or family members. In most cases, these family caregivers bear both the logistical and emotional burden of these decisions made by their loved ones, even when receiving support from the healthcare system. Furthermore, the current cultural conversation concerning MAID is polarized, leading to fear, uncertainty, and experiences of stigmatization. Healthcare professionals need to understand the physical, mental, and emotional strain of caring for a loved one who chooses MAID. This presentation will begin by providing a very brief overview of the Digital Storytelling process and the SSHRC funded study that supported the creation of 12 digital stories with MAID Family Caregivers. It will then screen two digital stories with each

followed by audience discussion about the lessons in the stories. Attendees will leave with a greater understanding of the lived experiences of MAID family caregivers and have direct access to digital stories that could be utilized in their own educational contexts.

Roundtable Discussion: Speaking the Unspeakable: Centering Patient and Family Voices in Education on Serious Illness and End-of-Life Care

Dannell Shu, Esther Lee, Matthew Park, Judy So, Naomi Goloff

Abstract: Serious illness and death remain subject matter that is marginalized or avoided in health professions education. Yet these occurrences are a part of providing medical care both in pediatric and adult contexts. This roundtable examines strategies for medical educators to incorporate the perspectives of bereaved family members and seriously ill patients—including children—into teaching about emotionally complex and often taboo aspects of healthcare, such as end-of-life care, medical uncertainty, and profound suffering.

Facilitators will draw from an educational model that engages bereaved family educators as partners in end-of-life and serious illness care training. The discussion will also examine ways to incorporate the voice of patients—for both adults and children—living with serious illness, while navigating ethical tensions around representation, agency, and emotional safety.

Participants will engage in reflective dialogue about institutional and cultural barriers to teaching about serious illness and death; the responsibilities and risks of inviting lived experience into the classroom; and opportunities for co-creating curricula that are relational, reflective, and emotionally honest. This session is designed to move beyond silence and discomfort, and toward pedagogy grounded in courage, compassion, and co-production to better prepare clinicians to be present with, support, and guide patients and families experiencing the serious illness.

E.8: Performance Arts: Narratives of Experience

Why Me? Examining the Patient Partner's role in post secondary health education.

Brenda Jones, Vancouver, Canada

Abstract: Involving patient partners in post secondary health care education is gaining interest with program administrators and educators to enhance patient and family centred learning. In this creative arts presentation, video collages featuring three post secondary education instructors in health science programs comment on the role and impact of patient partners. Between the videos, dramatic monologues written and performed by the workshop facilitator will give the patient partner's perspectives on participating in educational programs. The topics of the videos and the dramatic monologues include becoming a patient partner, expectations and value from being a patient partner, and impact of patient partner participation. This workshop will be of general interest to all participants as it is inspiring for anyone planning for Patient partner participation and encouraging for patient partners who participate or want to participate in education programs.

How can we cultivate emotional intelligence among health care students?

Knut Eliassen, University of Bergen, Norway

Abstract: Is it possible to give health care students insight into suffering, so they can recognize patients' feelings, making it easier to act empathetically and patient-centred? Here, I am presenting an essay intertwining two narratives. One an historical account of a fictive ship sailing from India to England in 1864. The other my own story - a Norwegian experienced general practitioner, reflecting upon the journey

from being born, becoming a medical student who got cancer, to survive, and altering perspectives towards myself, my patients and my work, now as both a doctor and a medical educator.
The ship encounters challenges during its voyage, including loss of life and cargo, likening the ship's struggles to my own life experiences marked by personal loss, suffering and disease, but also healing and hope.

Wounded healers have a good understanding of being patients themselves and may use this in patient care and teaching. I raise the question whether and how it is possible for students to understand suffering and get emotional insight without them having to be wounded healers themselves. Can we make students comfortable in using their own stories, and their own moral and emotional compasses also in their professional lives?

A Poetic Expression: Interprofessional and Person-Centred Care

Kateryna Metersky, Centre for Advancing Collaborative Healthcare and Education, Toronto, Canada

Abstract: **Introduction**: Poetry can be considered one approach to teaching through aesthetics. Incorporating poetry into teaching can help attendees foster an emotional connection to content, gain a better understanding of interprofessional and person-centered care, and improve patient care experiences. When the educator is also the writer of such poetry and includes the multiple roles they hold in society to explicate a theoretical topic in nursing, this brings benefit to the learners as they are hearing from real-life experience. The aim of this presentation is to perform a poetic expression piece written to help learners understand key competencies of interprofessional and person-centered care.

Methods: In poetic prose, the author used her expertise as a researcher, current nursing practice and personal experience of being a patient to emphasize what is important from the patient's point of view when receiving care from an interprofessional team of healthcare providers.

Results: Using the "collective voice" of patients, the poem details what both the patient and the healthcare providers can do to enhance person-centered care delivery, to see the patient behind the condition, and create a better healthcare system.

Discussion: The use of poetry provides valuable insight for current and future healthcare providers to understand what the patient is feeling, reflect on their current practices, and strategize ways to improve care. This performative art-piece invites attendees to consider their own understanding of and approaches to interprofessional and person-centered care to provide better experiences going forward.

E.9 Oral & Roundtable

Oral: Co-Production and Ethical Data Stewardship in Equity Deserving Groups: Promoting a Just Culture in Healthcare with Patients and Resident Physicians

Aliya Kassam & Fatima Duaa, University of Calgary, Canada

Abstract: This session explores Just Culture—a framework fostering non-punitive environments in healthcare—through a health equity perspective. We will present theoretical insights from a patient-oriented study examining the perspectives of Just Culture among patient and resident physician populations—who despite experiencing power differentials are often overlooked in safety culture initiatives.

The session will provide you with strategies to meaningfully engage patients and providers from equity denied groups as partners in safety initiatives, building trust, and addressing power imbalances.

Join us as we highlight the importance of ethical data stewardship and intersectionality in the co-production and adaptation of the Just Culture Assessment Tool (JCAT).

Through storytelling and design thinking, participants will examine how a Just Culture in healthcare could be designed from a health equity perspective. Participants will have the opportunity to learn how to co-produce safe and equitable healthcare practices by considering systemic, structural and cultural, barriers and facilitators.

Our presentation will be co-designed with partners to ensure patient and resident physician priorities are being supported and measured. We will present digital story telling products of knowledge from our partners sharing their insights from working together on the project as well as our research findings.

Harnessing Our Collective Wisdom to Create Meaningful Change: Embedding the Patient Voice in Health Education Curriculum

Sam Belbin, Diana Ermel, Kimberley Sears, Queen's University, Canada

Abstract: Health systems in Canada recognize that advancing patient-centred care requires meaningful and collaborative patient and care partner engagement in governance, design, and service delivery. Evidence demonstrates these partnerships enhance patient and provider experiences, improve outcomes, strengthen quality and safety, and reduce costs.

Healthcare professionals play a key role in this transformation, yet patient engagement competencies are not consistently taught in undergraduate health education programs. To embed patient- and family-centred care into the system, patients and families must be integrated into health education curricula as co-designers and co-educators. While some efforts exist in Canada, scaling them up presents challenges. What barriers prevent widespread adoption?

Our SPOR Evidence Alliance-funded, patient-led project, Patient Engagement in Health Education Curriculum, explored this issue. We conducted a scoping review to identify governance structures and processes that support patient partnerships in curriculum co-design, implementation, and evaluation. The review was guided by the question: What are the structural barriers and facilitators to engaging patients in developing health education? Current practices were analyzed and highlighted the importance of integrating patient and family voices to align education to better reflect patient-centred care principles.

Join us for a World Café Workshop as we share insights from our review and collaborate on actionable solutions. Together, we will identify structures/processes needed to amplify the patient voice across health sciences programs—addressing real-world challenges, communication gaps, and health disparities. By co-creating a roadmap to embed meaningful patient partnerships in education, we aim to equip future healthcare professionals to deliver compassionate, equitable, and patient-centred care

F.1 Symposium:

Patients are a Heart Felt Resource Beyond Their Illness

Connie Evans, Carol Anderson, Bruce Raber, BC Institute of Technology, Canada

Abstract: The panel will discuss people-centred care and why and how patient partners are included at BCIT School of Health Sciences. Hear three storytellers with distinct perspectives. Witness a paradigm shift from diagnostic directives to appreciating highly individual needs for whole-person care. Find out what matters to them, why they are grateful, and their guidance for improving healthcare. Learn how diverse patient voices can nurture wisdom in healthcare education. Explore power imbalances and the meaning of language. Discover why there are always at least two patients. This will be an opportunity for conversation to address organizational and individual challenges in patient partner involvement.

F.2 Symposium:

Building a Pan-Canadian Community of Practice on Patient Engagement in Health Professional Education

Annie Descoteaux, Marie-Pierre Codsi, Benoit-Pierre Stock, Université de Montreal, Canada & Angela Towle, Cathy Kline, University of British Columbia, Canada

Abstract: We propose a roundtable session exploring the creation and impact of a pan-Canadian Community of Practice (CoP) dedicated to patient engagement in the education of future health professionals. This initiative brings together academic institutions and patient partners to co-develop strategies that support meaningful, sustainable involvement of patients in health education across Canada.

The roundtable will feature four speakers: a representative from the University of British Columbia (UBC)Patient & Community Partnership for Education (PCPE), a pioneer in embedding patient partnership in curriculum and faculty development; a member from University de Montréal, home to the largest patient-partner network within a single health faculty in Canada; and a core member of the national CoP itself, a representative from the Centre of Excellence on Partnership with Patients and the Public (CEPPP), which leads innovation in partnership science;

Discussion will focus on critical questions such as: What strategies foster long-term, institutional patient engagement? What initiatives sustain the motivation and contributions of patient partners over time? How does the "Patients' Voice" conference influence collective momentum? And what is the unique value of a national CoP in this field ?

Participants will leave with practical insights on partnership models, challenges and enablers of system-wide change, and lessons learned from connecting diverse institutions and patient communities across the country.

F.3 Performance Arts: Theatre

Lost in Translation: A Theatrical Exploration of Health Literacy Gaps

Farrah Schwartz & Laura Williams, Canada

Abstract: Health literacy is the silent force that determines whether patients understand their diagnoses, follow medical advice, and engage in their own care. This theatrical performance will take an experiential approach to education about health literacy. The session will blend storytelling, role-playing, and audience participation to explore the real-world consequences of health literacy gaps. Through dramatic reenactments of patient-provider interactions, we illuminate the barriers that miscommunication creates and the life-altering impact of getting it right.

Thriller! The horror show of patient involvement gone wrong

Charlotte Eijkelboom, Utrecht University, The Netherlands

Abstract:
You try to scream
But terror takes the sound before you make it
You start to freeze
As horror looks you right between the eyes
You're paralyzed
'Cause this is thriller….

Welcome to the horror show of patient involvement gone wrong.
People said that we should involve patients in education, that it would be beneficial to students, healthcare professionals, educators and even patients themselves. So that's what we did. We involved patients. Big mistake.

This show will be scary and consists of pure nightmares. Look out for the 'Teacher zombie', who only asks patients about the clinical stuff! Beware of the 'Angry patient monster', who wants to take it out on students! And hide for the 'Curriculum planner vampire', who wants to overload each patient contact possibility with bureaucratic demands!

This is a performance about the don'ts. In this show all your nightmares about patient involvement come true. It is all our mistakes put together and made into a satirical performance.
After this show you just know: Patient involvement is a bad idea. It can only go wrong. But as said by jazz artist Quincy Jones: "we make our mistakes to learn how to get to the good stuff". So, let's enjoy this thriller show, in order to get closer to the good stuff.

F.4 Oral Presentation and Visual Arts: Patient Voice

Finding your voice

Janie Leopold, Canada

Abstract: In 2003, I was diagnosed with two concerent mental health challenges. It seemed like over night I went from being a Personnal Support Worker to patient. Since that time I have either been included in my journey or not at all. I have found that especially with mental health, your voice is missing. Stigma of being mentally unwell or side effects of the medications tend to silence us, or we are looked at as too unwell to make decisions for ourselves.
There are quite a few barriers in trying to find your voice, the biggest one is Stigma. Not only is it internal it is also in all three levels of care. It is not easy seeking treatment when you are facing it but there are ways to overcome it, with help. I have found that if you meet the patient where they are, it will help the patient to open up more.
For some patients trust is hard. Trust in the doctors, themselves and the whole process. I had trouble with this a few times.
Language should always be considered as well, not only the way we comunicate but also the words that are used. Such as, acromyns or short forms.
I joined the University Health Network's Centre for Advancing Collaborative Healthcare and Education as a patient partner. My job is to help the medical students understand the need for the patient's voice and how to include it in their care plan.

