THE UNIVERSITY OF BRITISH COLUMBIA
UBC Health

PATIENT ENGAGEMENT IN EDUCATION IN UBC HEALTH PROGRAMS

Environmental scan report,
recommendations and approaches to
patient engagement

Report and recommendations approved by UBC Health Council in March 2018

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Contents

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INTRODUCTION & BACKGROUND

Providing patient-centred care is the first of the eight priorities articulated in the Ministry of Health's strategic plan, *Setting Priorities for the B.C. Health System* (B.C. Ministry of Health, 2014). In this context, health programs at UBC are trying to bring some meaning and practice to the imperative of training graduates who can provide patient-centred care. Engaging patients in education is increasingly considered as a necessity by UBC health programs in order to provide students with more opportunities to learn how to work in partnership with their clients and be more patient-centred. All programs report that students' feedback on courses engaging patients is positive and that learning is enhanced, resulting in an increasing interest and demand from students for patient engagement. The patient engagement that is referred to in this report occurs when the student learns with, and from, the patient in a setting distinct from that of direct patient care. The UBC Health Patient & Community Advisory Committee considers patient engagement in education to be an important opportunity to enrich learning with authentic patient experiences that will help prepare students to meet current and future health care needs by: 1) helping curricula remain current and relevant to changes in the community between curriculum renewal cycles; 2) teaching professionalism, problem solving, humility, empathy and shared decision-making; 3) creating a safe space for students to learn about complex and uncommon conditions; 4) increasing the diversity of patients involved; and 5) empowering patients to share their experiences where they can make a difference.

In 2016, there was a discussion by some of the UBC health professional programs about how to maximize the Standardized Patient (SP) program for their students building on the current SP program in the Faculty of Medicine. A small working group was formed and agreed there was an opportunity to expand the scope of discussion to include the potential for a much broader review of how to engage patients in education. The UBC Health Council was consulted and supported this recommendation.

In July 2017, the Office of UBC Health hired a project coordinator to examine patient engagement in the health programs at UBC. As a starting point, it was agreed that the project coordinator would conduct an environmental scan to elucidate the extent of current patient engagement in the programs, as well as motivations, needs, barriers and opportunities to engagement.

The environmental scan was conducted between October 2017 and January 2018. In addition to presenting the findings of the environmental scan, this report proposes two approaches to patient engagement, one at the level of programs and one for instructors. The report also puts forward a number of recommendations to build on the work of the UBC Health's Patient and Community Partnership for Education (PCPE), and to provide UBC health programs with guidance and tools to increase patient engagement in education.

The definition of "patient" for this project is the one developed in *The Vancouver Statement* (Towle et al., 2015). The word "patient" is used 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 universally acceptable. The definition of "engagement" is based on the 'Spectrum of Involvement' initially developed by Towle et al. (2010) that identifies six main educational roles for patients (Appendix 1).

METHODS

A small working group was formed to guide the work of the project coordinator. The UBC Health Patient & Community Advisory Committee was consulted on a regular basis and also provided input on the direction of the project.

For the environmental scan, faculty and staff members from 13 UBC health programs were contacted (Audiology and Speech Sciences, Dental Hygiene, Dentistry, Dietetics, Genetic Counselling, Medicine, Midwifery, Nursing, Occupational Therapy, Pharmaceutical Sciences, Physical Therapy, Population and Public Health and Social Work). Individuals contacted included those responsible for curriculum in each program, instructors already engaging patients in their teaching, and program managers for existing patients' programs. Snowball sampling identified additional interviewees. A total of 24 individuals were interviewed (Appendix 2). Two sets of questions were developed: one for faculty members responsible for curriculum and one for instructors (Appendix 3). At the outset of each interview, participants were informed of the background and purpose of the project and were handed out a document with examples of patient/community roles in health professional education along a spectrum of involvement (Towle & Godolphin, 2015).

Most interviews were audio-recorded and transcribed by the project coordinator. A thematic analysis was done to identify recurring topics and inform recommendations.

FINDINGS

The key findings are organized under the following headings:

- Motivations for patient engagement
- Extent and forms of patient engagement
- Integration in the curriculum and support for patient engagement
- Barriers to patient engagement
- Feedback and evaluation on patient engagement
- Needs
- Opportunities

The findings are based on the 24 interviews conducted as part of the environmental scan. This project does not claim to provide an exhaustive picture of patient engagement in the health programs at UBC, but the number of programs consulted and the consistent pattern of answers received offer a coherent picture of the current state of patient engagement in health programs at UBC.

