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Consumer involvement in the design and delivery of examinations and assessments for health professionals and health professional education: a scoping review of literature

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Executive Summary

This review has been commissioned by the Australian Dental Council Inc. to survey the available academic and grey literature in relation to the involvement of consumers in the design and delivery of examinations and assessments which test and verify competency for entry to a profession.

A scoping review methodology was used to examine the literature relating to the involvement of consumers in assessments within health and social care education. Multiple databases were searched and, following the removal of duplicates, 1788 articles were identified. This number was reduced to 118 articles through abstract and title reading. From this number, 37 articles were identified as having direct relevance to the research area. A further 25 articles were identified through their inclusion as references. Grey literature sources were identified through targeted searching for the guidance of regulatory agencies with a stake in healthcare education.

The literature discovered through the search strategy explored how consumers of health and social care services may be involved within assessments. Four main themes were revealed and explored through thematic analysis; 1) Nature and Ethos Behind Involvement; 2) Value of Health Consumers in Assessments; 3) Barriers and Difficulties, and; 4) How have consumers been involved?

This review finds that the way in which consumers are involved in the assessment of healthcare students is most commonly linked to examination of communication skills and professionalism. The philosophy of involvement is driven by the desire to ensure that the voice of the consumer is heard within healthcare service delivery and educational activities. While much of the literature extolls the value of including consumers within assessments, this is not without its challenges and difficulties. These are explored in detail within this review. This review also examines the way that consumers have been reported to have been involved within the literature, and whether this involvement is comprehensive, with consumers being involved in the design and planning of assessments, or whether is it shallow, with involvement being superficial. There was no evidence within the literature surveyed that illustrated how consumers might be involved within assessments that contribute to the process of professional credentialing or registration with health professional accreditation agencies.

Background

This review has been commissioned by the Australian Dental Council (ADC) to survey the available academic and grey literature in relation to the involvement of consumers in the design and delivery of examinations and assessments which test and verify competency for entry to a profession.

About the Australian Dental Council

The Australian Dental Council (ADC) is an independent organisation appointed by the Dental Board of Australia (DBA) to conduct assessment and accreditation functions for the dental professions under the National Registration and Accreditation Scheme (NRAS).

The assessment and accreditation functions performed by the organisation under the Health Practitioner Regulation National Law ('the National Law') are to:

- develop accreditation standards for approval by the DBA;
- accredit programs of study which lead to eligibility to apply for registration against those standards;
- assess overseas qualified dental practitioners who wish to practise in Australia; and
- provide advice to the DBA on accreditation and assessment matters.

The ADC is a not-for-profit company limited by guarantee under the Australian Securities and Investments Commission. It holds charity status under the Australian Charities and Not-for-profits Commission and is funded by a grant from the DBA and fee for service activities.

The ADC assesses overseas qualified dental practitioners. The largest group of candidates are those applying for assessment as general dentists. This review will help to guide the ADC in considering how health consumers may be involved in the ADC's assessment process.

Philosophy of Consumer Involvement

Society expects dental professionals to be able to perform within a prescribed set of competencies,^{1,2,3} in a way that places the public's interests first.⁴ Consumers of health services are increasingly being involved in the decision-making process relating to how services are delivered. This is especially pertinent in the context of providing care to marginalised or under-served groups who have been disempowered by how services have been designed and provided in the past. The drive to ensure community and consumer agency within healthcare also expands to the education and training of health practitioners, with an expectation that health practitioners entering the workforce will have been trained in a people-centric manner. These expectations also resonate with ongoing global developments on people-centred health systems and an increasing focus on coproduction of knowledge and collective accountability that shifts focus to the consumer.⁵

Undoubtedly, there is a great responsibility to ensure that educational institutions and accrediting agencies meet this expectation; the inclusion of the health consumer within health education is an important step forward in advancing the relationship between the health professions and society. In the context of oral health, this will ensure that future dental professionals in the 21st Century⁶ will be appropriately assessed and accredited to the standards that the public require and expect.

Prior research has sufficiently established that the social contract applies to the dental profession⁷ as well as to those who regulate dental professionals.⁸ The social contract can be thought of like an unwritten exchange of promises between the dental profession and society where both parties provide something of value to the other partner. As dental care provision follows a trend towards

¹ Australian Dental Council. Professional competencies of the newly qualified dental prosthetist. 2016. https://www.adc.org.au/sites/default/files/Media_Libraries/PDF/Accreditation/Professional%20Competencies%20of%20the%20Newly%20Qualified%20Dental%20Prosthetist_rebranded.pdf (accessed 26/05/19)

² Australian Dental Council. Professional Competencies of the Newly Qualified Dental Hygienist, Dental Therapist and Oral Health Therapist. 2016. https://www.adc.org.au/sites/default/files/Media_Libraries/PDF/Accreditation/Professional%20Competencies%20of%20the%20Newly%20Qualified%20Dental%20DH%20DT%20OHT_rebrand%20Final.pdf (accessed 26/05/19)

³ Australian Dental Council. Professional competencies of the newly qualified dentist. 2016. https://www.adc.org.au/sites/default/files/Media_Libraries/PDF/Accreditation/Professional%20Competencies%20of%20the%20Newly%20Qualified%20Dentist_rebrand.pdf (accessed 26/05/19)

⁴ Holden ACL. Reflections on the Encouragement of Altruism in Dental Education. *European Journal of Dental Education*. 2018; 22(1): e198-e202

⁵ World Health Organization. WHO global strategy on people-centred and integrated health services. 2015 Available from: <http://www.who.int/servicedeliverysafety/areas/people-centred-care/global-strategy/en/>. (accessed 26/05/19)

⁶ Balasubramanian M, Davda L, Short SD, Gallagher JE. Moving from advocacy to activism? The fourth WHO global forum on human resources for health and implications for dentistry. *British Dental Journal*. 2018; 225(2):119–122.

⁷ Holden ACL. Dentistry's Social Contract and the Loss of Professionalism. *Australian Dental Journal*. 2017; 62(1): 79-83

⁸ Holden ACL. Paradise Lost; the reputation of the dental profession and regulatory scope. *British Dental Journal* 2017; 222: 239 – 241

increased commercialisation, it is vital that the voice of the consumer is heard in the context of the future of the dental profession, dental education and oral health services.

Overall, there is an increasing recognition that consumer involvement and the social contract demands that the profession serves the needs of society first and foremost. Effective assessment and examination is a vital part of ensuring that dental professionals in the workforce are fit for purpose and developing an appreciation of how the consumers of dental services might fit into this is vital and necessary work. Therefore, the broad aim of this study is to gauge and explore relevant published literature for consumer involvement in the design and delivery of examinations and assessments for health professionals.

Terminology and Usage

Within this review, consumers have been defined as those who use the services of health practitioners (e.g. patients), their carers and those who advocate on their behalf. A comment may be made on the choice of the term, 'consumer'. The Dental Board of Australia has adopted a shared Code of Conduct, developed with other National Boards, that uses the terms, 'patients' and 'clients' to describe those who might access the services of the dental profession. At one stage, the dental profession would likely have been uncomfortable with the use of any term other than 'patient' to describe those who access professional oral health care. Increasingly, other terms such as 'service-user' and 'consumer' have been adopted to describe those who access health services. Many advocacy groups have chosen to refer to themselves as 'health consumers' rather than patients. The impetus for this evolution in terminology might be linked to the development of greater consumer and community participation within healthcare and how services are delivered; the mantra of "nothing about me, without me" leading to healthcare being organised and delivered in an increasingly democratised way. The Health Care Consumers Association, in its submission to the Independent Review of Accreditation Systems,⁹ suggest that consumers of healthcare are frequently unaware of the unspoken culture that surrounds healthcare, promulgated by practitioners and organisation systems, that are often not congruent with the provision of patient-centric and appropriate care. It is now widely recognised that the safety and appropriateness of healthcare is dependent upon the involvement of consumers in its provision.

In this report, the terms consumer, patient, client and service user have all been used interchangeably, each term is used in correlation to the language used in the literature being discussed.

⁹ COAG Health Council. Australia's Health Workforce: strengthening the education foundation. Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions. 2018. Available at: <http://www.coaghealthcouncil.gov.au/Projects/Accreditation-Systems-Review> (accessed 01/05/2019)

Methods

The study adopts a scoping review approach to gauge and explore the literature on consumer involvement in the design and delivery of examinations and assessments for health professionals and health education in general (including dental professionals).

Scoping review approach

Scoping reviews generally focus on a detailed appraisal of identified sources and collate existing evidence using a broad thematic or analytical framework. The main steps involved in a scoping review are similar to that of a regular systematic review (including systematic selection, collection and summarisation of existing knowledge). Generally scoping reviews include five main steps. We used the gold standard for scoping reviews using the Arksey and O'Malley¹⁰ framework, with a few enhancements to the definition of the steps as proposed by Levac, Colquhoun and O'Brien¹¹ (see Table 1 below).

¹⁰ Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *International Journal Soc Res Methodol*. 2005;8(1):19–32.

¹¹ Levac D, Colquhoun H, O'Brien K. Scoping Studies: advancing the methodology. *Implement Sci*. 2010;5(69):1–9.

Table 1: Scoping review approach

Scoping review steps	Enhancements
1. Identifying the research question	Clarifying and linking purpose of the research question
2. Identifying relevant studies	Balancing feasibility with breadth and comprehensives of the scoping process
3. Study selection	Using an iterative item approach to selecting studies and extracting data
4. Charting data	Incorporating a numerical summary and qualitative thematic analysis
5. Collating, summarising and reporting results	Identifying implications of the study findings for policy, practice or research
6. Consultation	Adopting consultation as a required component within the scoping study methodology

Source: Adapted from JBI review handbook for scoping reviews.¹²

Search strategy

A broad search strategy was developed in consultation with stakeholders. Critically, this search sought to identify literature from the wider health and social care professions, as well as other professional groups that might also incorporate consumers within assessment activities. Whilst the ADC's assessments are summative in nature and are not attached to a learning process in the same way that assessments within a degree course would be, it was anticipated at the outset that all

¹² The Joanna Briggs Institute. The Joanna Briggs Institute Reviewers' Manual 2015: Methodology for JBI scoping reviews. Adelaide; 2015. 1-24 p. Available from: http://joannabriggs.org/assets/docs/sumari/ReviewersManual_Mixed-Methods-Review-Methods-2014-ch1.pdf

assessments should be considered within this review, as there was likely to be a low number of studies examining purely summative assessments.

A three-prong strategy was adopted, mainly to identify/explore a broad section of literature that included consumer involvement in the design and delivery of health professional examinations and assessments and health education in general. In order to better ascertain the principles behind consumer involvement, we also choose to explore the literature on health care in general.

The main keywords included consumer, patient, engagement, participation, education, assessment, health personnel and patient participation. The search incorporated these keywords along with words used in a similar usage, synonyms and corresponding subject limiters. Groupings of keywords and medical subject headings were combined using Boolean terms “OR” and “AND”. The agreed search terms, and an example search using the detailed list of keywords and as performed in Medline is provided in Appendix 3. The search strategy developed for Medline was revised for other databases. Within databases, search terms were expanded through use of MeSH terms. This meant that within the search, terms such as ‘Health Personnel’ led to a more diverse group of persons complimentary to the practice of the health professions being included.

