

Abstract

Purpose. As healthcare systems worldwide grapple with complex challenges such as limited resources, qualified personnel shortages, and rapid technological advancements, there is an urgent need for educational transformation in healthcare professions. This urgency arises from the necessity for healthcare professionals to evolve beyond traditional roles and acquire essential generic skills such as adaptive, epistemic, relational, ethical, and citizenship skills - areas identified as gaps in conventional university curricula. This study investigates the potential of the Recovery College (RC) model, integrated into a Canadian university's healthcare curriculum, to address these gaps. **Design.** Through qualitative group interviews with eight students and three faculty members, and subsequent descriptive content analysis, we explored the perceived outcomes of this model. **Findings.** We discerned 15 themes within the five core categories of generic skills (Epistemic, Ethical, Relational, Adaptive, and Citizenship skills), with "experiential knowledge acquisition" central to the training input, and other significant themes including "ethical sensitivity", "collaborative communication", "self-care", and "open-mindedness to diversity". Our findings highlight the RC model's potential in fostering these crucial skills among future healthcare professionals and challenging prevailing epistemic injustices in healthcare. **Implications.** Further investigations are needed to understand the long-term effects of this model on healthcare practice and to explore its potential integration into wider healthcare education programs. **Originality.** This study enriches understanding of the Recovery College model's role in healthcare education, thereby proposing a significant shift towards more inclusive and effective healthcare professional training.

Keywords: Healthcare Education; Recovery College; Generic Skills; Epistemic Injustices; Qualitative Group Interviews

1. Introduction

Healthcare systems face enduring limited resources, shortage of qualified personnel, managerial issues and workforce exhaustion (De Hert, 2020; Džakula & Relić, 2022; Rispel et al., 2018). The emergence of New Public Management (NPM) strategies has exacerbated organizational and systemic issues, by prioritizing efficiency and accountability and focusing on quantitative over qualitative indicators, leading to the dehumanization of care (Baillargeon, 2017; Sereno, 2001; Smith, 2016). This shift towards a management-centric approach undermines professional autonomy and patient-centered care, leading to ethical distress among healthcare professionals as they navigate conflicts between their practices and values, adversely affecting care quality and workplace satisfaction (Drolet & Goulet, 2017; Nilsen et al., 2020). Coupled with rapid workplace changes and collective workspaces' erosion, it escalates healthcare professionals' absenteeism rates, exacerbating feelings of isolation, loss of meaning, and leading to burnout (Huhtala et al., 2021; Lauzier et al., 2017).

For years, national and international organizations, including the World Health Organization (WHO), have advocated for healthcare centered around people and communities to foster empowerment and collaboration (WHO, 2017). This paradigm shift necessitates healthcare professionals to adopt roles that emphasize partnership, requiring organizational support and the cultivation of generic skills such as adaptability, communication, and ethics (Drolet et al., 2020). Addressing this, educational practices must evolve to equip professionals with the necessary skills for a changing health system (Thomas et al., 2020). Given the significant lack of such skills training in university curricula, the Recovery College (RC) model emerges as a promising approach for developing these competencies (Zouaoui et al., 2023).

2. The Recovery College model

The RC model, which emphasizes a co-learning approach integrating experiential, clinical, and theoretical knowledge, has shown effectiveness in enhancing well-being and mental health recovery across over 20 countries, engaging diverse participants including healthcare professionals. To ensure an equitable place for different types of knowledge, courses are co-developed and co-facilitated by a dyad of trainers, consisting of a health professional and a person with experiential knowledge of health issues (Perkins & Repper, 2017b; Perkins et al., 2012). The Centre d'Apprentissage Santé et Rétablissement (CASR) in Canada is a prime example, having offered a wide range of online courses to over 2,500 learners since the COVID-19 pandemic (Briand et al., 2023a; Rapisarda et al., 2022). In a pioneering collaboration with Université du Québec à Trois-Rivières (UQTR), the CASR has innovatively incorporated the RC model into healthcare education, focusing on the development of students' generic skills and integrating these courses into their academic credits.

The benefits of the RC model are well-documented at multiple levels, significantly impacting learners by enhancing crucial generic skills for health professionals. At the individual level, the RC model improves self-management of mental health, modifies attitudes and relationships, facilitates personal recovery, and enhances empowerment and self-confidence (Briand et al., 2024; Briand et al., 2023b; Muir-Cochrane et al., 2019; Rapisarda et al., 2022; Reid et al., 2020; Selbekk et al., 2023; Thompson et al., 2021). Organizationally, it increases recovery knowledge and skills, supports recovery-oriented practices, improves work motivation and self-efficacy, and enhances the quality of mental health services (Crowther et al., 2019; Perkins et al., 2017a; Zabel et al., 2016). Societally, it fosters partnership and collaboration, recognizes the importance of experiential knowledge, reduces discrimination, and modifies attitudes and stigmas (Doroud et al., 2024). The RC model's emphasis on experiential knowledge helps alter perceptions and practices, reduce stigma and prejudices towards mental health, foster relational skills, and promote equality and respect, thereby enabling a deeper understanding of diversity

and shared power (Briand et al., 2023b; Burhouse et al., 2015; Crowther et al., 2019; Hall et al., 2018; Hopkins et al., 2018; Lucchi et al., 2018; Meddings et al., 2014; Sommer et al., 2017; Sommer et al., 2019; Zabel et al., 2016). Despite its documented benefits, the specific impact on future health professionals' generic skills needs further exploration. The ongoing study aims to fill this gap through a qualitative approach, examining the effects of CASR's online curriculum on health students and faculty.