The findings of this report are also consistent with the findings of a report of UBC key informant interviews that was submitted as part of a research report funded by the Vancouver Foundation on Community and Patient Voices in Health Professional Education (CVHEd) in March 2014.

Motivations for patient engagement

Motivations from instructors for engaging patients in their courses vary, although most of them mentioned that the main goal is to bring reality, authenticity and applicability to the classroom. When students are learning theoretical content, it is hard for them to get a good sense of what the lived experience is like for patients. Engaging patients helps students understand the patient's perspective, have access to the authentic stories, and provides a learning opportunity to strengthen patient-centred practice. By involving patients, instructors find that students are more engaged in the learning process. Other motivations include practicing specific skills that students need some exposure to before going on clinical placements (e.g. interviewing, physical examinations, history taking). By engaging patients in education, instructors can create a safe learning environment where mistakes can occur without major consequences. Some instructors also reported that their motivations included breaking stereotypes and stigmas, helping students understand their role better and giving their course more credibility by showing students that they're attentive to real life as opposed to just giving a theoretical lecture.

Extent and forms of patient engagement

All programs reported some level of patient engagement in their curriculum (Appendix 4). The most common form of engagement is to invite patients or community members into the classroom to share their experience. Patients living with chronic illnesses, representing marginalized populations or who have experienced some form of injury or loss are most commonly engaged. A number of programs also reported engaging patient advocates to discuss challenges and issues associated with certain health conditions and resources available to those individuals affected.

Volunteer or standardized patients are the second most common form of patient engagement across programs. Volunteer patients participate "as themselves" to help students practice history taking, physical exams or interviewing skills. Volunteer patients can be asymptomatic or individuals with symptoms or chronic illnesses. Standardized patients (SPs) are healthy individuals who are trained to simulate real patients in a realistic manner, and are mostly used for examinations and for in class teaching for students to practice communication skills. SPs are also used for admission processes in a number of programs. Some programs resort to a hybrid version where volunteer patients participate as who they are but they receive some direction to meet the learning objectives of the course. Most SPs are hired actors but some programs have reported using UBC students, friends or relatives. Volunteer patients are mostly recruited through instructors' personal networks (patients from their own practice) or are drawn from students from other programs, staff, faculty, alumni, family members or friends. The Faculty of Medicine's undergraduate program is the only program that has formal volunteer and standardized patients programs to recruit, train, and supervise pools of patients. The Faculty of Pharmaceutical Sciences uses a consultant to support the recruitment, training and implementation of their standardized patient program needs.

Patients in Education (PIE), a partnership between the UBC Health Patient & Community Partnership for Education (PCPE) and the community, has helped the physical therapy and the dietetics programs recruit volunteer patients from the community to practice interviewing and counselling skills. Three programs (medicine, midwifery and nurse practitioner)

also use Clinical Teaching Associates (CTAs) who are lay people who are trained to teach breast, pelvic and male genitalia exams.

In most occurrences, patients are required to come to the university to share their experience or act as volunteer or standardized patients. However, a number of programs also value approaches that they deem less demanding for patients, such as engaging them in their own community or environment. This can take the form of health promotion activities, clinic/office visits or community service learning. In those cases, programs have established partnerships with community organizations (clinics, schools, immigrant centres, etc.) and students practice screenings, prevention, health promotion or communication and counselling skills, among others.

The UBC Interprofessional Health Mentors Program was mentioned as a successful example of patient engagement. Participating programs interviewed (dentistry, medicine, occupational therapy, pharmacy, physical therapy) reported high levels of student and patient satisfaction. Another longitudinal educational experience for students is being piloted by the Island Medical Program with the First Patient Program, in which two first-year medical students are paired with a volunteer patient and the patient's primary physician for eleven months. Students have the opportunity to learn from the patient the reality of living with a chronic illness and experience what it is like to navigate the health care system from the patient's perspective.

The form of patient engagement selected by instructors/course leaders is often driven by logistical considerations and the availability of resources. Some programs mentioned that they tend to default to using SPs as they have an easy access to them. For other programs, the cost of using SPs is too high and they only engage volunteer patients that are recruited through friends and relatives. In other cases, the amount of work and coordination required to engage either volunteer or standardized patients discourages them from engaging patients altogether.

