

Learning from Patients: Better Engagement for Better Care

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The trajectory of a cancer journey varies from one patient to another, depending on many factors related to the patient, the disease, the healthcare settings, and the social determinants of health. Although managing patients with cancer should be grounded in evidence-based medicine, there are many factors that make patient care more complex and variable.

The publication of fundamental oncology care principles aims to provide some guidance for healthcare providers to minimize the most common errors encountered in practice.^[1] These principles are: confirm the diagnosis, include tumor profiling, determine the accurate stage, search for a curative treatment if possible, and if not, offer the best treatment alternative.^[1] These principles remain essential to sound patient care; however, the fifth and final principle is to consider if the patient is a candidate for clinical trials. The intention of this last principle is to not only to help our patients but to advance our knowledge by participating in clinical trials.

Participation in clinical trials is one of the most important routes to gain new knowledge and advance science, but there are other ways and opportunities to enhance care and improve outcomes by learning from our patients (Table 1).

New scientific knowledge is attained by patients' participation in clinical trials, especially those that emphasize patients-reported outcomes (PROs), which should be an essential component of clinical research. In addition, enrolling patients in observational studies or registries will generate real-world evidence that fills the gap between clinical trials and the actual care provided in the clinic.^[2] The utilization of electronic health records provides the ability to access large amounts of patient data that can be used to look for patterns, trends, outcomes, and more. Case reports of unusual observations, such as side effects or disease features, may have a valuable impact on disease management. For example, the first case of hypomagnesemia recognized from Cetuximab (Erbix) is a clear example of how serious side effects were detected from clinical observation.^[3] The lesson is that if an unusual finding was observed in a particular

patient, it should not be labeled as an isolated case before doing the due diligence to confirm that.

Studies of social determinants of health (SDoH) can identify non biomedical factors that impact patient health and the outcomes of their health condition. Understanding these SDoH for each patient is critical to provide appropriate care and services.^[4]

We can also learn from patients who provide input **to improve the system**. Their direct feedback is obtained by reviewing their experience, obtaining satisfaction surveys, and studying their complaints.^[5] A root cause analysis of incidents and safety reports may help identify critical areas of improvement for the healthcare system and processes.^[6]

Patient encounters can contribute to a provider's **professional development** by improving communication skills and enhancing interactions with patients. Patients may comment on certain behavior or actions of staff members. Staff members may also comment on the interactions of other staff with patients. Self-evaluation and assessment of how services are provided to the patient may help recognize additional areas of improvement.^[7]

In summary, recognizing and capitalizing on opportunities to learn from the patients should be a priority for providing patient-centered care.^[8,9]

Table 1. Learning opportunities from patients

Domain	Methods
New Scientific Knowledge	<ul style="list-style-type: none"> - Clinical trials with emphasis on patient-reported outcomes - Observational studies and registries (real-world-evidence) - Case reports
System Improvement	<ul style="list-style-type: none"> - Social determinants of health - Patients satisfaction survey - Incident and safety reports - Patients complaints
Professional Improvement	<ul style="list-style-type: none"> - Patient feedback - Staff feedback - Self-evaluation

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