



Family & Community Medicine  
UNIVERSITY OF TORONTO

# Five Years of Patient Partnership

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# Message from the Vice-Chair

I first experienced the power of partnering with patients in 2016. In February of that year, our Family Health Team partnered with MASS LBP to host a one-day patient engagement day. We sent an email to 10,000 of our patients, inviting them to participate. Remarkably, more than 350 said yes. From those volunteers, we randomly selected 36 who reflected our practice demographics. These patients spent a full Saturday day with us, learning about how we delivered care and then exploring pain points in their care journey, ultimately making recommendations on what we could improve.

At the time, it was one of the most positive and energizing experiences of my career. Yes, our patients recommended where we could do things better. But I was also blown away by their depth of gratitude for the services we did provide and their commitment to improving care for their communities. They provided us with new perspectives on our services, identifying issues that weren't on our radar and reassuring us about others. Their thoughtful, respectful dialogue and recommendations helped our executive team align and prioritize our improvement work. And it kickstarted our team's journey to partner with patients to shape the services we deliver.

When I took on the role of Vice-Chair Quality and Innovation in 2018, I saw the opportunity to bring the energy and insights of patient partnership to our department. Thanks to funds from the Fidani Chair, and later matched funding from our department, we hired the department's first Patient and Family Engagement Specialist in 2020—a role unique within the Temerty Faculty of Medicine and across departments of family medicine in Canada. Five years later, patient partnership is embedded within the culture of our department.

This report summarizes our journey in developing processes to meaningfully partner with patients, including our terrific patient and family advisory committee, and how patients are contributing to the work we do as a department, strengthening the education, research and clinical care we deliver.

Kudos to Dana Arafeh, who has held the role of patient and family engagement specialist for the last five years and has worked enthusiastically and tirelessly to integrate the patient voice into the department; to Erin Plenert, Dr. Melanie Henry and Dr. Noor Ramji who have guided that work alongside Dana; and to the many patient partners who have volunteered their time to work together with us. I can't wait to see what the next five years brings.



**Tara Kiran**

Vice Chair, Quality & Innovation  
Fidani Chair of Improvement & Innovation, University of Toronto  
Family Physician & Scientist, St. Michael's Hospital,  
Unity Health Toronto

# Message from the Patient and Family Engagement Specialist

I joined the DFCM as the Patient and Family Engagement Specialist in February 2021 at the height of the COVID-19 pandemic. During a time when the department faced major pressures but still chose to prioritize patient engagement. Despite competing priorities, faculty, staff and leaders across the department made time to meet with me to reflect and discuss patient engagement. A needs assessment revealed a strong collective willingness to pause, listen, and imagine what a meaningful patient partnership could look like.

When 136 patient partners expressed interest in joining DFCM's first Patient Family Advisory Committee, it became clear that patients shared a similar dedication. These partners brought diverse perspectives, lived experience, professional skills, creativity, and generosity. They challenged assumptions, expanded our understanding of engagement, and influenced the way we work.

Leadership support was equally critical. Leaders consistently protected time for patient partnership and gave up their own time, often in the evenings, to create space for the endeavour. Patient partners have become a cornerstone of the department's work, contributing to strategic planning, participating in executive and committee discussions, supporting educational initiatives and engaging across programs. This journey has contributed to a meaningful culture change across this large and complex department; it is the people within it who have made this change possible. The progress outlined in this report reflects a shared commitment to learning, openness, and trust.

The next phase will focus on deeper co-design, earlier involvement of patient partners, and continued reflection on how we collaborate. I am deeply grateful to the patient partners who have shared their time, stories, and expertise; to the faculty and staff who have embraced new ways of working; and to the leadership who have supported and championed patient engagement along the way.



**Dana Arafah, MHI**

Patient and Family Engagement Specialist, Quality and Innovation Program  
Department of Family and Community Medicine, University of Toronto

# Building a Strategic Foundation

The Patient and Family Engagement Specialist role was created amid growing interest in patient partnership but limited coordinated support. Engagement efforts existed across programs but were inconsistent, siloed, and dependent on a few committed champions.

During her first six months in the role, the Patient and Family Engagement Specialist conducted a department-wide needs assessment to understand existing practices and opportunities for patient partnership. The assessment revealed three key findings:

- High interest across the department.
- Engagement is happening, but inconsistently.
- Staff and learners want to do this well but need more support.

These findings shaped the early years of work, centring on building a shared culture of partnership. At the same time, the DFCM renewed its strategic plan, formally integrating patient partners for the first time. Twenty-five patient partners contributed to strategic planning activities, alongside faculty and staff, embedding patient partnership as a departmental priority.

The following report summarizes key activity areas, impact to date, lessons learned, and reflections, and identifies priorities for the next phase of this work.

