Patient & Community Partnership for Education
informed and shared decision making

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

PRACTICAL GUIDES TO THE INVOLVEMENT OF PATIENTS IN HEALTH PROFESSIONAL EDUCATION

GUIDE 2

Recruitment, Preparation, Support and Building a Patient Partner Community

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Before you begin

We recommend starting with the Introduction Guide, which provides essential context for getting the most out of this series.

All five guides are available at https://meetingofexperts.org/programs-activities/practical-guides/

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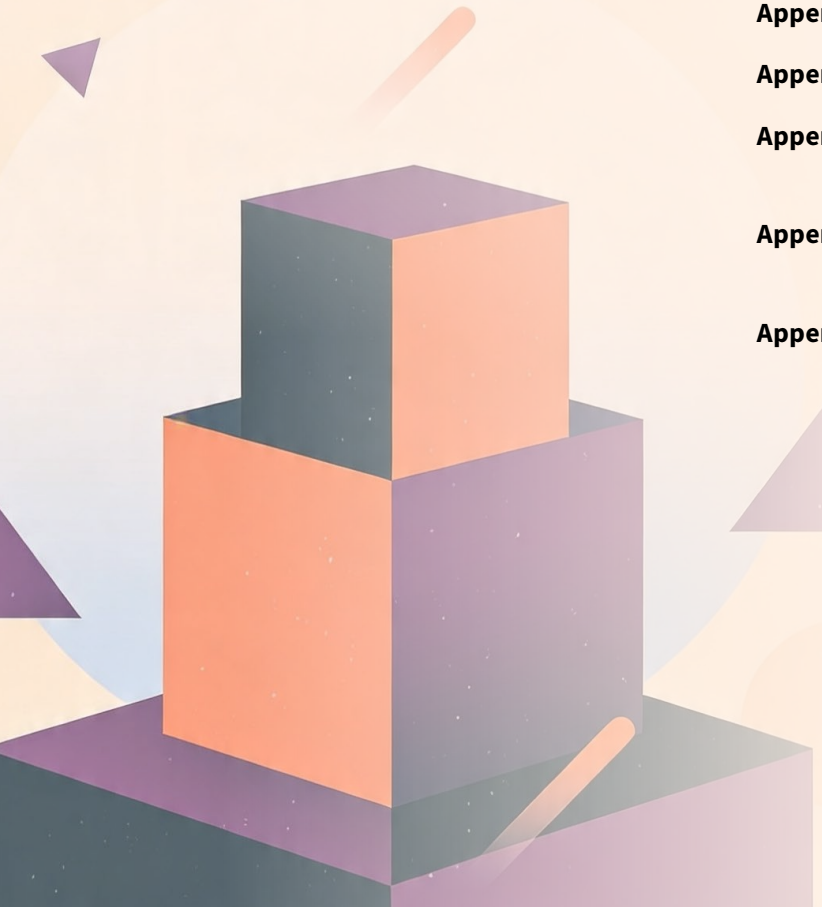
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Recruitment, Preparation, Support and Building a Patient Partner Community

GUIDE 2

1. Introduction

This guide provides practical guidance for thoughtful recruitment, preparation and support for patients engaging in health professional education (HPE) as well as ideas for how to build and sustain a patient partner community. Whether you are just beginning this work or strengthening existing practices, the guide will help you to build sustainable, reciprocal relationships that reflect the diversity of the communities you serve. This guide should be used in conjunction with Guide 3 which focuses specifically on promoting equity, diversity, inclusion and accessibility.

As HPE programs increasingly recognize the value of lived experience in shaping future healthcare providers, you may be fortunate that your institution has a dedicated person, unit or process in place to recruit and support patients. However, we know that is not the usual case, so the guide provides practical tools, tips and reflective prompts to help faculty and staff to engage patients, even in the absence of formal institutional structures.

Key principles

This guide is grounded in the following principles, which will support thoughtful, realistic and relational engagement, particularly in contexts where faculty and staff are leading this work without dedicated infrastructure or formal engagement roles.

Respect: valuing lived experience as essential expertise, and approaching all interactions with professional curiosity, dignity, care and cultural humility.

Reciprocity: designing engagement so that learning, benefit and value flow not only toward learners or institutions, but also toward the patients and their communities.

Equity and Inclusion: intentionally reducing barriers and expanding access so that participation is possible for people from diverse and underrepresented communities.

Genuine Co-Design: consciously letting go of academic power superiority to let patients make their contributions as partners.

Transparency: being clear about expectations, roles, time commitments and supports so people can make informed decisions about participation.

Relational Accountability: prioritizing trust, follow-through, communication and care over transactional or one-time engagement.

Feasibility and Sustainability: engagement that is realistic within existing roles and capacity, while advocating for stronger institutional systems over time.

2. Pre-Recruitment Preparation: Using a Map to Plan Recruitment

Before you begin recruiting patients, it helps to take stock of where you already have connections and where there may be gaps. Creating a map is a simple way to do this. This preparation helps ensure recruitment is intentional, inclusive and grounded in real relationships, not just convenience.

Step 1: Start with a social map

A social map shows your existing relationships and networks.

- Write 'Patient Recruitment' in the middle of a page.
- Around it, add circles for the groups, communities or organizations you are already connected with.
- **Think about:** current patient partners, community organizations you know, caregiver or advocacy networks, health system programs or services. Include informal networks, not just official organizations—sometimes the most engaged voices are found through word-of-mouth.
- Then mark where you see gaps. For example: "We don't yet have voices from XXX communities" or "We are missing people with XXX health experience."

TIP:
Highlight gaps that might require time for more relationship- or trust-building before recruitment.

Step 2: Expand into a mind map

A mind map is a way to brainstorm possibilities beyond your current connections.

- From your central circle, add branches for new groups or communities you could reach out to.
- **Ask yourself:**
  - Who is often left out of health conversations?
  - Who might not see themselves as a 'patient' but has important lived experience?
  - What organizations, cultural groups or service providers could help connect you?
- Keep it open and creative—sometimes the best ideas come from unexpected places and unconventional sources, like hobby groups, cultural associations or advocacy networks.

TIP:
Embed accessibility from the start—some groups may need translation, flexible schedules or different engagement methods to participate.

Step 3: Turn the map into a plan

Once your map is filled in, you'll have a clearer picture of:

- Who you already know and can reach out to right away.
- Who is missing and needs more effort to include.
- Who could help connect you with harder-to-reach voices.

TIP:
Start small and relational, not perfect. If you are doing this work alone or with limited capacity, focus first on one or two relationships you can meaningfully nurture, rather than trying to reach everyone at once. Sustainable engagement grows through trust, consistency and follow-through — not volume.

3. Recruitment

3.1 Identify needs

Effective recruitment begins with clarity—not just about who you want to involve but why. Start by identifying the learning goals, course requirements and student context. This ensures that recruitment is intentional, respectful and aligned with educational purpose.

Ask yourself:

- What are the learning goals of this session, activity or course?
- What perspectives, experiences or voices would deepen understanding?
- Whose lived experience could help students better understand real-world practice, complexity or system impact?

> **EXAMPLE:** *"Patient partner recruitment, it's such a complex process. It really starts with understanding the needs of the course. So, I started with a draft lesson plan for what I want to teach our students. So that means creating relevant learning objectives as well as creating a general framework as to how I want to run the session… So, once we're able to recruit a patient partner, it is essential to set up meetings to go through expectations, outlining what they want to get out of the session themselves and ensuring that there's alignment between what I want to teach students, as well as what they hope to gain through the session. And in doing so, it creates a culture of reciprocity, ensuring that both students and partners benefit from the process."* Tristan Lai

TIP:
Let learning goals guide recruitment, not convenience or who is easiest to recruit.

