
POSTER ABSTRACT**The impact of patient partners in resident-led quality improvement initiatives: a qualitative assessment**

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Debbie Elman^{1,2}, Vyshnave Jeyabalan, Lise Huynh^{1,2}

1: Department of Family and Community Medicine, University of Toronto, Canada

2: Department of Family and Community Medicine, Sunnybrook Health Sciences Center, Canada

Background: Patients are integral to shaping healthcare improvement and education, and are the backbone for any integrated health system. Patient partners' involvement in healthcare improvement initiatives reduces acute care admissions and improves the delivery and accountability of healthcare services. To ensure sustained high-quality patient-centered care, effectively teaching the value of patient engagement in improvement initiatives to medical learners is essential. This ensures its long term sustainability and promotes future innovation in this realm.

Literature around frameworks on how to teach the value of patient engagement in quality improvement (QI) to residents in an experiential way is lacking, as is literature on how patient partners contribute to the development of the medical learner as a scholar.

The University of Toronto delivers a curriculum that teaches QI and systems thinking to first year family medicine (FM) residents. Though the curriculum touches on the role of the patient partner, this is done in a theoretical way.

In an effort to teach the value of patient engagement, and to empower the voice of patient partners, our interdisciplinary family health team in Toronto, Canada partnered with its local Patient and Family Advisory Council (PFAC) to mandate the involvement of a patient partner in FM resident-led QI projects. Our study aims to assess the feasibility of this teaching initiative and to describe the experiences of the residents and PFAC patient partners.

Approach: We conducted a qualitative exploratory evaluation of the educational initiative via focus groups. Separate one-hour focus groups were held for the residents and the PFAC members after completion of the resident-led QI projects. We explored residents' and PFAC members' experiences in working together and the impact of patient engagement on the resident-led improvement initiatives.

Results: Thematic analysis showed a positive experience with both patient partners and residents recognizing the value of involving those with lived experiences in co-designing improvement initiatives. Key aspects for effective patient engagement include interest, clear expectations, bidirectional feedback, and good communication. These factors allow for valued contribution and positive patient experiences. Noteworthy is that patient partners and residents differed in the amount and quality of communication they deemed necessary. While residents described an all-round positive experience, PFAC members' experience was mixed, with some noting a lack of appropriate action in response to their provided feedback.

Implications: Our study demonstrates the feasibility of using experiential project-based learning to teach the value of patient engagement. Our findings are aligned with existing literature on the importance of clear roles and expectations, communication, and capacity building for effective patient engagement. Novel in this study is the finding that these themes resonate with learners even early in their academic career.

We show the value of incorporating patient partners in resident-led scholarly work, highlighting their role in contributing to the development of the resident as a scholar. Effectively teaching the value of patient engagement to the healthcare providers of tomorrow ensures that patients will continue to hold an active and growing voice in shaping healthcare delivery both clinically and through innovation.