Co-creating care: reimagining medical education through person-centered filmmaking

Samuel Rosenblatt, Elsie Wang, Cameron Andres, Melody Li, University of British Columbia, Canada & Jamie Mocrazy, Grace Mauzy, MoCrazy Strong Foundation

Abstract: The Patient Experiences Project (PEP) is a UBC medical student-led initiative founded in response to the need for person-centered care, humanism, and narrative medicine (NM) as key priorities within medical education (MedEd) reform. We produce mini-documentaries highlighting lived-experiences of patient-partners which are incorporated directly into the UBC Medicine curriculum.
Core to our filmmaking process is immersing student-producers (SP) in narrative student-patient partnerships. We achieve this through a co-creative process and an open-ended, exploratory approach that is trauma-informed, empowering, and responsive to the priorities and vulnerabilities of our patient-partners and their families.

One of our best received episodes was produced with Jamie MoCrazy, a traumatic brain injury (TBI) survivor and advocate, TBI awareness nonprofit co-founder, and co-director of her own award-winning documentary.

Program:The presentation will include screening of two films: An excerpt or the full length of the "#MoCrazyStrong" documentary by Jamie (18 minutes). The PEP documentary (10 minutes), produced with Jamie and her family. Screening both documentaries will showcase unique perspectives of self-produced and collaborative patient-student films.
After the first screening, the panel – including Jamie, her mother Grace, and the SPs – will discuss Jamie and Grace's experiences in narrative-medicine and filmmaking as patient advocates, and the importance of person- and family-centered care for patient resiliency.

Following the second screening, the panel will reflect on the production of the student film, on developing strong narrative partnerships, and personal takeaways. They will also discuss the use of non-traditional approaches to amplify patient voices and enhance person-centered MedEd.

F5 Routable Discussion:

Supporting HEI Academics: The Strategic Role of Service User and Carer Involvement in Teaching and Learning

Bimpe Kuti-Matekenya, University of Bolton, UK & Lesley Scott, Elaine Patterson, Val Packer, University of Sunderland, UK

Abstract: Service User and Carer Involvement (SUCI) in Health and Social Care education is increasingly recognised as a core component in health professional education. Numerous UK Professional Statutory Regulatory Bodies (PSRB) mandate that SUCI should be central to health professional education but there is no agreed framework for HEI academics to develop and establish their SUCI strategy to meet local institutional needs. Consequently, embedding meaningful engagement remains challenging for many Higher Education Institutions (HEIs).

A series of ongoing webinars, designed to equip academic staff with the knowledge, confidence and tools to incorporate SUCI voices into their teaching practice is ongoing as a national webinar series. The webinars have proved to be instrumental in promoting an expanding culture of collaboration and engagement across multiple HEIs.

The session aims to address the challenges faced by HEIs in embedding meaningful SUCI in health and social care education. Recognising SUCI as a crucial element. It will explore a collaborative initiative among three HEIs that are sharing and learning from best practices to integrate authentic SUCI involvement into their educational strategies. The goal is to ensure that students have meaningful learning opportunities that incorporate the voices and experiences of service users and carers.

It will offer practical insights into designing flexible frameworks and standards to promote meaningful engagement, enhancing the educational experience for students and making it more relevant to real-world health and social care scenarios. This development aligns with the priorities in The Vancouver Statement 2015 (Towle et al 2016)

F.6 Roundtable Discussion:

Strategic Patient Involvement in Medical Education: from participation to policy and organizational Impact

Petra van Gurp, Radboud University Medical Centre, The Netherlands

Abstract: Patient involvement in medical education is increasingly recognized as essential. While practical tools and teaching tips exist, hesitancy or resistance persists—often due to concerns about curriculum overload or fear of the unfamiliar. This workshop addresses how patients can contribute not only as educators but also in strategic roles within medical curricula.

We explore central questions through direct engagement with patients who have taken on such roles. Main questions include: What is it like for patients to hold a strategic role in education? What challenges do they face? What support is needed? And how can educators and patients collaborate to embed patient involvement into institutional strategy and vision?

F.7 Roundtable Discussion:

From Patients to Co-Educators: Cultivating Pathways from Lived Experience to Leadership

Michelle Francis, Canada

Abstract: Too often, the contributions of patients and carers are seen as episodic rather than evolutionary. This facilitated roundtable invites participants into a co-designed conversation on recognizing and supporting patient educators as professionals in their own right. Anchored by Michelle Leong Francis' work with patient advocate groups and their lived experience in both policy and grassroots roles, this discussion confronts the structural and systemic limits that prevent patients from being seen as co-creators of educational excellence. How might we move beyond tokenism to train, compensate, and credential patient voices in education? How can health and social care institutions establish career pathways that legitimize lived experience as a source of curriculum authority? Join advocates, family carers and educators to share models, evaluate institutional readiness, and co-imagine a roadmap for sutained, scalable patient participation that evolves into leadership.

F.8 Roundtable Discussion:

"Navigating Patient Involvement in Health Education: Successes, Challenges, and Lessons Learned."

Lena Hozaima, University of British Columbia, Canada

Abstract: Patient involvement in health and social care education is essential for developing empathetic and competent professionals. This abstract explores the experiences and lessons learned from various initiatives over the past decade, focusing on sharing successes, challenges, and resources. Surveys, interviews, case studies, and literature reviews were conducted to gather data on patient involvement initiatives. Successful programs and CPD training integrate patients to shape or co-design the curriculum to improve clinical practitioners, medical researchers, health care professionals, clinical staff and students empathy and understanding, as well as, strengthen the delivery of quality patient care. Common barriers included resistance from staff, logistical issues, lack of staff training, administrative burdens, language barriers, and lack of funding investments. Continuous feedback and adaptation emerged as crucial elements for successful patient involvement. The discussion highlights the scalability and sustainability of these initiatives, emphasizing the need for strong leadership and adequate resources. Practical tools and resources are provided to aid implementation. Sharing experiences and lessons learned is vital for advancing patient involvement in education. This abstract invites further discussion and collaboration to address ongoing challenges and leverage the potential of patient involvement in education.

Poster Presentations Compiled

Cluster 1

[1043] Participant observation as a methodological approach to study the Health Mentors Program: university outreach initiative rooted in community collaboration and popular health education

Presenters: Milena Lisboa & Valdemar Ferreira Viana Neto, Bahiana School of Medicine and Public Health, Brazil

Abstract: As a result of a partnership between the Bahiana School of Medicine and Public Health (BSMPH) in Salvador, Brazil, and the University of British Columbia (UBC), the Health Mentors Program was brought to Brazil, affiliated with a research project aiming to monitor its implementation. Based on the adaptation of the program manual proposed by UBC to the brazilian context, the pilot phase was conducted at the Multidisciplinary Integrated Center for HTLV Care at BSMPH, using a pedagogical and political tool of a community-engaged university outreach project inspired by popular health education—a Brazilian tradition of studies bounded im knowledge constructed with community collaboration, routed in lived experiences. One of the study's main objectives was to assess the learning experiences of the students involved. To achieve this, several data collection methods were used, including ethnographic participant observation. This qualitative method allows the researcher to immerse themselves in the group's daily routines and gain deeper insight into their experiences. It is particularly suited for lesser-known social phenomena that require immersion and active participation. In the Health Mentors Program, researchers attended all seven group meetings, integrating fully as participants. Drawing on Spink's Social Constructionist framework, the study analyzed discursive practices and meaning-making processes related to the experience. After each session, researchers wrote detailed field diaries, while students produced reflective journals. These narratives provided the material for interpreting the language, context, and lived experience within the outreach process.

[1042] Institutional analysis of the power relations between the various actors that participated in the negotiations for the implementation of the Health Mentors Program in Brazil

Presenter: Milena Lisboa, Bahiana School of Medicine and Public Health, Brazil

Abstract: To promote coordinated and comprehensive care, it is necessary to develop training innovations that allow deeper interactions and exchanges with patients, in order to listen in an active, humanized and ethical way to their embodied and practical knowledge, anchored in lived experiences of disease. The University of British Columbia (UBC) developed the Health Mentors Program, which is the basis of a pilot project implemented at Bahiana School of Medicine and Public Health in 2023. As this is a pioneering initiative in health professional education in Brazil, the identification and resolution of management obstacles is critical during the first experiment of the project, in order to understand the resources that will sustain the project in the future. This is because, in group work, the group itself is influenced by institutional and contextual factors. Institutional Analysis is a method of research and intervention in the field of management, developed in the 1960s, in France. According to René Lourau and Georges Lapassade, its main concepts are 'transversality', 'order analysis', 'demand analysis', 'supply analysis' and 'implication analysis'. One focus group with the three managers were held to discuss the effects of the program, the difficulties felt, the lessons learned, the interactions and power relations involved. We will

present the managers' reflections on the collaboration with UBC and internally for authorization and agreement with the outpatient clinic, adaptation to the Brazilian context, financial and logistical development, implementation and evaluation.

[1023] Patients-as-Mentors: speech-language pathology students learn from mentors living with language-led dementia in an innovative educational model

Presenters: Kate Davies & Eavan Sinden, University of British Columbia, Canada

Abstract: Educating health professional (HP) students on providing person-centred care to people living with dementia is pivotal. Ideally, this education includes the voice and expertise of those with lived experience. However, progressive cognitive and communication changes make it difficult for people with dementia to participate in HP education. To overcome these barriers and support the inclusion of people with primary progressive aphasia (PPA), a language-led dementia, in speech-language pathology (SLP) student education, we developed a psychoeducational PPA group called the ComPPAss Program. In this Patient-as-Mentor initiative, students gain experience supporting the psychosocial needs of Mentors, provide educational content, and learn directly from Mentors about living with language-led dementia.

Aims: In this presentation, we will describe the development and launch of the pilot ComPPAss Program in 2024, including community and patient collaboration, and share results of a study exploring students' perceptions of their learning through the ComPPAss Program.

Approach: A cross-sectional design using an online survey with open- and closed-ended questions was used to gather students' perceptions of their confidence, knowledge, and skills in working with people with PPA.

Results: Data analysis includes descriptive statistics (single-item summaries and cross-item tabulations). Open-ended responses are used to contextualize the quantitative findings.

Significance: We will offer recommendations for developing Patient-as-Mentor initiatives in HP education and outline next steps for the ComPPAss Program at UBC. Findings will inform SLP and HP education on integrating the voices of people with PPA and other dementias to support HP students' confidence, knowledge, and skills in working with this population.

[895] Community Mentors in Argentina: a pilot program

Presenter: Paula Riganti, University Hospital Italiano Buenos Aires, Argentina

Abstract: Patient involvement in health professions education is still emerging in Argentina. At the undergraduate Medicine program at the University Hospital Italiano of Buenos Aires, students practice clinical interviews with simulated and real patients, but patients are not actively involved in teaching or planning. Interprofessional activities are also limited and mostly extracurricular. Although some faculty members have shown interest in promoting patient involvement and integrating interprofessional education, no formal actions had been taken until recently.

In 2025, the Medicine program launched a pilot Community Mentors Program, inspired by the Health Mentors Program at the University of British Columbia and adapted to the local context. This elective course will run from August to November and involve an interprofessional group of students from Medicine, Pharmacy, Biochemistry, and Bioimaging Engineering. Community Mentors will be invited through their family doctors, go through an interview process, and voluntarily facilitate eight sessions with students. These sessions will focus on topics related to their lived experiences with the healthcare system.

The program seeks diversity among mentors, including people with chronic illnesses, older adults, and young parents.
Although the goal was to include nursing students, this was not possible due to curriculum incompatibilities, as they have no electives in their final year. Scheduling and curricular differences were the main challenges, consistent with findings in the interprofessional education literature. While the final list of participating students is still being defined, it is expected that the pilot will yield valuable results and insights by November, contributing to future educational improvements.