Integration in the curriculum and support for patient engagement

Heads of programs and curriculum coordinators that were interviewed recognized the value of engaging patients in education. However, they reported that patient engagement is currently not included in a systematic way in planning the curriculum. Many heads of programs encourage instructors to engage patients but there are no formal processes in place or support available to guide instructors. Educational activities that include some form of patient engagement are not tracked, therefore heads of programs tend to have an erroneous perception of the extent to which patient engagement occurs in their program. Some heads of programs have reported that their encouragement to engage patients was met with some resistance by instructors because of 1) a potential lack of understanding/appreciation as to how patients can add value; 2) a lack of administrative and financial support to help instructors coordinate patient engagement activities and 3) the perception that students already adequately engage with patients during their clinical training.

In the classroom, patient engagement in education relies on the efforts of committed instructors who see the value of the patient's perspective in education and who consider it's worth it for them to spend the time coordinating the activity. A number of instructors think that patient engagement is not valued at the curriculum level and that this translates into an

absence of resources or support available within their department or faculty. There are no guidelines or formal policy in the health programs regarding recruitment, orientation and recognition of patients who provide service to the university, and neither is there any dedicated funding instructors can tap into to support patient engagement. Interviewees were not aware of any faculty development support for instructors for how to engage patients, or for patients on how to teach students or provide feedback. As was mentioned earlier in this report, two programs (Physical Therapy and Dietetics) have sought assistance from the UBC Health PCPE to recruit patients. Other programs acknowledged the exemplar work of PCPE in running the Health Mentors Program but were not sure if and how PCPE could provide access to resources for other forms of patient engagement. The Dental Hygiene program mentioned that they have used the expertise of the UBC Centre for Community Engaged Learning for their community-based experiential learning. For standardized patients, the Faculty of Medicine has their own SP program through which they recruit and train SPs. For their SP needs, other programs use the services of a consultant or an external company providing simulation education services.

Barriers to patient engagement

The three main barriers identified by interviewees were consistently the same: recruitment, logistics and cost. Instructors indicated that they didn't always have the right networks to find the patients who would be the "best-fit" for their activity. Some programs have connections with disease organizations but it is really difficult to translate this into finding volunteer patients for a particular event. Many mentioned that it can be challenging to recruit patients to come and talk to large groups of students as this can prove quite intimidating. The medical program also faces some specific recruitment constraints as their program is delivered at four distinct, geo-distributed sites throughout the province. Interviewees admitted that coordinating patient engagement activities is time-consuming and involves many logistical pieces that they have to take care of by themselves (contacting patients, room bookings, arranging parking, confirming dates, etc.). The third most commonly mentioned barrier was cost (patient compensation but also administrative costs to run the activity). All programs agreed that patients should never be out-of-pocket in engaging in an activity with the university, and that any compensation they receive should at least cover their travel expenses. Recognition and compensation vary quite significantly across programs but cost does represent a limiting factor for all programs to engaging patients more extensively.

A number of other barriers to engagement were identified by participants including lack of time in the curriculum; consent and confidentiality; time commitment for the patient; potential harm to the patients; succession/sustainability of the activity especially if patients are co-teaching; and campus location. Heads of programs also pointed out that getting faculty buy-in and knowing where the resistance to patient engagement laid was a significant barrier. They also recognized that there are no incentives for instructors to "go the extra mile" and spend time coordinating activities engaging patients.

Feedback and evaluation

Patients are not always explicitly required to provide feedback to students on a given interaction. A small number of instructors indicated that they do include some time in their sessions for patients to give feedback to students on

communication skills, on their level of comfort with questions asked or on touch if patients are involved in physical examinations. Some instructors provide patients with a checklist of elements they will be required to give feedback on. They noted that students and patients highly value these opportunities to debrief. In the majority of interactions though, feedback from patients to students is informal and voluntary and might be indirect through follow-up forms or questionnaires that are sent to the instructors. The Faculty of Pharmaceutical Sciences has built a couple of scenarios where the feedback from standardized patients is used for the final assessment. In the medical program, course directors are increasingly considering feedback as an essential part of the student-patient interaction. As a result, some SPs are now starting to receive training on how to provide feedback to students.