3. Methodology

Considering how little is currently known about the subject, we used a qualitative research approach that involved conducting group interviews with both students and their faculty members responsible for their follow-up (DePoy & Gitlin, 2021). The interview transcriptions were then analyzed through a descriptive content analysis approach that involved three levels of coding (Miles et al., 2018).

3.1 Participants

In this study, two types of participants were recruited: (1) health students who had taken at least one online curriculum offered by the CASR between fall 2020 and fall 2022, (2) faculty members responsible for their follow-up. The CASR courses were integrated into the students' academic credits, and faculty members from their respective programs were responsible for their follow-up through written and/or oral feedback after the completion of the courses. All participants were from the same university in Canada and had to speak, understand French, and be willing to participate in the study.

To ensure data saturation, we followed Thomas and Polio's (2002) recommendation to recruit between six and twelve participants to ensure data saturation. Thus, we aimed to recruit at least six students from the pool of eligible participants (n=120). Additionally, we invited all the faculty members (n=3) who were responsible for the student's follow-up with CASR.

3.2 Theoretical framework

In a precedent review, we compiled a conceptual framework based on the skills identified in the literature¹. The framework was structured from the individual level to the relationship with ideas and objects, and then to the relationship with the social environment, culminating with the relationship to society. This alternative conceptual framework has been incorporated into the interview outline and guided the inductive part of the descriptive-inductive analysis process (See Table I).

Insert Table I. Definitions of theoretical framework terms

3.3 Data collection

The interviews were conducted using the Zoom platform, incorporating two data collection methods: a sociodemographic questionnaire completed before the meeting and a semi-structured group interview protocol. While the interview guides for students and teachers were similar, adjustments were made to reflect the distinct perspectives and experiences of each group. The student guide concentrated on learning experiences, and the teacher guide focused on what the teachers had retained from students' feedback about the RC courses. However, this feedback collection was not uniform; it varied between oral and written formats and was not guided by a standardized set of questions.

Interviews commenced with an overview of the learning experience, focusing on format, content, and student appreciation. Participants were asked about their overall experiences with the RC courses, including both positive and negative aspects. Specifically, we included questions such as "What did you appreciate most about the RC courses?" and "What did you appreciate least about the RC courses?" This approach ensured that we captured a balanced

¹ Reference omitted in this version for confidentiality reasons.

view of the participants' perceptions. The core discussion evaluated the curriculum's impact on skill development broadly, then narrowed down to five specific generic skills: epistemic, citizenship, relational, ethical, and adaptative, with questions like "How does the CASR curriculum aid in developing your epistemic skills?" Preceding each question, oral definitions of each skill were shown on the screen to aid understanding. The interviews concluded with participants summarizing their thoughts as if explaining the CASR benefits to a friend (for students) or a student (for faculty members), lasting 60 to 80 minutes, and were fully transcribed for analysis.

3.4 Analysis

Sociodemographic questionnaires were descriptively analyzed to profile the participants, while semi-structured interviews underwent descriptive content analysis in QDA Miner, following Miles and Huberman (1994) methodology. Three levels of thematic analysis were performed: (1) open coding for main ideas regardless of the theoretical framework, (2) axial coding to categorize the ideas also regardless of the theoretical framework, (3) selective coding to link the categories with consideration of the theoretical framework (Miles et al., 2018). This descriptive qualitative analysis captured the perceived outcomes of RC courses on the development of the five generic competencies. Initially, the first author coded interviews using QDA Miner in an inductive manner, with separate analyses for students and faculty. Cross-coding by the second author ensured analysis consistency. The third level, led by the first author, adopted a deductive stance aligned with the theoretical framework, with themes fine-tuned through discussions among the authors. Iterative discussions and inter-rater reliability checks harmonized the coding trees, merging student and faculty insights to underscore commonalities and distinctions. Results are ordered by theme recurrence, with verbatims translated from French to English. Data are accessible from the corresponding author upon request.

3.5 Ethical considerations

The ethics approval for this project was obtained from the Research Ethics Board of the university where the research was conducted. The participants provided their written informed consent to participate to the study. Students received a financial compensation of 40\$ to encourage their participation.