[981] More than just "great clinical signs": patients as partners teaching clinical skills

Presenter: Lindsay Muscroft, Warwick University, UK

Abstract: During an accelerated graduate-entry medical degree in the UK, students spend a half-day a week during their first-year learning history-taking and examination in the university environment. Until two years ago, students practised these skills on each other, or simulated patients. It was hoped introducing real patients into sessions would allow students to develop communication skills, increase empathy towards patients and stop students from simply "performing a routine".
Patients, students and educators brainstormed potential sessions where patient involvement might work best and patients were introduced into the very first clinical skills session, where they co-taught history taking, gave students feedback and let students take their own history.
Patients were also introduced into the cardiovascular and musculoskeletal examination sessions. Patients with cardiovascular conditions let students take their history and were trained where to listen to the four areas of the heart so they could give feedback to students practising on them. Patients with musculoskeletal conditions spoke to students about their lived experience before letting them examine their joints.
Student feedback concluded the patient involvement was beneficial, particularly as their conditions were related to the examinations they were learning. They valued practising histories on real patients and seeing clinical signs. Patients valued the opportunity to actively participate in the learning process, gained new insights and felt they were an integral part of the team. However, further consideration needs to be given to the impact of the patients' conditions on their participation. Patient involvement in further sessions is planned for the next academic year.

[995] Patients as mentors building medical student confidence and supporting communication skills development

Presenter: Lesley Scott, University of Sunderland, UK

Abstract: The University of Sunderland School of Medicine, established in 2019, incorporated the Patient, Carer, and Public Involvement (PCPI) programme from the outset. PCPI's were embedded within recruitment and during years 1 and 2. PCPI's primary focus was to support students developing their communication and clinical skills.
In 2024, the PCPI's developed additional support sessions specifically aimed at students facing challenges such as:
Significant anxiety and/or lack of confidence affecting their overall wellbeing.
Reduced attendance in timetabled skills sessions, due to personal issues (hospital appointments, illness, or bereavement)

Referred students are paired with two PCPI mentors for a one-hour session. Before the session, relevant concerns and challenges are shared (with the student's permission) to help guide the focus of the session. During the session, a PCPI role-plays a scenario with the student, while the second PCPI observes. After the role-play, feedback and discussion are provided, allowing the student to reflect.

This process is repeated with the other PCPI. By the end of the session, the student identifies their progress and outlines areas for continued improvement after the session.

After attending the support sessions, students were asked to complete a survey to evaluate their experience. The survey had an 85% response rate (17 students). Most students reported significant improvements in the following areas:

Confidence when speaking with patients.

Ability to structure a consultation effectively.

General communication skills, particularly in engaging with patients.These results suggest that the sessions were successful in supporting students develop skills needed for effective patient interactions.

Cluster 2

[1017] We need to talk: bringing the patient voice into the development of entry to practice expectations for communicative competence

Presenter: Katya Masnyk, Queens University, Canada

Abstract: Patient centered care is a core requirement in Canadian physiotherapy practice, embedded across four interrelated foundational documents for entry to the profession: the Physiotherapy Competency Profile, Core Standards of Practice, the Curriculum Guidelines and the Physiotherapy Association's Core Professional Values. While patient-centered care emphasizes shared decision making and power, these foundational documents were developed without patient input. The exclusion of the patient voice is particularly significant for non-technical skills, such as communication, which inherently involve two entities – the provider and the patient – yet only one perspective has shaped professional standards.

This qualitative study explored patient perspectives on physiotherapy communication and compared them to current entry-to-practice requirements that inform Canadian curriculum guidelines for physiotherapy education. Ten physiotherapy patients were interviewed about their experiences and views on physiotherapy communication. Patients emphasized the importance of collaborative, non-hierarchical communication, including active listening, being seen as a "real person," and a strong emphasis on a positive, relational approach to physiotherapy care. In contrast, current official documents tend to frame communication primarily as a means of information exchange, rather than relationship building.

Findings from this study highlight the need to reframe communication competencies and physiotherapy education to reflect patient values more fully. Recommendations are offered to strengthen foundational documents and improve alignment with the principles of patient centered care. This study serves as a first step in broader system change. Its lessons are relevant across healthcare disciplines and can inform curriculum development, policy and practice.

[1006] Journey towards social accountability: co-creating competencies with community

Presenters: Melanie Henry & Liz Kazimowicz, University of Toronto, Canada

Abstract: National curriculum priorities established by the College of Family Physicians of Canada have highlighted the increased importance of exposure and intentional learning experiences to target underserved communities as part of its commitment to social accountability. Within these learning exposures, there is little to inform the learning objectives or competencies. Our objective was to collaboratively develop competencies for a community-based socially accountable clinical experience for our family medicine residents focused on health equity and designed to address the social determinants of health. Through iterative consultation with members of the community who are also patient partners at the Department of Family and Community Medicine (DFCM) teaching clinics, residents, faculty experts in health equity and social accountability as well as program and faculty leads, we aimed to collectively establish competencies with all stakeholders, allowing for multiple engagement opportunities. These competencies have been used to create an evaluation framework.

Competency themes established include anti-oppression frameworks, health system navigation (including social security), knowing self, navigating the community, knowing and using tools for communication and documentation, cultural competency/humility, allyship, patient centred medicine and trauma informed care.

A variety of collaborative strategies were used to engage community to establish competencies for socially accountable practice. This engagement is vital to the principles of social accountability, ensuring the targeted knowledge, skills and attitudes align with the principals that are most important to the community.

[940] Twelve tips for patient involvement in health professions education

Presenter: Charlotte Eijkelboom, Utrecht University, The Netherlands

Abstract: Patients are increasingly involved in the education of healthcare professionals and students. Patients can be involved in various roles: teachers, assessors, curriculum developers and policy makers. However, many educators do now know how to start involving patients in education. And if they do, many of the initiatives with patients are isolated, small events for targeted groups and there is a lack of patient involvement at the institutional level. To support educators in involving patients, both at the institutional level and at single educational encounters, we offer twelve practical tips.

These tips came about through an innovative collaboration between healthcare professionals, educators, teachers, and patients at different medical schools in The Netherlands. They can be used as a tool to start or reinforce patient involvement in health professions education and provide guidance on how to make it a sustainable part of the curriculum. The tips involve organizational conditions for success, tips for sustainable partnerships, ideas for curriculum design and proposes concrete teaching strategies. Finally, besides practical tips, we stress that involving patients in education is not business as usual, and paradoxically this needs to be acknowledged before it can become business as usual. And the most important tip needs constant reinforcement: tip 12 - just do it!

[980] Patient engagement in medical training: lessons learned from patients' experiences in an undergraduate medical course at Université Laval

Presenter: Julie Masse, Université de Sherbrooke, Canada

Abstract: From 2019 to 2021, our team developed, implemented and evaluated a patient engagement intervention in a compulsory undergraduate medical course at Université Laval. As part of the course, students deliberate on legal, ethical, moral and social issues inherent to fictitious clinical cases, in small group workshops. The workshops are led by instructors (doctors or residents). As part of the intervention, patients were invited to contribute to discussions by bringing other perspectives and to ask questions likely to foster reflexivity in students.

The presentation aims to highlight the lessons learned from patient experiences within the workshops. Those lessons emerged from a descriptive qualitative study, using 10 semi-structured interviews with patients who participated in the intervention.

Lessons learned include:

1. Build capacity in patients to take part in discussions, while avoiding undue constraints on patients' posture and narrative;
2. Provide logistic and social support to patients throughout the intervention to foster in them a sense of belonging and security;
3. Adapt the course formula to ensure optimal conditions for patients' active participation;
4. Raise awareness among those in positions of power (i.e. instructors) of their influence on patient participation and learning processes;
5. Support patient participation with financial, social and symbolic recognition.

Such lessons have the potential to support medical schools in shifting patient engagement practices from utilitarian to more sensitive and critical approaches. Moreover, incorporating insights from patient experience into the design of patient engagement interventions is important to ensure ethical responsibility of interventional leaders and medical educators.

[972] Advocating for patient involvement in contemporary higher education

Presenter: Jools Symons on behalf of Lara Hugh, University of Leeds, UK

Abstract: Patient involvement in clinical education (PICE) enriches students' holistic learning by providing real-life narratives, enhancing professional skills, whilst benefitting patients through improved healthcare relationships (Towle et al., 2010). Despite, agreement from regulators and higher education institutions (HEIs) of the value in providing opportunities for PICE and its strategic commitment to community engagement, contemporary pressures on HEIs place such activity at risk. Therefore, greater advocacy should be demanded from HEIs and regulatory bodies to strengthen authentic PICE.

Methods

This exploratory study involved semi-structured interviews with staff leading on PI in UK universities. The research investigated the extent that regulatory best practice informs PICE activities, and how staff are responding to current challenges in HEIs such as funding pressures, and technological advancements. Data was analysed using reflexive thematic analysis (Braun and Clarke, 2006).

Discussion/future

PI is widely recognised as an essential component of medical education. Given the dynamic nature of societal changes, medical curricula are in a state of continual evolution. This fluidity provides opportunity for shared perspectives, allowing collaboration between medical schools. This can foster seamless integration of PI into diverse aspects of the medical curriculum, rather than just traditional 'communication skills'. Through persistent advocacy for PI, increasing exposure and funding, and

expanding PI roles, HEIs can devise strategies to enhance PICE. To address contemporary challenges, HEIs should work with both educators and patients, promoting inter-institutional collaboration, facilitating mutual learning and improving these initiatives. Therefore, regulatory bodies should offer HEIs comprehensive strategies for PICE, promoting equitable learning standards.

[1046] A patient engagement strategy to build a sustainable model for recruitment and retention of patient partners in health professions education

Presenter: Susana Leon, University of British Columbia, Canada

Abstract: The Patient and Community Partnership for Education (PCPE) at the University of British Columbia integrates patients' and community voices into health professions education, leveraging connections in the community to build its patient partner pool. However, authentic patient engagement remains a challenge due to limited resources and institutional barriers.

This student research project aimed to develop a sustainable patient engagement strategy for PCPE to enhance recruitment and retention of patient volunteers. Through a mixed-methods approach, this research sought to use stakeholder engagement theory and the realities of patient involvement to explore the experiences and perspectives of patient partners at PCPE.

The findings revealed that patient partners have a desire to expand their volunteering roles with PCPE, build on their knowledge and skills, and make connections for knowledge exchange and social connectivity. Newer volunteers want more guidance and support, while more seasoned volunteers want to contribute in new or more challenging ways. The research highlighted the critical role of trust, empowerment, relationship-building, and inclusion in fostering meaningful engagement with patient partners.

These insights led to recommendations of actionable steps to build an overarching patient engagement strategy, value statement and framework to guide future initiatives. Recommendations include establishing a working group of patients to co-create feedback mechanisms, mentorship programs, and learning opportunities that are informed by patients. The proposed patient engagement strategy can be adapted to different contexts and applied at different stages of program development to address recruitment and retention gaps in patient involvement in health professions education.

Cluster 3

[941] Our communities, our outcomes: co-producing national Recovery College metrics

Presenters: Holly Harris & Sophie Soklaridis, Centre for Addiction and Mental Health, Toronto, Canada

Abstract: Recovery Colleges (RCs) are mental health and well-being education programs co-produced by individuals with lived experience of mental health and/or substance use challenges, professionals, and those bridging multiple perspectives. Despite co-production being central to RCs, this principle is often not extended to program evaluations. In 2023, the Canadian RC Community of Practice (CoP) began reflecting on the state of RC evaluation nationwide. While all Canadian RCs conduct some form of evaluation, they expressed a need for more staffing, external evaluators, mentorship, education about evaluation, and standardized tools and procedures. Consequently, the CoP started exploring evaluation alignment across Canadian RCs to support capacity building, develop a strong national voice, foster collaborations, and gather information to advocate for ongoing funding and sustainability of the Canadian RC movement. To catalyze this vision, the CoP decided to co-produce and pilot two national metrics.

This process involved RC staff, students, researchers, and evaluators from across the country co-producing a national RC mission statement, objectives, and associated metrics. The Canadian RC community convened for a two-day, federally funded symposium to co-produce an implementation plan for the national metrics. These metrics were successfully piloted in September 2024, making Canada the first country to co-produce national RC metrics.
In this presentation, we will highlight the value of co-producing evaluations, as it enables those most impacted to define success and prioritize what matters. We will invite those involved in health professional education to consider how the lessons learned from our experiences can inform their collaborative processes.

