Capsule commentary on Vijn et al., Involving medical students in providing patient education for real patients: a scoping review

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The concept of patient- or person-centered care has continued to expand and evolve over the past 2 decades following the publication of the Institute of Medicine's *Crossing the Quality Chasm*¹ in 2001. As a result, there has been growing recognition that the education and training of physicians should focus more on providing workplace learning opportunities to promote the development of the required communication skills, attitudes, and relationships to meet the goals of patient-centered care. Having undergraduate students contribute to patient education and take on more meaningful roles fosters a sense of professional identity that is fundamental to the development of becoming a physician.² However, little is known about the impact of student-provided patient education on patient care and medical education.

This systematic review by Vijn et al.³ suggested that integrating patient education with medical education has the potential to improve health care outcomes as well as medical education. More specifically, their findings supported student-run patient education clinics and outreach programs, student health coaching, and clerkships on patient education as having a higher impact on quality of care and medical education. The feasibility of such strategies and the sustainability of any health outcomes, however, remains unclear. The lack of rigorous, high-quality longitudinal studies using outcomes of sustained behavioral change and organizational impact to demonstrate both causality and quality of effect presents significant limitations in the study's ability to inform which educational strategies, if any, are worth implementing.

Nevertheless, the integration of a more fully engaged learner through experiential activities is essential in the maturation of the humanist. Contributing to patient care enhances the student's development of social relationships among the team whereby they assume the values of their profession and transition between *acting* as a physician and *becoming* a physician.⁴ In addition to the above outcomes, it would be interesting to see future research in this area address how undergraduate students' involvement in patient education contributes not only to their patients' health and their own clinical competency but also to their individual maturation and capacity for empathy, which are critical to the goals of patient-centered care.

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