IN PRACTICE

A64

CO-CREATING IMPACT: PATIENT PARTNERSHIP IN BARIATRIC SIMULATION

Ruth Willmott¹, Beth Tennant¹, Lydia Fletcher¹, Wint Mon¹; ¹University College London Hospitals NHS Foundation Trust, London, United Kingdom

Correspondence: ruth.willmott@nhs.net

10.54531/PIWP5608

Introduction: Patient involvement in medical education has traditionally been passive, often limited to experiential

learning in clinical settings or illustrating clinical conditions, limiting the potential for impactful learning experiences [1]. Thus, research to date on their involvement in simulation education is sparse, with greater emphasis placed on the role of the simulated patient, a professionalised role subject to detachment from authentic patient experiences. In conditions such as obesity, where stigma and communication challenges often exist [2], a deeper understanding of the lived experience of our patients is vital to patient-centred care. Our Bariatric Emergencies Simulation Training (BEST) course reimagines patients not as passive subjects but as active partners in simulation education. Through co-production, we sought to authentically integrate the

patient voice and demonstrate its value in shaping effective healthcare education.

Methods: BEST is a one-day simulation-based course bringing together anaesthetic and surgical residents, along with theatre and recovery staff. By design, it recognises the value of simulation in two ways: to rehearse the recognition and management of complications related to bariatric surgery, and to critically reflect on communication strategies regarding obesity-related risks and weight stigma. To ensure authenticity and impact, we adopted a co-production model involving an expert patient – an individual with lived experience of bariatric surgery – throughout the design and delivery process. As a result, the scenarios were grounded in their lived experience; they voiced the manikin during the simulations to enhance the authenticity of patient interactions, and participated in debriefing, alongside experienced facilitators and subject matter experts.

Results: Data was collected via an anonymous pre- and post-course survey using Microsoft Forms. Participants reported that the most valuable aspect of the expert patient's involvement was learning about appropriate language use (57%) and gaining a better understanding of the patient experience (29%). Overall, 63% of participants indicated they were 'very satisfied' with the course, while the remaining participants were 'satisfied'.

Discussion: As healthcare moves towards person-centred, collaborative models where patients are recognised as experts in their own care [3], educational approaches must evolve. BEST demonstrates how co-production in simulation can bridge the gap between assumed knowledge and lived experience, highlighting the value of expert patient involvement in educating healthcare providers on the complexities of communication and person-centred care in the context of obesity. By involving patients as education partners, we cultivate a culture of empathy and improved communication, ultimately impacting patient care and safety.

Ethics Statement: As the submitting author, I can confirm that all relevant ethical standards of research and dissemination have been met. Additionally, I can confirm that the necessary ethical approval has been obtained, where applicable.

REFERENCES

- Dijk SW, Duijzer EJ, Wienold M. Role of active patient involvement in undergraduate medical education: a systematic review. BMJ Open. 2020 Jul 27;10(7):e037217.
- Fulton M, Dadana S, Srinivasan VN. Obesity, Stigma, and Discrimination. 2025.
- 3. Kaba R, Sooriakumaran P. The evolution of the doctor-patient relationship. International Journal of Surgery. 2007 Feb;5(1):57–65.