3.2 Advertise opportunities

Start with your existing connections (refer to your pre-recruitment social map) and reach out to new networks to include more diverse voices when you are ready. See Appendix 1 for an example of a recruitment poster from the University of British Columbia.

- Ask current patient partners to share opportunities with their networks. This is often the strongest means of recruitment—a network can grow organically through their positive experiences.
- Harness student enthusiasm and see if they can help with recruitment.

- Leverage student and faculty connections to community groups.
- Partner with community organizations to connect with under-represented groups.
- Follow up on any leads, referrals or expressions of interest.
- Send a warm relational invitation explaining why their voice matters and that participation is voluntary.
- If there is interest, offer an informal meet-and-greet, either individual or group, to build trust and connection, and answer questions. Involve current patient partners in the initial contact—they can answer questions from experience and newcomers may feel more comfortable with them than a university employee.

Share opportunities in places and networks where people already gather, connect and seek support. Possible places to advertise or share invitations include:

- Primary care clinics, community health centres, therapy and rehabilitation clinics;
- Hospitals, outpatient clinics and patient resource centres;
- Peer support groups and condition-specific organizations;
- Cultural, faith-based and community centres;
- Indigenous friendship centres and community hubs;
- Libraries, community bulletin boards and recreation centres;
- Online community groups, newsletters and social media pages;
- School, family and caregiver networks.

The idea of being involved in the education of health and social care professionals is likely to be a new, and perhaps strange, idea to many people. How you frame your invitation shapes who feels welcome. Consider using 'expert by experience' language and invite people who bring lived experience as patients, caregivers, family members or community members — even if they do not see themselves as 'patients'. Different communities require different approaches. Be prepared to adapt your recruitment strategies, timelines and expectations, and remain open to feedback. And expect that people may have many questions.

TIP:

Don't worry if you advertize and only one person turns up. Work with them, get their advice, try again. If a few more people show up next time, gather them together, and involve them in the next round of recruitment.

TIP:

Lead with listening. Ask questions like: "What would make this feel possible and safe for you?" and create space for people to share their stories, priorities, concerns and questions before discussing fit or next steps.

3.3 Application process

Whether you have an initial meet-and-greet to explore interest and fit or not, the next step is often to create a simple application or expression of interest process for a given educational activity. A thoughtful process:

- Builds on a common goal to enrich health professional students' learning to make them better practitioners.
- Ensures everyone has the same information, in advance, about the role, expectations, time commitment and supports.
- Shows that lived experience is recognized as meaningful expertise and that this role matters.
- Creates space for people to reflect on their readiness to share lived experience, accessibility needs, communication preferences and emotional safety considerations.
- Helps ensure roles align with people's interests, strengths and comfort levels.

TIP:

Let the role, duration and level of involvement guide your decision, not institutional habit. If a formal process adds clarity, safety or equity, use one. If it adds unnecessary burden, keep it relational and simple.

3.4 Application form

See examples of forms from the University of British Columbia Join the University of British Columbia Expert by Experience Network! - Application form and University of Toronto Join the University of Toronto Family Medicine Patient Advisors Committee! – Fill out form and Join the University of Toronto Family Medicine Patient Pool! – Fill out form

- Offer multiple ways to apply (on-line, written, verbal, supported).
- Make sure you use plain language.
- Clearly explain how the information will be used, who has access to the information and where it will be stored.
- Explicitly mention consent and the ability to withdraw consent at any point.
- If you have an on-line form, include a pause/resume option and a progress bar.
- Provide examples of responses to open-ended questions if helpful.

TIP:

Offer—both in e-mail or by phone and at the top of the application form—that support is available to help complete the form, ensuring language, literacy, technology or understanding of questions do not become a barrier.

Treat the application as a living process. Ask participants what worked, what didn't, and adjust over time to better support accessibility, clarity and inclusion.

3.5 Interview or not?

Decide if you would like to have a formal interview. Interviews are as much about building relationships as assessing fit. It is sometimes helpful to keep the interview process at arms-length from the person who ultimately decides whether to invite someone to participate in an educational activity (there may be more applicants than are needed and turning people away can be hard). Considerations when conducting an interview:

- Include a student and/or current patient educator on the interview panel.
- Send questions ahead of time.
- Consider where to hold the interview: in-person or virtual.
- Invite questions from candidates.

TIP:

Explain how long the interview will take and check in throughout: "Would you like a pause, or for me to repeat or reword that question?"

3.6 Making interviews more inclusive and accessible

Interview processes often unintentionally favour people with certain communication styles, such as those who are comfortable thinking out loud or responding quickly. More reflective or introverted candidates, whose contributions would be beneficial, may be overlooked. Thoughtful design can help reduce bias and create a more equitable and supportive experience for all candidates.

Suggestions:

- Begin by introducing yourself and, where appropriate, sharing pronouns to model inclusive practice.
- Avoid making assumptions based on body language, eye contact or communication style.
- Recognize that some candidates may need additional time to process questions, particularly neurodivergent individuals or those who speak English (or whichever language you use in the interview) as an additional language.
- Use clear, simple, single-part questions and avoid jargon or ambiguity.
- Limit open-ended or hypothetical questions—invite responses based on real experiences where possible.
- Give candidates a few moments of quiet thinking time before answering.
- Be transparent about the interview process, timelines and next steps.
- Use structured, consistent and transparent scoring approaches to support fairness and reduce bias.

TIP:

Design interviews to reduce pressure, not test performance. Create space for reflection and clarity to help people share more thoughtful, authentic responses.

4. Orientation, Preparation and Training: A Stepped Approach

Supporting patients is not a one-time activity—it happens in stages. Thinking about this as a stepped approach can help ensure people feel informed, confident and supported over time.

Orientation introduces the basics—what the program is, how patient involvement works and what to expect. It helps people understand the context and decide if they want to participate.

Preparation is specific to an activity or role—what will happen in a particular session, who will be there, and how patients might contribute. It helps people feel ready and reduces uncertainty.

Training (when appropriate) builds skills and confidence over time—for example, storytelling, co-facilitation or navigating academic environments. Not all roles require formal training.

TIP:

Not everyone needs everything. Start with orientation, offer preparation for each activity, and provide training as an option, not a requirement.

4.1 Preparation

CREATE A SIMPLE, SUPPORTIVE ONBOARDING AND ORIENTATION PROCESS

- Provide welcome materials including what to expect, who they'll meet (who will be in the room, who will be facilitating), how sessions work (see an example from the University of Toronto in Appendix 2).
- Offer observation opportunities before active participation.
- Schedule check-ins (e.g., 1 month, 6 months, 1 year).
- Consider offering community-building opportunities, like peer-to-peer support meetings.

TIP:

Welcome materials could include a guide to telling their story, a description of the institution and an overview of the health professional programs so they know something about the students they will be meeting (see Appendix 3 & Appendix 4 for examples). More detailed documents, available upon request for those particularly interested, could include an organizational chart, commonly used acronyms and relevant strategic plans.

PREPARE PATIENTS FOR THE TEACHING SESSION

You can play a key role in helping patients feel confident in unfamiliar academic spaces.

- Explain classroom dynamics, learner levels and session goals or learning objectives.
- Describe what student interaction may look like.
- Clarify boundaries: what they are not expected to do.
- Normalize nerves, emotions and uncertainty.