Students were not interviewed as part of this scan but instructors reported that students were always very appreciative of interactions with patients, and that the patient engagement piece was often cited as their favorite part of the course in the course evaluations. Beyond course evaluations, programs and instructors don't evaluate the impact of patient engagement on student learning. Some instructors have mentioned that, although they didn't do any formal evaluation, anecdotally they could see from their students' performance that patient engagement had enhanced their practice. Interviewees also reported that they were not always clear about the benefits for patients and that it wasn't an indicator they were currently evaluating.

A couple of faculty members conducted research related to patient engagement. The department of Physical Therapy published a pilot study in 2015 on the use of standardized patients versus volunteer patients for students' interviewing practice (Murphy, Imam & MacIntyre, 2015). In 2016, a member from the Faculty of Pharmaceutical Sciences did a poster presentation on the impact of standardized patients on first year Doctor of Pharmacy students (Kanji & Seet, 2016).

Needs

As part of the interviews, participants were asked about their needs to continue and/or increase patient engagement in education. Most answers can be grouped under four main areas:
1) Articulate the added-value of patient engagement in education for programs, students and patients
2) Have access to a pool of patients with diverse conditions
3) Receive logistical support for bookings, payments, location, etc.
4) Provide guidelines on key areas such as orientation and recognition

Heads of programs and instructors spoke about the need to better explore and articulate how patients add value to student learning, and where in the curriculum patient engagement makes more sense. Although they all see intrinsic value in patient engagement, they lack the tools and evidence to plan patient engagement in a more systematic way in the curriculum. Many spoke about the need to also uncover why engagement is appropriate and beneficial for patients, and find out what patients want to bring to the classroom and why.

Recruitment was identified as a major barrier for patient engagement. A large number of interviewees expressed the need to have access to a central pool of patients with diverse conditions and different demographics (e.g. age, gender,

etc.). Some said this could take the form of an office or a unit that would be a “clearing house” to identify patients with the right profile for their needs, and to provide logistical support to contact patients, organize room bookings and payments. Others suggested building a consortium model to which every program would contribute.

Interviewees expressed a need to have some guidelines on areas such as orientation or recognition. There are many variations within and across programs and many felt they would benefit from sharing current practices and agree on common standards. One person mentioned the need to consider safety when bringing in people and suggested developing an overall assessment tool or a checklist to confirm that the environment would be safe for learners and patients.

One program mentioned that it would be ideal if departments had access to central funding for patient engagement activities, instead of relying on department-specific funding. A couple of interviewees spoke about the need to develop training for patients to enhance their ability to give feedback and help the students learn, but also to provide faculty development opportunities to instructors to support effective strategies to engage patients in teaching.

Opportunities

When asked about opportunities for further patient engagement, interviewees were invited to refer to the document with examples of patient/community roles in health professional education along a spectrum of involvement (Towle & Godolphin, 2015).

A majority of informants reacted positively to the idea of involving patients in creating learning materials. Most of them said they had never considered this as a possibility but that it sounded innovative, appropriate and feasible. Most programs use case-based learning and were enthusiastic at the idea of engaging patients in co-writing cases or recording virtual interviews.

The second example that generated the most interest and discussion was involving patients in teaching and assessing students. Although a few programs already engage patients in teaching, many thought that it should be extended, and that the potential for innovative ways to co-teach should be explored. There was disagreement on whether patients should be engaged in student assessment. Most interviewees felt comfortable with the idea of patients providing formative assessment, but only a few individuals seemed receptive to the possibility of having patients formally evaluate students. There were concerns that patients might not have the expertise involved with assessing students and that specific evaluation tools would need to be developed.

Engaging patients in institutional decision-making was mostly seen as a positive area that should be further explored. Most informants agreed that patients should sit on some specific committees, provided they were carefully selected and that there was clarity about the added value they could bring (and avoid tokenism). Only a few informants mentioned curriculum development as an area to consider for patient engagement and they were not entirely sure patients would have the educational knowledge necessary to contribute.

There was agreement that volunteer or standardized patient involvement, as well as opportunities for patients to share their experience should be enhanced, particularly in ways that ensure that patients can influence the content and design of curriculum. However, those developments depend upon the ability for programs to recruit patients and afford costs involved with their engagement.

RECOMMENDATIONS

The following recommendations are based on the findings of this report and on the expertise of the UBC Health Patient Engagement working group and the UBC Health Patient & Community Advisory Committee.