## **I. Establishing the Patient Partner Pool and Advisory Committee**

The Family Medicine Patient Advisory Committee (PFAC), launched in 2022, now includes 16 diverse patient partners and is one of the first patient and family advisory committees embedded within postgraduate family medicine education in Canada.

This committee was established to centralize infrastructure and strengthen engagement across DFCM's 15+ teaching sites and its many department-wide programs.

The interest far exceeded capacity with over 100 applicants. To harness this enthusiasm, DFCM created a broader patient partner pool, enabling applicants who were not selected for the PFAC to contribute to projects across education, quality improvement, research, and departmental initiatives. Compensation was a foundational element, supporting equitable participation and reinforcing the value of patient expertise.



As engagement grew, the focus shifted from recruitment to supporting meaningful engagement. Within the PFAC, this included:

- Routinely closing the feedback loop by sharing how input from previous meetings informed decisions, projects, and next steps.
- Offering regular check-ins to ensure meaningful participation.
- Matching partners to projects aligned with their specific interests or skills.

A patient partner newsletter, now led by patient partners themselves, was introduced to foster peer connection, build community, and shared ownership across teaching clinics.

## II. Integrating The Patient Voice Across The DFCM

Patient partners improved the quality of care in family medicine by shaping patient experience survey questions and identifying gaps in survey content, leading to the inclusion of a disability-related question and revisions to gender-related questions. They also helped close the feedback loop by co-creating infographics and animated videos with departmental staff to summarize findings and outline improvement efforts.



- **Patient partners strengthened the education of family medicine residents** by providing input on residency curriculum and supporting clearer communication with patients about the role of resident physicians.
- **Patient partners advanced health system partnerships** through involvement in the Primary Care Reform project and participation on the Digital Health Committee.
- **Patient partners strengthened research and research governance** by joining the UPLEARN Site and Community Council and co-leading faculty workshops on meaningful patient engagement that offered concrete, implementable strategies for researchers.
- **Patient partners contributed to global health initiatives** through participation in the 2025 DFCM Global Health Summit.

- **Patient partners enhanced undergraduate education** through consultation on mental health competency renewal and in-person presentations at the Undergraduate Mental Health Conference, sharing lived experiences related to mental health and addiction.
- **Patient partners supported Physician Assistant education** by serving on selection committees and providing consultation related to program development and accreditation.
- **Patient partners influenced institutional decision-making** through participation in six Executive Committee meetings beginning in November 2024 and contributions to senior leadership hiring and selection processes, including Postgraduate Program Director, Vice Chair for Postgraduate Education, Undergraduate Program Director, and Research Chair.
- **Patient partners advanced scholarly dissemination** by co-creating and co-delivering workshops at DFCM conferences (2022, 2024, 2025), presenting five conference posters, and contributing to conference presentations at ICAM 2025, FMF 2025, CQuIPS 2024, NAPCRG 2024, and the Patient Voices Conference 2025.



## Spotlight: The Role of the Resident Initiative

Patient partners raised concerns about understanding the role of the resident physician in teaching clinics. This feedback evolved into a multi-year, co-design project involving patient partners, residents, leaders, and quality improvement (QI) teams. Together they created new patient-facing materials implemented across all DFCM teaching sites and templated language for residents to use when introducing themselves.

*“Understanding the role of the resident doctor changed how I experience care in a teaching clinic.”* ~ Patient partner

## Spotlight: Advancing Social Accountability through Patient Partnership

Patient partners were integrated into the Process Competency Creation through various engagement strategies, including meetings, surveys, discussions, and participation in a retreat. They were involved and consulted along the 18 – month process, and collaborated with residents, faculty, and program leaders to shape social accountability competencies, ensuring an emphasis on trauma-informed care, equity, and reflective practice. This work was presented at the 2025 Patient Voices Conference in Vancouver.

### What Our Evaluation Revealed

Evaluation was integrated into the patient engagement strategy using a questionnaire adapted from the Public and Patient Engagement Evaluation Tool (PPEET) to support reflection, learning, and continuous improvement.

Findings showed:

- Increased faculty and staff confidence and skills in engaging patient partners.
- Strong patient partners experiences of feeling valued, prepared, and informed.
- Continued need to strengthen power sharing and visibility of patient impact.

### **III. Building a Culture of Patient Partnership**

#### **Creating Practical Tools and Processes**

The needs assessment revealed a lack of accessible, context-specific tools. In response, a Patient Engagement Toolbox was developed including:

- Plain-language guidance tailored to the primary care context
- Role definitions and compensation guidance
- Engagement and evaluation planning templates
- Budgeting tools
- Intake forms

These tools reduced uncertainty, standardized language, and helped teams move from intention to action.