> **EXAMPLE:** *"I have found it really helpful to work with patient educators with a checklist so they know what to expect. And at the same time, I also do that with the students who are going to be in the classroom, because this is an educator who is maybe different than your regular faculty who are coming into your classroom. And so, you need to be really respectful of everyone you interact with, but particularly when it's a patient educator. I think that's important to highlight for our students to prepare them as well."*
> **Laura Yvonne Bulk**

> **EXAMPLE**: Mandy Young and colleagues (2025) have developed a checklist (https://doi.org/10.1111/tct.70282) in the form of a parallel document, one side for instructors and one side for patients. The checklist is in four parts and covers the things for teachers and patients to do before, during and after an educational activity. It provides a concise and comprehensive reminder for instructors, empowers patients to ask for the information they need, and is a template that can be customized for different contexts.

PREPARE LEARNERS AND FACULTY TO SEE PATIENTS AS TEACHERS

You can also play a key role in preparing students, faculty and staff to engage with patients in ways that are respectful, relational and trauma-informed.

- Clarify the purpose and value of patient involvement in learning.
- Set expectations around respect, curiosity, confidentiality and professionalism.
- Discuss power dynamics and the importance of humility and listening.
- Encourage learners to engage with stories as teaching not testimony.
- Normalize discomfort and reflection as part of learning, while reinforcing boundaries.

> **EXAMPLE**: Mandy Young and colleagues have developed a quick guide for students and faculty (see Appendix 5) that suggests what to do and what to avoid when partnering with people with lived experience. Patients take this work seriously and so should we. Whether you're new to working with patients or just looking for a refresher, this resource offers practical ways to support that work.

TIP:
A short pre-session check-in (10–15 minutes) can significantly reduce anxiety and build trust.

TIP:
Before sessions, remind learners that patients are educators, not case studies. Encourage them to listen to understand.

4.2 Support

PRACTICAL SUPPORT

Some patients may face barriers to participation, including transportation challenges, limited access to technology, caregiving responsibilities, health-related needs or unfamiliarity with academic environments. Practical support reduces stress and helps participation feel possible.

- Plan and build support from the start, not as a last-minute reactive response to problems.
- Offer flexible participation options (in-person, virtual, phone, hybrid, asynchronous).
- Provide clear directions, parking information, transport options and tech support.
- Offer to have someone meet them from parking or public transport and lead them to the venue / room.
- Schedule activities with attention to caregiving, employment and health-related realities.
- Make support visible and normal (not exceptional but embedded). Offer options proactively to avoid placing the burden on patients to self-advocate.

Pause question: *What assumptions are we making about people's time, access, energy and resources?*

EMOTIONAL AND PSYCHOLOGICAL SAFETY

Sharing lived experience can be powerful—and make people feel vulnerable. Support includes creating emotionally safe environments where boundaries are respected and wellbeing is prioritized.

- Check in before and after sessions, especially when sensitive topics are discussed.
- Normalize opting out, taking breaks or changing levels of participation.
- Offer alternatives to personal storytelling, e.g., reflective prompts (see example below), co-facilitated discussions, written contributions.
- Avoid asking people to repeatedly retell traumatic experiences. Have a support person, peer or counsellor available if a person needs to talk during or after the session.
- Acknowledge emotional labour and express gratitude for vulnerability and trust. Follow through on commitments for follow-up and use of material.
- Consider sitting in on random sessions to identify safety risks that may have gone unnoticed.
- Provide immediate assurance of safe practices and post-session support as needed by either patients or students.

Pause question: *How are we protecting emotional safety—not just extracting stories?*

EXAMPLE: Mandy Young and colleagues developed 'Inviting Reflection and Deeper Learning', reflective guides for students (Appendix 6) and patient partners (Appendix 7) that suggests questions to support dialogue during Q&A sessions with people with lived experience. These questions are not meant to test students or put anyone on the spot. Instead, they create space for reflection and dialogue, shifting the interaction from a one-way story to a shared learning exchange.

RELATIONAL SUPPORT

At the heart of meaningful engagement is relationship. Feeling known, welcomed and appreciated strengthens commitment and builds trust. Ideas include:

- Small relational gestures — follow-up e-mails, thank-you notes and informal check-ins — make a big difference in helping people feel valued and connected.
- Learn and use people's names, pronouns and communication styles.
- Build in check-ins that are relational, not task-based (e.g., "How is this feeling for you?" not just "Are you available for this session?").
- Acknowledge contributions in meaningful ways, not just through formal recognition, but through everyday appreciation, e.g., providing food at in-person events.
- Close the loop after activities: share how their contributions influenced learning, decisions or change.
- Maintain good relations at 'down times' of engagement activities, e.g., during university holidays.

Pause question: *Are we building community or only inviting people in to meet project needs?*

FINANCIAL SUPPORT AND COMPENSATION

Compensation is a core equity practice. Paying patients fairly recognizes lived experience as expertise, acknowledges time, emotional labour and preparation, and helps reduce financial barriers to participation. Without thoughtful compensation practices, engagement can unintentionally become exploitative or accessible only to those who can afford to volunteer.

- Offer fair, consistent honoraria aligned with local benchmarks and peer institutions.
- Be transparent about rates, payment processes and timelines.
- Clearly communicate that compensation is standard, expected and valued, not exceptional.
- Provide flexible compensation options where possible (e.g., honoraria, gift cards, professional development funding, or charitable donation at participant request).
- Consider how payment may impact income assistance, disability benefits or tax status—and offer alternatives when needed.
- Plan for sustainability by embedding compensation into departmental budgets, creating small flexible funds, or developing non-monetary recognition strategies when funding is limited.
- Simple appreciations go a long way. For example, printed and framed certificates, reference letters for applications (e.g., for awards or volunteer positions with organizations), annual group lunch, photos on university websites, nomination for excellence awards.

Pause question: *Are our compensation practices reducing barriers or unintentionally creating new ones?*

SUSTAINABILITY

Support also means protecting people from burnout, overuse and over-reliance.

- Avoid repeatedly drawing on the same individuals.
- Ask: "Is this role still working for you?" not just "Are you available?"
- Offer exit and re-entry pathways that feel safe and respected.
- Normalize stepping back as part of healthy engagement.
- Plan for back-up and succession in case someone needs to step back or stop involvement.
- Watch for signs of burnout and over-extension (missed meetings, delayed replies, irritability) and respond by checking in and offering support as needed.

Pause question: *Are we creating conditions that help people stay engaged or conditions that rely on their resilience to keep going?*

FEEDBACK, GROWTH AND SHARED LEARNING

Ongoing support includes listening, adapting and improving based on experience.

- Create formal and informal paths to gather regular feedback about what's working and what could improve. For an example, see University of Toronto's Post-Engagement Evaluation Form for patient partners – Fill out form
- When available, provide examples of how feedback has led to changes, improvements and adjustments.
- Revisit expectations, boundaries and interests over time.

Pause question: *How are patients shaping the evolution of our engagement practices?*

5. Recruitment and Support: Pitfalls to Avoid and What to Do Instead

A little careful attention here will keep recruitment ethical, safe and effective. Below are common pitfalls and practical ways to avoid them.

Professionalizing patients

Why it's a problem: Asking patients to act, speak or work like clinicians or academics erodes the very perspective you need. It can turn lived experience into a credential, push people to 'perform' and create emotional labour and burnout.

Do instead: Offer optional support / training focused on skills (public speaking, boundaries, accessibility to technology) and preserve the person's authentic voice.

Oversimplifying the work ("Just tell your story")

Why it's a problem: This minimizes the complexity and emotional labour of sharing lived experience, especially when it involves trauma or ongoing care. It also reduces meaningful collaboration to a single anecdote.