1) Extend the mandate and resources of the UBC Health Patient and Community Partnership for Education to build a central hub for patient engagement for health programs at UBC. The central office would capitalize on the expertise and well-established networks of PCPE to provide resources and services to health programs at every step of the patient engagement process.

2) Facilitate sharing and dialogue between health programs about patient engagement, and, where appropriate, coordinate the development of guidelines and consistent approaches on key areas for patients engaged in education at UBC (e.g. orientation, recognition, safety).

3) Disseminate existing research and evaluation about patient engagement in education, and encourage faculty members to conduct further research on the impact of patient engagement on student learning and benefits to patients.

4) Collaborate with faculty development units to develop educational initiatives to support instructors in engaging patients in teaching, and to support patients in teaching and providing feedback.

APPROACHES TO PATIENT ENGAGEMENT

Based on the findings of this report and the needs identified by informants, we are proposing two approaches to patient engagement: one at the level of programs and one for instructors. The two approaches aim to provide programs and instructors with a systematic process to engage patients. The development of those approaches was guided by five main principles and supports the notion of engaging patients in education as partners. Those approaches envision an extended role for the UBC Health PCPE in providing resources and services to instructors and programs to engage patients in education.

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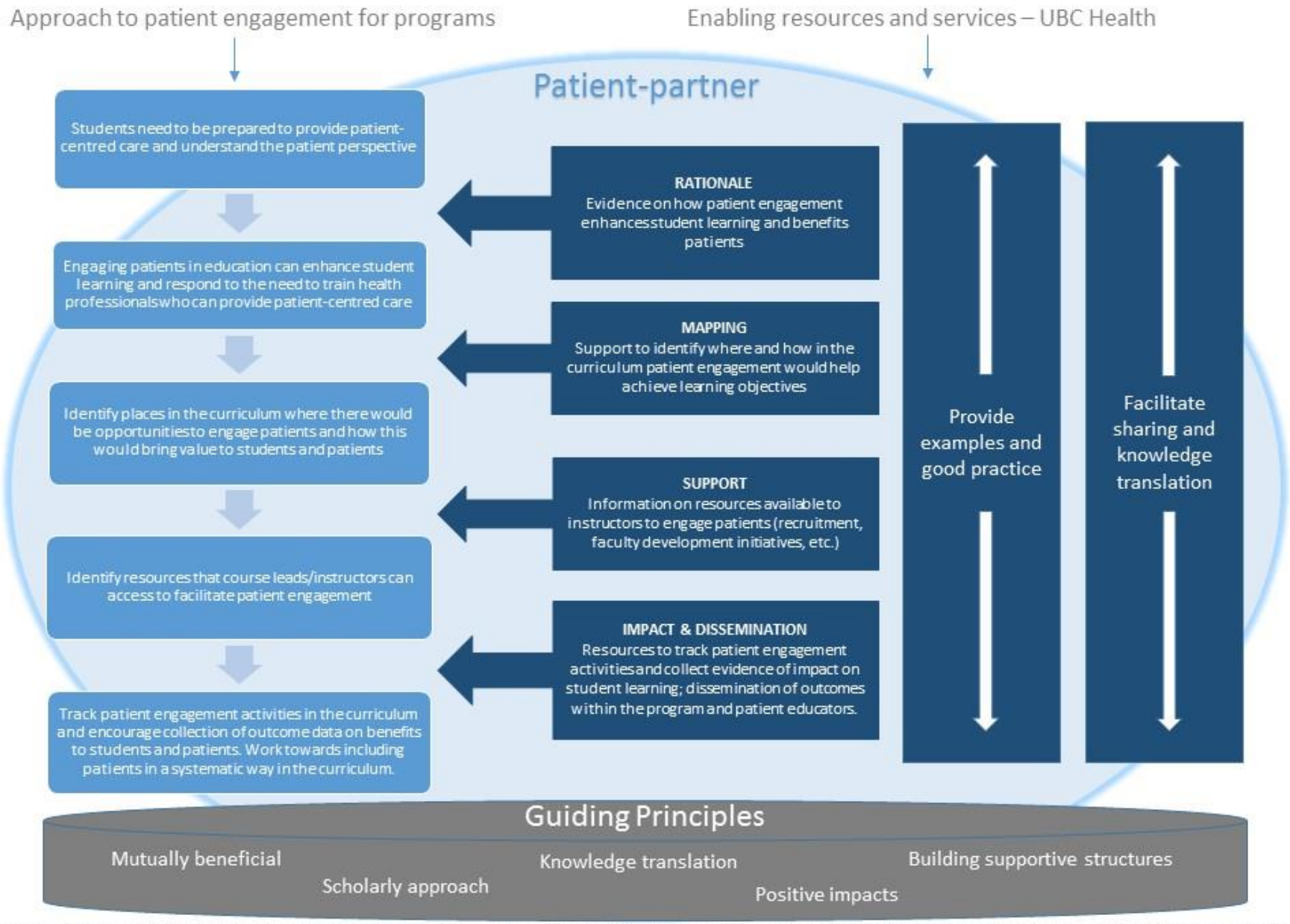