#### **Consultation as Core Support**

Between 2021 and 2025, over 150 consultations were provided to faculty, staff, learners, and residents. Consultations helped:

- Match engagement approaches to project goals
- Clarify roles and expectations
- Support resident-led projects
- Design or improve patient-facing materials
- Connect teams facing similar challenges

Consultations provided insight into system needs, enabling cross-site sharing, and reducing duplication of effort.



## Preparing Patient Partners, Not Just Staff & Faculty

Patient partners consistently emphasized that meaningful engagement requires preparation on both sides of the partnership. In response, patient-facing resources and supports were developed, including:

- **Orientation materials** explaining DFCM's structure, teaching clinics, and programs
- **Onboarding document** summarizing hiring practices, documenting hours, and compensation timelines
- **Clear role descriptions** outlining patient partner roles, expectations, and time commitments
- **Terms of reference** for the Patient Family Advisory Committee, clarifying goals and expectations
- **Feedback tools** allowing patient partners to share their experiences and suggest improvements

*“The tools made it clearer what was expected of me and how I could contribute”* ~ Patient partner

*“My background isn't in medicine, but with the right context I felt more confident participating.”* ~ Patient partner

## Reflection: What We Learned

This work generated important insights into what enables meaningful patient partnership within a large academic department. Patterns began to emerge about what worked well and where adaptation was required. Feedback from patient partners, faculty, and learners, alongside formal evaluation, shaped the reflections that follow.

### Meaningful Partnership is Built on Trust

Clarity of purpose, regular updates on progress, and supportive relationships foster confidence and authentic contribution.

*“Over time, I’ve grown more confident sharing my perspective.”* ~ Patient partner

### The Critical Role of the Patient and Family Engagement Specialist

The Patient Engagement Specialist provided continuity, system navigation support, and a trusted point of contact for both partners and faculty.

*“Having someone to talk things through with made patient engagement feel doable”* ~ Patient partner

## Compensation Enables Equitable Engagement

Compensation signals value and reduced barriers, but partners also emphasized the importance of non-monetary acknowledgment and visible impact.

*“Providing compensation made me feel like a valued partner.”*

~ Patient partner

## The Strengths and Skills of Patient Partners

Patients brought remarkable skills—facilitation, writing, teaching, IT—that enriched departmental work far beyond their lived experience.

## The Commitment of Patient Partners

One of the most surprising findings was the strong desire among patients to partner with physicians, educators, and departmental leaders. Interest far exceeded expectations, and many partners expressed a clear desire to remain involved long term. As relationships deepened, patient partners began proactively identifying opportunities where their perspectives could be added.

*“This is the most meaningful volunteering work I do”*

~ Patient partner

## **Virtual Engagement Works – and Hybrid Works Even Better**

Virtual meetings made participation accessible; in-person meetings deepened relationships. A blended engagement model offers the best of both.

## **What Evolved and Required Adaptation**

As engagement expanded, so did the need for:

- Clearer onboarding
- Clearer communication pathways
- Scalable coordination systems
- Administrative and budgetary support



System-level pressures in postgraduate education – such as the expansion of residency positions and declining interest in family medicine – shaped what could be implemented in the short term. Early initiatives are now underway, with feasibility and impact still being evaluated.

## **Future Directions**

### **Deepening Engagement in Postgraduate Education**

The focus of this next phase will be on expanding patient partner involvement across postgraduate education – from curriculum design and teaching to learner assessment and resident-led quality improvement projects. Efforts will also prioritize preparing more residents and learners to work effectively with patient partners and continue to recruit patient partners who reflect the diversity of DFCM’s teaching clinics and patient populations.

### **Sustaining Participation and Alumni Pathways**

Creating longer-term pathways for PFAC alumni to remain engaged and mentor new patient partners.

## **Building Capacity for Co-design**

DFCM will continue embedding standardized, values-driven approaches to patient engagement across its work, with an emphasis on shifting from consultation toward sustained collaboration and co-design.

## **Contributing Beyond DFCM**

Future work will include ongoing collaboration with national and international networks in patient engagement in medical education and research, sharing tools, resources, and lessons learned to advance meaningful and sustainable partnerships across the health education system.

## **Conclusion**

Over five years, DFCM built a strong foundation for patient partnership, establishing sustainable infrastructure, embedding patient voices across education, research, and leadership, and demonstrating measurable cultural change. The expanding patient partner pool reflects both the value of this work and its momentum, creating a significant opportunity to deepen partnership and continue learning together. This work reflects the collective commitment of patient partners, learners, faculty, and staff—and sets the stage for an even more ambitious and impactful next chapter.

To learn more about patient engagement at DFCM, visit our website: [www.dfcm.utoronto.ca/patient-partners-dfcm](http://www.dfcm.utoronto.ca/patient-partners-dfcm)

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