

## Message from the ACCME President and CEO Engaging Patients in CME

We know that healthcare is increasingly practiced in teams — and that patients need to be recognized and respected as part of the team. But to build meaningful inclusion of patients, we need to focus not only on the care environment, but also on the learning environment.

By participating as members of the education team, patients, families, caregivers, and other members of the public can increase the relevance, meaning, and effectiveness of CME. Patients, for example, often become experts in their condition, closely observe clinicians and the practice environment, and experience the intimacy of clinical encounters. Through sharing their experiences, they can provide essential feedback and can guide educators and clinicians in meeting their needs and priorities. CME providers report that patient involvement in education motivates powerful and lasting change in learners.



The first section in our [Menu of Criteria for Accreditation with Commendation](#), “Promotes Team-based Education,” includes Criterion 24, which rewards providers that include patients or public representatives in the planning and delivery of CME. We included this criterion because we heard from our community of educators that accredited CME is enhanced when it incorporates the interests of the people who are served by the healthcare system.

The topic of patient-centered CME often brings up many questions and concerns for all involved. For educational providers, there are concerns about losing control of the activity by working with a contributor who might be less predictable than a faculty speaker, and that the locus of control would shift at least partially to the patients. Educators may worry that the patient won’t show up, or will be unprepared, intimidated, or upset by the learning environment, or that they’ll use the opportunity to complain or perseverate on issues unrelated to the educational objectives. Patients may fear that their sensitive medical history will be shared, that they won’t be taken seriously or given time to speak, that they’ll be challenged by attendees, or that they will be physically uncomfortable in a learning environment.

These concerns need to be—and can be—addressed collaboratively. By working through the uncertainties, we can create a more inclusive and effective learning environment with benefits not only for learners, but also for planners, teachers, health systems, and the patients themselves.

### Benefits of Patient-Centered CME

- **For learners**, face-to-face interaction can increase clinician sensitivity to and awareness of the needs of patients and help them see patients as individuals in their own world. Patients can offer unexpected implementation solutions; help to demonstrate findings; share stories including successes; and help learners practice communication, physical examination, and

other skills. Patients bring context to clinical presentations, which can help learners retain new information and skills. Patients' stories often provide insights that clinicians can apply immediately to their practices.

- **For planners and teachers**, patients can serve as valuable partners, helping to identify clinician, team, and system gaps. Whether serving as planning committee members or speakers, patients can offer their perspective on the needs and priorities of the community, keeping the focus on patients, families, and caregivers. This participation helps ensure that CME activities are designed to meet the real-world needs of clinical practice and that the CME program represents the diversity of voices in the community.
- **For patients**, involvement in CME can create a sense of empowerment by acknowledging their expertise and giving them the opportunity to use their own knowledge and experience to make a tangible, positive difference in healthcare. Patients learn from listening to clinicians discuss their care and the care of patients with similar issues; this experience can encourage patients to participate more proactively in their own care. Finally, many patients find value in giving back to the medical community and helping other patients and families.
- **For the healthcare system**, the value of patient engagement lies in the opportunity to visibly demonstrate commitment to inclusion, achieve system growth through the enlistment of new advocates, and promote overall system improvement. Patient engagement in CME can contribute to building and sustaining high-functioning teams, and communicates the message that the system listens to — and values — all its stakeholders.

In my experience as a clinician, educator, and learner, I've found that patients can be our best teachers. Patient inclusion in CME can engage clinicians' hearts as well as minds and reinforce the reasons why our work matters. They are much more willing to engage in clinician education than we may realize, but it's up to us to take the first step, by asking them to join us.

I hope you'll look through the resources available on the [patient engagement](#) page of our website, and start thinking about how you might include patients, their caregivers, or advocates in the planning and implementation of one of your upcoming CME activities. We want to do what we can to help, so please let us know your questions and concerns. Share with us your challenges, lessons learned, successes, and outcomes, so that, together, we can create a CME community that not only aims to improve patient care, but strives toward that goal with patients as partners.

Sincerely,

A handwritten signature in black ink, appearing to read "Graham", with a stylized flourish underneath.

Graham McMahon, MD, MMSc  
President and CEO ACCME