

## 12 Tips for Engaging Patients in CME

As members of the education team, patients, families, caregivers, and other members of the public can increase the relevance, meaning, and effectiveness of CME. We included [Criterion 24](#) in the [Menu of Criteria for Accreditation with Commendation](#) to recognize providers that incorporate patients and/or public representatives as planners and faculty in planning and delivery of CME. Here are tips to help you get started.

- 1. Reflect on your CME needs.** Think about how the engagement of patients and public representatives can support your community or institution's strategic priorities, your CME program mission, and individual activity objectives.
- 2. Explore the patient perspective.** Reach out to patients served by your community and ask what they want their clinicians to do differently or to know more about. How do they think patients can help with educating clinicians?
- 3. Start small.** You can begin by engaging patients/public representatives in one activity. Start by finding a faculty educator who might be willing to recruit one patient to an activity. Ask that educator to interview their patient to illuminate their experience of their illness or present their initial symptoms as a stimulus for problem solving by the group. Alternatively meet with an advisory group of patients or patient representatives to help determine topic areas.
- 4. Identify patients.** It's important to find patients and public representatives who can best serve the objectives of your activity or overall program. Faculty, clinicians, community health workers, patient advisory groups, and community organizations are resources that can help you identify patients and public representatives who are the right fit for your activity. Soliciting suggestions from faculty, clinicians, and committee members will help build their buy-in.
- 5. Determine roles and responsibilities.** Do you want patients to join your planning committee and/or serve as presenters? What time commitment do you expect? What responsibilities are involved: for example, will they review materials, speak at a live session, or participate in video vignettes? Consider ways to build trust and engagement between patients/public representatives and clinical faculty and committee members.
- 6. Address concerns.** Discuss with patients the specifics of their participation, elicit their concerns and questions, and work together to address them. Patients may need to know: What kind of health information will they be expected to share? Will they share identifiable information such as their full name or be encouraged to use just their first name, for example? Will they be expected to undergo an exam as part of a demonstration? Will there be discussion about their case? Will learners ask them questions?

- 7. Obtain appropriate permission.** Request permission from patients for their participation. You can seek appropriate guidance from institutional policies and practices concerning the protection of confidential and private information when including patients in CME activities. Remember, that the Health Insurance Portability and Accountability Act (HIPAA) does not prohibit the use of patients as faculty, planners, or learners in CME as long as they have given their permission. In most cases, written permission or forms are not required unless the provider expects to broadcast the patient's identifiable images or information beyond the institution or engage learners who are not healthcare professionals.
- 8. Accommodate patients' needs.** Make sure to ask patients what accommodations they require and how you can optimize their comfort, and then make sure those needs are fulfilled.
- 9. Create a safe space.** Just as you create a safe space for clinicians to learn, you can create a safe space for patients to participate as members of the education team. Be explicit with patients and faculty about expectations. Explain that patients are in charge of their own participation, are under no obligation to answer questions or participate in any way that they are uncomfortable with, and can stop at any time. Explain how time and audience questions will be managed. Faculty/planners should avoid creating a misperception that participation is obligatory, and they should check in regularly to gauge the patient's comfort level. At the same time, faculty need to share control by allowing and encouraging patients to participate.
- 10. Get feedback.** Include questions about patient engagement in your evaluations. Post-activity feedback from both patients and learners can guide future planning.
- 11. Say thank you.** Communicate to patients/public representatives the value of their engagement. Consider sharing positive feedback with them. Thank them for making a difference to the clinicians, patients, and families in their community.
- 12. When in doubt, ask the patient.** At any point in the process, it's OK to acknowledge what you don't know. Admit that patient engagement is a new area for your CME program and that you need patients' help identifying their needs. This will not only benefit you, but will also benefit the patients by acknowledging their expertise and giving them the opportunity to contribute to improving healthcare.

We welcome your questions and tips for engaging patients in CME. Contact us at [info@accme.org](mailto:info@accme.org).

These tips were compiled with input from participants at the April 2017 workshop "Engaging Patients in Clinical Education," cohosted by Medicine X, Stanford University; and ACCME.

For more information, please visit ACCME's [Engaging Patients in CME](#) webpage.