[987] Developing recommendations for lived experience engagement in a university department: strengthening an academic commitment

Presenter: Holly Harris, Centre for Addiction and Mental Health, Toronto, Canada

Abstract: In the context of post-secondary mental health education, engaging people with lived experience of accessing psychiatric services (PWLE) can enhance the quality, relevance, and impact of curriculum and programming; however, this is rarely done in a formal manner. To address this gap, the Department of Psychiatry (DoP) at the University of Toronto established a working group of faculty and residents to collaboratively develop recommendations for the involvement of PWLE in departmental education and initiatives. This initiative and resultant recommendations are part of the department's commitment to advancing institutional and pedagogical opportunities for PWLEs.
Over the course of a year, the working group co-produced a terms of reference and comfort agreement for the group, conducted a literature review and environmental scan regarding PWLE engagement, and carried out qualitative interviews with 12 psychiatrists, faculty members, program leads, residents, and PWLE/service user educators who were involved in current and past PWLE-engaged education initiatives. The interviews were designed to understand the motivation for engaging PWLE, how to engage PWLE in an equitable and meaningful way, and the organizational commitment and activities required to facilitate meaningful engagement. The working group then undertook collaborative thematic analysis and has developed associated recommendations.
The recommendations we have developed will serve as useful guidelines for preventing tokenism and co-optation while fostering the conditions for sustainable and meaningful engagement of PWLE across departmental activities. We encourage other health-related departments to consider the value of engaging with their communities to plan and implement meaningful engagement of PWLE.

[947] "Who Chose These Measures Anyway?": Patient-Driven Evaluation in Practice

Presenter: Jordana Rovet, Centre for Addiction and Mental Health, Toronto, Canada

Abstract: The Collaborative Learning College (CLC), established in 2019 at the Centre for Addiction and Mental Health (CAMH) in Toronto, is a Recovery College (RC) that offers co-produced, low-barrier, recovery-oriented education for people with lived/living experience (PWLLE) of mental health and/or substance use challenges, referred to as students. Co-production involves PWLLE, those with professional and/or academic expertise, and people with both of these perspectives collaborating together.
Although co-production is central to the RC model, only 14% of RCs globally report co-producing their evaluations. To address this gap, the CLC launched an Evaluation Subcommittee composed of students

and staff who meet biweekly to design, plan, and implement evaluation activities. This includes co-creating a logic model and an evaluation plan grounded in the needs and priorities of students and stakeholders.

As part of our reflective practice, we conducted a principles-focused evaluation (P-FE) of our co-production process. Together, we defined core principles, assessed our alignment with them, and explored their impact. The findings, published in the Journal of Research Engagement, underscored how dedicated time for reflection, dialogue, multi-directional learning, and shared decision-making supports effective collaborative evaluation endeavours. These insights led to meaningful changes in our co-production approach relevant to health education.

In this presentation, we will share lessons learned and provide practical strategies for engaging patients/clients as partners in education and evaluation. By sharing our experiences, we will highlight how co-producing evaluations can inform quality improvement aligned with patients/client priorities, improving the relevance and impact of health education initiatives.

[1050] Uniting researchers, students and advocates for recovery focused mental health education

Presenter: Zoe McCormack, Royal College of Surgeons in Ireland, Irish Republic

Abstract: Uniting researchers, students and advocates for recovery focused mental health education

In order to model an authentic PPI experience for both advocates and students, we brought togther health profession students, and mental health advocates associated with a psychiatric hospitals advocacy group. This was part of a four-year PhD project focused on adapting and implementing mental health education curricula for undergraduate health profession students. The research was led by a team comprising:

• Pharmacy education academic
• Psychiatric pharmacist
• PhD researcher with lived experience
• PPI panel comprising Royal College of Surgeons in Ireland undergraduate students and members of the St John of Gods University hospital consumer and carers council

In the first 3 years of this research we have accomplished:

1. Held 3 formal meetings with the group.
2. Discussed and agreed on preferred language to be used across our own literature when mentioning people or groups of people who experience mental health challenges
3. Feedback given on protocols and studies for publication and changes made based on this feedback.
4. PPI partners involved in other opportunities as they arise such as co-presenting the research and experience at external events.
5. Co-authorship on the first study of the PhD package with further co-authorship in progress.

PPI feedback:

“Very satisfactory to be part of this research group where my lived experience is valued and respected and will hopefully improve mental health language used going forward “ – Susan Rodger

”It has been a great learning experience for me, as an RCSI student I know how important it is to be actively involved in research, and this project provided the perfect opportunity for me to gain more hands-on experience in research and gain valuable insights into an area I’m interested in. I’ve also felt extremely welcomed working as part of this team and have learnt so much from each one of them.” – Lama Alquthami

[901] Learning from patients: insights into their expectations of medical students and family physicians in mental health care

Presenter: Patience Emmanuel, University of British Columbia, Canada

Abstract: Background: As a medical student training in Family Practice Clinics, I noticed that mental health concerns were a common reason patients visited their family physicians (FPs). These visits were complex, required multiple visits to resolve the concern, and the concern often remained unresolved. Based on my observations, I wanted to learn from patients in order to create recommendations on how FPs and medical students training alongside them could better support patients during these encounters.

Methods: I conducted one-on-one interviews with nine individuals across British Columbia's (BC) Lower Mainland and Southern Interior. Using thematic analysis, I identified key expectations patients had of students and FPs when seeking help for mental health concerns.

Results: I identified three key expectations: medical students and FPs as a point of contact, our involvement in continuity of care, and engagement in therapeutic relationship building. Key patient-driven recommendations emerging from these themes include students and FPs familiarizing themselves with available resources, clearly establishing our level of mental health training with patients, and continuing collaboration with patients and their support network, specialists, and allied health professionals.

Conclusions: Aligning medical students' and FPs' actions with patients' expectations is key to improving patients' experiences. The stories shared during this project taught me that effective, patient-centered mental health care strongly relies on trust, transparency, and partnering with the patient. With the University of British Columbia being the only medical school in BC, there is a unique opportunity to integrate such patients' insights into medical education to improve province-wide mental health care.

Cluster 4

[942] Listening beyond the patient: using narrative medicine to deepen family engagement in medical education

Presenter: Catherine Diskin, Hospital for Sick Kids, Toronto, Canada

Abstract: Narrative medicine emphasizes the importance of listening, presence, and reflection in understanding patients' stories and providing compassionate care. We describe the development of a narrative medicine curriculum in fellowship which explored the experience of children with medical complexity and disability and their family's using poetry, social and print media, visual arts, and film to deepen students' understanding of identity, and social context and their intersection with clinical care.

Inter-professional facilitators with extensive experience in both narrative-based teaching and family engagement guided trainees through reflective practices and storytelling with the deliberate creation of a "safer and braver space" using a trauma-informed care lens. Empathy was cultivated and assumptions challenged, with an emphasis on creating space to talk about bias/ableism.

Trainees reported a more holistic understanding of care and highlighted a deeper and or different understanding of their role as advocate. Aspects of this curriculum have been adapted and delivered to other learners.

[924] Building connections: caregivers of children with medical complexity facilitating communication training with pediatric residents

Presenters: Judy So, Lisa Zhang, Esther Lee, Cynthia Vallance, University of British Columbia, Canada

Abstract: Children with medical complexity (CMC) account for 37% of all pediatric hospitalizations. For pediatric residents (PR) training at a pediatric tertiary care centre, a third of their patients will be CMC. Despite this, a study found PR's mean self-entrustment was at or below 'somewhat confident' for clinical activities in complex care, and PR described a lack of comfort in responding to the psychosocial needs of families of CMC.

We are co-creating a communication skills workshop with caregivers of CMC (family partners; FP) for PR. The curriculum will involve two small-group discussions facilitated by FP. The first will be on having a strength-based approach to care, and the second will discuss how to form partnerships with families. Residents will (1) hear feedback FP have for health care providers outside of a clinical setting where there is an inherent power differential, and (2) gain insight on the impact their advocacy can have on families' day-to-day lives.

Objectives

To study whether there is a difference in residents' self-entrustment levels for communicating with CMC and their families following the curriculum.

Methods

PR will complete pre- and post-curriculum surveys on self-entrustment levels for caring for CMC. The post-curriculum survey will ask PR to reflect on how the curriculum will impact their clinical practice moving forward. Basic descriptive data analysis will be performed. Preliminary data will be available in June 2025.

[864] Nothing about us without us: a quality improvement project on learning from people with lived experience

Presenters: Esther Lee, Judy So, Cynthia Vallance, University of British Columbia, Canada

Abstract: In partnership between a pediatrician and a patient and family engagement lead (a person with lived experience), an education session was co-designed for second year medical students in a setting where there was no precedent. The students learned from family experts, who are caregivers of children with medical complexity. Through a quality improvement approach, the session was improved over ten years in the areas of time, content, debriefing, and feedback, accessibility, and support.

Discussion will involve around improvements made. Results include that students enjoyed learning from those with lived experience and learned about the importance of trauma informed care. Family experts appreciated being able to teach the future generation of healthcare professionals. The session co-leads learned the importance of co-design. The key challenges were the coordination of the facilitators and family experts and supporting the students and family experts with a trauma informed lens. We will share the details around our challenges and successes.

Our lession is that education sessions and the health care curriculum should be co-designed with patients and families as well as students. Health professional schools should invest in creating infrastructure for education sessions with people with lived experience.

[1031] Patient and family partners' educational role in quality improvement: implementation of the partnership approach in Quebec

Presenter: Tania Deslauriers Université de Montréal, Canada

Abstract : In Quebec, a reference framework was published in 2018, by the Ministry of Health and Social Services, to guide healthcare organizations in engaging patient and family partners (PFPs) into quality improvement (QI) processes. PFPs are engaged in a variety of ways that emphasize their role as educators. The aim of this qualitative multiple case study is to document how this partnership approach has been implemented in four healthcare organizations in Quebec. This study is being conducted in partnership with a patient partner/co-researcher.

To document how PFP's engagement in QI was implemented, ten to 16 key respondents were recruited for each case, for a total of 19 PFPs and 32 managers and professionals. Data were collected from multiple sources: 1) semi-structured individual interviews, 2) non-participant observations of QI committee meetings and 3) document analysis. The framework method was used.

Results demonstrate that PFPs play multiple educational roles to support the implementation of the partnership approach. PFPs are often engage in the recruitment process. They help organizations in finding PFPs according to the profile sought in QI partnership initiatives. Some PFPs also contribute to the co-training of other PFPs, managers, professionals and employees to improve the adoption and understanding of the partnership approach. They act as facilitator by providing peer support and coaching to other PFPs engaged in QI initiatives. PFPs' role as educators is mainly supported by awareness-raising and training in the partnership approach. However, they often lack training in QI principles which can limit their active engagement in QI initiatives.

[858] Mothers' Gifts: best practice for supporting children with exceptional needs

Presenter: Nan Stevens, Canada

Abstract: The findings from a research study, Mothers' gifts: Best practice for supporting children with exceptional needs, will be presented by the book's editor, a scholar and mother of a neurodivergent young man, and three other mothers who contributed to the project.

Narrative Medicine (Charon et al., 2017; Charon, 2006) is an emergent framework for research in patient care. Twenty mother-caregivers from across Canada, who raised medically fragile and/or neurodivergent loved ones, wrote about their journeys (narrative data). Their voices speak of the challenges they faced while advocating for services within the medical system. Seven of the twenty mothers are health professionals themselves.

An in-depth qualitative analysis of the narrative data revealed eight best practice themes, which the mothers will offer for practical application. Engagement in/reflection on the themes will assist health-care practitioners to be the most effective they can be with vulnerable children and their families.

The sympoisum/panel presentation facilitates audience involvement with intentional discussion and critical reflection of one's own practice.

The topic targets 4 conference themes:

Patient involvement in interprofessional learning, distributed education, or continuing professional development

Patient experiences as educators, curriculum developers and assessors of health professionals

Emerging trends and innovations in patient involvement in education

Working with diverse patient populations
Mothers' gifts: Best practice for supporting children with exceptional needs (2023) is a textbook for Schools of Nursing, Medicine, OT, PT, Counselling, Social Work, and Education. Also, it is a gritty non-fiction read offering a glimpse into the isolated and challenging lives of mother-caregivers.