We use the term patient for the sake of brevity, to include people with health problems (clients, consumers, community members, their care givers) and healthy people (community members, lay people). Some education may be delivered by organizations in the community or patient advocacy groups.

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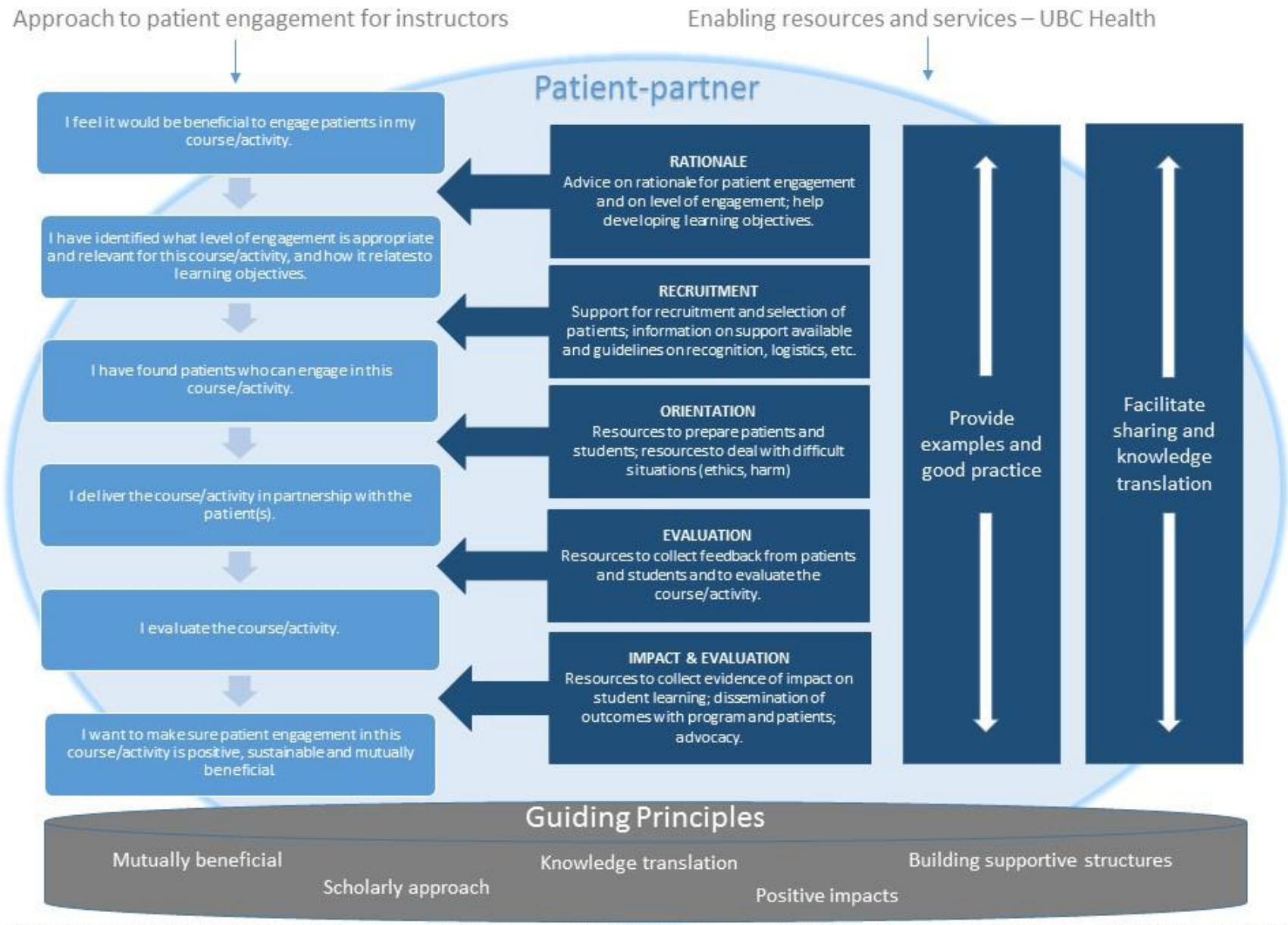

