COMMENTARY

— The Practice Is the Curriculum —

The Patient Voice:

Participation and Engagement in Family Medicine Practice and Residency Education

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We joined the Patient Advisory Council (PAC) in 2014 and have worked together on issues and initiatives that have had a positive impact on the University of North Carolina (UNC) Family Medicine Center (FMC) and its patients. We, like other PAC members, bring our professional and life experiences to this council. Charlie was a senior executive with several advertising agencies and consumer products companies before starting an agency in New York City. Winston is a retired public health epidemiologist with a career that included teaching, research, and practice. We joined the PAC to contribute to something important that leverages the skills we acquired over our professional careers. We both responded to an article in the *Family Medicine Patient Newsletter* soliciting new members for the PAC and have been active on the council for the last 7 years.

The UNC FMC PAC

The PAC was created to ensure that patients have a voice within the practice and that the patient voice would lead to the continued improvement of patient care.[1] This has been achieved by creating an environment in which there are ongoing opportunities for PAC engagement on substantive issues and the patient voice is valued. In addition, FMC fosters an environment in which initiatives generated by the PAC are encouraged and supported.

The PAC includes members of FMC's leadership team and other FMC staff. We work together as equal partners to achieve common goals. There are 8-12 patient members who typically serve two 3-year terms. Candidates are solicited through articles in the *Patient Newsletter* and from providers' recommendations. Interested patients are asked to complete an application and are interviewed by PAC members. Two to four new members are selected annually.

The Patient Voice: What It Is and Why It Is Important

When you think about the patient voice, think about a person, not a patient. This is important because today's patients are fundamentally different from patients 10–20 years ago. Some are better informed; some are stubbornly misinformed. Others have less respect for authority and are less likely to be swayed by science or experts. Some are from minority and marginalized groups that historically have not been treated equitably, in part because they have not been valued as persons. Unless residents learn to view patients from all populations as individuals with needs, hopes, fears and expectations, it is unlikely that they will be able to treat them as effectively as they could or to develop long-term relationships with them. Patient dissatisfaction, discontinuation of care, and even patient loss may occur, thus possibly affecting the practice's standing and financial status.

What Is the Relationship Between PACs and the Patient Voice?

One particularly good way to foster an understanding of patients as persons is to work with patients to achieve a common goal. PACs are particularly suited to this since they provide ongoing opportunities for patients to interact with providers enabling both groups to move from a patient-physician relationship to a person-to-person one focused on improving patient care and patient satisfaction. It is a win-win situation.

Accomplishments: Some Examples

The presence of a PAC member positively impacts the dynamics of every meeting that we

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have attended at FMC. In addition to this attitudinal impact, there are numerous instances in which the PAC has made concrete contributions to the FMC, including the redesign and renovation of the clinic to facilitate patient-centered care[2]; improved communications with patients through a relaunch of the *Patient Newsletter*; ongoing participation in the steering committee; Clinical Systems Improvement, a committee that focuses on quality improvement (QI); and peer teaching in an FMC chronic disease management program. The PAC also regularly reviews a wide range of communications and policies impacting patients.

In addition to these activities, the PAC led the development of a preventative medicine campaign that features a different QI metric each month (eg, mammography, flu vaccination, etc). The campaign includes monthly articles in the *Patient Newsletter* related to the specific QI metric, posters prominently displayed at the patient check area, and announcements at monthly "All FMC" meetings. This program is in its third year and has helped FMC meet its quality goals.

How to Start a PAC

Creating a patient advisory council within a primary care setting[1,3] is one of the easier and more cost-effective ways to access the patient voice. The two essential requirements are:

- A sincere commitment from the practice leadership to interact with patients on issues that are important to the patient experience, to implement policies and programs generated from PAC meeting discussions, and to find meaningful ways to maintain this engagement.
- The recruitment of patients from diverse populations that includes but is not limited to individuals who have some background in health care as well as some who are experienced in navigating organizations.

Implications for Family Medicine Practice and Residency Education

Providing family medicine providers and residents with an increased appreciation for the importance of the linkage between recognizing patients as persons and better patient care, will help them better meet the needs of the patients they serve. It will also lead to increased patient satisfaction, an important building block in the development of long-term relationships that are one of the cornerstones of a successful primary care practice.

We believe this can be accomplished, in part, by providing opportunities for residents to interact with patients, including patients from disadvantaged and minority populations outside of the examining room. This could include attendance at regular PAC meetings.

Understanding the patient voice (ie, recognizing patients as persons) will be an ongoing challenge that family physicians will need to be cognizant of throughout their professional lives. It should become part of the continuing medical education curriculum. Likewise, awareness of social determinants that underlie many disease diagnoses and treatments, access to care, and implementing preventive and community health measures,[4] should be another major component of the primary care provider's education.

By viewing the primary care environment within a larger context, the resident can obtain additional knowledge and experience. This includes being informed about the role of public policy in guiding and regulating family medicine, which ultimately affect their practices as primary care providers. A provider with updated clinical skills and health care-related information is one expected by patients.

We have interacted with numerous faculty, staff, residents, and medical students during our tenure with the UNC FMC PAC. We have advised them on QI projects and reviewed presentations that they prepared for medical conferences. We have seen how our engagement with them has contributed to their awareness of us as more than patients. These encounters with patients outside of a medical appointment will help family physicians and residents of the future understand and value the patient voice.

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