[966] Dressing the wounds we can't see: a narrative approach to evaluating quality of life in a non-verbal child with epidermolysis bullosa

Presenter: Michelle Schneeweiss, University of British Columbia, Canada

Abstract: Storytelling is a powerful tool for teaching and understanding quality of life (QoL), particularly in the care of children with medical complexity. Traditional QoL assessments focus on clinical outcomes and physical functioning, potentially understating the lived experiences, values, and priorities that define a meaningful life for children and families. Narrative approaches offer a more nuanced, humanistic lens—challenging ableist assumptions, fostering empathy, and supporting individualized care. Residents share that stories, when relevant to their clinical experience, are powerful.

This reflection emerged from ongoing discussions within our Complex Care program, which is frequently tasked with assessing QoL in children with significant medical and social complexity. Children with medical complexity (CMC) are defined by chronic conditions with severe functional limitations, technology dependence, frequent healthcare use, and high care needs across settings. These children often cannot express their experiences through conventional means of communication, and their stories are shaped by medical, developmental, and systemic factors. Additionally, social complexity is an inherent component of many patients' needs. Children may lack consistent caregivers to advocate for them, and/or caregivers may face barriers such as limited health literacy or systematic marginalization. Providers assume an advocacy role to ensure equitable, coordinated care.

Over the coming year, we are exploring the value of narrative medicine in supporting trainees' understanding of patient experience—both in healthcare and beyond—particularly as it relates to QoL. Trainees will reflect on their experiences with narrative and storytelling, and describe how these approaches build their understanding of patient experiences and inform clinical decisions.

Cluster 5

[1019] Integrating patient educators into pharmacy education: bridging clinical knowledge with lived experience

Presenter: Larry Leung, University of British Columbia

Abstract: The UBC PharmD Neurology and Psychiatry Modules primarily relies on didactic lectures that focus on complex neuroscience concepts and advanced pharmacotherapy. While this approach builds foundational knowledge, it offers limited structured opportunities for students to engage directly with patient perspectives — a critical component in preparing future pharmacists for patient-centered care.

Objectives

This pilot project aimed to incorporate patient educators living with chronic diseases into both the online and in-person components to enhance pharmacy students' understanding of neurological and psychiatric conditions through a patient-centered lens.

Methods/approach

Patient educators were featured at the beginning of each condition topic, in newly developed online modules, sharing their lived experiences navigating diagnosis and treatment. To complement these modules, educators also participated in in-person classroom sessions, where they elaborated on their personal experiences and engaged in open dialogue with students. This dual-format approach was designed to create a cohesive, patient-focused learning experience that bridges theoretical learning and real-life practice.

Preliminary outcomes/reflections

Initial informal feedback from both students and patient educators has been overwhelmingly positive. Unprompted verbal and written student feedback suggests increased empathy, curiosity, and a deeper appreciation for patient perspectives in the context of clinical decision-making. Patient educators expressed a sense of meaningful contribution and felt their inclusion enriched student understanding of real-life complexities. A formal evaluation is planned for Summer 2025 to assess the impact on students and patient educators more rigorously and will be ready to share at the conference.

[824] Community members as equal partners in curriculum decision-making

Presenter: Kerry Wilbur, University of British Columbia, Canada

Abstract: Patients and community members make essential contributions to health professional education which have consistently demonstrated positive impact on student learning. However, patients and community members do not often have opportunity for formal participation at higher levels outside instructional spaces. Teaching faculty leaders in the Faculty of Pharmaceutical Sciences at the University of British Columbia, following principles of ethical community engagement, have developed two consulting bodies whereby community members contribute as equal partners in curriculum decision-making: the Indigenous Advisory Committee (IAC) and the Queer Curriculum Advisory Committee (QCAC). The IAC was formed (2020) to provide oversight and authority on the decolonization and Indigenization efforts in the pharmacy program. Majority membership were Indigenous members to ensure these experts were the leading voice. Committee work included development of Canada's first mandatory Indigenous Health and Cultural Safety course for second year pharmacy students. The QCAC was created (2022) to advise on the development and implementation of SOGIE education throughout the pharmacy program. Committee work included development of a new third year elective course on 2SLGBTQ+ health. Both of these bodies were formally embedded in the governance model and reporting structure of our undergraduate pharmacy program curriculum committee.

The collective impact of this work on the pharmacy curriculum is incontrovertible. The associated courses and content for students is rooted in authentic lived experiences with a community-informed focus on strengths and needs. Community members feel valued as their input is reflected and prioritized in decision-making. We report how others can explore equal partnerships with community members.

[891] Co-creating an integrated 2SLGBTQ+ pharmacy curriculum with communities: three years of learnings from the Queer Curriculum Advisory Committee

Presenter: Tristan Lai on behalf of Lilian Chen, University of British Columbia, Canada

Abstract: Mindful efforts to integrate 2SLGBTQ+ competencies into pharmacy education is critical to address the health inequities 2SLGBTQ+ communities face when accessing healthcare. In partnership with the Queer Curriculum Advisory Committee (QCAC), the PrideRx team co-created and embedded a

longitudinal curriculum of 2SLGBTQ+ topics across four years of the UBC Entry-to-PharmD Doctor of Pharmacy program. The QCAC is a diverse seventeen-member committee representing community voices, UBC Faculty, and students that advises on an integrated 2SLGBTQ+ curriculum. Annual evaluations identify committee strengths and areas of improvement, and guide future activities.

Methods

Meeting attendance and minutes were analyzed alongside anonymous survey data on members' perceptions of the committee's operations, dynamics, structure, performance, and their own roles in the committee. Quantitative and qualitative analyses were completed. Key findings were compared across years.

Results

Year 1 and 2 evaluations captured 8 meetings. Year 3 evaluation is ongoing. Across both years, members felt positively about QCAC dynamics and their level of involvement. In Year 2, operations data highlighted briefing notes that provided context to agenda items as a positive change, and in the performance domain, members noticed the QCAC produced more tangible results toward its mandate. Year 1 results noted the need for better diversity of representation and meeting logistics, which were both addressed in Year 2.

Conclusion

Ongoing evaluations provide insight into the strengths of the QCAC and identifies strategies for optimization. These learnings also serve as a launching point for other health profession education programs wishing to integrate community perspectives in curriculum development.

[853] Patients know best: educating pharmacy students on the social and structural determinants of health

Presenter: Tristan Lai, University of British Columbia, Canada

Abstract: Achieving good health - a state of physical, mental, emotional, and social wellbeing, requires health professionals, like pharmacists, to understand and address the underlying causes of health, otherwise known as the social and structural determinants of health (SSDH). Health professions education should reflect the movement towards equal partnership in healthcare, of patient-centered care, through collaborations with patients on student learning (Towle et al., 2010). In 2025, a one-hour patient-led workshop was introduced in a UBC pharmacy course to reinforce learning about SSDH. The purpose of this presentation is to describe the development process and share evaluation results.

Methods

Two patient partners were recruited and contributed to the lesson plan, learning objectives, and teaching format. The workshop included storytelling and discussions led and facilitated by the patient partners and ended with an action planning activity. Students were invited to complete a voluntary and anonymized post-session survey.

Results

Of the 83 (out of 106) students who completed the survey, 73% reported better understanding of how social and structural factors impact health experiences. 68% felt more confident in their ability to mobilize individual and community resources to support patients' health journey and address SSDH. A key theme emerging from the feedback (n=36) was the positive impact of patient voices on learning.

Conclusion

Patient partnerships can enhance students' conceptualization of SSDH by augmenting theories with tailored patient anecdotes, which humanizes the learning experience. This praxis reorients students to frame SSDH as changeable conditions rather than facts, preparing future graduates' responsiveness to patients' needs.

[854] Fostering patient-centered care: integrating real patients into a pharmacy skills activity

Presenters: Dominick Salvatore & Maureen Knell, University of Missouri-Kansas City, USA

Abstracts: Objectives: This evaluation aimed to assess the impact of pharmacy students' perceptions of interacting with real patients in a structured skills-lab environment.

Methods: Patients with arthritis participated in a daylong interactive small group telemedicine activity across three campuses. Third-year pharmacy students interviewed these patients to gather medication histories and health data, then developed a Patient Health and Medication-Related Action Plan and an Arthritis Treatment Plan. A survey using a five-point Likert scale assessed students' perceptions of the activity.

Results: Over four years (2020-2024, N = 342), 92.1% of students agreed that the activity helped them apply pharmacotherapeutic knowledge to create a treatment plan (95% CI 0.887-0.947). Additionally, 95.6% felt it increased their awareness of considering patients' input in care recommendations (95% CI 0.929-0.975), and 97.4% gained insights they would share with future arthritis patients (95% CI 0.951-0.988). Lastly, 97.1% of students gained an appreciation of the challenges patients face when dealing with chronic arthritis after completing the experience.

Conclusions: Engaging with real patients in a structured setting enhanced students' understanding of patients' experiences and emphasized the importance of collaborating with patients in treatment planning.

Cluster 6

[856] How lived experience can inform medical education: a focus on social exclusion

Presenters: Jenna Mollaney & Stephanie Powell, Imperial College London, UK

Abstract: Background/ introduction

Medical education should equip future clinicians with skills to provide effective care for patients from socially excluded groups that experience significantly worse health outcomes Shaping education in partnership with people with experience of social exclusion is vital to accurately reflect patient priorities in curriculum content.

Methods

Imperial's undergraduate primary care education faculty worked in partnership with Expert Focus, a team with lived experience of homelessness and other factors such as a history of drug use, domestic abuse, holding a criminal record and navigating systems when speaking English as a second language. The collaboration took an asset-based approach, focussing on the strengths that people with lived experiences bring to curriculum development. The project aimed to understand what Expert Focus team members believe medical students should learn, and for these insights to shape their training.

Results

Expert Focus members highlighted the realities of experiencing social exclusion, the intersectionality within this, and how social determinants impact health. They suggested considerations and practical

approaches to provide compassionate, inclusive healthcare and improve health outcomes. These insights shaped several curriculum developments. Student feedback cited that hearing the lived experience perspectives was the most valuable aspect.

Discussion

We will describe the approach to this collaboration and share the experiences of those involved, including what worked, what could have been improved and how this is shaping future patient collaborations.

Conclusion

Working in partnership with people from socially excluded groups to shape medical education can transform learning and clinical practice for students and faculty.

[1009] Creating parent scenarios based on qualitative interviews: visual narratives to support Asian Canadian families facing racial bullying

Presenter: Byunghoon (Tony) Ahn, University of Victoria, Canada

Abstract: Background: Asian Canadian parents face emotional and communication challenges when supporting children affected by racial bullying. Help-seeking remains low, hindered by potential cultural stigma, language barriers, and limited awareness of resources. This presentation is part of a larger project developing a culturally responsive, story-based tool that empowers parents and encourages early help-seeking. Using the design-thinking method of "user scenarios", we explore parents' experiences, decisions, and support needs around racial bullying.

Method: We are interviewing Asian Canadian parents (n=20) using a participatory qualitative approach. Interview data are used to create "Parent Scenarios"—visually rich, narrative-based vignettes rooted in parents' lived experiences (i.e., user scenarios adapted from design-thinking research). Each scenario includes up to six illustrated panels with accompanying captions for context. Machine-assisted tools (e.g., ChatGPT) help reduce barriers to producing high-fidelity scenarios by generating illustrations that would otherwise require manual creation from scratch.

Output: We present a series of narrative Parent Scenarios, depicting realistic contexts and emotional struggles parents encounter when facing perceived racial bullying. Each scenario highlights parental thought processes, emotional impacts, and informational barriers, providing practitioners with concrete examples to better understand and engage with parents' needs.

Implication: We demonstrate how design-thinking supports knowledge translation, including when developing tools for Asian Canadian families' mental health. We further showcase the potential of machine-assisted tools as new workflows in knowledge translation tool development. Our scenario creation method provides insights into identifying effective narrative elements for educational tools, and is applicable to topics such as racial bullying and mental health.

