Recent articles on service user and carer involvement in education – November 2019

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Background The ‘patient’s voice’ is increasingly emphasised in educational strategies. However, much of this has focused on patients who have been recruited to have a primary educational role. Students also benefit from interaction with ‘real-time’ patients who attend the clinical settings with diverse health problems. The involvement of these patients does not usually extend to having an active part in the learning encounter, where the patient completes a potential triadic relationship with the clinical teacher and student. Aim To identify ways to enhance the active participation of ‘real-time’ patients in medical students’ training. Method Focus groups were conducted with patients, who were selected purposively from an earlier questionnaire survey. The discussions were audiorecorded, transcribed, and analysed using thematic analysis. Results A total of twenty-three participants attended four focus groups in general practices across the North East of England. Patient involvement in medical education may be described using Communities of Practice theory. Patients’ role within the educational Community of Practice is mainly peripheral. Factors affecting their active involvement may operate at the micro level (individual teaching consultation), organisational level, or within the NHS. Issues identified include patients’ awareness about medical education, ambiguity about their role, attitude of the doctor, and processes for consent and feedback. Conclusion This research has provided insights into patients’ perspectives towards their involvement in medical education. The data may provide evidence for a practical framework to encourage and prepare patients to play an active role in educational processes.


The involvement of patients and carers is central to the values of interprofessional education (IPE) which aims to improve the experience of care and care delivery. Partnership arrangements with service users and carers within Higher Education Institutions face the same barriers relating to status, power, and resources, as the implementation of IPE. The complexity of these alignments can be explained by Activity Theory (AT). Using a qualitative research methodology we set out to consider the stakeholder perspectives on whether patients should progress from telling their stories to taking on a leading teaching role, within a well-established IPE workshop. Following the principles of Participatory Action Research, data were collected cyclically, using consultation meetings, interviews (with tutors and
patients) and focus groups (with students). The work was overseen by a steering group who reviewed and clarified the analysis, informed by AT. All stakeholders endorsed the validity of patients as teachers. Two new leadership roles were proposed; patients as Co-Tutors and as Mentors supporting the workshop. Service users and carers were realistic about the support required for progression. Students were more ambivalent, recognizing the right of patients to tell their stories but having concerns about their competence and potential bias when in leading roles. There is overall support for the development of a progressive route for patients to move beyond telling stories into leading teaching roles in IPE, but this brings added complexity and requires a supportive infrastructure, careful preparation of students and further research.


Background: The number of adults diagnosed with cancer is increasing. Life beyond cancer poses many challenges for individuals and their families; many of those challenges are characterised by health uncertainties both physical and emotional. Evidence suggests that appropriate education improves care and patient outcomes specifically reducing the long-term adverse effects of cancer and its treatments and increasing adjustment. Less evidence exists as to how meeting holistic rehabilitation needs, monitoring those surviving cancer long-term, and supporting self-management are enabled by health care professional (HCP) education. Aims: The aims of this study were to explore the experiences of people affected by cancer (PABC) as a long-term condition and to use the themes emerging from their experiences to develop online bespoke educational resources/tools. Methods and Results: A project team of professionals and PABC worked together on a qualitative study to explore the challenges and consequences of life beyond cancer. This paper presents the data from the exploratory focus group, analysed using thematic analysis to identify both common and unique perspectives in PABC experiences. Four themes were identified: the meaning of “survivorship”; the impact of cancer; long-term needs/expectations; and the role of HCPs and education in meeting needs. These themes were compared with existing literature to enable understanding and “sense making” of the participants' life beyond cancer and to inform the development of the educational resources based on a fictitious patient story to be presented in a future publication. Conclusions: Derived from the PABC stories, a scripted story digitally recorded has been embedded with information and resources. Consultation with additional patient, professional, and public groups helped develop the work into an educational module for nurses and allied health care professionals.