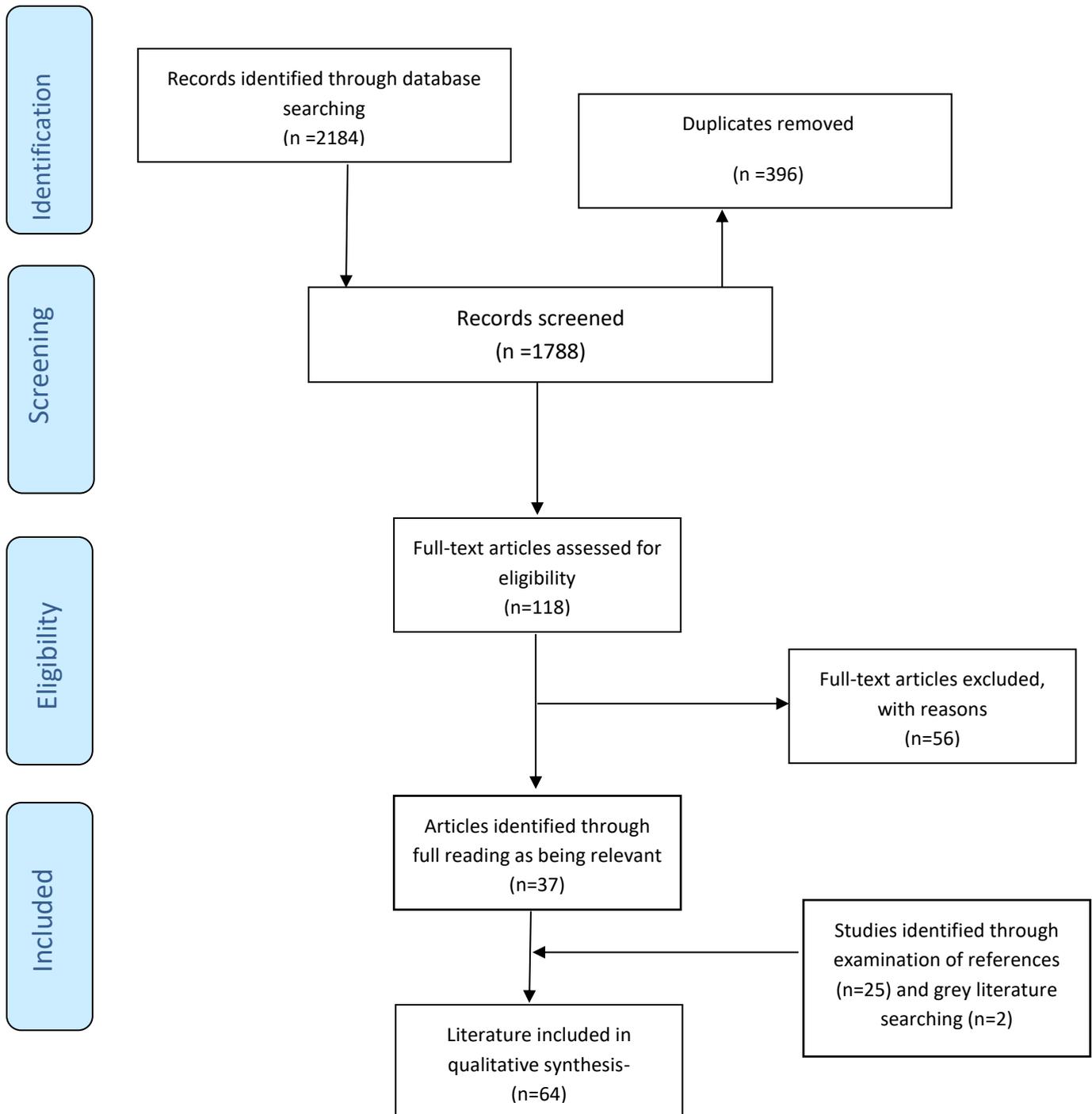
The following databases were included: Embase, Education Resources Information Centre (ERIC), Allied and Complementary Medicine, Cochrane Systematic Reviews, Joanna Briggs Institute Systematic Reviews and PsYINFO. The search was conducted without a definite time range, with all published literature being included. All articles published in the English language were included. The scientific literature included research articles (both qualitative and quantitative), commentaries, reviews and letters. The grey literature search was also performed separately using a similar search strategy in Proquest and Google scholar, as well as searching websites of health and social care regulators in a targeted way for relevant guidance.

Data collection and study selection

Overall 2184 scientific articles were identified in the initial search. After removal of duplicates (n=396), 1788 articles were included. Two reviewers (AH and DL) were involved in scanning the title, abstract and keywords for these included articles; 118 articles were shortlisted. Full-text was obtained for the shortlisted articles and overall 62 articles were identified for the scoping review mapping exercise, also including a few articles that were backtracked via references. A PRISMA flowchart on the selection of articles is provided in Figure 1. The entirety of the final group of articles identified from the search

were from health and social care-related disciplines; no literature discussing consumer involvement from other professions was discovered. Only a small number of articles were from the discipline area of dentistry.

Figure 1 - PRISMA flowchart on study selection



Two reviewers were involved in screening the title, abstract and keywords for the included articles. Had any disagreement between these two reviewers occurred, a third reviewer would have been consulted, although the requirement for this provision did not arise. All potentially relevant articles were obtained for full-text assessment. Data extraction was conducted independently by the same reviewers and collated in a table, according to the conceptual framework of the study (Table 1). The literature identified is set out in Table 2 (located within Appendix 1)

Grey Literature

The grey literature search using databases did not identify new material that had not been discovered through the main literature search. Editorials, opinion pieces and commentaries were identified, but these had all been captured previously. Using a targeted strategy, two pieces of guidance were identified as being of relevance; guidance from the General Medical Council (UK) and the Nursing & Midwifery Council (UK) that both discussed the involvement of consumers within assessments. This was typically in the wider context of consumer involvement in health education in general. Other guidance from professional regulators was located, also from the UK. However, this was not included within this review as reference to consumer involvement was fleeting and ambiguous.

Thematic Analysis

Following collation and full reading of the articles to be included within the review, the reviewers discussed the prevailing themes emerging from within the literature surveyed. Four overarching themes emerged:

- Nature and Ethos Behind Involvement
- Value of Health Consumers in Assessments
- Barriers and Difficulties
- How have consumers been involved?

While these themes are formed from distinct aspects of the literature surveyed, many of these aspects relate closely to one another, linking the themes within the literature corpus.

Nature and Ethos Behind Involvement

Within the literature, the explanations on how consumers were utilised within health education frequently discussed how involvement in assessment and curriculum design was far less widespread than involvement in other teaching and learning activities. Consumers are increasingly involved in the design of health services, and the drive to involve consumers within the planning stages of how care is provided has led to the nascent establishment of these same principles within health education. Wilkinson justifies the importance of involving consumers in the processes of medical education through asking the question; “Who is medical education for?”¹³ Much of the literature discussed how, and to what extent, consumers should be involved in health education assessment. A common observation centred on the risk that consumer involvement can appear tokenistic.^{14,15,16,17,18} This should be avoided through consideration of how consumers can be involved throughout the entire process of conceiving, designing and then implementing

¹³ Wilkinson E. The patients who decide what makes a good doctor. *BMJ*. 2018; 361: k1829

¹⁴ Haycock-Stuart E, Donaghy E, Darbyshire C. Involving users and carers in the assessment of preregistration nursing students’ clinical nursing practice: a strategy for patient empowerment and quality improvement? *Journal of Clinical Nursing*. 2016; 25: 2052–2065

¹⁵ Happell B, Platania-Phung C, Byrne L, Wynaden D, Martin G, Harris S. Consumer participation in nurse education: A national survey of Australian universities. *International Journal of Mental Health Nursing*. 2015; 24: 95–103

¹⁶ Grimes L, Shaw M, Cutts C. Patient and public involvement in the design of education for pharmacists: Is this an untapped resource? *Currents in Pharmacy Teaching and Learning*. 2013; 5: 632–636

¹⁷ Forrest S, Risk I, Masters H, Brown N. Mental health service user involvement in nurse education: exploring the issues. *Journal of Psychiatric and Mental Health Nursing*. 2000; 7: 51–57

¹⁸ Felton A, Stickley T. Pedagogy, power and service user involvement *Journal of Psychiatric and Mental Health Nursing*, 2004, 11, 89–98

assessments.¹⁹ In UK nursing practice, consumer involvement in health education has reportedly become routine,²⁰ a development which has been credited mainly to the UK's Nursing & Midwifery Council standards, published in 2010, which state, "Programme providers must make it clear how service users and carers contribute to the assessment process."²¹ This guidance (whilst still in use across the UK) has now been superseded by guidance published in 2018 which reiterates the expectation for consumers to be involved in nursing education and assessment; "Approved education institutions, together with practice learning partners, must ensure:...a range of people including service users contribute to student assessment."²² From this review of the literature surrounding the development of consumer assessment, it would appear that this guidance from the Nursing & Midwifery Council in the UK has been one of the greatest contributors in driving nursing education providers to utilise consumers in this way.

The General Medical Council (UK) guidance; 'Patient and public involvement in undergraduate medical education'²³ published in 2011, discusses the merits, as well as the challenges, of involving consumers in medical education assessments. Unlike the guidance from the Nursing & Midwifery Council, the guidance from the General Medical Council would appear to be far less directive, but still more so than guidance from other regulators that was excluded from this review. This may explain the relative lack of case studies or reports from medical and other health-related education in comparison to those produced by nursing and midwifery academics.

A central question to involvement that the reviewed literature seeks to answer is, if consumers are to be used in assessments, what does that involvement look like, and should further involvement be fostered and encouraged? Whilst health consumers are increasingly being involved in health education, their involvement is less common in the context of curriculum design, program development and assessment.²⁴ A common observation within much of the literature is that the involvement of consumers at a deeper level within assessment, from the point of conception, through to the development of rubrics and then the final implementation, is essential to ensure that

¹⁹ Cribb A, Owens J, Singh G. Co-Creating an Expansive Health Care Learning System. *AMA Journal of Ethics*. 2017, 19(11): 1099-1105

²⁰ Stevens K, Bernal C, Devisc K, Southgate A. Experiences of service users involved in recruitment for nursing courses: A phenomenological research study. *Nurse Education Today*. 2017; 58: 59–64

²¹ Nursing & Midwifery Council. *Standards for Pre-Registration Nursing Education*. 2010. 82

²² Nursing & Midwifery Council. *Realising professionalism: Standards for education and training. Part 1: Standards framework for nursing and midwifery education*. 2018. 12

²³ General Medical Council. *Patient and public involvement in undergraduate medical education: Advice supplementary to Tomorrow's Doctors (2009)*. 2011

²⁴ Grimes L, Shaw M, Cutts C. Patient and public involvement in the design of education for pharmacists: Is this an untapped resource? *Currents in Pharmacy Teaching and Learning*. 2013; 5: 632–636

the consumer's voice is heard throughout the assessment process.²⁵ Some disagree with this; Haycock-Stuart et al.²⁶ advocate for consumer involvement, but are critical of involvement within formal assessments, stating that consumer feedback should be confined to informal feedback. They state that the value of consumer feedback lies within its authenticity, and therefore formal assessment is impractical due to their view that this aspect is lost.

Value of Health Consumers in Assessments

What is the value of involving consumers in the complex activities within health education? Within the literature describing the involvement of service users within social work education, Schön²⁷ stated, “There is very limited discussion of the user role and consequences of being involved in research, teaching, or other assessments” finding that the involvement of users should not be uncritically considered to be a good thing. This view is supported by Jha et al. who stated; “There was limited evidence of the long-term effectiveness of patient involvement and issues of ethics, psychological impact and influence on education policy were poorly explored.”²⁸ Within the disciplinary area of teaching in higher education, Morin et al.²⁹ stated, “let us be clear in saying that we have not yet arrived at a time and place where community engagement is sufficiently valued and rewarded within higher education.” However, Cribb et al.¹⁹ take an optimistic approach, stating that through co-creation of the health system, all parties, or stakeholders, in a health system become important contributors to understanding the contribution of knowledge, practices, dispositions and emotions to the quality of the system.

The range of literature surveyed, originating from 1980 to 2018, illustrates how the role of consumers in assessment and examination has evolved. Earlier case studies of how consumers are best utilised in healthcare education have a heavy biomedical focus. For example, in two of the papers, patients were trained to evaluate students who were giving them a physical exam. This tasked patients with using a marking rubric that asked them to assess whether students were

²⁵ Wener ME, Schönwetter DJ, Mazurat N Developing New Dental Communication Skills Assessment Tools by Including Patients and Other Stakeholders. *Journal of Dental Education*. 2011; 75(12): 1527-1541

²⁶ Haycock-Stuart E, Donaghy E, Darbyshire C. Involving users and carers in the assessment of preregistration nursing students' clinical nursing practice: a strategy for patient empowerment and quality improvement? *Journal of Clinical Nursing*. 2016; 25: 2052–2065

²⁷ Schön UK. User Involvement in Social Work and Education—A Matter of Participation? *Journal of Evidence-Informed Social Work*. 2016; 13(1): 21-33

²⁸ Jha V, Quinton N, Bekker H, Roberts T. Strategies and interventions for the involvement of real patients in medical education: a systematic review. *Medical Education*. 2009; 43(1): 10–20

²⁹ Morin SM, Jaeger AJ, O'Meara KA. The State of Community Engagement in Graduate Education: Reflecting on 10 Years of Progress. *Journal of Higher Education Outreach and Engagement*. 2016; (20)1: 151-156

palpating certain clinical landmarks.^{30,31} One case study from 1980 did use patients to assess the “Nontechnological” aspects of clinical care,³² however, the framing of this research almost suggests a lower value to this subject area within medical education, compared to the learning of clinical or technological skills. The patients were also not involved in the development of the rubric either.