[910] A survey of barriers and strengths in accessing primary care among Arabic and Farsi-speaking refugees

Presenter: Ruqayya Hirji, University of British Columbia, Canada

Abstract: Canada has a strong history of welcoming refugees. Despite a universal healthcare system, refugees continue to encounter unique barriers in accessing healthcare services - particularly primary care. In British Columbia (BC), the primary care crisis has left 1 in 5 individuals without a family doctor. There is limited research focusing on how refugees, especially the Arabic and Farsi-speaking population

who represent the largest proportion of refugees resettled in BC, nagivate primary care access in this strained system. Our study surveys Arabic and Farsi-speaking refugees to explore barriers and strengths when accessing primary healthcare in Greater Vancouver. We are administering a one-time survey to refugees that participate in the University of British Columbia Medicine Refugee Health Initiative (RHI). RHI is a community service program with UBC's Medical School, supporting newcomer families through two main activities: (1) pairing over 50 medical students with newcomer families each year and (2) hosting educational workshops at community outreach centers including MOSAIC, DIVERSEcity, and Options. Preliminary data suggests refugee families face greater hardship finding and staying attached to primary care providers due to health illiteracy, competing priorities, and lack of English proficiency. A key strength identified is the comfort refugees report in discussing health concerns with providers. Our initial findings provide much-needed insight into the significant barriers faced by refugees in accessing primary care, emphasizing the disproportionate challenges newcomers experience. Targeted efforts are required to improve accessibility and equity for refugees in BC's primary care system. Future studies could explore provider perspectives to identify system-level barriers.

[1021] From delivery to dialogue: co-designing educational messages about the lived experience of aging with housing precarity

Presenters: Martina Kelly & Lara Nixon, University of Calgary, Canada

Abstract: A popular pedagogical strategy for involving patient experiences is through accounts of 'lived experience.' This approach includes narratives, written cases, patient panels, or viewing recorded materials. While these experiences are valuable, they present several problems, particularly for patients and community partners. These include financial and time burdens, a power imbalance created by a single voice in a large group or unfamiliar institutional setting, and assumptions about health literacy, as well as individuals' physical, cognitive, and emotional resources.

In this presentation, we draw on our experiences from a three-year participatory action research project to describe a process of visual co-design with a group of older people experiencing housing precarity (OPEHP), known as the 'Exchange'. To raise awareness and enhance representation of OPEHP among health professions trainees, practitioners, and policymakers, we collaborated with a visual artist to depict OPEHP participant experiences over several meetings. Topics explored included health and healthcare access, housing issues, and relationships. Following each meeting, team members created a colourful hardcopy communique integrating the artist's images, brief text on key learnings, and future activities, reflecting each meeting's proceedings. These were shared with co-participants for discussion and refinement at the next meeting. In the next phase of our work, we plan to share our collection of communiques and visual images with stakeholders to promote dialogue between community members' experiences and service providers. We will present our collection and visual dialogue process in anticipation of audience discussion about the potential for this approach in pedagogy and praxis.

[1033] Walking toward understanding: evolution and implementation of a community-guided walking tour in North Philadelphia, Pennsylvania

Presenter: Jayalakshmi Alagar, Lewis Katz School of Medicine, Philadelphia, USA

Abstract: We present the first study exploring faculty- and staff-guided walking tours attended by Lewis Katz School of Medicine (LKSOM) students in 2023 and 2024. LKSOM is located in North Philadelphia, a

historically disinvested community facing systemic inequities and structural racism. Most LKSOM students, however, do not come from the community or from similar communities. This contrast—between institutions training future physicians and the underserved neighborhoods they occupy—creates an ethical imperative for medical education to address social determinants of health beyond the classroom. Our panel includes LKSOM educators, students, and community members discussing a novel way to meet this imperative. We share: 1) data suggesting walking tours are a potentially transformative, low-cost intervention that fosters understanding between future providers and the communities they serve; 2) details of our success integrating these tours into the required LKSOM curriculum starting Summer 2025; and 3) strategies for scaling and sustaining the initiative long-term. This panel uniquely brings together perspectives on an underexplored topic that differs from the intent and modality of current institutional diversity and community engagement efforts. We aim to raise awareness of the merits of tours in healthcare to the audience, as well as equip the audience with a flexible "tool-kit" for the adaptation of tours and similar strategies beyond LKSOM. At a time when diversity, equity, and inclusion in medical education is facing ongoing challenges, our panel offers a timely and compelling case for collaborative walking tours as a tool to deepen students' understanding of their patients' backgrounds and lived experiences.

[831] Body mapping as an innovative approach to embedding patient voice in health and social care education

Presenter: Cameron Marshman, Monash University, Australia

Abstract: This paper explores a unique and innovative education approach to embedding the patient voice in health and social care education. To do this, we will share insights and reflections generated from The Cultivating Compassion Project which used body mapping as a visual art-based approach. The life-sized body maps created during the project explored participants embodied experiences of compassion in mental healthcare through colour, collage, symbols and metaphor that included clinical staff and patient experiences of mental healthcare delivery.

The presentation will provide an overview of the historical application of body mapping, how body mapping was used in this research along with key lessons learned, including future ideas to embed this approach across health and social care research and education.

Body mapping is an accessible and adaptable approach that can give voice to the lived experience of patients by moving beyond words. The approach is flexible and adaptable for diverse patient populations that may not traditionally be represented in health education because of a reliance on language as a primary mode of communicating experiences. Body mapping may also be useful in developing students' understandings of patient perspectives in the context of complex healthcare systems.

Body mapping has enormous potential for knowledge mobilisation and may be one way to move beyond reductionist paradigms to embrace the complexity and nuance of the patient experience. In this way, it may innovate patient involvement in education and provide a holistic exploration of the richness of the human experience.

[851] Partnering with patients to co-design simulation-based learning that addresses cognitive bias in healthcare

Presenter: James Bonnamy, Monash University, Australia

Abstract: Cognitive bias are mental shortcuts that humans rely on to make judgements and decisions. While they can help healthcare professionals to make quick decisions, they may also lead to clinical errors, including making generalised judgements about patients despite each being a unique individual. All healthcare professionals are at risk of decision errors due to cognitive bias. Simulation-based learning, co-designed with patients, offers an opportunity to increase awareness and reduce bias in clinical decisions.
Education Initiative
We co-designed a bias-specific interprofessional simulation-based learning activity to help healthcare professionals and students' surface and reflect on cognitive bias. Patients and healthcare professionals were interviewed about their experience of cognitive bias in healthcare. In partnership with patients, we developed two 'composite characters' which drew from the patient interview transcripts. The simulation was embedded with audio-visual elements and narrative artefacts to stimulate the potential for cognitively biased decision making in the participants. Debriefing explored the overt, subtle, and subconscious triggers that can result in biased judgements that negatively impact patient care.
Findings
Each simulation debriefing was audio-recorded, transcribed verbatim, and analysed using thematic analysis methods to explore the healthcare professional and student reflections on cognitive bias. We found that cognitive bias can negatively impact clinical decision-making and judgement and that healthcare professionals need and want more bias-specific education to help them make better decisions. The facilitated debriefing provided an opportunity for participants to surface, share, and respond to cognitive bias by identifying strategies to mitigate its influence.

[863] Elevating the voices of people with lived experience of eating disorders in health professions education

Presenter: James Bonnamy, Monash University, Australia

Abstract: Eating disorders are complex, often misunderstood, and cause severe and enduring physical, psychological, and social consequences. Traditionally, eating disorder education for health professional students has prioritised a biomedical lens, underpinned by rigid outcomes-based approaches to care that focused on weight gain. Contemporary evidence-based guidelines emphasise the need for person-centred care, with more choice and more respectful consideration of care. Therefore, to better prepare students for practice, health professions educators must adapt their approach to eating disorder education and use co-design approaches that elevate the voices of people with lived experience of eating disorders.
Shannon's workshop ('Holding Hope') challenges the dominant biomedical approach to eating disorder education, elevating the voice of lived experience. It draws on critical perspectives to stimulate in-depth discussions, surface unexplored assumptions and stereotypes, challenge hierarchical healthcare relationships, and promote more humanistic, person-centred models of care. The centrepiece of the workshop is Shannon's narrative portrait – rich with symbology and story that challenged students' concrete and literal thinking about eating disorders. We delivered the workshop to second-year undergraduate nursing and second-year graduate entry dietetic students.

Immediately following the workshop, students were invited to write their reflections on an anonymous sticky note. A qualitative inquiry-based approach was uses to analyse the sticky notes, incorporating lived experience perspectives. Our findings highlight the importance of moving eating disorder education beyond a biomedical lens. We found that co-designed eating disorder education, privileging lived experience, honours the complexity of eating disorders and enhances students' understandings of how to support individuals affected by them.

[982] Partnering with experts: understanding, valuing and mobilizing lived experience knowledge for people living with obesity and other chronic conditions

Presenter: David Wiljer, University of Toronto, Canada

Abstract: What we are researching: Despite the importance of patient knowledge to complement clinical expertise, it is often undervalued. In the context of obesity, stigma and weight bias further marginalize patient contributions. To challenge these biases and foster more equitable care, we ask how the lived experience knowledge of people living with obesity (PLO) is perceived and mobilized in healthcare. We draw on the concept of epistemic injustice to understand how PLO knowledge may be unfairly discredited.

Our work in progress: This multi-methods study explores how healthcare professionals and PLO perceive the value and utilization of lived experience knowledge in healthcare. Through surveys and critical dialogues (an equity-informed approach to focus groups), we gather insights from both clinical and lived experience perspectives to understand the barriers to integration of PLO knowledge. Our collaborative team includes clinicians, PLO, and researchers. Together, we will co-create a roadmap for integrating patient knowledge into healthcare.

Findings we will share: This work will highlight barriers to the utilization of PLO knowledge. We will share our preliminary themes and lessons learned, including budgeting for the unique needs of the work, reinforcing the value of lived experience to improve care, and focusing on tacit knowledge that creates barriers to patient engagement.

Why this work is important: This work underscores the need for systemic changes to integrate PLO knowledge into healthcare. These findings will inform medical education practices for more equitable and inclusive care environments. We strive for a future where knowledge of stigmatized patients is valued as essential.

[1034] Multimedia narrative projects in medical education: a novel approach to embedding patient stories through video

Presenters: Melody Li & Cameron Andres, University of British Columbia, Canada

Abstract: Traditional lecture-based teaching in medical education has limited effectiveness in promoting critical thinking and patient-centered skills. Active learning strategies, like Case-Based Learning (CBL) and Narrative Medicine (NM), offer more engaging and impactful approaches. We propose a multimedia co-creation model that embeds patient narratives into medical curricula, enhancing empathy and patient-centered approaches. The Patient Experiences Project (PEP) at UBC exemplifies this approach through a student-led, mini-documentary series that integrates patient voices into pre-clerkship CBL. This scalable and cost-effective initiative enriches foundational medical education by bridging clinical knowledge with lived experiences and promoting collaboration between students, faculty, and patient partners.

What We Have Achieved

Despite having no formal budget, PEP has successfully leveraged existing institutional resources to create a sustainable and adaptable educational tool. To date, PEP has produced four integrated videos framed through patients' lived experiences, with additional projects underway. All videos are developed by small student teams, with faculty guidance during final stages. These videos explore a diverse spectrum of clinical topics, including Traumatic Brain Injury, Diabetes, Thyroid Dysfunction, and Peripheral Neuropathy. The videos have generated positive feedback from students and faculty, promoting enhanced understanding of patient-centered care and social determinants of health. A key success has been the enthusiasm of patient-partners on seeing their stories in film format.By leveraging multimedia storytelling, PEP offers a unique opportunity to embed patient narratives into medical training, thereby supporting the development of NM skills, empathy, and a patient-centred mindset, all of which are critical to the ethos of modern medical practice.

[827] Building Academic and Professional Identity in the First Year of the Integrated Master's in Medicine at the University of Minho

Presenter: Pedro Morgado, Portgual

The Academic Profile 1 course unit, part of the first year of the Integrated Master's in Medicine at the University of Minho, aims to foster students' professional identity development by emphasizing self-reflection and the incorporation of fundamental values for medical practice. Inspired by the Tuning Educational Structures in Europe – Medicine (2024) and theoretical models of professional identity, this course adopts a holistic approach, integrating ethical, bioethical, psychosocial, and cultural aspects of medicine.