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APPENDIXES

Appendix 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 programme 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).

*Notes:
We use the term patient for the sake of brevity, to include people with health problems (clients, consumers, people living with [condition], community members, their care givers (including parents and family), and healthy people (community members, lay people, well women etc). Patients may be individual educators or work in organized groups set up to deliver education and provide peer support. Some education may be delivered by organizations in the community.

Towle, A. & Godolphin, W. (2015). Patients as teachers: Promoting their authentic and autonomous voices. The Clinical Teacher , 12, 149-154. http://doi.org/10.1111/tct.12400

Appendix 2: list of interviewees

Role	Unit
Director	Dental Hygiene Program, Faculty of Dentistry
Assistant Professor	Dental Hygiene Program, Faculty of Dentistry
Clinical Associate Professor	Dental Hygiene Program, Faculty of Dentistry
Associate Dean, Academic Affairs	DMD Program, Faculty of Dentistry
Program Leader	Dietetics Major
Associate Dean Undergraduate Medical Education	Faculty of Medicine
Program Manager, Years 1 & 2	Faculty of Medicine
Program Manager, Standardized Patients	Faculty of Medicine
Program Manager, Clinical Skills	Faculty of Medicine
Program Manager, Faculty Development	Faculty of Medicine
Patient Program Coordinator (IMP)	Faculty of Medicine
Professor	Faculty of Medicine
Honorary Lecturer	Faculty of Medicine
Clinical Assistant Professor	Midwifery Program
Instructor	Midwifery Program
Associate Director, Undergraduate Programs	School of Nursing
Coordinator, Nurse Practitioner Program	School of Nursing
Associate Head	Department of Occupational Sciences & Occupational Therapy
Professor	Department of Occupational Sciences & Occupational Therapy
Associate Dean, Academic	Faculty of Pharmaceutical Sciences
Lead, Simulated and Standardized Patient Program	Faculty of Pharmaceutical Sciences
Head	Department of Physical Therapy
Associate Head, MPT Program	Department of Physical Therapy
Associate Director	School of Population and Public Health
TOTAL	**24**

Appendix 3: Sets of interview questions

Questions for instructors

- What are your main motivations for engaging patients in this course?
- How does it help meet the learning objectives of your course?
- At what level is this course offered? Is it optional or mandatory?
- What is the level of patient engagement in this course and how did you decide this was the appropriate level?
- Do you think a different level of engagement would have been possible/appropriate?
- How long have patients been engaged in this course?
- How are patients recruited and contacted?
- How are patients recognized for their engagement? How was this decided?
- What preparation do patients and students receive before engaging in this course?
- Are there any structures or processes in place to facilitate engaging with patients in your department/faculty/university?
- What are the main barriers to engage patients and what could be done to overcome them?
- In your experience, what works and doesn't well when it comes to engaging patients in education?
- Do you evaluate the impact of patient engagement on student learning? Or the benefits to students and patients?
- What are your needs to continue engaging patients in education?
- Where do you see opportunities to further engage patients in education at UBC?

Questions for Heads of Programs or curriculum coordinators

- Do you encourage instructors in your program to engage patients?
- How do you think engaging patients can help meeting learning objectives?
- Are you aware of any instructors in your program who engage patients?
- Is there any support available for instructors who want to engage patients?
- What do you think a pedagogical framework on patient engagement should include?
- What are the main barriers to engage patients and what could be done to overcome them?
- Where do you see opportunities to further engage patients in education at UBC?