Purpose: The last two decades have seen an increase in service user involvement (SUI) in the training of Mental Health Professionals (MHP). There is developing empirical support for SUI in MHP training, however, there is no published research into SUI in the training of Cognitive Behavioural Therapists. This study explores Cognitive Behavioural Therapy (CBT) trainees’ experience of SUI in their training. The study focuses on how an individual service user (SU) led training session is experienced and how this differs to routine CBT training.

Approach: Semi-structured interviews were conducted with six participants. Transcripts of the interviews were analysed using Interpretative Phenomenological Analysis (IPA).

Findings: Data revealed three superordinate themes: 1; predisposing influences on learning, 2; factors associated with emotional processing of experience and 3; impact upon learning outcomes. The results suggest that participants’ appraisal of their learning from SUI maybe influenced by how they accommodate the emotional impact of the experience.

Value: The paper makes recommendations for educators on courses involving service users, acknowledges the study’s methodological limitations and suggests areas for future research.


INTRODUCTION: Diversity education is a mandatory requirement for all mental-health practitioners and health care professionals in the UK National Health Service. Wide variability exists in the development, delivery, and evaluation of diversity education across health care settings, with limited evidence to suggest the optimal approach for teaching this subject. This study aimed to explore the perspectives of patients with mental illness on how to better teach and evaluate diversity education in the National Health Service.

METHODS: A participatory research approach was used with five mental-health patient organizations. Forty-two patients with mental illness took part in three participatory workshops. Data were analyzed through template analysis.

RESULTS: The findings indicated that a focus on the nuances and dynamics of clinical relationships would be beneficial. Specifically, the relationship considered most important to examine with respect to diversity education was the "practitioner-self" relationship.

DISCUSSION: Reconstructing the relationship-centered care model with the addition of the practitioner-self relationship may be better suited to theoretically informing future developments in diversity education. Further research is needed to understand what educational approaches contribute toward a relationship-centered care outlook and how relationship building behaviors, particularly those relevant to the practitioner-self relationship are best developed in diverse settings.

Purpose: Academic positions for consumers of mental health services remain rare despite positive evaluation. This paper considers the benefits and challenges of a consumer academician position, from perspectives of stakeholders involved in the implementation. Design and Methods: Qualitative, exploratory involving in-depth interviews with academicians. Thematic analysis identified the main benefits and challenges. Findings: Benefits identified included lived experience perspective and facilitates interaction and reflection; demonstrating recovery and promoting person centered care. Challenges identified included process, too close to home, and too little too late. Practice Implications: Enhanced understanding of consumer academician positions could increase effectiveness and maximize educational opportunity.


Reform to nursing education is essential to ensure future generations of nurses are strongly positioned to value, know, and deliver strength-based, recovery-oriented mental health practice. A promising pathway to effectively drive reform is the coproduction of curricula by nursing academics and people with lived experience of recovery from mental distress referred to as Experts by Experience. The Co-production in Mental Health Nursing Education (COMMUNE) project is an international collaboration for development and implementation of consumer coproduced curricula. This study evaluated the inclusion of Expert by Experience-led mental health nursing education on nursing students’ attitudes to people labelled with mental illness, mental health nursing, and consumer participation. A repeated self-report measures design was implemented in Australia, Ireland, and Finland to ascertain level of generalizability of consumer involvement within undergraduate nursing programmes. Data were collected from nursing students (n = 194) immediately before and after the education module, using three self-report instruments on attitudes (Mental Health Nurse Education Survey, Consumer Participation Questionnaire, and Opening Minds Scale). Data were analysed using descriptive and inferential statistics. Eighty-nine per cent of the 27 points of change reflected more favourable and accepting attitudinal change. Of these, 41% were significant at Bonferroni adjusted alpha of 0.0025. There was a statistically significant increase in preparedness for practice in the mental health field in each of the three countries. The most pronounced change is related to the social and systemic inclusion of people with a diagnostic label and recovery-oriented care more broadly.
Holistic and person-centred nursing care is commonly regarded as fundamental to nursing practice. These approaches are complementary to recovery which is rapidly becoming the preferred mode of practice within mental health. The willingness and ability of nurses to adopt recovery-oriented practice is essential to services realizing recovery goals. Involving consumers (referred herein as Experts by Experience) in mental health nursing education has demonstrated positive impact on the skills and attitudes of nursing students. A qualitative exploratory research project was undertaken to examine the perspectives of undergraduate nursing students to Expert by Experience-led teaching as part of a co-produced learning module developed through an international study. Focus groups were held with students at each site. Data were analysed thematically. Understanding the person behind the diagnosis was a major theme, including subthemes: person-centred care/seeing the whole person; getting to know the person, understanding, listening; and challenging the medical model, embracing recovery. Participants described recognizing consumers as far more than their psychiatric diagnoses, and the importance of person-centred care and recovery-oriented practice. Understanding the individuality of consumers, their needs and goals, is crucial in mental health and all areas of nursing practice. These findings suggest that recovery, taught by Experts by Experience, is effective and impactful on students’ approach to practice. Further research addressing the impact of Experts by Experience is crucial to enhance our understanding of ways to facilitate the development of recovery-oriented practice in mental health and holistic and person-centred practice in all areas of health care.