Do instead: Treat involvement as collaborative work. Give clear briefs, allow space for preparation and debriefing, and use trauma-informed facilitation (trigger warnings, opt-out options, private check-ins).

"I know someone"—clinicians bringing their own patients

Why it's a problem: Directly recruiting current patients via their own clinician risks coercion, confidentiality breaches, and patients feeling they cannot be honest about negative experiences in front of a current care provider.

Do instead: Ensure the patient's participation is explicitly voluntary and that their care will not be affected whether they participate or not. If clinicians want to help, give them an information sheet they can share and ask patients to contact the recruitment lead themselves. Or use neutral referral routes such as community organizations or patient networks.

Over-reliance on the same voices or one person

Why it's a problem: Calling on the same few patients repeatedly burns them out and gives a narrow view of experience. Representation from one person 'representing' a whole group is unfair and ineffective.

Do instead: Build a broader, diverse pool of patients. Rotate roles and share opportunities widely to allow people to self-identify for the roles.

Ignoring power, coercion and conflict of interest

Why it's a problem: Power imbalances (clinician vs. patient, institution vs. community, certain patient groups vs. others) can influence participation, consent quality and what partners feel able to say. Conflicts of interest may bias who is chosen.

Do instead: Use transparent selection processes, independent recruitment contacts where possible, and explicit statements about voluntary participation and conflict-of-interest policies.

Failing to provide support and safety

Why it's a problem: Sharing lived experience can be emotionally difficult. Lack of support can harm patients and damage relationships.

Do instead: Provide pre-session briefings, on-the-day support (e.g., co-facilitator, quiet room), post-session debriefs and options for peer support if needed. Use trigger warnings and let people pass or pause. Be flexible if stories or discussions take longer than planned and allow space for learning to happen in unexpected ways.

Overlooking accessibility and inclusion

Why it's a problem: If events or materials are inaccessible (timing, language, formats, physical access) many people will be excluded, especially those already underrepresented.

Do instead: Embed accessibility from the start so people don't have to disclose access needs or request accessibility. Offer examples of how the process is accessible and what additional supports may be requested. Ask people about access needs early, offer multiple participation formats (virtual / in-person / asynchronous), provide plain-language materials, interpreters, captioning, transport and/or childcare reimbursement, and ensure meeting venues are accessible whenever possible. See also Guide 3.

Unclear expectations and role creep

Why it's a problem: If roles, time commitments or deliverables aren't clear, patients may be over-asked or surprised by emotional / administrative burden.

Do instead: Provide a short role description, expected time commitment, compensation information and a contact person. Reconfirm expectations before each activity.

No feedback or recognition loop

Why it's a problem: If patients never hear what difference their input made, they may feel undervalued and disengage.

Do instead: Share course evaluations, outcomes, reports or curriculum changes that resulted from their work. Publicly acknowledge contributors (with consent). Invite feedback about the process.

6. Building a Patient Community

6.1 Building meaningful relationships

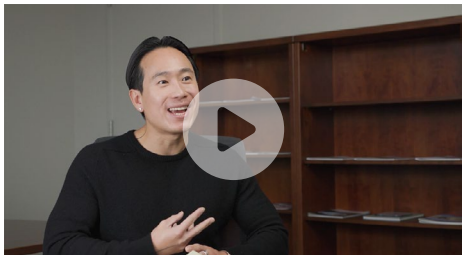
True partnership is built on reciprocity — a two-way exchange where patients feel valued and supported, not just asked to give. Reciprocity goes beyond financial considerations; it includes recognition, respect and relationship-building.

What reciprocity looks like in practice

- Showing up to community events hosted by partners (being invited into community spaces is often a true sign of trust and partnership).
- Highlighting and celebrating community partners in newsletters, reports, publications, presentations and events.
- Sharing outcomes and impact so partners can see how their contributions make a difference.
- Be flexible with scheduling and participation to make involvement easier.

> **EXAMPLE**: In this video clip, Tristan Lai from the University of British Columbia describes his approach to recruitment and building trust.

VIDEO: learning.media.ubc.ca/media/Guide+2%2C+Clip+1+-+Tristan+Lai/0_1v896o8c



TIP:

Even with little or no money, reciprocity can still be practiced. For example, through offering learning opportunities (workshops, networking, conferences).

6.2 Peer support and community-building

Belonging grows when patients feel connected to one another, not just connected to an educational activity.

- Create simple peer connection opportunities (buddy systems, small groups, shared check-ins) for patients to connect informally, share experiences and learn from one another. These don't need to be coordinated or facilitated by anyone but the patients.
- Celebrate milestones, contributions and collective achievements.
- Invite patients into broader learning communities, not just isolated roles.

Pause question: *Are we building relationships or just filling roles?*

6.3 Deciding whether to build a formal patient community

If you are starting small not every engagement activity requires creating a formal patient network or community. However, if you anticipate repeated engagement, multiple learning activities or long-term collaboration, consider building a small network rather than recruiting ad hoc for each opportunity. This reduces recruitment fatigue, strengthens relationships and improves continuity for learners. You can start by developing a network or pool of patients who can provide consistency, support and sustainability. Longer term you can grow this into a more formal patient community.

Where possible, having a dedicated role or designated lead (such as a Community Engagement Coordinator) to support this work can significantly strengthen its impact. This role can focus on relationship-building, recruitment, preparation, ongoing support and connection across programs, ensuring that patient partnerships are thoughtful, coordinated and sustained rather than fragmented or reactive. A dedicated role also helps create continuity, institutional memory and trust, while reducing the burden on individual faculty members and improving the experience for patients.



TIP:

If this work is being done alongside other responsibilities, start small and build intentionally. Even naming one person as the primary relationship holder, responsible for communication, check-ins and follow-up, can greatly improve continuity, trust and patient experience. Also make sure that this role is provided with sufficient support and recognition.

Pause question: *If no one is clearly responsible for relationship-building and support, where might gaps, strain or unintended harm show up for patients?*

6.4 Three different examples of patient communities

> **EXAMPLE**: Mentor Connect at UBC
> The Mentor Connect program aims to foster a supportive environment and strengthen community connections by bringing together both experienced and newer patient partners. In these virtual group settings, we hold space to learn from one another, exchange insights, and offer mutual guidance, support and feedback through a peer-to-peer model.

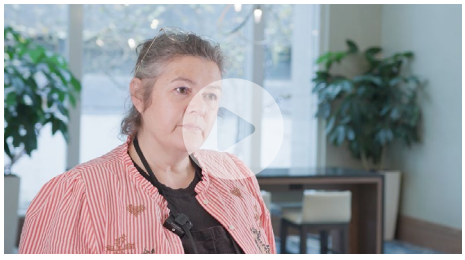
Lessons learned:

- People value connection more than content. Participants consistently express that what they want most is the opportunity to come together, share experiences and learn from one another. Formal agendas and guest speakers are not necessary to create meaningful engagement.
- Let the conversation flow. Keeping structure light and flexible allows discussions to emerge naturally, creating space for reflection, storytelling and peer support.
- Small groups foster deeper connection. Using breakout rooms helps create more intimate conversations, encourages participation and allows quieter voices to be heard.
- Facilitation can be minimal. The primary role of a facilitator is simply to hold the space, support psychological safety and answer questions when needed, not to lead or direct the conversation.

> **EXAMPLE**: Patient Carer Community, University of Leeds, UK
> medicinehealth.leeds.ac.uk/leeds-institute-medical-education/doc/patient-carer-community

For more information listen to this video clip in which Jools Symons describes building the Patient Carer Community at the University of Leeds.

