

Letter to the Editor



The heart of patient-centered medical education: A call for safety and ethics

Mohammad Mehdi Shadravan^{1,2}, Mehrangiz Ghabimi^{3,4}, Parsa Hasanabadi^{5,6}

¹Student Committee of Medical Education Development, Education Development Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran

²Student Research Committee, Shahid Beheshti University of Medical Sciences, Tehran, Iran

³Student Committee of Medical Education Development, Education Development Center, Birjand University of Medical Sciences, Birjand, Iran

⁴Student Research Committee, Birjand University of Medical Sciences, Birjand, Iran

⁵Student Committee of Medical Education Development, Education Development Center, Kurdistan University of Medical Sciences, Sanandaj, Iran

⁶Department of Nuclear Medicine, Faculty of Medicine Medicine Faculty, Kurdistan University of Medical Sciences, Sanandaj, Iran

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Dear Editor,

Over the years, with the continuous development of medical education methods, the role of patients in the education of medical students has become increasingly important and prominent. Hence, patient-centered medical education (PCME) is essential in most academic medical education centers. The advantages of this medical education method, also known as patient-centered care (PCC), including:

- promoting better communication skills with patients,
- improving the quality of care when education shifts from disease-centered to patient-centered,
- encouraging interprofessional collaboration with other healthcare professionals at the patient's bedside,
- obtaining more accurate evaluation and feedback from patients,
- selecting students with a patient-centered attitude and
- supporting the professional development of doctors and humanitarian attitudes.¹

Due to the need for a clear definition of PCME, Hearn et al suggested a definition based on three fundamental principles: about the patient, with the patient, and for the patient. This concept highlights critical issues regarding patient rights and safety. "About the patient" means recognizing that patients do not live in isolation but within communities. Factors such as family, social and economic conditions, and ethnic backgrounds must be considered. "With the patient" refers to direct collaboration with patients so that students gain experience with actual patients and better understand their conditions. Patients

should be viewed as individuals with their cultural narratives, values, goals, and specific concerns. Early opportunities for students to interact with patients should be designed to show the role of these narratives and values in healthcare. Finally, the patient emphasizes the crucial and active involvement of patients at all levels of medical education. Patients should play a role in selecting medical students, curriculum development, teaching, evaluation, and feedback.²

The implementation of PCME like other kinds of educational methods has its challenges. A significant concern is facing the safety and rights problems of patients involved in educational activities. According to civil law, patients, doctors, and medical students have specific rights crucial to define in society, the medical system, and medical education. The legal limits of these rights should be clearly outlined. This is not just a significant issue but a pressing one, as the implementation of PCME is facing a crucial challenge concerning the rights and safety of patients.³

To increase patient safety, healthcare providers may require additional training for students to increase engagement with patients and deliver education in a patient-centered concept. Variability in health literacy, cultural backgrounds, and language proficiency can complicate the delivery of patient-centered education. To address these challenges, we need to develop comprehensive training programs for healthcare providers. These programs should include cultural competence training, communication skill programs, and

*Corresponding author: Parsa Hasanabadi, Email: Parsa.has@yahoo.com

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strategies for engaging with patients at different levels of health literacy.⁴ Arruzza et al highlighted in a scoping review that cultural competency interventions across health sciences effectively improved knowledge, skills, attitudes, and student satisfaction.⁵ In addition, to increase the safety of patients during hospitalization, learners' education development is needed these developments include clinical reasoning, professionalism education, and privacy protection of patients. Moreover, institutional policies must support patient safety by establishing clear guidelines for involving patients in medical education. These guidelines should outline the rights and responsibilities of patients, students, and educators, and ensure that patients provide informed approval before participating in educational activities. Frequent feedback mechanisms can help identify potential safety issues and areas for improvement, promoting a culture of continuous quality improvement in medical education.

Hope by addressing these challenges and implementing robust solutions, we face enhancing patient safety and uphold the principles of PCME, ultimately leading to better healthcare outcomes.

Authors' Contribution

Conceptualization: Parsa Hasanabadi.

Data curation: Mohammad Mehdi Shadravan, Mehrangiz Ghabimi.

Investigation: Mohammad Mehdi Shadravan, Mehrangiz Ghabimi.

Methodology: Parsa Hasanabadi.

Project administration: Parsa Hasanabadi.

Supervision: Parsa Hasanabadi.

Writing—original draft: Mohammad Mehdi Shadravan, Mehrangiz

Ghabimi, Parsa Hasanabadi.

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References

1. Gantayet-Mathur A, Chan K, Kalluri M. Patient-centered care and interprofessional collaboration in medical resident education: where we stand and where we need to go. *Humanit Soc Sci Commun*. 2022;9(1):206. doi: [10.1057/s41599-022-01221-5](https://doi.org/10.1057/s41599-022-01221-5).
2. Hearn J, Dewji M, Stocker C, Simons G. Patient-centered medical education: a proposed definition. *Med Teach*. 2019;41(8):934-8. doi: [10.1080/0142159x.2019.1597258](https://doi.org/10.1080/0142159x.2019.1597258).
3. Moasses Ghafari B, Khodaparast T, Hasanabadi P. Medical law; promotion of medicine curriculum: a letter to editor. *Med Educ Online*. 2024;29(1):2290333. doi: [10.1080/10872981.2023.2290333](https://doi.org/10.1080/10872981.2023.2290333).
4. Smith CB, Purcell LN, Charles A. Cultural competence, safety, humility, and dexterity in surgery. *Curr Surg Rep*. 2022;10(1):1-7. doi: [10.1007/s40137-021-00306-5](https://doi.org/10.1007/s40137-021-00306-5).
5. Arruzza E, Chau M. The effectiveness of cultural competence education in enhancing knowledge acquisition, performance, attitudes, and student satisfaction among undergraduate health science students: a scoping review. *J Educ Eval Health Prof*. 2021;18:3. doi: [10.3352/jeehp.2021.18.3](https://doi.org/10.3352/jeehp.2021.18.3).