Background: Mental health nursing skills and knowledge are vital for the provision of high-quality healthcare across all settings. Negative attitudes of nurses, towards both mental illness and mental health nursing as a profession, limit recognition of the value of these skills and knowledge. Experts by Experience have a significant role in enhancing mental health nursing education. The impact of this involvement on attitudes to mental health nursing has not been well researched. Aim: To explore the impact of Expert by Experience-led teaching on students’ perceptions of mental health nursing. Methods: Qualitative exploratory study involving focus groups with nursing students from five European countries and Australia. Results: Following Expert by Experience-led teaching, participants described more positive views towards mental health nursing skills and knowledge in three main ways: learning that mental health is everywhere, becoming better practitioners, and better appreciation of mental health nursing. Conclusions: Experts by experience contribute to promoting positive attitudinal change in nursing students towards mental health nursing skills and knowledge.
Attitudinal change is essential for the provision of high-quality mental health care in specialist mental health services and throughout the healthcare sector.


1 Introduction: Consumer participation is central to mental health policy. Negative attitudes of health professionals are barriers to realizing policy goals. Evidence suggests consumers (Experts by Experience) can influence positive attitudes in nursing students. Research in this area to date is limited and primarily from Australia and New Zealand. 2 Aim: To enhance understanding of nursing students’ perspectives and experiences of being taught mental health by an Expert by Experience. 3 Method: A qualitative exploratory approach was used. Focus groups were conducted with nursing students from seven universities in Australia and Europe. Data were analysed thematically. 4 Results: Student participants described how exposure to Experts by Experience challenged their views and attitudes and provided a mechanism for reflection, critique and change. The main theme “changing mindset” includes two subthemes: exposing stereotypes and reflection. 5 Discussion: This unique international study demonstrates the capacity for Experts by Experience to contribute to positive attitudinal change towards mental illness in nursing students. This changed mindset must occur for policy goals to be realized. 6 Implications for practice: Nurses in all areas of practice will work with people labelled with mental illness and experiencing mental distress. Overcoming stereotypes and adopting more positive attitudes is essential to deliver quality mental health care.


Expert by experience involvement in mental health education for health professional programmes has increased in recent decades. The related literature has articulated the benefits, and changes in attitudes have been measured in some studies. Less attention has been devoted to ways this learning approach could be improved. The aim of this paper is to present the nursing students perspectives on how Expert by Experience input into nursing curricula could be enhanced. Qualitative exploratory research was undertaken, involving focus groups with students who had completed a mental health learning module co-produced by Experts by Experience and nurse academics. Results show two main themes: getting the structure right, and changes to content and approach. Some student responses could directly influence changes to the learning module. In other instances, responses indicate the need to better prepare students of the value of lived experience knowledge in its own right, rather than adjunct to more traditional methods of education. These findings are important in
encouraging reflection on how future learning modules co-produced by Experts by Experience and Mental Health Nursing academics can be refined and better articulated.


