It is with a sense of tremendous privilege that I spend a few minutes this morning launching this half-day of student presentations. I have met, and worked with a number of you and I consider all of those interchanges to have been enriching to me personally. You have invited me to share my experience of interacting with the health care system. You have listened patiently to some of my ideas. You have answered lots of my questions. You have inspired me to do some very interesting reading. Most of all, you have made me feel like my voice, the patient’s voice, is one that you want to listen to and possibly learn from. As you slog through your course work and meet the demands of your various programs, you may not always be cognizant of the impact you have on those around you. Alright, your fellow students working on your projects may let you know, maybe a bit too bluntly, what they think of you, but those who will potentially receive your care when you graduate, may not be in a position to let you know how your interaction, your research, your hard work, will touch their lives. Those patients, who you may have interacted with in the Clinical Education Centre, will have given you just a tiny bit of feedback about the impact you had on them.

This morning I want to say three really important things to you. Number 1, what you are doing really does matter. Number 2, you can and should think of yourself as an agent of change. Number 3, scholarship is a privilege and an
obligation. Boy, I sure hope that I can tie those three things together. Those of you who have met with me may know that I have a tendency to wander all over the place in my thoughts.

This address is billed as ‘Where’s the Patient’s Voice”. At Queen’s, thanks to the commitment of key people, including all of the faculty in this room and supported by others, the Patient’s Voice is alive and well and woven throughout your curriculum. It is here today on your posters, it is in your paper presentations, it was present in many of your focus groups, it is loud and clear in all of the treatment rooms of the Clinical Education Centre on a daily basis, and with any luck, it is beginning to settle into some corner of your heart and mind as you integrate the theoretical with the practical. You may hear that voice as you remember vignettes with patients you have encountered, when you write your papers. You may, sometimes, wish that you could forget that voice when you recall the feedback from patients that may have been less than gentle. You will hear more and more of the patient’s voice when you move through your clinical practicums. The patient’s voice is alive and well, or unwell as the case may be, and all around you here at Queen’s. It is largely a matter of listening for and to that voice.

Systemically and organizationally, that has not always been the case though. The QUIPPED project that funded your research has made a particular point of weaving the patient’s voice into as many different aspects of its work as possible. That is not only because its funders, Health Canada, has mandated it to, but more importantly, because the people who are QUIPPED, are philosophically
and instrumentally committed to making sure the voice of the recipients of health care have tangible and respectful inclusion in the planning and delivery of all of its initiatives.

Back to number 1. What you are doing in your overall academic work, and specifically in the projects you are presenting today, really does matter. You are contributing to a body of knowledge that will affect the way health science students will learn from and about and with each other, in the future. You are exploring new ways to deliver curriculum that will create innovative teaching opportunities for those who haven’t even decided yet if they want to apply to come to Queen’s. The interprofessional theme that permeates a lot of your work, along with the collaborative patient-centred approach, means that I can look forward to receiving health care from a nurse who has an understanding and respect for the work of the occupational therapist on the team. It means that the physician who interacts with me will be interested in sharing the elements of my required health care with others on the team who have the requisite skills. Most of all, it means that all health science students will begin to look at all members of the health care team, most especially the patient member, as essential. That each and every member has a vital role to play and that the delivery of health care is dependant on all members contributing in a responsible fashion. All members, including the patient. Each and every one of us is a member of a health care team. At some point, each and every one of us will access health care for ourselves, regardless of the profession to which we may belong. We have a responsibility to participate actively in the acquisition and delivery of our
own health care. We have a very clear right as well, to participate, as a team member, in that health care. And when we put on our health care professional hat or uniform or white coat, we have the same right and responsibility to participate actively and respectfully, in a collaborative way, on that health care team, remembering in our thoughts, words and actions, that each member of the team, including the patient, has a role to play.

That is why what you are doing now and in the future is so very important. Because we aren’t there yet. We haven’t achieved that state of inclusion, of holistic thinking, of respectful collaborative care. We don’t always want to ask the patient or the other member of the team what they think or how they could contribute, because that might require altering our position. What you are doing is important, because you are a vanguard in a way. You have seen what is possible by interprofessional collaboration and you must not settle for less.

That brings me to Number 2.

Think of yourself as an agent of change. Because of your work and your study, you have been exposed to a new way of viewing your own profession and that of your other health care colleagues. Now you must be the virus that infects others. Yes, go ahead and sneeze the good news on those who aren’t yet infected. Cough all over those who continue to think in their uniprofessional silo way. Spread the virus of interprofessional collaboration with those who suffer from professional elitism. Let them feel the pain and the joy of working together, of sharing ideas and solutions. You are in a cohort of health care professionals who will move the delivery of health care into a new and more integrated era.
Being on the cutting edge of anything can be a bit unnerving but you have a huge body of patients and their families who are yearning for an invitation to be taken seriously, to be invited in and to be included.

Finally number 3.

Scholarship is a privilege and an obligation. Whether the project that you are presenting today is being graded as part of your course work, or your participation was simply out of intellectual interest, you have had the privilege to indulge in an activity that too many are denied. Too many members of our society do not have the means, intellectually, financially, socially, to dip into the world of research, to stretch their brains and delve deeply into an area of human existence that matters to others. As arduous as this journey may have been for you, it is a journey that many others would love to begin but will never see that happen. My visits to Sri Lanka last fall exposed me to just a small number of very bright and committed individuals who, by geography and birth, will never be in the position you are in today. Along with the privilege of scholarship, goes the obligation to continue it. When you leave Queen’s you will each, by virtue of your regulatory bodies, be obliged to continue to study, to remain current in your fields. Don’t engage in study or research simply to keep the College of OT’s or Nurses off your back. Continue to do research because it will matter, it will make a difference every day that you interact with patients. Ask big questions, and then hone them down as you have all learned to do, about how you can improve the delivery of your skills, about how you can more effectively involve and include your patients, about how you can learn from all of the members of your team.
Ask big questions and then find a supportive colleague or patient to do some research with you. And then don’t forget to share the wealth. Publish, present, go to conferences, make posters, and give workshops. Tell others about your experiences and your findings. Listen and learn along the way.

The patient’s voice is waiting to be heard along with yours. Start the dialogue and keep it going.