Increasingly, the reviewed research shows that the role of consumers in health education should focus on the value that they bring to the interaction, not on their potential to learn, and then assess, the complex nuances of biomedical practice. The value of consumers in the assessment process should be based on the utilisation of their experiences and perceptions of clinical care; Stevens et al. describe patients as being experts by experience”,³³ a sentiment that recurs throughout the review literature.^{28,34} This view of consumers as experts in their own realities was found within literature from social work education as well.³⁵ The literature shows that the way in which consumers have been involved in assessments has been in providing feedback on clinical communication skills and professionalism. In assessments of care from trainee health professionals, consumers place value on different characteristics than professionals, valuing friendliness and ‘human factors’ over traditional professional values¹⁷ examining aspects of care that academic assessors value less or do not assess at all,³⁶ such as warmth and rapport.³⁷

As well as assessments where consumers were involved in providing feedback to students on their performance, consumers were also documented to have been involved in the recruitment process. Regardless of the format of the assessment, consumers were described as being focused on the human aspects of care, providing a perspective that was not the main focus of the clinical or academic staff involved in the process.³⁸ One of the main advantages of including consumers in the

³⁰ Stillman PL, Ruggill JS, Rutala PJ, Sabers DL. Patient instructors as teachers and evaluators. *Journal of Medical Education*. 1980; 55: 186-193

³¹ Gall EP, Meredith KE, Stillman PL, Rutala PJ, Gooden MA, Boyer JT, Riggs GE. The use of trained patient instructors for teaching and assessing rheumatologic care. *Arthritis & Rheumatism*. 1984; 27(5): 557-563

³² Brody DS. Feedback from Patients as a Means of Teaching Nontechnological Aspects of Medical Care. 1980; 55: 34-41

³³ Stevens K, Bernal C, Devisc K, Southgate A. Experiences of service users involved in recruitment for nursing courses: A phenomenological research study. *Nurse Education Today*. 2017; 58: 59–64

³⁴ Munro J, Whyte F, Stewart J, Letters A. Patients assessing students' assignments; Making the patient experience real. *Nurse Education Today*. 2012; 32: 139-145

³⁵ Duffy J, Das C, Davidson G. Service User and Carer Involvement in Role-plays to Assess Readiness for Practice. *Social Work Education*. 2013; 32(1): 39-54

³⁶ Greco M, Brownlea A, McGovern J, Cavanagh M. Consumers as Educators: Implementation of Patient Feedback in General Practice Training. *Health Communication*. 2000; 12(2): 173-193

³⁷ Black AE, Church M. Assessing medical student effectiveness from the psychiatric patient's perspective: The Medical Student Interviewing Performance Questionnaire. 1998; 32: 472-478

³⁸ Heaslip V, Scammell J, Mills A, Spriggs A, Addis A, Bond M, Latchford C, Warren A, Borwell J, Tee S. Service user engagement in healthcare education as a mechanism for value based recruitment: An evaluation study. *Nurse Education Today*. 2018; 60: 107-113

feedback and assessment process is their ability to reflect on authentic factors which inform students and other assessors of characteristics of behaviour and interpersonal skills which impact the patient experience. Duffy et al.³⁵ found that consumers involved in assessments reported on the authenticity of the student's participation, noting that when students listened to them during the assessment task, they could determine if they were going through the motions of the exercise, or really participating sincerely; "If students...listen properly, they will get it (the key value and purpose of the roleplay), there's a different feeling when you're listened to. If the students are really listening—it will feel different." Whilst this is an interesting finding, there no indication of how accurate this 'intuition' is, or how it might be confounded by other factors. However, it does help to illustrate the value of consumers' involvement based on their different priorities and perspectives when being involved in assessment activities. Within the teaching arena, the value of involving the wider community to assess school student's research assignments was in their ability to authentically assess how well the students had communicated to a lay-audience.³⁹

One of the challenges within this review, is developing some degree of differentiation between how various education providers have used consumers, or those who are representing consumers. To illustrate this point, we question whether a clinician or academic, who is playing the part of a patient or consumer, can really represent the same interests as a 'real' consumer might. Various classifications have been put forward to signify the characteristics of an involved consumer. 'Lay consumers', or those naïve to the education setting were differentiated from 'experienced consumers' by Whittaker et al.⁴⁰ Importantly, the 'health professional as consumer' was further distinguished to signify the degree of professional disciplinary expertise that such persons may bring to an education and assessment setting. They go on to a different classification to question whether the consumer who becomes involved in health education and assessment is acting as an individual, a member of a particular group, or even a representative of a global organisation. Furthermore, this review has identified that a certain degree of training and support system is required to enable consumers to take part in assessments. At what stage in this process of providing training and calibration, do patients lose the aspects to their mindset and character, that gives them value as patients in the context of participating in assessment activities? Howe noted that the structured nature of clinical assessments involving patients frequently negated this 'real' aspect of their nature, "Patients are often asked to help with clinical assessments, but this is a relatively structured role

³⁹ Craddock IM. Community Assessment in Teaching the Research Process. *Knowledge Quest*. 2013; 42(1); 58-63

⁴⁰ Whittaker KA, Taylor J. Learning from the experience of working with consumers in educational developments. *Nurse Education Today*. 2004; 24: 530–537

where their personal experience is rarely used.”⁴¹ One paper within the review reported; “The authors concluded that patient involvement in medical education has positive short-term impacts including beneficial roles in teaching and assessing musculoskeletal examination skills and providing an authentic patient interaction experience unattainable from standardized patients.”⁴² If we accept that actual patients and consumers provide a more authentic experience than standardised patients (defined here as actors or clinician/academics taking the role of actors) then the question becomes one of whether patients and consumers are able to participate in assessments appropriately. Whilst it may be that the interaction is more real, simulated patients have been reported to give more useful feedback to students, as well as being better oriented to the purpose of the educational task than ‘real’ patients.^{43,44} The disparity between the quality of feedback between simulated and ‘real’ patients might be related to the level of preparedness of both groups and the respective level of support given to facilitate their involvement. A trained simulated patient can assess for minimum standards of behavioural empathy, or outward displays of empathy toward a patient, and can provide a detailed commentary on the student’s responsiveness to a patient’s revelations and to the flexibility of the student as the consultation proceeds.⁴⁴ Teherani and colleagues⁴⁴ provide examples of thorough and eloquent feedback given by a trained simulated patient about a student breaking bad news, reinforcing the notion that giving meaningful feedback and assessment requires both attunement to notice particular behaviours and skills in the craft and language of feedback. Forrest et al. assert that in order to involve consumers within complex educational activities such as assessments, health consumers need to be supported, involved and remunerated in the same way as formal academics.⁴⁵ However, the authors do not consider how this level of integration of service users into assessment activities might impact upon their value to the process, linked to their status as patients. Teherani and colleagues claim that the value in thorough training of the simulated patient cannot be overstated, and advocate the use of professional actors, since actors go beyond memorising a script to ‘inhabit’ the character and *be* the patient in the simulation.⁴⁴

⁴¹ Howe A. Ally, advocate, authority: strengthening the patient voice in medical education. *Clinical Teacher*. 2007; 4: 170-174

⁴² Finch E, Lethlean J, Rosea T, Fleming J, Theodoros D, Cameron A, Coleman A, Copland D, McPhail SM. How does feedback from patients impact upon healthcare student clinical skill development and learning? A systematic review. *Medical Teacher*. 2018; 40(3): 244-252

⁴³ Bokken L., Rethans J, Jöbsis Q, Duvivier R, Scherpbier A, Van Der Vleuten C. Instructiveness of Real Patients and Simulated Patients in Undergraduate Medical Education: A Randomized Experiment. *Academic Medicine*. 2010; 85(1): 148–154

⁴⁴ Teherani A, Hauer KE, O’Sullivan P. Can simulations measure empathy? Considerations on how to assess behavioural empathy via simulations. *Patient Education and Counselling*. 2008; 71: 148–152

⁴⁵ Forrest S, Risk I, Masters H, Brown N. Mental health service user involvement in nurse education: exploring the issues. *Journal of Psychiatric and Mental Health Nursing*. 2000; 7: 51–57

One paper argued that doctors who object to patient involvement in this way were merely trying to protect the hegemony of the medical profession over the less empowered public.¹³ This perspective is supported by research that found that many clinicians and academics who did not support the assessment of students by patients were concerned that their own practice may become scrutinised by service users in the same way.^{46,47}

Much of the literature noted that the perspective of consumers is best utilised when it is combined with clinician and academic views. Heaslip et al.³⁸ wrote about this approach giving a holistic approach. The views of patients and consumers, focusing upon interpersonal and communication skills, as well as evaluating professionalism, complemented the views of academic and clinical examiners who were more focused upon technical and clinical skills. In this way, the value of consumers in the arena of assessment and examination is as the representatives of society and providing a voice for the future patients and service users, who will ultimately rely upon those health practitioners being assessed; “The idea of a service-user assessing what a student is doing is brilliant because ultimately they’re the person receiving the care and they know what they want...”⁴⁶ The importance to ensure this difference in perspective (academic vs patient) is captured in a paper describing an assessment process in dental education. The authors stated, “What is interesting to note is that most of these communication assessments are based on criteria established by professionals rather than grounded in the values, experiences, and perceptions of the patients.” The authors of this paper managed this through the use of a patient survey to aid in the design of an assessment rubric on communication.⁴⁸

In one case, the carers who took part in the assessment were described by the authors as, “critical friends” suggestive of a different role that the consumers had in this process compared to the academics involved.⁴⁹ In this study, students were asked to develop a portfolio, the patient-centred elements of which were marked by the carers.

Barriers and Challenges to Consumer Involvement in Assessments

⁴⁶ Stickley T, Stacey G, Pollock K, Smith A, Betinis J, Fairbank S. The practice assessment of student nurses by people who use mental health services. *Nurse Education Today*. 2010; 30: 20-25

⁴⁷ McMahan-Parkes K, Chapman L, James J. The views of patients, mentors and adult field nursing students on patients' participation in student nurse assessment in practice. *Nurse Education in Practice*. 2016; 16(1): 202-208

⁴⁸ Schönwetter DJ, Wener ME, Mazurat N. Determining the Validity and Reliability of Clinical Communication Assessment Tools for Dental Patients and Students. *Journal of Dental Education*. 2012; 76(10): 1276-1290

⁴⁹ McSherry R, Duggan S. Involving carers in the teaching, learning and assessment of masters students. *Nurse Education in Practice*. 2016; 16: 156-159

Whilst many authors are positive about the value that this brings to their curricula, some are cautious about how consumers may be involved in assessments, with Khoo et al. affirming that assessments are the domain of the university, and must be academic-led.⁵⁰ None of the reviewed literature categorised consumer involvement in assessments as being simple, with some explicitly stating examining its complexity.⁵¹ Stacey et al.⁵² wrote about some of the issues surrounding consumer involvement in examinations and assessments, citing power imbalances and the vulnerability of consumers in how they interact with students who may then be responsible for their clinical care as an ethical challenge to involving consumers. The authors also discuss how consumers involved in assessing health education need to be appropriately supported through training. The overprotectiveness of education providers in response to perceptions of vulnerability is also discussed in the context of how power relations affect the participation of consumers.⁵³ Happell et al.¹⁵ also warned that the Nursing and Midwifery Council guidance, “heralds the danger that universities might be acting, either currently or in the future, out of a sense of adherence to policy, rather than a genuine desire to promote the role of consumers in education and to decrease stigma towards people with mental illness.” Other authors also raise similar concerns surrounding the ethical issues of involving acutely ill patients in assessments, contributing to the philosophical discussion about whether all patients should be included within these types of assessments, or whether patients need to be screened to ensure that they are ‘right’ to be included.⁵⁴ This issue has led to several authors commenting on the fraught problem of how important it is to ensure that consumers from culturally and linguistically diverse backgrounds (CALD) and those with communication disorders are not needlessly excluded from participating in teaching and assessment activities.^{54, 42}

Some of these ethical issues are manageable through ensuring that consumers are appropriately supported and empowered to participate meaningfully. Some students were documented not to see much value in being assessed by patients, others were reported to have found the experience particularly useful and valuable. This difference is credited to be partly down to the orientation of

⁵⁰ Khoo R, McVicar A, Brandon D. Service user involvement in postgraduate mental health education. Does it benefit practice? *Journal of Mental Health*. 2004; 13(5): 481-492