Multiple papers have been presented to define patient-centered care, with regulatory bodies such as the General Medical Council mapping this in their professional standards. Educational institutions clearly value instilling appreciation of patient-centredness in medical training, and attempts have been made to make medical education more patient-centered in practice. Such attempts are often limited to expert patients sharing personal stories, and public involvement in teaching. Despite the drive towards patient-centered care and medical education, there has been no attempt to formally define what patient-centered medical education is and what it means to medical educators globally. This paper proposes a definition of patient-centered medical education that is about the patients, with the patients, and for the patients, to ensure current and future doctors remain sensitive to all of the needs of the people they care for. This should be considered at both the micro and macro community levels.


The authors discuss service user involvement as a key approach regarding training of social workers. In many European Union countries this is a stable practice with a lengthy tradition in research and application. However, in Poland it is almost entirely absent and marginalized. This article presents the results of a participatory action research project conducted at the Institute of Sociology of the Jagiellonian University in Krakow, the objective of which was to identify and critically analyze the key substantive and formal aspects of training of social workers with the participation of individuals with experience of mental illness. This research project adopted an open approach to cognizing reality based on qualitative co-participatory methods. In the conclusion, the authors emphasize that the fundamental criterion for the success of this particular form of training is voluntary and differentiated participation of students—both in the role of people sharing their own experience and as learners—as well as shaping a culture of open dialogue, educational alliances of recognition and recovery, the foundation of which is axiological experience.


Objective: We sought to develop a model system for involving patients and caregivers in curriculum development of mental health education in the undergraduate pharmacy program. Method: Purposive recruitment was used to convene a focus group of nine people
with experience of using the mental health services from either the patient or caregiver perspective. The group were asked about their experience of using pharmacy services and their suggestions for enhancement of the undergraduate curriculum. Thematic analysis was conducted independently by two researchers. Results: Patients and caregivers felt that pharmacists can contribute to the care of people who experience mental health conditions by supporting shared decision making, providing information, actively managing side effects of psychotropic medication and regular medication review. They suggested that the pharmacy undergraduate curriculum should introduce mental health from the beginning, include self-care for students, integrate mental and physical health education and enhance communication skills. The curriculum should include broader issues relevant to mental health beyond the use of medication such as stigma, the recovery approach and inter-professional cooperation. These changes could support graduates to engage proactively with people experiencing mental health difficulties. Conclusion: We describe a method for involving patients and caregivers in the design of the undergraduate pharmacy mental health curriculum. This involvement influenced the way mental health education is covered in the curriculum, resulting in a more person-centered and student-centered approach. Ultimately, the changes made to the undergraduate degree should improve the ability of pharmacy graduates to meet the needs of service users.


A topic that has recently gained widespread attention in social work education is service user involvement (SUI), a term denoting the call to include users of social work services in teaching social work students. Despite the widespread use of the term SUI, this label includes a wide variety of approaches with different aims and scopes. A conceptual framework that distinguishes empowerment from educational perspectives in current SUI approaches is proposed, and a number of elements that should be discussed in each of these perspectives are introduced: theoretical background, role and tasks of the institution, areas of implementation and role of service users, and effects of SUI and their assessment. Implications for further SUI projects and research approaches are discussed.


