

REALLY GOOD STUFF

Patient collaborators in post-graduate teaching development sessions on bedside teaching

1 | WHAT PROBLEM WAS ADDRESSED?

Despite clinical teaching sessions having various aims and teaching locations, their primary goal is typically to ensure that learners are equipped with the knowledge and skills to provide appropriate patient care. However, patients are often excluded from this process unless their inclusion is required for learners to practice or demonstrate their learning. Furthermore, patients are infrequently involved in the design and delivery of teaching. Yet, patient involvement as teaching collaborators benefits learners (including developing social responsibility, increased empathy and recognition of cultural diversity) and patients (including feeling valued, improved relationships with professionals and altruism by giving 'something back').¹

2 | WHAT WAS TRIED?

Our continuing professional development (CPD) programme includes post-graduate teaching development, including basic learning theory and practical support for those teaching medical students and physician associates. The CPD team works closely with our patient and carer community (PCC), which supports the development and delivery of undergraduate teaching and assessments. We invited members of the PCC to collaborate in session development and delivery when updating our bedside teaching programme.

Considering our patient collaborators' accessibility alongside our aims meant we ran the sessions virtually. This also allowed attendance from clinicians in peripheral hospitals who might not join face-to-face sessions. Each session ran for 1 h and included group discussions where learners shared their experiences conducting bedside teaching before discussing the purpose and considerations when teaching on placements. The sessions were designed so all facilitators, including patient collaborators, could share their thoughts at any relevant points relating to participant comments and questions throughout the

session. We found that small numbers encouraged open discussion, and participants openly shared their stories and difficulties.

3 | WHAT WAS LEARNT?

Participants were asked to provide feedback via an online survey following the session. We reviewed the feedback following each session and adapted the sessions accordingly. Participants preferred the interactive discussion elements to theory, meaning later sessions were almost entirely discussion based. However, additional slides were available considering the potential of less lucrative discussions in some sessions. Feedback from the sessions included 'it was useful to get insight from the patient perspective' and 'we often forget to be aware and conscious of how they (the patients) are feeling as we analyse their condition'. One participant explained that the session supported them 'to engage patients' within their teaching practice.

Feedback from one patient collaborator (and paper co-author) was that the PCC should be involved much earlier in the course design, explaining that they often feel excluded from the overall process. This was our main learning point for designing future CPD sessions with patient collaborators.

Although our PCC has a significant role in local teaching, links can develop elsewhere to collaborate with patients for teaching, such as approaching patient support groups. Considerations should include patient collaborators' needs alongside learning outcomes when deciding whether sessions should be face-to-face (including travel and accessibility) or virtual (including the availability of online access, including computer literacy and connectivity). Additionally, supportive discussions before and after each session may help ease anxieties.

CONFLICT OF INTEREST STATEMENT

None declared.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Aimee Marie Charnell 

Nancy E. Davies

Joan Tate

Caitriona A. Dennis 

Correspondence

Aimee Marie Charnell, Leeds Institute of Medical Education,
University of Leeds, Leeds, UK.
Email: a.m.charnell@leeds.ac.uk

ORCID

Aimee Marie Charnell  <https://orcid.org/0000-0002-3060-0635>

Caitriona A. Dennis  <https://orcid.org/0000-0002-9218-3558>

REFERENCE

1. Swanwick T, Forrest K, O'Brien BC (Eds). *Understanding Medical Education: Evidence, Theory, and Practice*. 3rd ed. Wiley-Blackwell; 2018.

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