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When patients' knowledge enters the University!

♫ ***"Un monde nouveau"***
Feu! Chatterton

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Patients are increasingly involved in the education of future healthcare professionals. Their participation raises questions about the boundaries between different forms of knowledge. What happens to patients' knowledge when it enters the university setting? Consider a verbatim theater performance led by patients. Experiences of illness are shaped into narratives, worked through, and then staged with the intention of sharing them with students. In the lecture hall, the performance captures the audience's attention, brings the room to silence, and elicits collective reactions; in Saint-Etienne, "Ôrage de Vivre" ended with a standing ovation. This teaching approach can shift perceptions and prompt reflection by offering a different perspective on the experience of illness. Yet, these effects tell us neither what kinds of knowledge are being shared nor what becomes of patients' knowledge within the educational setting. Is the knowledge drawn upon solely experiential knowledge? Does it remain so after such a performance?

Talking about experiential knowledge requires avoiding a misunderstanding: there are not, on the one hand, patients who hold "experience" and, on the other, professionals who hold "science." Experiential knowledge should not be equated with lived experience[1,2]. Nor does it constitute the entirety of patients' knowledge or belong exclusively to patients[1-3]. The nature and scope of the knowledge drawn upon cannot be inferred from the position of those who contribute it. Yet, being a patient, a position often associated with experiential knowledge, shapes how patients' knowledge is recognized. The scientific field is a social space structured by relations of power and legitimacy[4]. Patients have long occupied a marginal position in the spaces where the content and criteria of health professions education are defined. This issue resonates particularly strongly in primary care, whose history also reflects shifting boundaries of academic recognition[5]. Such asymmetries in positions are sometimes described as epistemic injustices. Yet, having one's voice heard less, occupying an asymmetrical position, or having limited opportunities to participate is not, in itself, sufficient to characterize epistemic injustice[6]. What matters is the knowledge at stake, what it enables us to know, and what its disqualification may prevent us from understanding. Recognizing knowledge does not, however, tell us how it will be transmitted or received, nor what place it will ultimately find within education.

When knowledge enters an educational setting, its context changes and it can be transformed[7,8]. Recontextualisation allows us to trace this trajectory. In the case of the verbatim theater performance, choices are made regarding the structuring of narratives, the place given to the performance within the educational setting, and the pedagogical uses to which it is put. These choices as such take shape within relationships between actors and within institutional conditions[9]. This process is not a one-way street. The introduction of previously underrepresented forms of knowledge into the university challenges the boundaries and criteria through which they are recontextualized. This can thus lead to a reconsideration not only of the place accorded to them, but also of the content and aims of the program. Experiential knowledge therefore does more than simply enter the curriculum: it helps to transform it. The plurality of forms of knowledge invites us to reflect on their relationships while maintaining their distinctions without separating them[10].

Patient partnership can thus become a lens to examine the curriculum through. Not because patients possess a knowledge exempt from academic requirements, but because their participation makes particularly visible the processes that structure educational programs. Who can contribute to defining what is taught?

What forms of knowledge are recognized? Who participates in decisions about their transmission and assessment? Who can influence how these forms of knowledge are used? According to what criteria? These questions concern what the university does when it teaches: selecting forms of knowledge, organizing their relationships, distributing positions of authority, and defining what will count as educational knowledge. The academic rigor therefore concerns both the forms of knowledge the university accepts and the criteria by which they are recognized and given a place within education.

These questions will shape the discussions at the 6th Inter-University Symposium on Patient Engagement in Health Professions Education, to be held on 1–2 July 2027 at the Faculty of Health in Saint-Etienne. Focusing on the plurality of forms of knowledge, the symposium will bring participants together around three complementary themes: recognizing forms of knowledge derived from patients' experiences, transmitting them, and embedding them in health professions education.

The presence of patients in health professions education thus brings into sharp focus a question regarding them without being specific to them: what the university does with the knowledge it welcomes, and what this encounter can, in turn, do to the university?

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