Patient & Community Partnership for Education
informed and shared decision making

THE UNIVERSITY OF BRITISH COLUMBIA
Office of the Vice-President, Health
UBC Health

Involvement of Patients in Health Professional Education

A practical resource guide series

INTRODUCTION TO THE GUIDES

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INTRODUCTION TO THE GUIDES

Purpose, Audience, Definitions, and How to Use These Guides

1. Purpose

These guides are intended to support and expand the involvement of patients as active participants in the education of health professionals across the world. We recognize that people are at different stages on the journey to involve patients in health professional education (HPE) and that no-one has 'arrived'. There is no standardized or 'right way' to do this work. In addition, we know that context matters: what might work in one institution, country, health profession or with one particular group of patients, will not be relevant or appropriate in another. We can offer no single road map, no final answers, no definitive best practices. Therefore, we offer ideas, examples and resources that have been tried and found useful. We encourage you to choose those that are of most interest and relevance to your situation, and adopt or adapt them as needed. We also encourage you to document and publicize your innovations and adaptations. Share them with your colleagues, communities of interest and with us so that we can continue to learn.

2. Audience

These guides are intended for people working across the continuum of education—from undergraduate, postgraduate and continuing professional development—and across all health and social care professions. We hope they will be useful for anyone in the field, those working and learning within institutions of higher education or clinical and practice-based settings, as well as patients and community members who are engaged in supporting HPE. The guides are intended for people at different stages on the journey to involve patients in HPE, from beginners seeking ways to start, to those who have done this work for a long time and are looking for new directions and inspiration.

3. Definitions

Patient

We use the umbrella term 'patient' for the sake of brevity, to include people with health problems (clients, consumers, people living with medical conditions, people with lived and living experience of the social determinants of health, and of health and social care), their caregivers (including parents and family), and healthy people with relevant lived experience (community members, lay people, etc.). Some of the references and resources we refer to use other terminology, such as People With Lived and Living Experience (PWLLE), Healthcare Consumers, or Patient and Public Involvement (PPI). In this case we use the preferred terms of the original authors.

Health and Social Care Professions

Professions include: dental hygiene, dentistry, dietetics, genetic counselling, kinesiology, nursing, medicine, midwifery, occupational therapy, pharmacy, physical therapy, population and public health, psychology, radiography, social work, and many other registered health and social care disciplines.

4. How the guides were produced

Development of the guides was coordinated by Angela Towle, Cathy Kline and Mandy Young from Patient & Community Partnership for Education in the Office of UBC Health, University of British Columbia, with the assistance of local and international leaders in the topics of the guides. Wider input was obtained at the third international conference 'Where's the Patient's Voice in Health Professional Education – 20 Years On?' held in Vancouver in November 2025. Contributors include patient partners, academics, students, educators, administrators and health professionals, many having more than one identity. In addition, we conducted video interviews at, and after, the conference to provide illustrative video clips and quotes to accompany the guides. Drafts of the guides were reviewed by international experts (see Acknowledgements in Section 6).

5. Resources

Guide 1 summarizes the rationale for patient involvement in HPE and includes some key foundational resources for those who want an introduction to the literature (see Section 2). The following references may also be useful.

Eijkelboom C, Brouwers M, Frenkel J, van Gurp P, Jaarsma D, de Jonge R et al. Twelve tips for patient involvement in health professions education. Patient Education and Counseling 2023; 106:92-97. https://doi.org/10.1016/j.pec.2022.09.016

Marjadi B, Scobie J, Doyle K, Tobin S, Whitton G, Rollinson N et al. Twelve tips for engaging students and community partners in medical education. Medical Teacher 2022; 44(12):1340-1346. https://doi.org/10.1080/0142159x.2021.1986625

Towle A, Wang L, Ong K, Kline CC. Guiding principles for patient and public engagement in the educational missions of medical schools. Academic Medicine 2024; 99(9):1016–1023. https://doi.org/10.1097/ACM.0000000000005728



Figure 1. Examples of patient / community roles in health professional education along a spectrum of involvement

1. Patients create learning materials

Patients involved in creating learning materials used by faculty (e.g., paper-based or electronic case or scenario; course materials; videos). Examples: real patient problems as basis for case-based learning; virtual patient cases (may involve video of patient); use of patient narratives.

2. Standardized or Volunteer Patients

Standardized or volunteer patient in a clinical setting. Examples: standardized patients widely used to teach and assess communication and clinical skills; clinical teachers may encourage volunteer patients to teach and give feedback; students write up patients' stories.

3. Patient shares his/her experience

Patient shares his/her experience with students within a faculty-directed curriculum. Examples: patients invited into the classroom to share experiences of chronic illness, disability etc.; community-based patient / family attachment programs; senior mentor programs.

4. Patients teach & assess students

Patient-teacher(s) are involved in teaching or evaluating students. Examples: Teaching associates trained to teach and assess specific clinical skills (e.g., pelvic or breast exam); parents give feedback to students on communication skills.

5. Patients as equal partners

Patient teacher(s) as equal partners in student education, evaluation and curriculum development. Examples: patient educators involved in multiple program areas. Patient educators collaborate in educational decision making (e.g., curriculum objectives, assessment criteria).

6. Institutional decision making

Patients involved at institutional level in addition to sustained involvement as patient-teacher(s) in education, evaluation and curriculum development. Examples: Patients given a formal position in the institution (e.g., Consumer Academic). Patients involved in institutional decision making (e.g., student selection, reviewing funding applications).

From: Towle A, Godolphin W. Patients as teachers: promoting their authentic and autonomous voices. Clinical Teacher 2015; 12:149-154. https://doi.org/10.1111/tct.12400

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