Patient as Curriculum Developer

Author(s): Carolyn Canfield, Angela Towle, Adrian Yee
Presenter: Adrian Yee
Time: 10:45 – 11:45

The practice of involving patients to improve health care and health research is well established. The involvement of patients as teachers in health professional program is becoming more widespread. However, the participation of patients in curriculum design is more recent and there are only a few well described examples. In this presentation, we describe the rationale and benefits of involving patients in curriculum design, describe examples from the literature and our own experience, and offer practical tips on how to co-design curriculum with patients. We use as our framework Kern's six step approach to curriculum development: problem identification and general needs assessment; targeted needs assessment; goals and objectives; educational strategies; implementation; evaluation and feedback (Kern, 2022). We will share real-world examples in partnering with patients to design virtual care and planetary health curricula, evaluation findings of the project and our reflections on what we have learned as medical educators and curriculum designers.

Identifying Gaps in Curriculum and Teaching: Analyzing Student Perceptions to Align Enacted and Experienced Learning

Author(s): Esther Au, Sarah Cortese, Guneet Dhaliwal, Katja Schreiner, Zach Wear, David Anekwe
Presenter: David Anekwe
Time: 10:45 – 11:45

Background: The intended–enacted–experienced curriculum model can guide the review of gaps between teaching and the curriculum. The intended curriculum represents planned educational objectives set by designers. The enacted curriculum reflects how instructors implement these plans through teaching and assessment. The experienced curriculum encompasses students' perceptions of what they have learned. This study explores these potential gaps using student surveys to assess the alignment between the enacted and experienced curriculum.

Objective: To explore perceived gaps between the enacted and experienced curriculum using student surveys.

Methods: This study employs a mixed-method approach. The qualitative phase involved reviewing course materials to extract lesson-level learning objectives and developing a survey based on these learning objectives. The quantitative phase involved administration and analysis of the survey administered to first-year students in a professional-level master's program. students six weeks post-course completion.

Results: Seventy-six learning and sub-learning objectives were extracted and included in the survey. Twenty-one students (18.3%) completed the survey. Student responses indicated: (i) 70% agreement (34% strongly agreed, 36% somewhat agreed) that the learning objectives were covered. 11% neutrality, 19% disagreement (5% strongly disagreed, 14% disagreed). Disagreements clustered around specific topic areas, highlighting the need for revising learning objectives and activities in these areas.

Conclusion: Surveys of students can identify potential gaps between the implemented teaching/curriculum and students' perceptions of their learning. This method offers valuable insights for aligning teaching practices with student perceptions, ultimately improving curriculum and teaching effectiveness. Findings may be limited by students' recall and the survey timing postcourse.

Developing Learning Objectives for a Longitudinal Social Justice Medical Curriculum

Author(s): Sara Jassemi, Alex Kwong, Tatiana Sotindjo, Roselynn Verwoord, Brett Schrewe
Presenter: Brett Schrewe
Time: 10:45 – 11:45

What problem have you identified and/or tried to address?
Medical education programs increasingly address the social determinants of health. However, these curricula often lack cohesion and integration, leading to a siloed approach towards educating learners about the structural, systemic, and justice issues underpinning these determinants. In order to equip pediatric residents with the capabilities to adequately address health equity, we sought to create an in-depth longitudinal social justice curriculum within our postgraduate training program.

What did you do (a description of methods and/or innovation)?
We used human-centered design to develop our curriculum, first holding three workshops with key stakeholders working in general and subspecialty pediatrics, health equity, and medical education as well as Indigenous practice leads and interdisciplinary partners to develop initial themes through consensus. We refined these themes with resident rotation evaluations (2018-2023), Royal College pediatric competencies, relevant literature, and consultation with other health education programs who had undergone similar curricular renewal. We then used iterative discussion to transform these themes into a cohesive set of learning objectives.

What did you discover in the work (findings and/or lessons learned)?
Our five main learning objectives include: (1) recognizing the influence of systems of power, privilege and oppression; (2) identifying personal, professional, and institutional biases; (3) practicing cultural safety within clinical and learning spaces; (4) individual and systemic advocacy; and (5) understanding the links between clinician wellbeing and optimal patient care.

Why is this important (implications and/or future directions of the work)?
Training clinicians to mitigate health inequities is a key task for medical education institutions. Curriculum design strategies that centre social justice, incorporate stakeholders' viewpoints, and account for the difficulties of practicing within an imperfect health care system are paramount to accomplish this necessary goal.

Environmental Scan of Patient Engagement in Health Professional Education in Canada

Author(s): Angela Towle, Cathy Kline, Maria Hubinette, Leslie Guo
Presenter: Angela Towle
Time: 10:45 – 11:45

Background:
We studied the current state of patient engagement in health professional education in Canada and assessed interest in forming a network to advance the field. The project is a collaboration between Patient & Community Partnership for Education (UBC) and Centre of Excellence on Partnerships with Patients and the Public (University of Montreal).

Methods:
We e-mailed a link to an on-line survey (available in English and French) on patient engagement activities
in higher education to participants in Canada identified through personal contacts and publications.

Results:
We received 77 responses from 15 institutions. Most were from medicine or occupational therapy and from UBC. The commonest types of involvement were patients sharing experiences with students within faculty-directed curricula (49%); standardized or volunteer patients (31%); engagement in teaching/assessing students (27%); co-creation of learning materials (27%). Fewer reported involving patients in research, in advisory roles and other scholarly work. 4% of respondents were at the planning stage. Most involvement is at undergraduate and postgraduate levels, and mandatory. Patients are mostly recruited through an institutional unit or community organizations. 75% reported having a policy for patient educator remuneration / recognition. 75% had plans to expand patient engagement, especially in curriculum development, interprofessional education (IPE), or continuing professional development (CPD). The majority expressed interest in joining a network.

Implications:
We were surprised so many reported institutional policies for patient educator remuneration / recognition and plan follow-up interviews to explore whether policies are formal or informal. A meeting to build a network is planned for the Fall.