⁵¹ Gutteridge R, Dobbins K. Service user and carer involvement in learning and teaching: A faculty of health staff perspective. *Nurse Education Today*. 2010; 30: 509-514

⁵² Stacey G, Stickley T, Rush. Service user involvement in the assessment of student nurses: A note of caution. *Nurse Education Today*. 2012; 32: 482-484

⁵³ Morgan S, Sanggaran R. Client-centred approach to student nurse education in mental health practicum: an inquiry. *Journal of Psychiatric and Mental Health Nursing*. 1997; 4: 423-434

⁵⁴ Jha V, Quinton N, Bekker H, Roberts T. Strategies and interventions for the involvement of real patients in medical education: a systematic review. *Medical Education*. 2009; 43(1): 10-20

students, whether they were particularly patient-focused or not. This would suggest that the students who found least value in the experience of being evaluated by patients, were also those most in need of being involved in assessments with consumers. A linked finding of this review, is that most research examining the involvement of consumers in assessments, examined what students thought of the experience of being assessed by consumers, rather than examination of any other outcomes.⁴⁰

Where students were involved in learning about specific conditions or diseases, Grimes et al.¹⁴ discussed the challenges of locating patients with these maladies to assist with the learning process. An inability to locate patients with a specific condition may have an impact to using consumers in this way, or upon the authenticity of an assessment should a consumer be involved if they do not actually have that condition (the condition is 'simulated'). Where consumer involvement is only discussed at the level of implementation, rather than at the co-design or planning stage, logistical issues become dominant considerations, rather than discussions surrounding what it is about patients, consumers and service users that adds value to health education, and specifically, the assessment process. Grimes et al. do raise the issue of how consumers might be managed who have a narrow focus. By this, the authors refer to consumers who have a particular perspective that they value highly. An example of this might be a consumer who focuses disproportionately on a certain aspect of a student's presentation (their language or their manner) based upon a past experience within the healthcare arena. Where encountered, this is clearly an issue and speaks to the problems that are likely to arise when consumers are involved in health education assessments in a shallow manner, or in a tokenistic fashion. Rees et al⁵⁵ also discuss the potential problems if dissatisfied consumers become involved in education. However instances of such a problem have not been described in published research. Other authors included within this review describe how this might be overcome through providing support and training to consumers, in a manner that supports the value they bring to proceedings, as well as accounting for the consumer's voice in assessments by including consumers as assessors alongside academics and clinicians. If assessments are not arranged so that academic, consumer and clinician feedback is considered within the context of the respective value of each stakeholder's involvement, students have voiced concern over the academic merit of assessments involving consumers.⁵⁶

⁵⁵ Rees CE, Knight LV, Wilkinson CE "User Involvement Is a Sine Qua Non, Almost, in Medical Education": Learning with Rather than Just About Health and Social Care Service Users. *Advances in Health Sciences Education* 2007; 12: 359–390

⁵⁶ O'Donnell H, Gormley K. Service user involvement in nurse education: perceptions of mental health nursing students. *Journal of Psychiatric and Mental Health Nursing*. 2013; 20: 193–202

A factor that seemingly attenuates the value of consumer involvement is a lack of clear strategy as to why consumers are being involved in that assessment.^{26, 39} Accompanying this, consumers involved in assessments also need to receive feedback on their own performance, and as well as giving feedback to students, desire feedback themselves.⁵⁷ Whilst this is not a barrier to consumers being involved, those who coordinate the utilisation of consumers within assessments need to ensure that there is capacity, as well as inclination, to provide consumers involved in these activities with the required support.⁵⁸ As well as recognition of the need for training and support, it is also important for the facilitation of consumer involvement in the assessment process to understand that consumers have been historically disempowered in the clinician-patient relationship. In the context of then involving consumers in the education of health practitioners, sensitivity must be given to this aspect. Rees and colleagues, drawing on Lave and Wenger's legitimate peripheral participation theory (Lave and Wenger, 1991), proposed that consumers be simultaneously regarded as legitimate peripheral participants in the community of health practice as students are, since both struggle to move to positions of fuller participation in health education.⁵⁵ The effects of disempowerment were evidenced by patients involved in one study, viewing their feedback as being inferior to that given by academics and clinicians.⁵⁹ Concerns about the subjectivity of the assessment process and fear about sharing the assessment comments were expressed by clients of a home nursing service assessing student nurses.⁶⁰ Patients also reported feeling conflicted by the task of giving negative feedback to students,^{54, 60, 61} however, no patients involved in the assessment reported feeling overwhelmed.⁴⁶ Students participating in this research reacted very negatively when they were criticised by service users of mental health services. Some students who refused to participate did so based on their belief that feedback from those with mental illness would not be valuable; "If they're chronically mentally ill, quite honestly, I don't know how that would work. The feedback is going to be tainted."⁴⁶ Supporting findings that patients and consumers are not comfortable with the feedback

⁵⁷ Webster BJ, Goodhand K, Haith M, Unwin R. The development of service users in the provision of verbal feedback to student nurses in a clinical simulation environment. *Nurse Education Today*. 2012; 32(2): 133-138

⁵⁸ Rhodes CA. User involvement in health and social care education: A concept analysis . *Nurse Education Today*. 2012; 32: 185-189

⁵⁹ Debyser B, Grypdonck M, Defloor T, Verhaeghe S. Involvement of inpatient mental health clients in the practical training and assessment of mental health nursing students: Can it benefit clients and students? *Nurse Education Today*. 2011; 31(2): 198-203

⁶⁰ Twinn SF. Creating reality or contributing to confusion? An exploratory study of client participation in student learning. *Nurse Education Today*. 1995; 15: 291-297

⁶¹ Thomson FC, MacKenzie RK, Anderson M, Denison AR, Currie GP. Incorporating patient partner scores into high stakes assessment: an observational study into opinions and attitudes *BMC Medical Education*. 2017; 17: 214

process, Lyons et al.⁶² found that patients giving feedback to students gave overly positive assessments of professional practice. Whilst the authors posit that part of this might be attributable to the fact that only high achieving students took part, they suggest that this may reinforce negative and unprofessional behaviours in other students should this type of assessment be expanded. The authors, also state that summative assessment of students by patients would be difficult, based on the requirement to have large amounts of feedback from many different patients. This view is also supported by Felton et al.¹⁷ and is supported by research surveyed that shows significant variability in how consumers assessed students, determined by gender and other characteristics such as level of education, with those with higher levels of education being less likely to score medical graduates highly on professionalism.⁶³ In the context of psychological service provision by students, better outcomes were reported when clients were involved in giving feedback, although where no feedback was given, improvements were also seen, albeit smaller.⁶⁴ The authors of this study described how the clinical supervisors did not place high value on feedback from clients, although there was recognition of client feedback being a valuable resource to help aid the development of students. Consumers involved in assessments reported a degree of empathy with students, especially recognising that students were anxious in an assessment environment.⁵⁴

The contribution of research on consumer involvement in health professional education and on patient partnerships was examined by Spencer.⁶⁵ He pointed out that while there has been a shift in the position of a patient from a medium through which clinical education and assessment occurs, to one which actively engages patients in a partnership, the body of research that is accumulating is largely descriptions of practice and focus on advantages and disadvantages. The costs of patient and consumer involvement in education and assessment, along with the larger question of the sustainability of such programs are areas with little research and commentary. These aspects of consumer involvement pose complex questions to education and assessment providers and return the conversation to the value of including consumers in the first place.

How have consumers been involved?

⁶² Lyons O, Willcock H, Rees J, Archer J. Patient feedback for medical students. *Clinical Teacher*. 2009; 6(4): 254–258

⁶³ Abadel FT, Hattab AS. Patients' assessment of professionalism and communication skills of medical graduates. *BMC Medical Education* 2014, 14:28

⁶⁴ Reese RJ, Usher EL, Bowman DC, Norsworthy LA, Halstead JL, Rowlands SR, Chisholm RR. Using client feedback in psychotherapy training: an analysis of its influence on supervision and counsellor self-efficacy. *Training and Education in Professional Psychology*. 2009; 3(3): 157-168

⁶⁵ Spencer J. Some activity but still not much action on patient and public engagement. *Medical Education*. 2016; 50: 5-6

As discussed, the earliest literature that explores the use of consumers in assessments, involved training patients to assess student's clinical examination skills.^{30, 31} Whilst perhaps an important first step, this type of activity does not involve consumers in a way that recognises their unique qualities to be valued as part of their contribution to the assessment and feedback process.

Throughout the survey literature, the involvement of consumers has been restricted to non-summative assessment; there is no evidence of how healthcare consumers are contributing to the process of assessments that act as barrier examinations that lead to eligibility for professional registration. The literature almost exclusively considers assessment activities within tertiary education programs, with a very small number of studies relating to activities within secondary education. No reports that described assessments involving consumers at any stage of the assessment development and implementation process, from professional accreditation, credentialing or examination bodies (akin to the ADC) were discovered, through this review.

One of the ways that consumer involvement can be conceptualised is through adapting Goss and Miller's conception of the continuum of involvement in assessments and examinations.⁶⁶ This maps the involvement of consumers through to partnership. This has been illustrated in figure 2 below. Table 3 (located in Appendix 2) includes those studies within this review that directly describe a particular instance of consumer involvement within assessment activities; these activities have been mapped to the continuum of involvement. Within the continuum of involvement, assessments involving consumers do not all involve consumers in a manner that moves towards more comprehensive integration within the assessment process.

Within the surveyed literature, there was a varied approach to the concept of involving consumers within the assessment process. Mapping the activities listed in table 3 to the categories within the continuum of involvement shows that many of the described assessment activities were shallow, with consumers being involved in the assessment itself, but not with the design of planning elements, or in how feedback was delivered to students. In other described and explored assessment activities, the consumer involvement mapped to levels 4 and 5 on the continuum, moving towards or indeed achieving, a partnership between the consumers and the academics who were preparing and implementing the assessment.

⁶⁶ Goss S, Miller C. From Margin to Mainstream: developing users and carer centred community care York. Joseph Rowntree Foundation. 1995

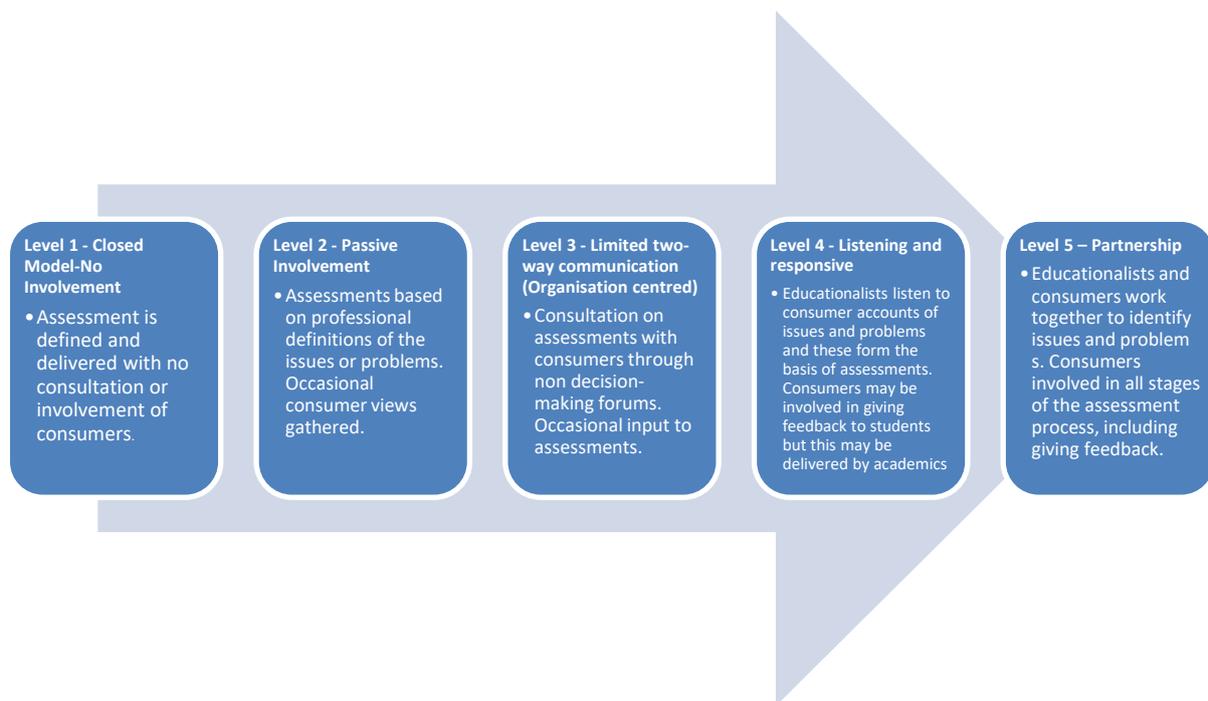


Figure 2 - Continuum of Consumer Involvement, adapted from Goss and Miller (1995) and Forrest et al. (2000)

Conclusion

The involvement of consumers within assessments is far from simple, with several major considerations that require those responsible for student assessments to consider how consumer involvement will bring value to the exercise. It is apparent that the public expects to be involved within the decision-making processes that relate to how health and social care services are provided, with the education of student service providers being included within this nexus. Assessments where consumers are involved as partners with academics and clinicians in the educational process, ensure that the consumer's voice is heard within the process of evaluating that student's performance. The literature shows that, to be successful, consumers involvement needs to be carefully facilitated through appropriate training, as well as support in how to give feedback. Where consumers are utilised in a shallow, or superficial way in assessments, there is a risk that their value as consumers is lost; assessment rubrics may not consider consumer-centric values or dismiss the priorities of consumer groups as being irrelevant to the educational process. The involvement of consumers in a manner that incorporates the consumer voice throughout the curriculum and then the assessment process is important. In most institutions, the assessment process is not separate from the learning experience; therefore, involvement within all aspects of the education process is suggested as a way to promote consumer values within health and social care education. The literature did not consider

circumstances where the assessment process is separate, such as in the case of those run by the ADC.