VIDEO: learning.media.ubc.ca/media/Guide+2%2C+Clip+2+-+Jools+Symons/0_5y01z7cq]



TIP:

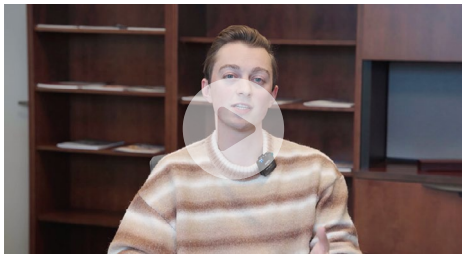
Trust the wisdom and experience within the group. Often the most meaningful learning happens when patients are just given time, space and permission to learn from one another.

EXAMPLE: The Patient as a Person Academy at Maastricht University in The Netherlands (https://doi.org/10.1136/bmjopen-2023-079712)

"What we found over the years is that educational institutions are very good at organizing, developing and executing education. And they tend to stick to that as well. So going out into the community, recruiting patient partners is something that is often done by individuals and not so much an institutional activity. And that's why we thought we would need, a foundation in our case, or a different entity that would have as a sole purpose to recruit patients in the community to bring them together, to facilitate dialogue between them. As well as developing them, orienting them for the education, preparing them, and in some instances even train them so they can contribute to quality and safety projects to improve health care." **Matthijs Bosveld**

For more information listen to this video clip in which Matthijs Bosveld describes the Patient as a Person Academy at Maastricht University.

VIDEO: learning.media.ubc.ca/media/Guide+4%2C+Clip+4+-+Matthijs+Boseveld/0_44100v0k



7. References

Romme S, Hermans M, Bosveld MH, Plak A, Sehlbach C, van Bokhoven MA. How patients and informal caregivers can be trained to effectively contribute to improved quality of healthcare services: action research on the development of the Dutch Patient as a Person Academy. BMJ Open 2024; 14:e079712. https://doi.org/10.1136/bmjopen-2023-079712

Towle A, Ong K, Wang L, Kline CC. Patient / public perceptions on engagement with a medical school. What needs to happen to support authentic and sustained participation. Medical Teacher 2024; 46(7):963-970. https://doi.org/10.1080/0142159x.2023.2289843

Young M, Kline C, Towle A. A checklist for involving patients in educational activities. Clinical Teacher 2025; 22:e70282. https://doi.org/10.1111/tct.70282

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Appendices

(All appendices except Appendix 2 were produced by the University of British Columbia)

Appendix 1: Recruitment poster example



RECRUITMENT

EXPERTS BY LIVED OR LIVING EXPERIENCE

Become an Expert by Lived Experience with Patient and Community Partnership for Education (PCPE). Are you passionate about improving health care through **education**? As an **Expert by Lived Experience** with PCPE, you'll have the opportunity to share your unique health care experiences with **students** - either as someone with lived experience managing your health journey or as a caregiver supporting someone through their health journey.

We welcome individuals with:

- A passion for **helping** health professional **students** learn through both positive and challenging experiences.
- Experience **navigating** health care systems or addressing health inequities.
- A **thoughtful** approach **to** sharing experiences that contribute to student learning.

By joining the Expert by Experience pool, you'll play an essential role in shaping the next generation of health professionals while ensuring your voice and perspective are heard.

Time commitment: Every bit helps—whether you have 1–2 hours a year or more time to share, there's a place for you here.

For more information, please email Mandy Young, Community Engagement Coordinator at: mandy.young@ubc.ca

Opportunities to choose from might be:

Educational workshops: Interactive sessions where students learn directly from your healthcare experiences.

Special projects: collaborations between students, faculty, and community partners.

Focus groups: Sharing personal insights, or perspectives on specific health topics.

Committees: Guide decisions, policies, or initiatives.

Student led projects: Initiatives designed and managed by students.

What We Offer:

- **Storytelling Support:** Tools and guidan to share your experiences effectively.
- **Mentorship:** A supportive environment to build relationships within our community.
- **Skill Building:** Information sessions to help your personal growth.
- **Navigation Support:** Help access emotional and practical support and services.

Website: PCPE | UBC Health



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Appendix 2: Patient Partner Opportunity Description

University of Toronto Department of Family and Community Medicine

Patient Partner Opportunity Description

1. Project Summary (Plain Language)

[Project Name] is a [brief, clear description of the project, including its goals, why it matters, and how it impacts patients]. This project aims to [describe intended outcomes] and will benefit from patient input to [*ensure it aligns with real-world experiences and needs*].

2. Patient Partner Role

We are looking for **[type of patient partner – e.g., patients with lived experience of X, caregivers, community members, etc.]** to contribute to this project by:

- [Specific tasks, such as sharing lived experiences, reviewing materials, co-designing resources, attending meetings, providing feedback, etc.]
- [Any expectations for confidentiality, respectful participation, or specific skills (if applicable)]

3. Involvement Details

- **Start and End Date:** [e.g., September 2024 – March 2025]
- **Meeting Frequency:** [e.g., Monthly meetings, Biweekly check-ins, As needed]
- **Meeting Format:** [e.g., Virtual (via Zoom/Teams), In-person, Hybrid]
- **Expected Time Commitment:** [e.g., 2 hours per month]
- **Support Available:** [e.g., Orientation, training, accessibility accommodations]
- **Compensation:** [e.g., Honorarium provided, Reimbursements for travel]

4. Ideal Patient Partner Profile

We are seeking patient partners who:

- **Have experience with:** [e.g., a specific condition, navigating healthcare systems, using a particular service]
- **Are comfortable with:** [e.g., sharing lived experience, working in group settings, providing feedback]
- **Preferably:** [e.g., have previous engagement experience, but not required]

If you're interested, please contact **[Name]** at **[Email/Phone]** for more details!



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Areas of Involvement

Patient partners bring essential lived experience and community insight to ensure that research is relevant, accessible, and impactful. Below is an overview of potential contributions across each phase of this project. Please review the project phases below and check all the activities where you would like to involve patient partners in your project.

Study Phase	Activity	Patient partner involvement (✓)
Topic Identification & Prioritization	Identify topics or areas of improvement important to patients, families, and the public.	
	Determine the real-world relevance of the project.	
	Prioritize research questions and/or improvement areas based on lived experience	
Selection of Goals & Outcomes	Define and assess the relevance of outcomes from a patient partner perspective.	
	Identify key outcomes and success measures.	
Project Planning & Framework Development	Get a reality check from a patient partner on project design.	
	Suggest additional factors or social context not captured in the existing literature.	
	Offer feedback on the framing of the improvement, project, or research question	
Ethics, Approvals & Funding	Contribute to the research ethics and/or funding application	
	Review and provide feedback on the proposal	
	Provide a letter of support to strengthen grant or funding applications	
Recruitment & Retention	Advise on the language used in recruitment materials	



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Study Phase	Activity	Patient partner involvement (✓)
	Use personal or community networks to promote the project	
Implementation & Data Collection	Co-develop or review data collection tools (eg, surveys, interview questions, etc.).	
	Provide solutions to obstacles faced during implementation (e.g., recruitment).	
Evaluation & Data Analysis	Contribute to interpreting the data from the patient's perspective	
	Give feedback on surprising results	
Knowledge Translation & Dissemination	Present the patient perspective at conferences or meetings.	
	Share findings in non-traditional settings (e.g., community groups, newsletters).	
	Co-author publications (academic or non-academic).	
	Help make findings meaningful to the public by linking results to real-world experience.	
	Participate in writing and identifying models of dissemination	
	Create knowledge translation materials (i.e. posters, infographics) to explain the results to the public	



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Appendix 3: UBC Health Professional Programs



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UBC Health

UBC Health Professional programs

UBC Health Professional Programs offer interdisciplinary education across various health fields, preparing students for careers in healthcare through collaborative learning, research, and clinical practice. Programs foster patient-centered, team-based care.

