

# Where's the patient voice in health and social care professional education?

## The Vancouver Statement 2015

This statement was developed in collaboration with attendees at the 2<sup>nd</sup> 'Where's the Patient's Voice in Health Professional Education?' international conference, held in Vancouver from 12 to 14 November 2015, with the goal of setting the direction for patient involvement in education for the next five years. We acknowledge the excellent work that is already taking place to actively involve patients in education and the advances that have been made since the first conference 10 years ago.

Note: we use the word '*patient*' as an umbrella term to include people with health conditions (service user, client, consumer, etc.), their caregivers (including carers, parents and family members) and others with relevant lived experience (community member, citizen or lay person), recognizing that no single word is adequate or acceptable. *Education* refers to the entire continuum, including university, postgraduate and continuing professional development.

This statement is targeted at decision makers responsible for the education of health and social care professionals, and is also relevant to individual educators and patients, and community organizations.

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**1. Aim:** To promote and ensure that the education of current and future health and social care professionals includes the autonomous and authentic voices of patients and their lived experiences so that the care delivered is genuinely patient-centred.

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**2. Patient involvement in the education of health professionals – what it is:** We mean that patients play an active and collaborative educational role, as teachers, assessors, curriculum developers and educational decision makers.

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### 3. Why this statement is important

**3.1** Health and social care should engage patients as partners in decision-making, service delivery and research.

**3.2** Patient collaboration in education is essential to prepare current and future practitioners to work in partnership with patients in order to: i) deliver person-centred, relationship-based care; ii) engage in shared decision-making; iii) support self-care; iv) enhance communication, and empathic and caring relationships; v) promote patient safety and quality improvement; vi) foster shared values, inclusion and social justice.

**3.3** Therefore we call on all educational institutions to respond to the need to prepare health and social care professionals to build and work in partnerships with patients.

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### 4. The current state

**4.1** Education that actively engages patients is innovative and evolving, especially with regard to recognition and respect for patient expertise and the lived experience, and is engaging for learners.

**4.2** There are lost opportunities to expand patient involvement in education beyond individual professional programs to promote team-based education and care.

**4.3** Current activities are often driven by a small group of enthusiasts, are often fragmented or episodic rather than integrated into educational structures, and are often of low status and priority in the institution.

- 4.4** Institutional and educational barriers exist related to power, professional identity and location of learning which prevent patients from being heard.
- 4.5** Outcome data on the benefits of involving patients as educators are limited.
- 4.6** Funding for innovation, evaluation and research into the impact of patient involvement in health and social care professional education is often insufficient and insecure.
- 4.7** Resources to prepare, empower and give patients confidence to participate, and structures and support in place to support patients are often not present.
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## **5. Priorities for action in the next five years**

- 5.1** Promote the involvement of patients in health and social care professional education through directives such as accreditation standards, external and internal policies, pronouncements from professional bodies and best practice statements.
- 5.2** Foster institutional, local, national and global recognition of patient expertise that make this activity valued. Recognize achievement and celebrate success (identify and publicize information about funding to develop and disseminate educational innovations, increase publication opportunities).
- 5.3** Increase the diversity of people who are involved by harnessing the motivation and enthusiasm of patients, community agencies, patient advocacy organizations and community members who believe that being involved in the education of current and future health professionals is an intrinsically attractive and valuable activity.
- 5.4** Introduce the patient's voice initiatives to learners as early as possible, and sustain them throughout the educational continuum, including selections processes, curriculum and assessment.
- 5.5** Target patient involvement in new and emerging multi- and inter-professional learning activities in order to facilitate a more holistic approach to patient partnerships and teamwork.
- 5.6** Explore and create models to promote collaboration between educational institutions and community organizations to promote patient involvement in education.
- 5.7** Conduct and disseminate high quality, inclusive and accessible research and evaluation in partnership with patients, to provide further evidence of short and long term impact of patient involvement in education, including patient and learner outcomes, and the processes by which it is achieved.
- 5.8** Lobby conference committees to involve patients in the planning, delivery and evaluation of conferences and educational events; lobby community organizations, universities and funding bodies to provide grants for patients to attend and present at conferences.
- 5.9** Create regional networks of people and champions to collaborate, disseminate information, share promising practices and plan further meetings.
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