Ultimately, the involvement of consumers rests upon the aspects of consumers and consumer-focused care an institution administering an assessment seeks to incorporate within that process. Once this question is considered and answered, assessment providers may then incorporate consumer involvement along the continuum of involvement in a way that meets the institution's needs and values from that assessment.

Appendices

Appendix 1

Table 2 - Included Literature

Authors	Title / Journal / Year	Type of Research	Summary of Relevance to Consumer Involvement in Assessments and Examinations
Finch E, Lethlean J, Rosea T, Fleming J, Theodoros D, Cameron A, Coleman A, Copland D, McPhail SM	How does feedback from patients impact upon healthcare student clinical skill development and learning? A systematic review. Medical Teacher. 2018; 40(3): 244-252	Systematic review	<ul style="list-style-type: none"> • “The authors concluded that patient involvement in medical education has positive short-term impacts including beneficial roles in teaching and assessing musculoskeletal examination skills and providing an authentic patient interaction experience unattainable from standardized patients.” • Ethical concerns raised relating to the long-term effects on students and their attitudes towards patients and managing aggressive patients. • Feedback delivery; direct feedback to students, as well as review of video recordings of students. Anonymous patient feedback also given to students. • Concluded that patient feedback has a positive effect on the student learning experience. • Evaluation of current evidence tended to evaluate student attitudes towards patient feedback, rather than improvements in performance. • Possible limitations include patients with communication disorders or CALD status. What training and support is needed to allow patients from these groups to participate?

Wilkinson E	The patients who decide what makes a good doctor. BMJ. 2018; 361: k1829	Commentary	<ul style="list-style-type: none"> • Describes the integration of patients as assessors in medical education. Explains that weightings from patients differ depending on the skill being taught, this is higher in communications as it is thought patients are that best people to grade this. The purpose is to maintain the patient focus, and not just concentrate on the factors that a senior clinician would value. • Students' language skills, empathy and ability to hold a consultation assessable by patients. • Discusses importance on involving the patients within the development of the marking rubrics. • Distinction made between paid actors/expert patients and those who are paid to talk about their lived conditions. • Negative reactions from the profession to the idea of involving patients is described as a reaction of the powerful (doctors) knowing that they are wrong, and trying to avoid transparency. • Patient involvement in this way is justified on the basis of the question; who is medical education for?
Grace AJ, Fields SA	The power of patient engagement: Implications for clinical practice and	Editorial	<ul style="list-style-type: none"> • Patient empowerment key.

	<p>medical education.</p> <p>The International Journal of Psychiatry in Medicine</p> <p>2018; 53(5–6): 345–349</p>		
<p>Heaslip V, Scammell J, Mills A, Spriggs A, Addis A, Bond M, Latchford C, Warren A, Borwell J, Tee S.</p>	<p>Service user engagement in healthcare education as a mechanism for value based recruitment: An evaluation study. Nurse Education Today. 2018; 60: 107-113</p>	<p>Empirical research</p>	<ul style="list-style-type: none"> • Looked at values-based-recruitment (VBR) in the UK. • Found that VBR has a benefit to candidates, service users and health services. • Found that service users assessed compassion and caring nature in the recruitment process and that this was often their focus. The human aspects of care. Service users were described as having a perspective that academics or clinicians could not have. • Service users placed value on the fact that they were ‘worthy’ to be involved in the process. • Assessment is more 360 degree because it is done with academics and clinical staff. Diversity helps to develop more holistic perspectives. • At the commencement of the process, service user’s felt that their involvement was ‘added on’ which improved throughout the experience.
<p>Suikkala A, Koskinena S, Leino-Kilpi H</p>	<p>Patients’ involvement in nursing students’</p>	<p>Scoping review</p>	<ul style="list-style-type: none"> • Patients involved in assessments felt that they were actively involved in student education. • Reciprocity (rather than passive involvement) increased enrichment of relations.

	clinical education: A scoping review. International Journal of Nursing Studies. 2018; 84: 40-51		<ul style="list-style-type: none"> • Authenticity enhanced through meaningful patient involvement. • Communication and perceptions of the quality of care given as aspects that patients are able to add value to assessment.
Johnson GM, Halket CA, Ferguson GP, Perry J	Using Standardized Patients to Teach Complete Denture Procedures in Second Year of Dental School Journal of Dental Education. 2017; 81(3): 340-346	Empirical research	<ul style="list-style-type: none"> • Gives an overview of the hx of SP use in dental education (cites Logan, 1999 – from search) • SPs mainly used in dental education for assessing communication skills and treatment planning skills • SPs not involved in assessing students in the complete denture program because the purpose was to create a learning environment, not to assess student knowledge or performance
Cribb A, Owens J, Singh G.	Co-Creating an Expansive Health Care Learning System AMA Journal of Ethics.	Commentary	<ul style="list-style-type: none"> • “The learning needed for, and fostered by, a co-creating health system, including medical education, would position all actors as both teachers and learners; it would operate with a holistic and fluid conception of expertise (incorporating, for example, expertise in relationships and values); and it would be oriented not just to cognition but to all aspects of persons—their practices, dispositions, and emotions.” (p1103)

	2017, 19(11): 1099-1105		
Stevens K, Bernal C, Devisc K, Southgate A	Experiences of service users involved in recruitment for nursing courses: A phenomenological research study. Nurse Education Today. 2017; 58: 59–64	Empirical research	<ul style="list-style-type: none"> • Refers to service users as; “experts by experience” . • States that involvement of service users in teaching, assessment and curriculum planning has become routine. • The involvement of service users in the recruitment process was seen by all as being positive. However, needs to be supported by service user involvement in the planning stage of the recruitment exercise as well.
Thomas MH, Smith RS	Building community engagement: Incorporation of service learning in a nursing curriculum. Nurse Education Today. 2017; 52: 63-65	Commentary	<ul style="list-style-type: none"> • Nursing students sent out to work within community-based agencies, undertaking practicum-based projects and keeping a reflective journal. • Agencies were involved in the evaluation of students, but details are not extensive; “Agency evaluations of the students were excellent; the community partners felt that students had made a significant positive contribution to their mission in the community.”
Thomson FC, MacKenzie RK,	Incorporating patient partner scores into	Empirical research	<ul style="list-style-type: none"> • Some patient-partners uncomfortable in assessing, but more comfortable in a ‘sharing of experience’

<p>Anderson M, Denison AR, Currie GP</p>	<p>high stakes assessment: an observational study into opinions and attitudes BMC Medical Education. 2017; 17: 214</p>		<ul style="list-style-type: none"> • PPs may act as advocates for students and are empathetic towards learners who fail to reach a set standard.
<p>Haycock-Stuart E, Donaghy E, Darbyshire C</p>	<p>Involving users and carers in the assessment of preregistration nursing students' clinical nursing practice: a strategy for patient empowerment and quality improvement? Journal of Clinical</p>	<p>Empirical research</p>	<ul style="list-style-type: none"> • Service-user and carer involvement in student assessment is more challenging than other aspects of health education. • Concludes that patients and carers should be involved in the giving of feedback to students, but not in formal assessments of students. • Laments the guidance in the UK, produced by the NMC that requires involvement of service-users as being poorly thought-out and non-evidence based. • Feedback needs to be authentic, and therefore use in formal assessment problematic. • Gives requirements for successful patient centred care to be involved in assessment: (1) clarity as to the purpose of the exercise or (2) clarity in measuring outcomes and (3) genuine 'buy in' from lecturers and nursing students. • Appropriate involvement in feedback and assessment is empowering, but if down without appropriate training and support seems like tokenism.

	Nursing. 2016; 25: 2052–2065		<ul style="list-style-type: none"> • Appropriate selection needs to occur in order to ensure that patients are not burdened through their involvement in assessment.
Gough S, Greene L, & Natali, A & Mackinnon R, Roberts S, Hellaby M, Whitcombe A, Webster B, Tuttle N, Nestel D.	<p>Increasing the quality and value of involving simulated patients in simulation-based education, research and practice</p> <p>The 4th European Congress of the ER-WCPT / Physiotherapy. 2016; 102S: eS67–eS282</p>	Conference paper – case study	<ul style="list-style-type: none"> • Report the development of a standardised training program for SPs at SP Trainers and SPs in the North West of England. • Surveyed 20 hospitals and 4 universities • Indicated service users advised on design, delivery and evaluation of SP program
Spencer J	<p>Some activity but still not much action on patient and public engagement.</p> <p>Medical Education. 2016; 50: 5-6</p>	Commentary	<ul style="list-style-type: none"> • In the fifty years of patients being used actively in medical education, there is a general lack of research that theorises and critically explores the most of the how PPI ‘works’ in its different contexts.

<p>Delphin-Rittmon ME, Flanagan EH, Bellamy CD, Diaz A, Johnson K, Molta V, Williamson B, Cruza-Guet MC, Ortiz J</p>	<p>Learning From Those We Serve: Piloting a Culture Competence Intervention Co-Developed by University Faculty and Persons in Recovery. <i>Psychiatric Rehabilitation Journal</i>. 2016; 39(1): 14–19</p>	<p>Empirical research</p>	<ul style="list-style-type: none"> • Mental health providers and service-users co-developing and delivering cultural competence training. Experiences very useful and helpful in developing authentic case-studies and enhancing existing interventions. • Assessment led to organisational changes towards a more patient-centred model.
<p>McSherry R, Duggan S</p>	<p>Involving carers in the teaching, learning and assessment of masters students. <i>Nurse Education in Practice</i>. 2016; 16: 156-159</p>	<p>Case study report</p>	<ul style="list-style-type: none"> • Suggests that involving consumers in healthcare helps to ensure that services are response to patient needs and staff concerns. This should happen from the beginning of the education process. • Carer involvement in an MA Advancing Practice. • Supported by a PT liaison to assist with the logistics of carer involvement in activities. • Carers involved in the development of a portfolio, helping students as ‘critical friends’ and are involved in the summative assessment process, participating in the presentations of the portfolios and in the marking process. Assess the patient-centred aspects of the portfolio.

<p>McMahon-Parkes K, Chapman L, James J.</p>	<p>The views of patients, mentors and adult field nursing students on patients' participation in student nurse assessment in practice. Nurse Education in Practice. 2016; 16(1): 202-208</p>	<p>Empirical research</p>	<ul style="list-style-type: none"> • Hearing the patient’s voice during assessment was seen to be very important. • Concerns raised about the issue of patient vulnerability and involvement in assessment. There is a concern that some patients are not fit to be able to give feedback (when stressed or when anxious before a procedure). • Students and mentors worried about authenticity of feedback. • Mentors stated that they would be less keen to receive patient feedback relating to their own practices.
<p>Schön UK</p>	<p>User Involvement in Social Work and Education—A Matter of Participation? Journal of Evidence-Informed Social Work. 2016; 13(1): 21-33</p>	<p>Review</p>	<ul style="list-style-type: none"> • Warns that the role of the service user in social work education should not be considered to be self-evidently good. • “There is very limited discussion of the user role and consequences of being involved in research, teaching, or other assessments.”