Appendix 4: Extent of patient engagement in the different programs

Program (number of interviewees)	Patient engagement activities	Collaboration with PCPE
Dental Hygiene (3)	• Patients invited to the classroom to share experience (living with HIV, trauma-informed care) • Prevention and health promotion in communities • Onsite UBC dental clinic • Client on the Dean's Council (advisory board)	
Dentistry (1)	• Volunteer patients (staff, students and family) for year 1 interview skills and for examinations • Standardized patients (introductory session in professionalism and ethical practice module) • Onsite UBC dental clinic	• Health Mentors Program
Dietetics (1)	• Patient invited to the classroom for a session on the reality of the client experience • Volunteer patient for nutrition counselling skills • Go out to the community for nutrition communication skills (schools)	• Recruited volunteer patients for nutrition counselling sessions in 2018 • Health Mentors Program
Medicine (8)	• Patients invited to the classroom (large group lectures) • Volunteer patients (interviewing, medical history-taking, basic physical exams) • Standardized patients (OSCE, practice for OSCE, communication skills, sexual health, psychiatry, anti-harassment…) • Practice hospital/office visits • CTAs • First Patient Program	• Aware that patients can be recruited through PCPE (for lectures) • Health Mentors Program
Midwifery (2)	• Patients invited to the classroom to share experience • Volunteer pregnant women for physical assessment, history taking • Volunteer parents with babies for newborn physical assessment • Standardized patients (admissions for bridging program) • CTAs (different from medicine pool)	
Nursing (2)	• Patients invited to the classroom to share experiences (not sure to what extent) • Volunteer parents with children for pediatric physical assessment (NP) • Standardized patients for OSCE in the NP program (all volunteers, not hired actors) • CTAs (use the ones from medicine) (NP)	• Health Mentors Program
Occupational Therapy (2)	• Patients invited to the classroom to share experience (advocacy) • Volunteer patients for assistive technology interviews • Standardized patients (teaching and exams) • Clinical visits to community to learn to move patients safely	• Health Mentors Program

Pharmaceutical Sciences (2)	• Patients invited to the classroom to share experience (advocacy groups) • Standardized patients (teaching, admissions and exams) • Community service learning	• Health Mentors Program
Physical Therapy (2)	• Patients invited to the classroom to share experiences • Volunteers for OSCE (UBC students) • Volunteer pediatric patients to see normal infant development • Volunteer patients with certain conditions for patient interviewing skills	• Recruited volunteer patients for interviewing skills for the past 2 years • Health Mentors Program
Population and Public Health (1)	• Instructors might invite patients/community members to their classes	

REFERENCES

BC Ministry of Health. (2014). *Setting priorities for the B.C. health system*. Victoria, BC, Canada. Retrieved from http://www.health.gov.bc.ca/library/publications/year/2014/Setting-priorities-BC-Health-Feb14.pdf

Community and Patient Voices in Health Professional Education (CVHEd): Improving care for vulnerable populations through their participation in the education of health professionals. Research Report No. 3: Report of University Key Informant Interviews, March 2014. Retrieved from http://meetingofexperts.org/activities/cvhed/reports/

Kanji, T. J., & Seet, T. T. (2016, June). *The Impact of Standardized Patients on First Year Students in an Entry-to-Practice PharmD Program at the University of British Columbia*. Poster session presented at the 7th Annual Canadian Pharmacy Education & Research Conference, Richmond, Canada. https://www.afpc.info/system/files/public/2016%20Poster%20Abstracts.pdf

Murphy, S., Imam, B., & MacIntyre, D. L. (2015). Standardized Patients versus Volunteer Patients for Physical Therapy Students' Interviewing Practice: A Pilot Study. *Physiotherapy Canada*, 67(4), 378–384. http://doi.org/10.3138/ptc.2014-50E

Towle, A., Bainbridge, L., Godolphin, W., Katz, A., Kline, C., Lown, B., Madularu, I., Solomon, P. & Thistlethwaite, J. (2010). Active patient involvement in the education of health professionals. *Medical Education*, 44: 64-74. http://doi.org/10.1111/j.1365-2923.2009.03530.x

Towle, A., Farrell, C., Gaines, M., Godolphin, W., John, G., Kline, C., Lown, B., Morris, P., Symons, J. & Thistlethwaite, J. (2016). The patient's voice in health and social care professional education: The Vancouver Statement. *International Journal of Health Governance*, 21(1): 18-25.

Towle, A. & Godolphin, W. (2015). Patients as teachers: Promoting their authentic and autonomous voices. *The Clinical Teacher*, 12, 149-154. http://doi.org/10.1111/tct.12400