Purpose: The 2014/2015 UK requirement for involvement of service users and carers in training mental health professionals has prompted the authors to review the work of involvement in clinical psychology training in the university programme. Have the voices of service users and carers been heard? The paper aims to discuss this issue. Design/methodology/approach: The authors update the paper of 2011 in which the authors described the challenges of inclusion and the specific approaches the authors take to involvement. The authors do this in the context of the recent change to UK standards for
service user and carer involvement, and recent developments in relation to partnership working and co-production in mental healthcare. The authors describe the work carried out by the authors – members of a service user involvement group at a UK university – to ensure the voices of people affected by mental health difficulties are included in all aspects of training. Findings: Careful work and the need for dedicated time is required to enable inclusive, effective and comprehensive participation in a mental health training programme. It is apparent that there is a group of service users whose voice is less heard: those who are training to be mental health workers. Social implications: For some people, involvement has increased. Trainee mental health professionals’ own experience of distress may need more recognition and valuing. Originality/value: The authors are in a unique position to review a service-user-led project, which has run for 12 years, whose aim has been to embed involvement in training. The authors can identify both achievements and challenges.


This article considers the inclusion of mental health service users’ experiences and perspectives in professional education classrooms. After brief introductions to the authors’ backgrounds, the article discusses professional expertise and knowledge and the accreditation of professional education courses. It then goes on to explore service users’ understandings of mental and emotional distress and the development of Mad Studies, which, at first sight, may appear incompatible with professional education courses. Discussion then turns to the development and trial of a living experience learning resource, which portrays the first author’s knowledge and understanding of having voices. The article concludes by arguing for the inclusion of Mad Studies knowledges in professional education classrooms.


**OBJECTIVE:** To describe the implementation of a service user-led learning programme implemented within the education of undergraduate medical students and psychiatric registrars. **CONCLUSION:** This programme has the potential to impact on the learning of those early in their medical career and future consultant psychiatrists. Ongoing research will help to explain the reach and depth of the programme and the elements of greatest benefit.


**Purpose:** The involvement of service users within clinical psychology training is written into policy. However, the practice of evaluating involvement from both trainees’ and service users’
viewpoint is minimal. The purpose of this paper is to evaluate recent service user involvement in psychometrics and formulation teaching on a clinical psychology training programme, from both service user and trainee perspectives. Design/methodology/approach: Focus groups were held with service users (n=3) involved in the teaching, as well as trainees (n=3). Additional questionnaire data were captured from trainees (n=11). Service user and trainee data were analysed separately using thematic analysis. Themes generated for trainees were also mapped on to a competency framework for clinical psychologists. Findings: Both parties found the teaching beneficial. Service users enjoyed supporting trainees and engaged positively in their roles. They identified relational aspects and reflections on their own therapy as other benefits. Trainees reported enhanced clinical preparedness, critical and personal reflection. Trainee anxiety was evident. Learning mapped well to competency frameworks. Research limitations/implications: The samples were small and some data truncated. Findings speak to broader issues and may transfer to other involvement contexts. Practical implications: A good degree of meaningful involvement can be achieved through such initiatives, to mutual benefit and enhanced learning. Originality/value: Nature of the exercise and dual-aspect approach to evaluation described here helps to minimise tokenism. The mapping of findings to competency frameworks supports evaluative processes and helps to legitimise involvement initiatives that challenge the boundaries of existing practice.


A client-centred approach sits at the core of modern healthcare. Exploration of the patients' role within the education of nutrition and dietetic students has not previously been undertaken. This review aimed to synthesise the learning outcomes that result from involvement of patients in nutrition and dietetic student education, and to consider whether these interactions promote patient-centred care. Five electronic databases were searched, supported by hand-searching of references of included studies. Screening of title/abstract and then full text papers was undertaken; key characteristics and outcomes were extracted and synthesised narratively. The likely impact of interventions was evaluated using Kirkpatrick's Hierarchy; study quality was assessed using the Medical Education Research Study Quality Instrument and Critical Appraisal Skills Programme checklist. Of 7436 studies identified through database searching, and one additional study located through hand searching of reference lists, the final library consisted of 13 studies. All studies reported benefits for student learning from patient involvement, while one paper identified patient benefits from student interventions. Patients as recipients of care mostly contributed in a passive role in student education activities. Quality assessment identified methodological limitations in most studies. Patient involvement in the education of dietitians supports skill development and therefore progression to professional practice. Although nutrition and dietetics education has a focus on client-centred care, the translation of these concepts into an interactive student educational experience has been investigated to a limited extent. Collaboration with patients in student education is an area for further development.
Objective: To explore the potential benefits and challenges of involving adolescents in the education of medical students and residents from the perspectives of adolescents who are hospitalized with chronic health conditions.