<p>Morin SM, Jaeger AJ, O'Meara KA</p>	<p>The State of Community Engagement in Graduate Education: Reflecting on 10 Years of Progress. Journal of Higher Education Outreach and Engagement. 2016; (20)1: 151-156</p>	<p>Commentary</p>	<ul style="list-style-type: none"> • “let us be clear in saying that we have not yet arrived at a time and place where community engagement is sufficiently valued and rewarded within higher education.” • More interdisciplinary work done, but not enough involving community engagement.
<p>Happell B, Platania-Phung C, Byrne L, Wynaden D, Martin G, Harris S</p>	<p>Consumer participation in nurse education: A national survey of Australian universities. International Journal of Mental Health Nursing. 2015; 24: 95–103</p>	<p>Empirical Research</p>	<ul style="list-style-type: none"> • Examined the nature of how consumer involvement was used within assessment in Australian Universities. • “There was low participation in marking and assessment” Found that consumer involvement was often ad hoc and inconsistent. • “This heralds the danger that universities might be acting, either currently or in the future, out of a sense of adherence to policy, rather than a genuine desire to promote the role of consumers in education and to decrease stigma towards people with mental illness.” • Warns that consumer participation must not become tokenistic.
<p>Speers J, Lathlean J</p>	<p>Service user involvement in giving</p>	<p>Empirical research</p>	<ul style="list-style-type: none"> • Service users felt positive about giving feedback to students. • Students who were self-assured felt more confident in seeking feedback.

	<p>mental health students feedback on placement: A participatory action research study. Nurse Education Today. 2015; 35: e84-e89</p>		<ul style="list-style-type: none"> • Cultural shift needed in order to account for role change needed. Lead to deeper learning and transformative learning for some. • Feedback helped to develop more equitable relationships where students valued the expertise of the service users.
<p>Bridge P, Pirihi C, Carmichael M</p>	<p>The role of radiotherapy patients in provision of student interpersonal skills feedback. Journal of Radiotherapy in Practice. 2014; 13: 141–148</p>	<p>Empirical research</p>	<ul style="list-style-type: none"> • Both patients and students valued the exercise of patients giving feedback. • Helped to focus the students on communication aspects of practice. • Patient assessors giving feedback tended to mark more generously. • Used an anonymous feedback form.
<p>Rouse J, Torney LK</p>	<p>Service user and carer involvement in preregistration student selection.</p>	<p>Empirical research</p>	<ul style="list-style-type: none"> • Noted by service-users to be perceived as an important aspect of patient-focused care. Noted to be a logical development in improving patient partnership in healthcare.

	Nursing Standard. 2014; 28(50): 37		<ul style="list-style-type: none"> • Balance in involvement between values and perspectives of different stakeholders.
Abadel FT, Hattab AS	<p>Patients' assessment of professionalism and communication skills of medical graduates</p> <p>BMC Medical Education 2014, 14:28</p>	Empirical research	<ul style="list-style-type: none"> • Study finds that gender and socio-demographics of the patient assessor are significant. • Female patients were less likely than male patient to rate the medical graduates' professionalism and communication skills as very good • Patients of older age group reported significantly higher level of rating than those of younger age groups. • The level of patients' rating the graduates' skills was inversely associated with their education level. • 40% of the illiterates perceived the graduates' communication skills and professionalism as very good. In contrast, only 15.2% of the participants with university education rated them as very good
Grimes L, Shaw M, Cutts C	<p>Patient and public involvement in the design of education for pharmacists: Is this an untapped resource? Currents in Pharmacy Teaching and</p>	Commentary	<ul style="list-style-type: none"> • The involvement of consumers in health education is less common in the context of curriculum design, program development and assessment. • Discusses difficulties; sourcing patients with a specific condition; patients with a narrow agenda; understanding pharmacy and education; avoiding stressing patients; project management issues. • Warns against tokenism.

	Learning. 2013; 5: 632–636		
Duffy J, Das C, Davidson G	Service User and Carer Involvement in Role-plays to Assess Readiness for Practice. Social Work Education. 2013; 32(1): 39-54	Empirical research	<ul style="list-style-type: none"> • Students felt assessment by service users was more real and authentic. • Service users presented as expert consumers, were able to talk about their experiences of the system. • Consistency may be an issue in how service users present during learning or assessment processes. • Some students worried about the ethical dilemmas of interacting with service users for assessment process; worried about making vulnerable users suffer through asking the wrong thing. “I felt that by having students asking many different questions could trigger some emotional issues with them and therefore felt that drama students would be much more suitable for this role.” • Service users acting as assessors were able to determine whether students were ‘going through the motions’; “If students they listen properly, they will get it (the key value and purpose of the roleplay), there’s a different feeling when you’re listened to. If the students are really listening—it will feel different.”
O’Donnell H, Gormley K	Service user involvement in nurse education: perceptions of mental health nursing students.	Empirical research	<ul style="list-style-type: none"> • Students very positive of the concept of involving service users in assessments. • Suggestions that service users should be involved in the program for the commencement. • Service users viewed as valuable in assessing the caring and human aspects of care. Some students felt that assessment and feedback activities involving service users needed to be coordinated carefully by mentors.

	Journal of Psychiatric and Mental Health Nursing. 2013; 20: 193–202		<ul style="list-style-type: none"> • Some expression of the view that service user involvement may lead to attenuation of academic merit of assessments.
Craddock IM	Community Assessment in Teaching the Research Process. Knowledge Quest. 2013: 42(1); 58-63	Commentary	<ul style="list-style-type: none"> • Discusses the value of community assessment of school children to deliver authentic assessments. • Suggests that through the use of the wider community, accessible through the internet, the skills of the community may be used in the assessment process. • “Summative assessment with the community hinges on the clarity of expressions on product expectations” • Main use was in assessing how well students had communicated their research findings to assessors with no background knowledge. Feedback was through comments delivered through a rubric.
Terry JM	The pursuit of excellence and innovation in service user involvement in nurse education programmes: Report from a travel scholarship. Nurse	Case study report	<ul style="list-style-type: none"> • Describes service users and their carers as an under-utilised resource, and as experts by experience. • Acknowledges a practical role for service users and carers in nursing education assessments.

	Education in Practice. 2013; 13: 202-206		
Schönwetter DJ, Wener ME, Mazurat N	Determining the Validity and Reliability of Clinical Communication Assessment Tools for Dental Patients and Students. Journal of Dental Education. 2012; 76(10): 1276-1290	Empirical research	<ul style="list-style-type: none"> • In noting that many assessments in dental schools use simulated patients for the purposes of teaching communication; “What is interesting to note is that most of these communication assessments are based on criteria established by professionals rather than grounded in the values, experiences, and perceptions of the patients.” • States that patients have to be involved in assessments as key stakeholders. • Found that by involving patients in the development of the assessment tool, new patient-centred values and areas to be assessed became apparent.
Stacey G, Stickley T, Rush B	Service user involvement in the assessment of student nurses: A note of caution. Nurse Education	Commentary	<ul style="list-style-type: none"> • Academic commentary from the UK. • Service users feel uncomfortable with the power associated with the assessor role; impact on the student’s future success. As a result, authors feel that the feedback is likely to be less genuine. • Issues of power imbalance and the risk of receiving poorer quality care as a result of delivering a critical assessment. Increases the vulnerability of the patient.

	Today. 2012; 32: 482-484		<ul style="list-style-type: none"> • Giving feedback is a skill that requires appropriate training and practice. Service users may not have received training in this. • Concerns from qualified practitioners that involving service users in the assessment of students may lead them to be more critical of their care.
Webster BJ, Goodhand K, Haith M, Unwin R	The development of service users in the provision of verbal feedback to student nurses in a clinical simulation environment. Nurse Education Today. 2012; 32(2): 133-138	Empirical research	<ul style="list-style-type: none"> • Showed that patient volunteers giving feedback showed empathy for the students, wanted to have feedback on their own performance, needed to understand how the feedback was going to be useful and the use of their expertise as a patient/service user. • More effective as one-to-one and face-to-face. • Patients giving feedback need to have feedback on their own performance. This was seen as very important to the volunteer patients.
Rhodes CA	User involvement in health and social care education: A concept analysis. Nurse Education Today. 2012; 32: 185-189	Empirical research	<ul style="list-style-type: none"> • Service user involvement in assessment is difficult due to increased workload (quoting Stickey et al. 2010). • Suggested that service user assessment has merit when used as an evaluation on placements. • Meaningful service user involvement is dependent on investment by organisations in supporting involvement through training and grass-roots inclusion.

<p>Munro J, Whyte F, Stewart J, Letters A</p>	<p>Patients assessing students' assignments; Making the patient experience real. Nurse Education Today. 2012; 32: 139-145</p>	<p>Empirical research</p>	<ul style="list-style-type: none"> • Leaflets on IBD made by health students, assessed by a panel of patients with IBD and their carers. Expert panel found this interesting and the students felt challenged by the expert assessment. • Demonstrated that expert patient assessors directed the aims of education to suit their own needs. • Patient assessors found language and presentation important aspects of the assessment.
<p>Wener ME, Schönwetter DJ, Mazurat N</p>	<p>Developing New Dental Communication Skills Assessment Tools by Including Patients and Other Stakeholders. Journal of Dental Education. 2011; 75(12): 1527-1541</p>	<p>Empirical Research</p>	<ul style="list-style-type: none"> • This research used patient surveys, as well as feedback from separate stakeholder (students, educators, support-staff, patients) focus groups to develop an assessment tool. • States that when consulting consumers, qualitative approaches to gaining insights are more appropriate so as to not limit responses through offering only set responses based on the perspectives of educators and clinicians. • Balancing different perspectives is important; students, consumers' and educators' perspectives can be useful in the development of assessments.
<p>Debyser B, Grypdonck M, Defloor T, Verhaeghe S</p>	<p>Involvement of inpatient mental health clients in the practical training and</p>	<p>Empirical research</p>	<ul style="list-style-type: none"> • Feedback from clients of mental health services can be useful if delivered in a safe environment.

	assessment of mental health nursing students: Can it benefit clients and students? Nurse Education Today. 2011; 31(2): 198–203		<ul style="list-style-type: none"> • Clients perceived their feedback to be of inferior quality and worth than that given by the mentors. Perhaps symptomatic of patient disempowerment in the clinical process.
Bokken L., Rethans J, Jöbbsis Q, Duvivier R, Scherpbier A, Van Der Vleuten C	Instructiveness of Real Patients and Simulated Patients in Undergraduate Medical Education: A Randomized Experiment. Academic Medicine. 2010; 85(1): 148–154	Empirical research	<ul style="list-style-type: none"> • Students value authenticity of real patients, but they can be hard to recruit. • Simulated patients reported to give better quality feedback; students found real patient feedback less relevant. • Simulated patients were found to be better able to orient themselves towards the purpose of the assessment better than real patients.
Stickley T, Stacey G, Pollock K, Smith A, Betinis J, Fairbank S.	The practice assessment of student nurses by people who use mental health services. Nurse	Empirical research	<ul style="list-style-type: none"> • “The idea of a service-user assessing what a student is doing is brilliant because ultimately they’re the person receiving the care and they know what they want...” • Staff worried that service users would feel overwhelmed, but service users did not express this. • However, service users expressed feeling conflicted by the notion of having to give students negative feedback.

	Education Today. 2010; 30: 20-25		<ul style="list-style-type: none"> • Researchers' reflections; important to consider the need for more than one assessor and to allow flexibility within the student/assessor interaction so as to tailor how feedback is delivered and by whom. • Describes ingrained cultural and social barriers to service user involvement.
Gutteridge R, Dobbins K	Service user and carer involvement in learning and teaching: A faculty of health staff perspective. Nurse Education Today. 2010; 30: 509-514	Empirical research	<ul style="list-style-type: none"> • Acknowledges that consumer involvement in student education (including assessment) is challenging. • Assessment involving consumers is recognised as being proactive.
Davies CS, Lunn K	The patient's role in the assessment of students' communication skills. Nurse Education Today. 2009; 29: 405-412	Empirical research	<ul style="list-style-type: none"> • Patients used to assess communication skills in students. • Enhanced patient role in assessment seen as complimenting the role of the clinical educator.
Lyons O, Willcock H, Rees J, Archer J	Patient feedback for medical students.	Empirical research	<ul style="list-style-type: none"> • Patients gave feedback to medical students on aspects of their professional practice using a questionnaire.