The key objectives include strengthening the doctor-patient relationship, promoting students' well-being, and understanding societal expectations regarding the medical profession. The course encourages reflection on ethical principles, scientific integrity, and professional responsibility while valuing disciplines such as literature, medical history, and the arts in medical education. Additionally, it incorporates patient participation in "Medicine in the First Person" sessions, film screenings, literary readings, and the analysis of paintings and other forms of artistic expression to enrich students' perspectives.

The teaching-learning methodology is based on reflective practice. Assessment is continuous, focusing on self-evaluation, reflective writing, and monitoring students' mental health.

This innovative approach seeks not only to teach professionalism but also to actively engage students in an ongoing process of academic and professional identity formation, contributing to their comprehensive training and fostering a humanistic and ethical medical practice.

Cluster 7

[1035] A framework for patient engagement in teaching team-based primary care

Presenter: Stefanie Sajko, University of British Columbia, Canada

Abstract: The Gateway to Team-Based Care at the University of British Columbia is a new clinical teaching centre opening in 2026.

Objective: To identify models of patient involvement in teaching and delivery of team-based primary care.

Methods: We conducted a literature review of patient involvement in team-based primary care and an environmental scan of peer support and family advisory models in British Columbia, guided by patient partners on the project and UBC Health's Patient Advisory Committee.
Results: We found four examples of patient involvement in the literature – community volunteers, recovery coaches, lay person and navigator roles. Benefits are improved access to care, stronger connections to services, and better health outcomes. Challenges included communication and team integration. Learner outcomes were not reported.
The environmental scan of seven organizations explored two potential roles – Patient Advisors and Peer Support Workers. Best practices point to paid advisory positions for patients as equal members of the care team, including participation in clinical rounds and decision-making.
Conclusion: Gateway is an opportunity to address a gap in research on the roles patients can play in clinical settings as partners in education for learners and clinicians to get to know patient recommended resources and community supports for common primary care problems such as mental health, diabetes or other chronic conditions. This approach could be a model for teaching team-based primary care that is delivered in partnership with patients and communities, ensuring that patient and community experts shape teaching in clinical settings.

[961] Building inclusive learning environments: team reflections on supporting patient involvement through collaboration and UDL implementation

Presenter: Michelle Hamilton, University of British Columbia, Canada

Abstract: On October 25, 2024, over 1000 students from 13 UBC health professional programs participated in the interprofessional Collaborative Decision-Making workshop held across five campuses in British Columbia. Interprofessional learning about opportunities and barriers to patient and family participation in healthcare was grounded in individual patient stories. Sixteen patient co-facilitators each shared their healthcare journey with an interprofessional cohort of students. The workshop provided students, educators, and patients a platform to discuss strategies to strengthen collaborative decision-making, improve care coordination, and achieve better health outcomes. Universal Design for Learning principles were incorporated into the workshop to make learning and materials accessible to all.
This poster will outline essential structural supports for patient facilitators, established by members of the UBC Health team, that were key to the workshop's success. These supports included developing preparation guides, facilitating mentorship meetings, and conducting action-oriented debrief and feedback sessions with faculty and patient facilitators. Student ambassadors supported patient facilitators by lowering participation barriers, such as classroom accessibility and technical challenges. Training videos were created for patient and faculty facilitators, and information was communicated through multiple channels, fostering a more inclusive and welcoming environment. Future enhancements to improve communication, collaboration, and accessibility for co-facilitation teams will also be shared.
Participants will be able to:
Describe the unique learning that patient co-facilitators bring to this interprofessional education (IPE) workshop
Articulate the multi-faceted supports that enhanced patient involvement in this IPE workshop
Explain how UDL principles support patient involvement in IPE

[935] Encountering real care relationship, encountering the self: what students learn from relational complexity

Presenter: Emilie Leblanc, Université de Montréal, Canada

Abstract : At the Université de Montréal, medical students participate in the interprofessional academic program Formation PARTENAIRES, which brings together learners from 13 health and social care programs. The last course of the curriculum: Navigating Complexity, invites students to reflect on the challenges of complex relations. As part of this course, they were asked to write a narrative describing a situation in which they experienced relational complexity.

This project explores the narratives of medical students facing relational complexity during clerkship. Through the lens of critical discourse analysis, we focus on two key questions: How do medical students define a complex relationship? What narrative strategies do they use to position themselves and the patient within the challenge? In this presentation, we will share insights into how first clinical encounters shape students' emotional awareness and relational capacities. We will highlight how the mobilization of patient partners' experiences within this course—when reflected upon critically—can play a formative role in developing students' professional identity and practice patient partnership approach. Drawing on her own experience as a medical student, the primary researcher will also interpret the results through a student-informed lens.

[815] Utilizing poetry in interprofessional education: bridging the theory-to-practice gap in person-centered care

Presenter: Kateryna Metersky, Centre for Advancing Collaborative Healthcare and Education, Toronto, Canada

Abstract: Introduction: An academic centre in Toronto, Ontario delivers interprofessional education with an aim of advancing collaborative practice and establishing a therapeutic relationship with patients and their family. An innovative approach to interprofessional education was trialed with learners involving poetry, aesthetics, and a patient partner as a facilitator to bridge the theory-to- practice gap on person-centered care.

Methods: This secondary data analysis study involved 50 to 70 learners from each two-hour interprofessional education session, four in total, occurring over a two-year period. All the sessions utilized facilitator poetry and aimed to achieve the following learning objectives: recognizing the patient as a member of the interprofessional team, describing what collaborative care means to the patient, and future implications of such conceptual learning for interprofessional care.

Results: Participants were given a post-session evaluation survey which collected anonymous feedback on both Likert-scale and open-ended questions. The responses were analyzed using a mixed-methods approach. The analysis aimed to discover the potential benefits, challenges and future implications of incorporating poetry into interprofessional education. Results indicated that the use of aesthetics in education enhanced the learners' ability to comprehend theoretical concepts and the willingness to apply them in practice.

Discussion: The use of this pedagogical tool fosters meaningful discussion among participants, increases collaboration, and allows for an emotional connection to content. Utilizing aesthetics in interprofessional education can bridge the gap between theory-to-practice which can contribute to higher quality care and improvements to patient outcomes.

[1040] Centering patient voices in interdisciplinary education: lessons from the Health Justice Clinic

Presenters: Levi Katz & Sachin Gupte, University of Wisconsin, USA

Abstract: What does it look like when patients are not just case studies but co-educators – and the classroom is a team of future professionals across disciplines? At the Center for Patient Partnerships, the Health Justice Clinic brings together students in law, rehabilitation counseling, public health, social work, genetic counseling, and medicine to learn with and from patients navigating intersecting health, legal, and social challenges.

This 20-minute oral presentation will spotlight how our interdisciplinary, patient-centered model creates a powerful learning environment where students move beyond siloed thinking to embrace collaborative, justice-centered care. Our presentation will hit on the conference themes of "Patient involvement in interprofessional learning," and "working with diverse patient populations." Our student advocates help patients navigate barriers to accessing quality, affordable healthcare. Many of our clients are low income and/or identify as LGBTQ+. Learning directly from patients' lived experiences not only shapes individual student growth but also promotes cross-disciplinary understanding of systemic inequities.

We'll share reflections from students and patients, highlight key lessons learned, and discuss the infrastructure that supports this multidisciplinary approach. Attendees will leave with a real-world example of how patient voices can shape interdisciplinary learning and transform students' understandings of the U.S. Healthcare system. Because when future professionals learn to work together with patients, they're better equipped to transform the systems they'll one day lead.

[828] Patients as teachers of interprofessional cultural humility: perspectives of both students and patients

Presenter: Caitlin Gibson, Virginia Commonwealth University, USA

Abstract: Cultivating cultural humility among healthcare students is critical for alignment with multiple accreditation standards and to optimize health outcomes. Traditional didactic approaches may risk overgeneralization and stereotyping of patient populations. Empowering patients as teachers of cultural humility may mitigate these concerns. Because patients experience healthcare holistically without regard for specific professions, cultural humility is an ideal topic to utilize patients as teachers for interprofessional learning.

Methods: Two US universities implemented an interprofessional patients-as-teachers cultural humility activity over four years. Students attended a patient panel on cultural humility, then worked in small interprofessional teams to apply their learning to a complex patient case. Students completed pre- and post-surveys including Likert-scale and open-ended questions to assess learning. Patient panelists completed post-surveys on their training and experiences.

Results: A total of 805 interprofessional students across two universities completed the activity between 2019 and 2022. All Likert-scale questions regarding cultural humility improved after the activity. Qualitative analysis of open-ended questions revealed several key themes, including the importance of acknowledging implicit biases, communicating effectively, avoiding assumptions, and being aware of resources for specific patient populations. Sixteen patient panelists responded over two consecutive years. Patients reported satisfaction with the training. Patients reported meaningful contributions to student learning, new relationships with other panelists and faculty, and learning valuable information during the activity.

Conclusion: Patients are effective teachers of cultural humility. Learning activities should center key cultural humility learning outcomes. Educators must cultivate a safe environment and platform for patients to share their authentic experiences.

[913] Mastering the art of patient–clinician co-facilitation

Presenter: Marie-Pierre Codsi, Université de Montréal, Canada

Abstract : For the past 15 years, our team at Université de Montréal has been teaching interprofessional collaboration and patient partnership through a three-year academic program called Formation PARTENAIRES. This training is mandatory for 13 health and social services disciplines, reaching 5,200 students annually.

As part of this curriculum, two three-hour interdisciplinary workshops are organized, during which students are divided into small groups of 10 to 12. Each group is co-facilitated by a pair composed of a patient partner and a clinician.

Since 2010, we have been experimenting with this patient–clinician co-facilitation model. We also collect both qualitative and quantitative data evaluating the experiences of the patients, clinicians, and students involved.

In this presentation, we will share our key recommendations for maximizing the impact of this educational co-facilitation model, based on insights gained through years of testing and refinement. We will address the following questions: How can the relational dynamic between patient and clinician co-facilitators be fostered? What pedagogical format is best suited to support this co-facilitation? What aspects are most valued by the different stakeholders?

Cluster 8

[840] "I've never really thought about this..." - the complexity of patient involvement in education from the teachers' point of view

Presenters: Anders Sonden & Terese Stenfors on behalf of Elias Schriwer, Karolinska Institute, Sweden

Abstract: Patient involvement in health professions education (HPE) is often isolated, small events, with teachers' initiatives being one of the key driving forces for involving patients. As such, understanding teachers who work with patient involvement in education is essential to better understand how patient involvement can be improved in current and future HPE. This study explores how teachers understand patient involvement in HPE.

Methods

Taking a phenomenographic approach we conducted semi-structured interviews with 20 teachers with experience of working with patient involvement at eight different HPE programs at one university. The interview guide was developed within the research group, including a patient representative.

Results

We identified four distinct ways teachers understand patient involvement: as a way to 1) create variation in education, 2) improve education, 3) improve health care or 4) improve society. The outcome space showed expanding awareness in many aspects, spanning from who the patient is, or represents, to how knowledge is viewed.

Discussion and conclusion

Our findings suggest that there is great complexity in how teachers who work with patient involvement in education understand its purpose and meaning. These differences will influence why, how and if patients are involved in education, as well as how the patient's perspective is included. Striving towards a deeper understanding of this complexity is important because it can lead to more effective and meaningful patient involvement. Further research will be undertaken to explore the complexity of patient participation from different perspectives.

[991] "I don't have any major demands, but I am not just a piece of meat" - patients' perceptions of bed-side clinical education

Presenter: Karl Rombo, Karolinska Institute, Sweden

Abstract: Although patient-centered care is considered a cornerstone of modern healthcare, there is limited understanding of how patients with acute illnesses perceive their role and involvement in bedside clinical education. Therefore, this study aimed to explore patients' perceptions and emotions regarding their participation in clinical education. Through these insights, we can develop strategies to enhance patient-student interaction and patient-centered care, benefiting both students and patients.

Method

A reflective thematic analysis was conducted on semi-structured interviews with 15 patients at a general surgery inpatient ward in a Swedish university hospital.

Results

We identified five themes: (i) Need of proper introductions during rounds and student encounters, (ii) acquiescence of the role as a "guinea pig" in clinical education, (iii) confidence in students' learning abilities, (iv) presence of clear boundaries regarding students' permitted actions, and (v) recovery is the primary priority.