Faculty of Medicine

The UBC Faculty of Medicine delivers innovative programs in the areas of health and life sciences through a province-wide delivery model. Programs are available at the undergraduate, graduate and postgraduate levels, as well as through continuing professional education and public education initiatives.

Medicine

- **Degree:** Doctor of Medicine
- **Duration:** 4 years
- **Locations:** UBC Point Grey), UNBC Prince George, UBC Victoria and UBCO Kelowna

UBC's Doctor of Medicine (MD) undergraduate program equips you with the knowledge, training, and experience you need to meet the health care challenges of today and tomorrow. As an MD student, you'll work alongside faculty members and physicians to learn the foundations of medicine and patient-centred care, while honing your clinical skills at hospital wards, community clinics, and doctors' offices in urban and rural settings across British Columbia.

Department of Physical Therapy

- **Degree:** Master of Physical Therapy (MPT)
- **Duration:** 26 months
- **Yearly Enrolment:** 140
- **Locations:** UBC Point Grey (80 students), UNBC Prince George (20 students), UBC Fraser Valley (20 students), UBC Victoria (20 students)

The Physical Therapy program uses an integrated, case-based approach. Students undertake six clinical placements throughout the program, taught by award-winning academic faculty and a broad community of clinical educators.

Department of Occupational Science & Occupational Therapy

- **Degree:** Master of Occupational Therapy
- **Duration:** 2 years
- **Locations:** UBC Point Grey, UNBC Prince George, UBC Fraser Valley

The program combines coursework with five rural or urban fieldwork placements. Students present paired research projects at the annual Capstone Conference. Training occurs in a range of public and private clinical settings, with opportunities for involvement in innovative projects.

School of Audiology and Speech Sciences

- **Degree:** Master of Science
- **Duration:** 2 years

Audiology

- **Yearly Enrolment:** 12
- **Location:** UBC Point Grey, Vancouver

Audiology: is the science of hearing, focusing on diagnosing and managing hearing loss. It covers topics like acoustics, noise pollution, ear disorders, speech and language development, and hearing aids. Audiologists work with patients of all ages in various settings, including private practices and public health and education facilities.

Speech-Language Pathology (SLP)

- **Yearly Enrolment:** 44
- **Locations:** UBC Point Grey, Vancouver; UBC Distributed Site, Victoria

Speech-Language Pathology: focuses on diagnosing and managing communication and swallowing disorders, including speech delays, neurological impairments, stuttering, and voice/swallowing issues. Speech-language pathologists work with people of all ages and often collaborate with other professionals, such as teachers, doctors, and audiologists.

The School of Audiology and Speech Sciences is the only program in B.C. that educates both speech-language pathologists and audiologists. The program integrates foundational knowledge, research, and evidence-based practical skills. Students complete clinical placements throughout the program.

Genetic Counselling

- **Degree:** Master of Science
- **Duration:** 2 years
- **Yearly Enrolment:** 8
- **Location:** Children's and Women's Health Centre of British Columbia, Vancouver

UBC's Genetic Counselling Program equips students with the skills, knowledge, and mindset to work as part of interdisciplinary teams across various healthcare settings. The program balances strong academic foundations, direct clinical experiences, and independent research. Coursework is concentrated in the first year, followed by experiential learning in the second year.

Midwifery

- **Degree:** Bachelor of Midwifery
- **Duration:** 4 years
- **Yearly Enrolment:** 80+
- **Location:** UBC Point Grey, Vancouver

UBC's Midwifery Program has been educating midwives since 2002. The program is taught by over 300 practicing midwives who serve as Clinical Faculty members. It also includes a Bridging Program for internationally educated midwives and continuing professional development initiatives.

School of Population and Public Health

- **Degree Programs:** Undergraduate, Graduate, and Research Degrees
- **Yearly Enrolment:** 350
- **Location:** UBC Point Grey, Vancouver

The School collaborates with local, provincial, national, and international organizations to provide students with practical exposure to public health fields. Students gain experience through networking and partnerships with practitioners. The School is organized into four divisions, covering professional and research program areas. Learn more here. Professional Programs Overview Learn more here. Research Programs Overview Learn more here

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Below is a list of Professions outside the Faculty of Medicine

Faculty of Arts – School of Social Work

- **Degree:** Bachelor of Social Work (BSW), Master of Social Work (MSW)
- **Duration:** BSW – 2 years, MSW – 1 year
- **Yearly Enrolment:** BSW – 60, MSW – 45
- **Location:** UBC Point Grey, Vancouver

UBC's School of Social Work emphasizes social justice and an ethic of care, preparing students for professional practice at both entry and advanced levels. The BSW program integrates theory, policy, research, and practice, including 728 hours of field practicums. It addresses issues of power and discrimination while fostering critical thinking and structural analysis. Accredited by CASWE, it is recognized across Canada and the U.S. The Advanced MSW program is designed for advanced practice in health, child welfare, and social development, featuring a 450-hour field practicum and a strong focus on social justice and analytical skills.

Faculty of Arts - Department of Psychology

Department of Psychology

- **Degree:** Undergraduate and Graduate Degrees
- **Duration:** Varies
- **Location:** UBC Point Grey, Vancouver

The Clinical Psychology program values research and practice that promote adaptive functioning, assess human problems, and apply scientific evidence in clinical settings. The program emphasizes social justice advocacy within the field of clinical psychology.

Faculty of Applied Science – School of Nursing

- **Degree:** Bachelor of Science in Nursing, Master of Nursing, PhD
- **Duration:** Varies
- **Yearly Enrolment:** 150
- **Location:** UBC Point Grey, Vancouver

Established in 1919, the UBC School of Nursing has over 100 years of experience in educating nursing leaders. The program is known for its commitment to health equity, social justice, and Indigenous cultural safety. Students are taught by experienced faculty and engage in hands-on training to build a confident healthcare workforce.

Faculty of Education - School of Kinesiology

- **Degree:** Undergraduate and Graduate Degrees
- **Duration:** Varies
- **Location:** UBC Point Grey, Vancouver

Kinesiology explores human movement, physical activity, and sport through disciplines such as anatomy, physiology, biomechanics, psychology, and sociology. Research and teaching focus on the impact of movement on health, performance, and quality of life.

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Faculty of Land and Food Systems - Dietetics Program

- **Degree:** Bachelor of Science in Food, Nutrition, and Health (Dietetics Major)
- **Duration:** 5 years (including internship)
- **Yearly Enrolment:** 50
- **Location:** UBC Point Grey, Vancouver

UBC's Dietetics Program is the only dietitian training program in British Columbia. The program prepares students for careers in nutrition care, public health, and food management, meeting national accreditation standards.

Faculty of Pharmaceutical Sciences

Entry-to-Practice Doctor of Pharmacy (PharmD)

- **Degree:** Doctor of Pharmacy (PharmD)
- **Duration:** 4 years
- **Yearly Enrolment:** 224
- **Location:** UBC Point Grey, Vancouver

The PharmD program prepares graduates for careers in pharmacy practice, research, and education. The curriculum integrates pharmaceutical sciences, advanced pharmacotherapeutic problem-solving, and hands-on learning through practicums totaling 42 weeks. Students gain experience in community, primary, ambulatory, and hospital care settings.

Faculty of Dentistry

- **Degree:** Doctor of Dental Medicine (DMD)
- **Duration:** 4 years
- **Location:** UBC Point Grey, Vancouver

The DMD program provides students with knowledge in biological sciences, strong clinical skills, and an understanding of dentistry's role in community health. Graduates are prepared for general practice and leadership in oral health.