	Clinical Teacher. 2009; 6(4): 254–258		<ul style="list-style-type: none"> • Authors state that a large amount of feedback from patients would be needed in order to use this for summative assessment. • Concerns that patients give overly positive feedback. Whilst not an issue in this case (as the authors state that only high performing students took part) it is thought that this might reinforce poor behaviours in some instances. • Discussed that feedback should be given by, and discussed with, an experienced supervisor.
Reese RJ, Usher EL, Bowman DC, Norsworthy LA, Halstead JL, Rowlands SR, Chisholm RR	Using client feedback in psychotherapy training: an analysis of its influence on supervision and counsellor self-efficacy. Training and Education in Professional Psychology. 2009; 3(3): 157-168	Empirical research	<ul style="list-style-type: none"> • Client feedback suggested to lead to better client outcomes. Feedback from clients helped students to develop their clinical approach. • Supervisors placed less value on feedback from clients. • Client feedback provides another source of input to supervisors to support the development of students.
Jha V, Quinton N, Bekker H, Roberts T	Strategies and interventions for the involvement of real patients in medical	Systematic review	<ul style="list-style-type: none"> • “There was limited evidence of the long-term effectiveness of patient involvement and issues of ethics, psychological impact and influence on education policy were poorly explored.”

	education: a systematic review. Medical Education. 2009; 43(1): 10–20		<ul style="list-style-type: none"> • Supports the idea that patients are experts in their own realities and that patient involvement in education helps to bring the patient voice into education. • Raises the idea of ethical issues relating to involvement of acutely ill patients in medical education. • Discussed how consumers might be discriminated against based on communication skills and CALD with how they are invited and utilised within education strategies.
Morgan A, Jones D	Perceptions of service user and carer involvement in healthcare education and impact on students' knowledge and practice: a literature review. Medical Teacher. 2009; 31(2): 82-95	Literature review	<ul style="list-style-type: none"> • Limited evidence of involvement of patients in assessment. • Describes that there are issues with integrating patients into academic roles and teams.
Teherani A, Hauer KE, O'Sullivan P.	Can simulations measure empathy? Considerations on how to assess	Commentary	<ul style="list-style-type: none"> • Simulated patient communication assessments measure minimum performance for empathic behaviours.

	behavioural empathy via simulations Patient Education and Counselling 2008: 71; 148–152		<ul style="list-style-type: none"> • Suggests simulations can also assess behavioural empathy including “learner attunement to patient’s revelations and the flexibility to meet individual patient needs.”
Howe A	Ally, advocate, authority: strengthening the patient voice in medical education. Clinical Teacher. 2007; 4: 170-174	Commentary	<ul style="list-style-type: none"> • Makes the distinction between passive patient involvement (dead cadaver for dissection) and active involvement (as a mentor or assessor). • “Patients are often asked to help with clinical assessments, but this is a relatively structured role where their personal experience is rarely used.” • Discusses the roles in assessment; awarding grades for areas of assessment where they are competent to judge the students’ performance and being involved in the admissions selection process.
Repper J, Breeze J	User and carer involvement in the training and education of health professionals: A review of the literature. International Journal of Nursing Studies. 2007; 44: 511–519	Review	<ul style="list-style-type: none"> • Reported empowerment of patients involved in assessment of students. • Suggests that school or organisational-wide strategies are needed to integrate consumers into learning. States that patronising cultures are inhibitory to involving patients in health education. • Cites assessment as one of the areas that service users need to be involved in.

<p>Rees CE, Knight LV, Wilkinson CE</p>	<p>“User Involvement Is a Sine Qua Non, Almost, in Medical Education”: Learning with Rather than Just About Health and Social Care Service Users Advances in Health Sciences Education 2007; 12: 359–390</p>	<p>Empirical research</p>	<ul style="list-style-type: none"> • Draws on Lave and Wenger’s Legitimate Peripheral participation theory to identify that medical students are legitimate peripheral participants in the community of medical practice, service users are simultaneously legitimate peripheral participants within the community of medical education practice and both are struggling to move toward fuller participation.
<p>Lathlean J, Burgess A, Coldham T, Gibson C, Herbert L, Levett-Jones T, Simons L, Tee S</p>	<p>Experiences of service user and carer participation in health care education. Nurse Education Today. 2006; 26: 732-737</p>	<p>Case Study</p>	<ul style="list-style-type: none"> • States that there is “some evidence” that service users are being used in clinical assessments. No further details given.
<p>O’Meara K, Jaeger A</p>	<p>Preparing future faculty for community engagement:</p>	<p>Commentary</p>	<ul style="list-style-type: none"> • Based in the discipline of higher education, examining doctoral students’ engagement with the community. • Advocates for greater involvement of community assessment in graduate programs, to assess the value and impact of research work.

	<p>barriers, facilitators, models, and recommendations.</p> <p>Journal of Higher Education Outreach and Engagement. 2006; 11(4): 3-26</p>		<ul style="list-style-type: none"> • Aims to encourage greater respect of researchers and academics of scarce community resources. • Community as partners in academia.
<p>Khoo R, McVicar A, Brandon D</p>	<p>Service user involvement in postgraduate mental health education. Does it benefit practice?</p> <p>Journal of Mental Health. 2004; 13(5): 481-492</p>	<p>Empirical research</p>	<ul style="list-style-type: none"> • States that assessment is the domain of the University and must therefore be academic led. However, some tutors are ex-service users.
<p>Whittaker KA, Taylor J</p>	<p>Learning from the experience of working with consumers in educational developments</p>	<p>Empirical research</p>	<ul style="list-style-type: none"> • Questions who the consumer is – an individual, a group member or as a representative of a national/international organisation? • Identified: lay consumer, experienced consumer and health professional as consumer.

	Nurse Education Today (2004) 24, 530–537		
Felton A, Stickley T	Pedagogy, power and service user involvement Journal of Psychiatric and Mental Health Nursing. 2004; 11: 89–98	Empirical research	<ul style="list-style-type: none"> • Questioned how involving individual consumers can be representative, given it is not possible to come to a consensus on patient experience. • In fact, gaining a ‘representative view’ can be problematic. • Risk of tokenism when it is not clear what the consumer is adding •
Forrest S, Risk I, Masters H, Brown N.	Mental health service user involvement in nurse education: exploring the issues. Journal of Psychiatric and Mental Health Nursing. 2000; 7: 51–57	Empirical research	<ul style="list-style-type: none"> • Interpersonal skills and humanistic values are the focus of assessments by service-users. Noted that service-users valued the ‘good nurse’ differently to those assessing clinical skills. ‘Professional qualities’ not valued by service-users. Friendliness and human values are the most highly prized. • Discusses the issue of representativeness and whether those involved in health education are truly representative of service users, or sub-sections of service users. • Empowering service users through involvement rather than tokenism. Assessment is high-level and an example of complex involvement. • Suggests consumers should be supported, trained and remunerated in the same way as educationalists.

<p>Greco M, Brownlea A, McGovern J, Cavanagh M</p>	<p>Consumers as Educators: Implementation of Patient Feedback in General Practice Training. Health Communication. 2000; 12(2): 173-193</p>	<p>Empirical research</p>	<ul style="list-style-type: none"> • Patient-based assessments are justified as medical educators do not identify significant factors which impact patient satisfaction. • Accurate assessments of humanistic skills require the ratings of different groups of assessors. • GP educators found patient feedback useful as a way of calibrating their own feedback to trainees. • “This study found that consumers can partner with doctors in the design and implementation of patient-based assessments that evaluate the doctors’ quality of care.”
<p>Black AE, Church M</p>	<p>Assessing medical student effectiveness from the psychiatric patient's perspective: The Medical Student Interviewing Performance Questionnaire. 1998; 32: 472-478</p>	<p>Empirical research</p>	<ul style="list-style-type: none"> • Takes an academic view of how patients might assess students. Examined rapport from a perspective of ‘human’ factors (warm, caring, whether the student was condescending etc.) • Less focused on the value to the patient and the value that the patient brings to the clinical relationship.
<p>Morgan S, Sanggaran R</p>	<p>Client-centred approach to student</p>	<p>Empirical research</p>	<ul style="list-style-type: none"> • Value in involvement of clients in the arena of student learning; client feedback is useful.

	nurse education in mental health practicum: an inquiry. Journal of Psychiatric and Mental Health Nursing. 1997; 4: 423–434		<ul style="list-style-type: none"> • Highly dependent upon the relationship between the providers of clinical services and educators. Authors describe challenge of overprotectiveness and lack of support.
Twinn SF	Creating reality or contributing to confusion? An exploratory study of client participation in student learning Nurse Education Today. 1995; 15: 291-297	Empirical research	<ul style="list-style-type: none"> • The clients' perceptions of the process of assessing student performance: felt conflicted and identified assessment as subjective. • Some suggested it could be difficult to share their feelings about the student, and their assessment should be confidential
Fairchild TN	Obtaining consumer feedback as a means of evaluating school psychology intern performance.	Empirical research	<ul style="list-style-type: none"> • Feedback from parents on intern school counsellors. • Identified lack of outcome measures upon which to link to reported satisfaction. • Led to feelings of greater accountability (through empowerment).

	Psychology in the Schools. 1985; 22(4): 419-428.		
Gall EP, Meredith KE, Stillman PL, Rutala PJ, Gooden MA, Boyer JT, Riggs GE	The use of trained patient instructors for teaching and assessing rheumatologic care. Arthritis & Rheumatism. 1984: 27(5); 557-563	Empirical research	<ul style="list-style-type: none"> • Patients taught to evaluate clinical exam. • Assessment is biomedical in focus.
Brody DS	Feedback from Patients as a Means of Teaching Nontechnological Aspects of Medical Care. 1980; 55: 34-41	Empirical research	<ul style="list-style-type: none"> • Discusses the value in using patient feedback in learning exercises but does not use this as an assessment. • Practical use was in helping trainees to develop appreciation for patient-centric issues (termed nontechnological) that impact patient care.
Stillman PL, Ruggill JS, Rutala PJ, Sabers DL.	Patient instructors as teachers and evaluators. Journal of Medical	Empirical research	<ul style="list-style-type: none"> • Patients trained to evaluate and assess student's physical examination check (considering such things as thoroughness).

	Education. 1980; 55: 186-193		<ul style="list-style-type: none">• No value placed on aspects of patient experience that are unique to them; they are treated as students in that they are trained to have value through developing knowledge in clinical examination.
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Appendix 2

Table 3 - Consumer Involvement in Assessments

Author	Assessment Type / Level of Involvement	Consumer Involvement
Greco M, Brownlea A, McGovern J, Cavanagh M.	Patient feedback using a survey / Level 3	Patients helped to develop a questionnaire that would then be used to collect patient feedback. Patients not involved in direct feedback.
Schönwetter DJ, Wener ME, Mazurat N Wener ME, Schönwetter DJ, Mazurat N	Patient feedback using a survey / Level 3	Patients helped to develop a questionnaire which was then used to collect patient assessments of student's communication skills. Patients not involved in direct feedback.
Stevens K, Bernal C, Devisc K, Southgate A.	Student recruitment for admission to nursing education programs / Level 4	Service users were directly involved in the recruitment process.
Brody DS.	Patient feedback using a survey / Level 2	Patients answered using a survey but were not involved in the instrument development.
McSherry R, Duggan S.	Assessment of a student portfolio / Level 5	The carers of service users were involved throughout the development of a portfolio, and assessing student presentations and final portfolio submissions

Munro J, Whyte F, Stewart J, Letters A.	Assessment of leaflet resources by patients and carers / Level 5	An expert panel of patients and carers assessed leaflets made by students on the topic of inflammatory bowel disease
Abadel FT, Hattab AS.	Assessment of perceptions of medical graduates' professionalism / Level 2	Patients involved in face-to-face interviews about graduates' professionalism. Survey instrument not developed with patients
Duffy J, Das C, Davidson G.	Role-play assessments to examine readiness for practical placement / Level 4	Involved service users participating in role-play assessments alongside Faculty staff
Heaslip V, Scammell J, Mills A, Spriggs A, Addis A, Bond M, Latchford C, Warren A, Borwell J, Tee S	Student nurse recruitment / Level 4	Service users directly involved in values-based-recruitment of student nurses
Speers J, Lathlean J	Service users giving direct feedback to students / Level 5	Service users involved in the design and implementation of the project, as well as providing feedback directly to students
Webster BJ, Goodhand K, Haith M, Unwin R	Patients giving feedback to students / Level 4	Patients were involved in giving feedback to students, face to face, in a simulated learning environment
McMahon-Parkes K, Chapman L, James J	Indirect service user feedback given to students / Level 4	Feedback tool developed with service-user input and selected service users (determined by nurse mentors) asked to give feedback on student performance
Black AE, Church M	Medical student assessment by psychiatric patients / Level 2	Patients were not involved in the design of the questionnaire. Asked to rate the performance of students using a standardised questionnaire

Morgan S, Sanggaran R	Assessment of student nurses by consumers / Level 2	Use of a questionnaire to give feedback. Consumers were not involved in the development of the questionnaire
Debyser B, Grypdonck M, Defloor T, Verhaeghe S	Service users giving feedback to students / Level 4	Students given direct feedback by patients
Lyons O, Willcock H, Rees J, Archer J	Assessment of medical students by patients / Level 2	Feedback given using a questionnaire. Instrument designed without patient input
Stillman PL, Ruggill JS, Rutala PJ, Sabers DL	Assessment of medical students by patients / Level 2	Assessment of clinical skills that patient instructors were taught to evaluate
Davies CS, Lunn K	Assessment of students by patients / Level 2	Feedback given by patients using a feedback tool. No patient input to tool development
Gall EP, Meredith KE, Stillman PL, Rutala PJ, Gooden MA, Boyer JT, Riggs GE	Feedback given to medical students by patients / Level 2	Assessment of clinical skills that patient instructors were taught to evaluate
Reese RJ, Usher EL, Bowman DC, Norsworthy LA, Halstead JL, Rowlands SR, Chisholm RR	Feedback given to psychotherapy students by patients / Level 2	Feedback given using a questionnaire. No input to toll design.
Bridge P, Pirihi C, Carmichael M	Patient feedback given to radiotherapy students / Level 2	Feedback given anonymously through a feedback form.

