



SPOR Evidence Alliance
Strategy for Patient-Oriented Research

Alliance pour des données
probantes de la SRAP
Stratégie de recherche axée sur le patient

Strategy for Patient-Oriented Research

SPOR
Putting Patients First

Patient's Voice Conference Report

Patient Engagement in Health Education Curriculum

Date prepared: November 15, 2025

Summary

This report provides point form notes collected during the Round Table Discussion facilitated by Prof. Kim Sears, Sam Belbin, and Diana Ermel

Participants

10 conference members

Presented

Citation: Sears, K. (2025). Patient engagement in health education curriculum: A scoping review. SPOR Evidence Alliance.

[Co-Principal Investigator Kim Sears, Co-Principal Investigators and Patient Partners: Ermel, D. & Skrapek, C.]

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Theme 1: Amplifying Facilitators and Enablers

- PACER: Training program for patient partners and health researchers within curriculum development
- 4 guiding principles from SPOR - ways to guide partnership and having a term of reference for partnership
- service learning - students are providing a service to the community - rather than a patient coming to speak and act as a mentor - not a direct "learning about this patient because they are teaching me" more "I'm learning from this patient through a conversation twice a week"
- Risk is held by the institution - but you need the institution on board - look at what language the institute is using to connect with various groups
- There needs to be student enjoyment so that more students apply - this is the way to improve the credibility of the school
- How are the presenters that come to speak supported? What are the resources? where if they are involved prior to just "one person's story" they are included within support
- You are there because you are you, rather than just there because you have had a token lived experience - don't want someone to feel like they don't belong when we are trying to make them feel welcome - working "with" people
- Enabler is funding, this needs to happen so that people in the institution and partners aren't stretched thin

Theme 2: Scaling-Up, Moving to System-Wide Change

- Need to go to the colleges and accreditation so that the buy-in isn't within each institution, it is required
- Competing demands and there needs to be reason for why this issue is the one to focus on
- Better ways to engage patient partners rather than just invite them into our space and saying "thanks"
- Medicine is patriarchal, political climate changes where funding goes, problems are larger than simply patient partners not being included
- "Can't do anything because of privacy" - not everyone wants things shared so we need to ensure that stigma is removed when people are sharing



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- We need to have multi-disciplinary teams from the start of development which then help to standardized communication and values
- Patient engagement with faculty buy in within institution - just needed to have the outcomes but was left to their own devices, these outcomes are set for the one institute but does not connect to making these goals connect to other institutions - finds that this is still just within their institution - these are in pockets - budget is used to pay for involvement, these patients get library cards and various university resources - they have one person that has a role that is specifically
- Patients need to see the benefit of involvement: people that are alone and want social time
- Academic paper is restrictive, is there a way to check annual reporting rather than just research - institutions don't want to give up the power to patients - Can we cite other things?
- Digital storytelling, exhibitions of art
- AFMC has a section specific to patient involvement - this kind of thing to make your mark on accreditation
- Needing to break down competitive nature of "i need to get tenure"
- Build a coalition throughout the state that are working on a project, let's not work separately - team based approach
- People have been doing this work outside of institutions for decades - for example: LGBTQ+ communities have active groups that are not within institutions, they are separate from academia, trying to push change forward in all ways

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