Special Thank You & Patient Involvement Acknowledgements

This document was co-developed with input from Patient and Community Partners whose insights and experiences have greatly enriched its content. Their dedication and commitment to being involved in health professional education at UBC are deeply appreciated. We would like to extend our heartfelt gratitude to the following individuals, Carolyn Canfield, Jon Collins, Karen Firus, Cindy Frostad, Darren Lauscher, Sue Macdonald, Cameron Rankin and Leigh Rutherford for their insights and advice on the content and format of this resource.

As this document is a work in progress, we welcome constructive feedback on how to make it more user-friendly or enhance its usability. Please send your suggestions to Community Engagement Coordinator Mandy Young at mandy.young@ubc.ca.

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Appendix 4: Telling your story

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Telling Your Story

Storytelling is a way human's share experiences, convey emotions, and impart wisdom. Stories have the ability to captivate audiences, inspire action, and leave lasting impressions. When sharing your story for student learning, it's important to be intentional about how you present it. This guide will help you write and share your story in a way that's both meaningful and true to yourself. By considering the student learning objectives, you can transform your personal narrative into a compelling tool for inspiration and action.

How to decide if an opportunity is a good fit for you

Ask yourself

- Does this align with my values and goals?
- Am I passionate about the learning topic?
- How does this opportunity contribute to my growth?
- What are the potential benefits and challenges?
- Do I have time to do the preparation this may take?
- Am I ready to tell my story or does it bring up too many emotions or make me upset?

Setting Emotional Boundaries

When deciding to share your story, the following questions may help you consider what is within your own self-care zone:

- What is too private to share? (It's ok to set boundaries.)
- How comfortable is your family with you talking about your story (or theirs, have you asked them)?
- How will you feel about it tomorrow, next month, or next year?

Sharing your story can be powerful but emotional. Share only what feels right for you—stretch gently, but stay within your self-care zone.

Tips & Tricks

- Outline Your Story: Plan your beginning, middle, and end to keep your narrative focused.
- Sharing honestly—including vulnerability—helps your audience connect with you.
- Use a few vivid details or emotions to help your story stay with your audience.
- Practice your story and feel free to bring notes (large font and spacing can help).
- Think about the students. What do you want them to learn from your story?

Storytelling

Feels like

- **Inspirational:** overcoming challenges, personal growth, and how it can apply to real-life situations
- **Humour (optional):** mixing serious moments with light-hearted ones

Sounds like

- **Strength based:** include positive aspects and personal strengths
- **Be yourself:** let your true personality shine through; **s**tudents want the real you

Looks like

- **Prepare versions:** having both a long and short version of your story helps you manage pacing and adapt to different situations
- **Interesting elements:** highlight unique experiences or key moments

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How to Handle Q&As or Difficult Questions

Handling Q&A and tough questions takes preparation, empathy, and quick thinking. Here are some simple strategies to help you feel confident:

- **Prepare in advance:** Anticipate possible questions and think through your responses.
- **Listen actively:** Pause, listen fully, and make sure you understand before responding.
- **Take a moment:** Use a notepad to capture key points, especially for complex questions.
- **Be honest:** If you don't know the answer, it's okay—offer to follow up if appropriate.
- **Provide context**: Offer additional background information to help the audience understand your perspective. Explain cultural or historical background that might clarify your answer.

Strategies for Specific Situations: Examples can be customized to sound more like you.

If asked about a particularly traumatic event, you can respond with,

- "That was a very difficult time in my life. While I prefer not to go into all the details, what I can share is how I found strength and support during that period." Or,
- "That's a sensitive topic, and I'd like to focus on [related but less sensitive topic]."

Acknowledge the question and validate the person asking it:

- "I appreciate your curiosity, but I can't answer that question at this time"

Your answer is only one perspective:

- "That's a complex and important issue. While I have my perspectives, I think it's crucial to listen to the voices of patients and community members who are directly impacted."

Emotional moments:

- "This was a particularly challenging time for me because [describe the situation], but it taught me [lesson learned]."

If a question is off-topic or too personal, you can respond with,

- "That's an interesting question, but it's a bit outside the scope of my story. What I can tell you about is [related topic]."

Find common ground: When faced with differing opinions, look for common ground. For example,

- "I understand that we may see things differently, but I think we can agree on the importance of [shared value]."

Need support? Mandy Young, Community Engagement Coordinator, can help you practice and refine your story in a supportive space. She can offer feedback, help highlight key points, and prepare you for questions. Email: mandy.young@ubc.ca

Special Thank You & Patient Involvement Acknowledgements
This document was co-developed with input from Patient and Community Partners whose insights and experiences have greatly enriched its content. Their dedication and commitment to being involved in health professional education at UBC are deeply appreciated. We would like to extend our heartfelt gratitude to the following individuals, Carolyn Canfield, Jon Collins, Karen Firus, Cindy Frostad, Darren Lauscher, Sue Macdonald, Cameron Rankin and Leigh Rutherford for their insights and advice on the content and format of this resource.
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Appendix 5: Engaging with patient partners: a quick guide for students and faculty

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Patient & Community Partnership for Education

Engaging with Patient Partners: A Quick Guide for Students and Faculty

Patient, family or community partners participate out of genuine care and commitment. They bring real-life experience, cultural context, and insight that cannot be found in textbooks. They invest significant time and effort into preparing and delivering their contributions. They take this work seriously—and so should we. Whether you're new to working with Patient Partners or just looking for a refresher, this resource offers practical ways to support that work.

✅ What to Do

Before You Start

- ✓ **Be prepared:** Understand the project, your role, and what meaningful engagement looks like.
- ✓ **Clarify compensation:** Ask your supervisor if unsure. Recognizing the time and expertise of Patient Partners matters— asking how they prefer to receive compensation is important.
- ✓ **Ask if unsure:** If you're uncertain about what's needed to support participation, ask the partner.
- ✓ **Respect partner preference:** Accommodate in-person or virtual meetings at partner preferred times.
- ✓ **Confidentiality:** Be respectful, stories are for learning purposes only and not to be shared.
- ✓ **Be clear with logistics:** Share meeting time, location, parking information (including reimbursement details if available), and assign a 'point of contact' person who will assist them throughout the process.

While Working Together

- ✓ **Practice active listening:** Give full attention, reflect back key points, and ask questions with curiosity—recognizing you're learning together.
- ✓ **Speak clearly and promote dialogue:** Use plain language, pause often, and invite questions.
- ✓ **Communicate often:** Keep partners updated and offer 1:1 check-ins if needed.
- ✓ **Go with the flow:** Things may change—and that's okay, it can create space for richer conversations.
- ✓ **Debrief together:** Reflect on what went well and what could be improved—welcoming everyone's views.
- ✓ **Follow up with appreciation:** A thank-you email, share how their input made a difference, and look for reciprocal opportunities to give back and continue the relationship.

Build Trust and Inclusion

- ✓ **Be honest:** Clearly communicate how much influence partners will have—clarity builds trust.
- ✓ **Value lived experience as expertise:** Personal stories are important and it's a privilege to hear them. Make space for all partners to share their experiences that feel safe for them.
- ✓ **Anti-oppressive and Equitable Interactions:** Act with humility and be respectful of all people.
- ✓ **Co-create when possible:** Involve partners to shape not just what is done, but how it's done.
- ✓ **Respect boundaries:** Support partners in sharing only what they feel comfortable with. Keeping to the agreed time helps create a smooth, respectful, and enjoyable experience for everyone.
- ✓ **Be mindful of power dynamics:** Academic settings feel intimidating. Inclusive language and being welcoming creates an open space. If you make a mistake, apologize and move on—focus on learning.