Methods: We conducted qualitative interviews with adolescents at a Canadian pediatric hospital. Eligible participants were those between 13 and 18 years of age who had chronic health conditions lasting more than 3 months and were feeling well enough to participate in an interview. We used conventional content analysis to analyze the data.

Results: Sixteen adolescents participated in the study. In terms of benefits, the participants described how involving adolescents in the education of medical students and residents would improve patient–physician interactions, increase patients’ confidence and self-worth, encourage patients to self-reflect and gain knowledge about their health conditions and themselves, and enable patients to socialize with other patients. When asked about the challenges, the participants discussed how it might be difficult to include diverse patient perspectives, manage adolescents’ negativity, and ensure that learners are nonjudgmental toward adolescents and take them seriously.

Conclusions: Although many of the reported benefits and challenges correspond with those featured in the literature on adult patient involvement in medical education, our findings underscore the distinctive benefits and challenges that medical educators may experience in designing and implementing educational initiatives that involve adolescents. Future design and implementation of educational initiatives should further explore the benefits and challenges of such adolescent involvement, because we know that adolescents can be valuable contributors to medical education.


This article presents and analyzes four projects focusing on diverse forms of service users’ involvement in social work training and research in different countries (Israel, Italy, Slovenia and UK). It highlights the value of service user involvement (SUI) to specific social change objectives and to social work education. The conceptual framework focused on the Standpoint Theory, while methodologically participatory action research was applied, and evaluation measures were developed. Key findings, facilitators and limitations to the involvement, students’ views of it and similarities and differences among the four projects are outlined. The challenges embedded in introducing and sustaining social change objectives in a co-production framework within social work education are identified, alongside the added value of meeting them. The differentiated impact the projects had on students is highlighted as well as their significance for health and social care providers were relevant. It is encouraging that in each project SUI was positively valued. The projects indicate the wide
range of SUI in the content and format of social work education, as well as its applicability cross-culturally to a range of key issues pertaining to both training and research in social work.


Academic staff perceptions of the value and purpose of service user and carer (SUAC) involvement within a health and social work faculty in an English university were explored in this co-produced qualitative study. Relevant research findings over the past two decades were reviewed and two SUAC researchers, plus an academic member of staff, designed the study based around 15 semi-structured telephone interviews. Findings were that staff were very positive about the benefits brought by SUAC involvement, in respect of their own grounding, knowledge, and continuing professional development (CPD), these findings not having previously been reflected in the literature. Barriers to involvement of SUACs were found to be negligible compared to those found in recent literature, and the input of SUACs appeared to be embraced by academic staff. This changing picture has emerged at a time when managerialism and marketisation affect the working conditions of staff. In times of increasing workloads, this study suggested that academics find SUAC involvement both supportive and constructively challenging. SUACs were perceived to bring fresh interdisciplinary knowledge and challenges to staff value bases alongside constructs of professionalism that staff may not be able to access elsewhere. The encouragement of interdisciplinary ways of thinking was noted to have been a serendipitous consequence of SUACs from different backgrounds inputting on courses across the faculty. Recommendations are to better ensure consistency in the use of SUACs in terms of resourcing, support and development if such involvement is to be meaningful rather than marginalised and de-valued.