Discussion

Our results suggest that patients' gratitude towards healthcare personnel is a predominant sentiment, positively influencing their willingness to participate in educational activities, albeit many patients are unaware if they interact with any students.

The acquiescence to being a "guinea pig" can be understood in the context of prioritizing recovery. During acute illness, patients may show injudicious trust and delegate responsibility and decision-making to the healthcare system, including medical students.

Conclusion

The student-patient relationship can be considered an underutilized resource that should be further developed. Emphasis should be placed on clarifying students' roles and patients' rights to effectively utilize the valuable resources patients represent for student learning without compromising patient well-being.

[992] "Am I even allowed to meet them on my own?"- a phenomenographic study on medical students' perceptions of patient encounters

Presenter: Karl Rombo, Karolinska Institute, Sweden

Abstract: While patient-centered care is an established concept, it remains challenging for clinical educators to equip students with the requisite knowledge and skills. Previous research indicates that students primarily learn by observing senior supervisors' interactions with patients. However, less is

known about students' perceptions of learning through direct patient contact. This study aimed to explore medical students' perceptions of learning from encounters with patients suffering from acute illness in an inpatient setting.

Method

A phenomenographic approach was employed, involving semi-structured interviews with 14 seventh-semester undergraduate medical students at an inpatient general surgery ward in a Swedish university hospital.

Results

The analysis yielded an outcome space with six qualitatively distinct perceptions of the patient's role, ranging from viewing the patient as a "receiver" or "body" to a more nuanced perception of the patient as a "mirror" and ultimately as an "educator." Patients served not only as mediators of individual experiences but also as catalysts for broader understanding. Critical aspects for deeper comprehension included empowerment and permission for students to interact with patients, levels of identification with patients, and discernment of patients' emotional behaviors during acute illness and crisis.

Conclusion

A key aspect of enhancing understanding was individual interaction with patients outside ward rounds and structured activities. Facilitating such interactions appears crucial for fostering students' progression towards a deeper comprehension of patient-centered care. This approach could serve as a target for future interventions to enhance patient-centered care, benefiting both students and patients.

[917] Patients' experiences of meeting a medical student. A cross-sectional study from general practitioners' waiting rooms

Presenter: Knut Eirik Eliassen, University of Bergen, Norway

Abstract: Practicing with real patients is crucial for medical students to integrate theoretical knowledge with the complexities of human interaction, communication, decision-making, and both practical and soft skills. Patients' willingness to participate in clinical education depends on trust, attitudes, and previous experiences with students. In this study we explored patients' attitudes towards and experiences with consultations involving medical students in general practice.

Methods

Medical students from the universities of Oslo and Bergen in Norway invited patients at the general practitioners' offices where they were placed to fill out an anonymous questionnaire. Patients who clearly recalled a recent meeting with a student in consultation were asked more detailed questions.

Results

A total of 2,362 patients participated (response rate 41%). Of the 1,287 patients who had experience with student consultations, 70% reported appreciating meeting students in place of their doctor, and 81% agreed that it was a positive experience. Among the 847 patients who clearly recalled a student consultation, 95% reported to have received the help they sought. More than 90% felt safe overall, including explicitly safe during the conversation, clinical examination, and in the information received. Additionally, 87% of respondents expressed a desire to meet the student again in a future consultation.

Conclusion

Our study suggests that patients, students, clinical supervisors, and universities can be confident that patients are well cared for while students in clinical placements in general practice develop essential professional skills for their future medical careers.

Cluster 9

[969] Rehabilitation, participation, and input in academic research as a person with epilepsy

Presenter: Benjamin McVicker, Patient Partner, Canada

Abstract: This presentation examines the transformative impact of integrating patient voices into healthcare education and research, using my lived experience with epilepsy as a lens to explore how lived experience can inform and enhance academic health initiatives. Diagnosed at the age of six and undergoing epilepsy surgery three years into my Ph.D. in History gave me a unique perspective on healthcare education that ultimately led to me work in a Department of Medical Neuroscience. Drawing from my own journey, I will propose three actionable strategies to better incorporate patient voices into academic health settings:

Formalizing patient roles in quality improvement to empower patients as partners in shaping care delivery, as exemplified by my work on a Patient Advisory Committee to the Centre for Addiction and Mental Health.

Embedding patient partnership in educational content to bridge lived experience with academic training, a practice I advanced through presentations and Q&A sessions with medical students during my role as a Research Coordinator.

Supporting patient-led collaboration in academic research and global health initiatives, including the treatment of epilepsy in low- and middle-income countries.

These strategies reflect a natural progression: empowering patients in quality improvement creates a foundation for integrating lived experience into education, which in turn enables meaningful patient leadership in research and global health.

[881] Pioneering the next gen: fostering community voices in HIV/STBBI research at the CIHR Pan-Canadian Network for HIV and STBBI Clinical Trials Research (CTN+)

Presenters: Darren Lauscher & Claudette Cardinal, Patient Partners, Canada

Abstract: CTN+ has pioneered clinical trial research for over thirty years. As the HIV/STBBI research landscape evolves, it's crucial to ensure community involvement remains key to this work. This poster showcases the evolution of community engagement at CTN+ and introduces the Community Science Champion Program—an inclusive approach to cultivating the next generation of patient partners and establishing a training pipeline that will empower and create community connections to academia.

For decades, people with lived experience have strongly advocated for better treatments, care, and research priorities. Since 1993, the Community Advisory Committee (CAC) has included over 70 members and reviewed over 300 trials.

With HIV and STBBIs landscapes evolving, the need for inclusive, community-led research is pressing, and CTN+ has committed to fostering a more robust role for community members in its trials.

The Community Science Champion Program (CSCP) builds the infrastructure for future community leaders to engage in research. By facilitating accessible, free learning opportunities, the program equips participants with knowledge necessary to engage with clinical trials, become integrated research partners, and to adapt to the epidemiology of HIV and other STBBI's.

The CSCP will offer education on clinical trials, ethics and best practices, community roles, knowledge mobilization and grant writing, through a range of multi-sensory content delivery methods for different learning styles.
The CTN+ CSCP will be community-driven, enhancing the participation of people living with HIV in research through knowledge-sharing, co-creation, professional networking, and reciprocal knowledge dissemination across community representatives, researchers and member groups.

[954] Bringing the patient's voice to the forefront: a community-based study on HIV and chronic pain
Presenters: Darren Lauscher, Claudette Cardinal, Kath Webster, Patient Partners, Canada
Abstract: Chronic pain—defined as pain lasting longer than 3 months, whether constant or intermittent—affects a significant proportion of the approximately 60,000 people living with HIV/AIDS (PLHAs) in Canada. This pain results from the virus itself, its treatments, substance use, and social determinants of health (SDoH). It negatively affects sleep, mood, cognitive function, and social participation, yet remains underexplored in HIV research. Our study addresses this gap using a community-based participatory approach that centres the voices and expertise of those with lived experience. Peer Researchers (PRs)—individuals living with HIV and chronic pain—are engaged throughout the study (e.g., co-developed a podcast). The project also offers students and trainees a model for meaningful, equity-oriented community engagement.
First, a bilingual, nationwide survey was collaboratively developed to explore experiences of chronic pain, access to healthcare, and broader SDoHs impacting PLHAs. Subsequently, national Q-sorting workshops will be co-facilitated with PRs, enabling participants to rank and prioritize key issues related to chronic pain using input from survey results, literature, and lived experience. Q-sorting is a method where participants rank a set of statements to reveal personal viewpoints or priorities.
In this interactive poster presentation, which incorporates QR codes, we present preliminary qualitative findings from PRs' perspectives. Key themes include the observation that many PLHAs do not recognize chronic pain as a distinct health concern, often perceiving it as an inevitable aspect of their condition. Additionally, participants expressed frustration with healthcare professionals who frequently attribute diverse health issues solely to HIV, potentially overlooking other contributing factors.

[843] Patient experiences receiving glioma diagnoses
Presenter: Yaron Butterfield, Provincial Health Services Authority, Canada
Abstract: Gliomas account for approximately 80% of all primary brain cancer diagnoses and are generally associated with poor prognoses, as well as significant treatment and disease-related morbidities. The purpose of this patient-led project is to further investigate the experiences of patients at the time of receiving glioma diagnoses, to inform future research and quality improvement efforts.
Methods: Survey responses were collected from brain cancer patients and family members (2019-202) using an online form: https://www.yaronbutterfield.com/yourstory.html. Brain cancer patient demographic information was collected in conjunction with information regarding the tumour type and forms of conventional and alternative treatments pursued. Open-ended questions were included to query patient experiences receiving their diagnoses, interacting with their healthcare team and coping with life changes as they proceeded through treatment.

Results: The most common presenting symptoms were headaches and grand-mal seizure, followed by balance and cognitive issues. Textual analysis of responses conveyed a predominance of negative emotions, including concepts of struggle, sense of shock and loss of control. In contrast, responses regarding interactions with the healthcare team received mixed sentiment scores, communicating both gratitude towards providers and frustration with barriers to care.
Conclusion: This study provides valuable insights into the patient experience at the time of glioma diagnosis. The data suggest that addressing the emotional and psychological needs of patients, along with improving communication between healthcare providers and patients, is essential for enhancing care quality.

[955] Patient-led and centered: engaging longhaulers for care

Presenter: Kayli Jamieson, Simon Fraser University, Canada

Abstract: Patient-engaged research integrates several principles from disability justice, one being the notable phrase "nothing about us without us". The pandemic has increased awareness of disability justice, access, and inclusion within studies, especially as research on Long COVID increases worldwide in response to the over 400 million newly disabled with the condition. As a Long COVID patient-researcher and advocate living with the condition for over 3 years, I have occupied the unique position of having existing personal relationships with individuals in the longhauler community while continuing to learn from them as a researcher. Building relationships with longhaulers, caregivers, and care providers has been at the centre of my interdisciplinary team's provincial and national work. Patient-informed valuable insights have directed our priorities in improving accessible study design for participation, raising awareness of the condition, forming a patient-caregiver steering committee, and advising creative initiatives for knowledge mobilization to benefit the community and educate health professionals. Some of these initiatives have included a hybrid community event with a patient panel, and a Photovoice museum exhibition highlighting the realities of the condition. Recognizing patients as the experts of their own illness is crucial, especially for individuals with chronic and energy-limiting illnesses who have historically faced medical gaslighting and stigma, and for equity-deserving groups. Fellow researchers should consider how these insights can be expanded beyond Long COVID onto other patient populations with energy-limiting illnesses or chronic conditions to integrate patient voices at all stages of the research process.

[890] Incorporating the patient voice in implantable cardioverter-defibrillator education: a co-led clinician and patient partner delivery model

Presenter: Hugh Alley, Patient Partner, Providence Health

Abstract: Implantable cardioverter defibrillators (ICDs) prevent sudden cardiac death in select populations, but their impact on quality of life (QOL) varies due to anxiety and device-related concerns. Research shows that pre-implant education supports informed decision-making, enhances QOL, and involving Patient Partners brings valuable perspectives that drive meaningful change. At our site, traditional pre-implant education failed to identify individual learning needs, highlighting key gaps and opportunity for improvement by incorporating patient insights.
Objective: To develop a Clinician–Patient Partner co-led education program that informs, supports treatment decisions, and helps patients live well with an ICD.

Methods: A multidisciplinary team of Clinicians and ICD recipient Patient Partners co-developed and delivered monthly education sessions for individuals with planned or recent ICD implants. The curriculum was informed by patient-identified concerns and current literature. The program shifted from in-person to virtual due to COVID-19. Participant experience was assessed using a tailored questionnaire measuring knowledge and satisfaction.

Results: Analysis was conducted on the first 126 participants that attended since inception in 2019. Among in-person participants (N=62), 94% found the sessions helpful, particularly valuing interactions with Patient Partners. Of the 64 virtual participants, 27(45%) completed electronic surveys. Initial feedback was positive, with participants indicating they received sufficient information. All respondents found Patient Partners helpful, highlighting the value of patient involvement in health education. Data collection is ongoing, with additional results forthcoming.

Conclusion: This educational model highlights collaboration between patients and healthcare providers. Incorporating the patient voice enhances learning, fosters peer support, and informs future patient educational strategies.