❌ What to Avoid

- × **Don't ASSUME:** If unsure, ask the partner—NEVER PRESUME
- × **Don't overlook accessibility:** Ask early about physical, cognitive, sensory, tech-related and emotional needs.
- × **Don't generalize:** One partner does not represent all voices—include diverse perspective when possible.
- × **Avoid jargon:** Use plain language & offer a glossary if needed. Refer to CIHR Jargon Buster
- × **Don't cancel or make last-minute changes:** Shows respect for people's time and energy.
- × **End with care:** Wrap up thoughtfully with final reflections, student appreciation and positive note.
- × **Don't treat emotional sharing as oversharing:** Lived experience is offered with trust.

💬 **Tone & Language Examples: What's Appropriate vs. Inappropriate**

Context	Do Say…	Don't Say…
When a partner shares a difficult experience	"I'm really grateful you shared that with us—it's important to hear."	"That sounds traumatic… I'm not sure that's relevant."
When something is unfamiliar	"I haven't heard that before—would you be open to sharing more?"	"That doesn't sound right—are you sure?"
When acknowledging contribution	"Your insight helped shape our thinking—thank you."	"Thanks for your time." (without acknowledging their expertise)
When disagreeing or having a different view	"That's an important point. I'd love to explore how we can integrate both perspectives."	"Well, that's not how we usually do it."
When needing to reschedule	"Please accept my apologies, we've had a change in timing and wanted to check your availability—your insights are important to us."	"We had to reschedule. Hopefully you can still make it."
When setting up a meeting or event	"Are there any accessibility or support needs we should be aware of?"	"Let us know if you need anything." (too vague and passive)
When reflecting on impact	"Since your talk, several students mentioned how powerful your story was."	"People were surprised by your experience."
When closing a session	"Would you be open to a quick debrief? We'd value your feedback."	"We're done now. Thanks."

If you're unsure how to engage meaningfully or want to learn more about working with Patient Partners, contact: **Mandy Young:** *Community Engagement Coordinator* ✉ mandy.young@ubc.ca

Special Thank You & Patient Involvement Acknowledgements

This document was co-developed with Patient and Community Partners whose lived experience and insight have greatly enriched its content. Inspired by the inclusive approaches, this document reflects a shared commitment to centering patient and community voices. We would like to extend our heartfelt gratitude to Karen Firus, Jon Collins, Bruce Raber, Mario Gregorio, Renata Hall and Julie Tipping for their thoughtful feedback on the content and format of this resource. We are grateful for their ongoing commitment to health professional education at UBC.

As a living document, we welcome your suggestions for improving its usability. Please contact Mandy Young, Community Engagement Coordinator, at **mandy.young@ubc.ca**.

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Appendix 6: Creating space for reflection (student version)

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Creating Space for Reflection: Suggestions for Students

Hearing a Patient Partner share their lived experience can be powerful, moving, and sometimes challenging to hear. These stories offer insight into what it is like to navigate healthcare and life with complex experiences.

These questions are designed to help you engage thoughtfully, reflect deeply, and connect what you hear to your learning and future practice. They also help shift the experience from a one-way story to a shared exchange—where students can think critically, notice assumptions, and begin to understand how patient and caregiver perspectives shape care, education, and systems.

You are encouraged to choose **one or two questions** to ask that resonates with you, the group, and the moment. There are no "wrong" questions or answers — your role is to be curious, compassionate, and reflective. This is an opportunity for shared learning that will continue long after the session ends.

Questions to Deepen Understanding	**Questions That Connect Experience to Practice**	**Questions About Advocacy & Partnership**	**Questions About to Ponded and Reflect After**	**Optional Closing Questions**
Support thoughtful listening	*Bridge lived experience and clinical roles*	*Explore responsibility and system change*	*Deepen your learning and collaboration*	*Support closure and respect*
Is there anything about your experience that you think is often misunderstood?	What helped you feel heard, respected, or safe in care settings?	Where did advocacy matter most in your experience—either by you or a healthcare provider?	What insights did you gain from hearing how students from other disciplines interpreted this experience?	Is there anything you hoped your team would have asked but didn't?
Was there a moment in your journey that changed how you view healthcare or providers?	What actions or behaviours from healthcare providers made the biggest difference for you?	Based on your own experience, what role did—or could—healthcare providers play in advocating alongside you or your family?	How might today's learning influence how you show up with patients, caregivers, families, or communities?	What is one thing you'd like students to remember as they move forward?
What do you wish students understood more about the patient or caregiver experience?	From your perspective, what should students prioritize as they enter practice?	What would meaningful partnership look like to you between patients, families, and healthcare providers?	How does this experience illustrate holistic health, including physical, emotional, social, cultural, and family factors?	Is there anything you'd like us to reflect on after today's session?

Track notes or reflections (on paper copy feel free to use the back):

Special Thank You & Patient Involvement Acknowledgements
This document was co-developed with input from health professional students whose insights and experiences have greatly enriched its content. Their dedication and commitment to being involved in health professional education at UBC are deeply appreciated. We would like to extend our heartfelt gratitude to Kyra McKinnon, Alina Dhanji, Carmen Golnaraghi and Stefanie Sajko for their insights and advice on the content and format of this resource.
As this document is a work in progress, we welcome constructive feedback on how to make it more user-friendly or enhance its usability. Please send your suggestions to Community Engagement Coordinator Mandy Young at mandy.young@ubc.ca.
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Appendix 7: Creating space for reflection (patient version)

THE UNIVERSITY OF BRITISH COLUMBIA
UBC Health

Patient & Community Partnership for Education

Creating Space for Reflection and Conversation: Suggestions for Patient Partners

When you share your lived experience with students, it can have a powerful impact. Sometimes students feel deeply moved, challenged, or even overwhelmed by what they hear. Offering one or two thoughtful questions can help them pause, reflect, and connect your experience to their learning and future practice.

These questions are not meant to test students or put anyone on the spot. Instead, they invite an open space for reflection, dialogue, and deeper understanding. They also help shift the experience from a one-way story to a shared exchange—where students can think critically, recognize their own assumptions, and begin to understand how patient and caregiver perspectives shape care, education, and systems.

You don't need to ask all of these questions. You may decide to choose **one or two** that feel right for you, the group, and the moment. Your story can open space for reflection—learning can continue long after the session ends.

Questions to Help Students Pause & Reflect	**Questions That Connect Story to Practice**	**Questions That Gently Challenge Learners**	**Questions That Encourage Advocacy & Responsibility**	**Optional Closing Questions**
Were there any parts of my story that were difficult to follow or that you'd like me to explain a bit more?	What assumptions might this story challenge in your future practice?	Where do you see gaps between what patients need and how the system currently works?	What responsibility do healthcare providers have beyond clinical care in situations like this?	What are you still sitting with, or has sparked your curiosity, after hearing my experience?
How might today's learning influence how you show up with patients, caregivers, or families?	If you were part of my care team, what might you do differently after hearing my story?	What similarities or differences stand out to you between clinical priorities and lived experience?	How can healthcare providers use their position or influence to advocate with patients, caregivers or families?	What is one thing you might do differently or carry into your next placement because of what you heard?
What came up for you as you listened?	What do you think mattered most to me in my interactions with healthcare providers?	How could power, privilege, or hierarchy show up in a situation like mine?	What roles do interdisciplinary teams play in advocacy or inform change?	What question will you continue to think about after today?

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