Background: Physicians often lack the skills and confidence needed to have difficult conversations with patients and their families. Patients and families who have experienced these conversations can provide valuable insight for resident physicians. Objective: We developed a communication skills workshop for pediatrics residents using parents and a team of social workers, nurses, chaplains, and physician facilitators in role-playing exercises. Methods: From 2007 to 2016, half-day “difficult conversation” workshops were held annually for postgraduate year 1 (PGY-1) and PGY-2 residents that included an interprofessional team and parents of children with life-threatening diagnoses. Questionnaires assessed residents’ prior training, effectiveness of the sessions, and narrative feedback on the impact of this approach. Parents and team members were surveyed on the effectiveness of the training and the value of parent involvement. Results: Median self-reported confidence levels for incoming PGY-1 residents following the workshop rose from 2 to 4 on a 5-point Likert scale (99%
response rate [128 of 129 surveyed], P < .001). The majority of PGY-2 residents (91%, 115 of 126) reported the workshop increased their confidence in engaging in difficult conversations (91% response rate [126 of 139]). Parents and clinical care team members agreed that parents would likely be preferable to standardized actors for these types of role-playing exercises (84% response rate [37 of 44]). Conclusions: Involving patients’ parents and an interprofessional team in role-playing scenarios was a well-received method for teaching residents how to engage in difficult conversations with patients and families, and improved their self-reported confidence when having these conversations.


Purpose: The purpose of this paper is to explore student experiences of learning from mental health service users and carers. Design/methodology/approach: In total, 30 clinical psychology trainees and ex-trainees took part in an online survey (n=21) or focus group (n=9). Responses were analysed using interpretative thematic analysis. Findings: A number of themes were identified. There were two pre-conditions of learning: valuing the teaching and emotional arousal. Participants’ learning experiences were characterised by cognitive and meta-cognitive processes: active learning, reflection, increased attention and vivid memories. Furthermore, participants might have a meta-cognitive experience of having learned something, but being unsure what that something was. Participants reported learning about the lives of service users, about themselves and about the wider societal context for people with mental health difficulties. Practical implications: In order to facilitate learning students should value the input of service users. This allows them to contain and use the emotional arousal the teaching produces. Furthermore, leaving students with a feeling that something has been learned but not being exactly sure what that has been may facilitate students seeking out further opportunities for service user involvement. Originality/value: Few studies have explored the process of learning from mental health service users and carers. In the current study, the emotion aroused in participants was primary. Furthermore, a new meta-cognitive experience, namely, the experience of having learned something, but not being sure what has been learned, has been identified.


Background: There is a growing requirement from professional bodies in the UK that health and social care education must include the voice of experts by experience (EbE). Active steps have been taken at the international level in order to truly embed their involvement. In parallel with this development, there is compounding evidence collated globally that links interprofessional education (IPE) to improved health outcomes. As the involvement of EbE plays a central role in IPE there is an increased expectation for teachers to be able to successfully involve EbE in IPE and other health education. Issue: Although there is some guidance available to teachers on how to involve EbE in pre-registration health and social care education, less guidance is available on how to involve EbE in complex educational
interventions, such as IPE. Hence the need for faculty member development. Approach: The Centre for Interprofessional Practice (CIPP) has involved nearly 350 EbE in a variety of IPE since 2005. This review draws on insights from the CIPP to identify a number of practice points for teachers who wish to involve EbE in IPE, or as part of education for their specific profession. The practice points are endorsed by EbE and discussed in light of initiatives and evidence reported by others in the literature. To help contextualise and make use of these practice points they were grouped according to the presage–process–product (3P) model. This article can inform faculty member development aimed at new or senior educators, and our insights are equally applicable to both uni- and interprofessional contexts.


In a previous article, we theorised that patients’ stories prepare students by allowing them to reflect on their practice in the safety of the academic environment. This article furthers this theory by arguing that, when engaging with patients through storytelling, students grow epistemologically, whereby they develop knowledge about empathetic practice, and ontologically, whereby they learn to form and maintain relationships with the patients in their care. These new forms of knowing then inform practice and their professional decision making. Patients’ stories galvanise students to think more deeply about their practice and their patient engagement. Through that, they develop their art of healthcare practice, becoming competent, empathetic practitioners who are constantly motivated to developing their practice.

*Compiled by Jill Anderson @mhhehub*