<p>Thomson FC, MacKenzie RK, Anderson M, Denison AR, Currie GP</p>	<p>Volunteer patients give ratings to students during final year medical program OSCE. / Level 4</p>	<p>Patients award the student up to 4 marks to reflect how well you feel they felt they were treated 1 = Unsatisfactory, 2 = Borderline, 3 = Satisfactory, 4 = Excellent. Results considered alongside physician's ratings of knowledge and skills</p>
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Appendix 3

Notes on the Development of Search Terms

The search terms below have been developed through preliminary searching using a wide variety of sources. Consultation of key documents of relevance to this project assisted us with the development of preliminary terms. Documents that were consulted include; the ADC invitation to tender document, setting out the scope of interest for this work, the final report of the Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions, and grey literature produced by Australian and International health regulators.

Following this preliminary searching, initial search terms were used to explore literature pertaining to the engagement of health consumers in assessment and examinations. This preliminary search helped us to understand that our search parameters needs to be able to include generic publications relating to the participation of health consumers in health education, that includes commentary or research insights into assessments and examinations more specifically. Our preliminary searching confirms a relative dearth of focused publications that specifically focus upon the engagement of health consumers in the examination and assessment of health professionals/students. However, there is literature that considers this aspect of the inclusion of health consumers within education processes as part of a more general analysis. This will require us to take a search strategy that will capture more broadly-focused literature, with the selection of papers being further focused towards the research question through assessment of resources following searching, having defined inclusion and exclusion criteria. Through our preliminary searching, we also discovered that we need to ensure that social work and the professionals engaged in this arena are included within our definition of health professions and health professionals.

The search strategy builds from two main themes: “consumer participation” and “assessment and examination.” We have considered alternate terms for consumers, participation, assessment and examination in developing the key terms. We plan to conduct the search in three broad areas: (i) dentistry and oral health related literature (ii) health professionals literature (iii) broader social and other professions literature.

Search Terms

Terms for Consumers

These terms were developed following analysis of the literature discussing the inclusion of patients/service users within health and social work education. We feel that a wide range of terms need to be considered here; as the ADC will be aware, different jurisdictions favour certain terms. Whilst the research brief refers to consumers, the UK frequently uses the term service users. We also found instances of ‘patient volunteers’ being used to describe those patients who were invited to be involved in educational activities.

- Consumer(s)
- Client(s)
- Service User(s)
- User

- Citizen(s)
- Patient(s)
- Volunteer(s)
- Lay
- Public
- Lay perspective
- Community/communities
- Carer

Terms for Principles of Participation and Engagement

This area of terms is focused towards searching for literature that discusses examination and assessments in health and social care and the way that consumers or service users might be involved in this. From the general philosophical direction of reports, standards and guidance produced by regulators, the idea of patient and community centred care is key to the justification of why it is important to involve consumers in the health education process.

- Consumer involvement
- Involvement
- Consumer-centred
- Community-centred
- Engagement
- Patient-centred
- Participation
- Collaboration
- Partner(s)
- Partnership
- Patient-led
- Co-production
- Co-design

Terms for Assessment and Examination Activities

In developing these search terms, we have considered all terms in the context of the research brief and the search strategy and direction discussed with the ADC. We have incorporated terms which will search for both examinations and assessments, as well as more regulation-relevant terms such as accreditation and credentialing. Through our preliminary searching, we also became aware of the term feedback being used within the academic literature to discuss the use of patients in the assessment process. Findings about assessment can feature in research about curriculum and education, so some search terms have been included to reflect this. Some of the search terms below have been modified so as to allow derivations to be included (for example; evaluate; evaluation; evaluating; etc).

- Asses*
- Exam*
- Examin*
- Evaluat*
- Teaching
- Accreditation

- Credentialing
- Feedback
- Registration
- Curricul*
- Educat*
- Learn*
- Instruct*

Terms to examine medical and health context

These search terms encompass the largest group – medical education, as well as other health disciplines

- Medical
 - medical
 - surge*
 - physician
 - psychiatr*
 - doctor
 - medicine (will also capture Chinese medicine)
- Allied Health (this will also capture social work through use of terms such as therapist)
 - Chinese medicine
 - Aboriginal and Torres Strait Islander Practic*
 - Radiographer
 - Occupational therapist
 - Therapist
 - Allied Health Practitioner
 - Allied Health
 - Therapy
 - Physiotherap*
 - Pharmac*
 - Optometr*
 - Paramedic*
 - Podiatr*
 - Chiropract*
 - Psycholog*
 - Osteopat*
 - Prosthetist
- Nursing
 - Nurse
 - Nursing
 - Midwif*
- Dental
 - Dental
 - Dental practitioner
 - Dentist
 - Oral health therapist
 - Dental hygienist

- Dental therapist
- Dental Prosthetist
- Denturist
- Clinical Dental Technician

Terms Expanding the Scope of the Search to Examine other Industries

Our aspiration will be to include this as a very specific search to examine how (if at all) other professional, consumer-focused service industries are using final service consumers within assessment and examination processes. We plan for this to be supplementary and complimentary to our other search directions, which will be the main focus of this work.

- Legal
- Law student
- Financial
- Finance student
- Postgraduate professional education
- Services
- Engineer
- Design

Example search strategy for Medline (Ovid)

A. Consumer/Patient

(consumer\$1 or patient\$ or (service adj1 user) or carer or famil\$3 or client\$1 or public or communit\$3).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word]

B. Engagement/Participation

((consumer adj1 involvement) or involvement or (consumer adj1 centred) or (community adj1 centred) or engagement or evaluat\$3 or (patient adj1 centred) or participation or collaboration or partner\$1 or partnership or (patient adj1 led) or co-production or co-design).mp. [mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word]

C. Education/Assessment

(asses\$4 or exam\$1 or examin\$5 or teaching or accreditation or credentialing or feedback or registration or cirricul\$2 or educat\$3 or learn\$3 or instruct\$3).mp. [mp=title, abstract, heading

word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word]for ot

E. Subject headings limiters (MeSH)

Health Personnel

ethicists/ or foreign professional personnel/ or foreign medical graduates/ or nurses, international/ or government employees/ or health personnel/ or allied health personnel/ or animal technicians/ or community health workers/ or dental auxiliaries/ or dental assistants/ or dental hygienists/ or dental technicians/ or denturists/ or emergency medical technicians/ or home health aides/ or licensed practical nurses/ or medical record administrators/ or medical secretaries/ or medical receptionists/ or nursing assistants/ or psychiatric aides/ or operating room technicians/ or pharmacy technicians/ or physical therapist assistants/ or physician assistants/ or ophthalmic assistants/ or pediatric assistants/ or anatomists/ or anesthetists/ or anesthesiologists/ or nurse anesthetists/ or audiologists/ or caregivers/ or case managers/ or "coroners and medical examiners"/ or dental staff/ or dental staff, hospital/ or dentists/ or dentists, women/ or endodontists/ or "oral and maxillofacial surgeons"/ or orthodontists/ or doulas/ or emergency medical dispatcher/ or epidemiologists/ or faculty, dental/ or faculty, medical/ or faculty, nursing/ or health educators/ or health facility administrators/ or hospital administrators/ or chief executive officers, hospital/ or infection control practitioners/ or medical chaperones/ or medical laboratory personnel/ or medical staff/ or medical staff, hospital/ or hospitalists/ or nurses/ or nurse administrators/ or nurse practitioners/ or family nurse practitioners/ or pediatric nurse practitioners/ or nurse specialists/ or nurse clinicians/ or nurse midwives/ or nurses, pediatric/ or nurses, neonatal/ or nurses, community health/ or nurses, male/ or nurses, public health/ or nursing staff/ or nursing staff, hospital/ or nutritionists/ or occupational therapists/ or optometrists/ or personnel, hospital/ or hospital volunteers/ or pharmacists/ or physical therapists/ or physician executives/ or physicians/ or allergists/ or cardiologists/ or dermatologists/ or endocrinologists/ or gastroenterologists/ or general practitioners/ or geriatricians/ or nephrologists/ or neurologists/ or occupational health physicians/ or oncologists/ or radiation oncologists/ or ophthalmologists/ or osteopathic physicians/ or otolaryngologists/ or pathologists/ or pediatricians/ or neonatologists/ or psychiatrists/ or physicians, family/ or physicians, primary care/ or physicians, women/ or pulmonologists/ or radiologists/ or rheumatologists/ or surgeons/ or barber surgeons/ or neurosurgeons/ or orthopedic surgeons/ or urologists/ or veterinarians/ or inventors/ or laboratory personnel/ or lawyers/ or librarians/ or military personnel/ or miners/ or educational personnel/ or

faculty/ or faculty, pharmacy/ or school teachers/ or pilots/ or police/ or religious personnel/ or clergy/ or monks/ or nuns/ or research personnel/ or social workers/

Education

education/ or curriculum/ or competency-based education/ or interdisciplinary studies/ or disability studies/ or "mainstreaming (education)"/ or problem-based learning/ or education, distance/ or education, nonprofessional/ or education, special/ or "education of hearing disabled"/ or "education of intellectually disabled"/ or "education of visually disabled"/ or health education/ or consumer health information/ or health literacy/ or health education, dental/ or health fairs/ or health promotion/ or healthy people programs/ or weight reduction programs/ or patient education as topic/ or prenatal education/ or sex education/ or smoking prevention/ or teach-back communication/ or "physical education and training"/ or vocational education/ or education, pre dental/ or education, premedical/ or education, professional/ or clinical clerkship/ or education, continuing/ or education, dental, continuing/ or education, medical, continuing/ or education, nursing, continuing/ or education, pharmacy, continuing/ or education, professional, retraining/ or education, dental/ or education, dental, graduate/ or education, graduate/ or education, medical, graduate/ or "internship and residency"/ or education, nursing, graduate/ or education, pharmacy, graduate/ or education, medical/ or education, medical, undergraduate/ or teaching rounds/ or education, nursing/ or education, nursing, associate/ or education, nursing, baccalaureate/ or education, nursing, diploma programs/ or nursing education research/ or education, pharmacy/ or pharmacy residencies/ or education, public health professional/ or education, veterinary/ or internship, nonmedical/ or mentoring/ or preceptorship/ or teacher training/ or educational measurement/ or academic performance/ or academic success/ or college admission test/ or professional competence/ or clinical competence/ or school admission criteria/ or self-evaluation programs/ or test taking skills/ or inservice training/ or staff development/ or interdisciplinary placement/ or international educational exchange/ or needs assessment/ or schools/ or library schools/ or schools, health occupations/ or area health education centers/ or schools, dental/ or schools, medical/ or schools, nursing/ or schools, pharmacy/ or schools, public health/ or schools, veterinary/ or schools, nursery/ or universities/ or teaching/ or computer user training/ or models, educational/ or remedial teaching/ or self-directed learning as topic/ or programmed instruction as topic/ or computer-assisted instruction/ or simulation training/ or high fidelity simulation training/ or patient simulation/ or study guide as topic/

Patient participation

Community Participation/ or exp Patient Participation/