4. Results

4.1 Participants

A total of eleven (n=11) participants took part, consisting of eight (8) health students (identified as S1 to S8) and three (3) faculty members responsible for their follow-up (identified as F1, F2, F3). Nine participants self-identified as female and two participants as male. The age range of the student participants was between 19 and 25 years old, while the faculty members' ages ranged from 44 to 51 years old. Three paramedical disciplines - occupational therapy, speech therapy, and chiropractic - were represented by both the students and faculty members. Out of the eight students, seven were in a bachelor's program, and one was in a master's program. Seven of the students had attended at least one course offered by the CASR in either fall 2021 or winter 2022, while one student (S2) had attended multiple courses. Although not required, one of the 3 faculty members had taken a course. To ensure understanding, we have translated the course titles into English from their original French (see Table II).

Insert Table II. Student enrollment overview

4.2 Participants' perception

The qualitative data analysis resulted in the identification of 15 themes, which are presented in Table III. These themes are organized into five categories, reflecting the conceptual framework that informed the group interviews and the analysis process (see 2.2 Theoretical framework).

In Table III, 'Occurrence' delineates the frequency of each theme's mention or reference during the interviews, while 'Number of' indicates the total count of students or faculty members engaging in each particular theme's discussion. The quotations have been freely translated from French to English, given that they were originally collected and transcribed in French, as both the participants and researchers are Francophone.

Insert Table III. Categories and themes from thematic analysis

4.2.1 Epistemic skills

The most recurrent category identified in the interviews was epistemic skills development, which included four key themes: a) Experiential knowledge acquisition, b) Theoretical knowledge acquisition, c) Limit of experience and knowledge, and d) Self-awareness of professional interests.

“Experiential knowledge acquisition” emerged as the predominant theme among all categories. During the interviews, the significant role of experiential knowledge, gained from personal experiences, was consistently emphasized by both students and faculty members to enrich the learning experience. They noted that the courses effectively highlighted the value of such knowledge by incorporating personal testimonies from individuals with mental health challenges or recovery experiences. This type of knowledge was recognized for its unique and complementary contribution to their theoretical and clinical understanding, marking it as a critical takeaway from the course.

“(…) everyone had a say and could contribute their knowledge, so I thought it really put forward the fact that each person has their own experiential knowledge and then by sharing it, it develops everyone else's knowledge.” S1

“The knowledge that was most striking on my end was experiential knowledge. Seeing people show their vulnerability, I think it really left a mark on them.” F3

The second theme within the "Epistemic skills" category was “Theoretical knowledge acquisition”. Both students and faculty members underscored the importance of theoretical knowledge within the course framework. Students particularly valued the incorporation of advanced and clearly explained theoretical content in the curriculum, which they found instrumental in deepening their grasp of the subject matter.

“The subject matter was really well explained but at the same time quite advanced. I think the theoretical material was really good.” S3

Faculty members, on the other hand, emphasized the critical role that theoretical knowledge plays within the university setting, as it has been the primary mode of knowledge development for students thus far.

“I would say that students value theoretical knowledge first because that's how their knowledge has been developed so far (...)” F1

The third theme of “Limit of experience and knowledge” emerged among both students and faculty, albeit in different ways. Students, exposed to diverse expertise in the courses, became aware of their own knowledge limits, positively embracing this realization.

“(...) being able to know what we know or not and being able to accept what we don't know.

Not always being stubborn and thinking that we know everything (...).” S2

On the other hand, the faculty members raised the point that the courses that the courses sometimes led students to self-deprecation, feeling they lacked sufficient theoretical, clinical, and experiential knowledge compared to other learners (clinicians, peer workers, etc.) in the trainings.

“I think that maybe it played a little bit of a mental self-deprecation trick on them. Instead of fully embracing their role with their person and experience, they felt inferior to expectations because they were not experts. (...)” F3

The last theme "Self-awareness of professional interests" was highlighted solely by faculty members. They observed how the courses might influence students' recognition of their professional interests, potentially steering them towards careers in mental health. This theme, however, was not mentioned by the students.

“It opened up a field of interest. Some students tell me they wouldn’t have any interest in this [mental health], so now they know. Then, some say maybe, and others say it confirms what they already thought, and still others say they’re not sure, and we continue to explore.” F1

4.2.2 Ethical skills

Ethical skills were the second most recurrent category identified. The category comprised three themes: a) Ethical sensitivity, b) Professionalism, and c) Limits of ethical knowledge.

Firstly, the curriculum was found to play a significant role in raising students’ “Ethical sensitivity”. Participants shared that the courses facilitated a heightened awareness of various ethical challenges that they had not previously encountered or considered. This included recognizing inconsistencies in the workplace and the importance of mental health, as well as understanding the broader implications of ethical issues in every situation.

“I can say like the lady who said that in her workplace, it’s good to take care of your mental health, but in the end, in the same environment, they are fully pushed afterwards. (...) I could easily perceive this ethical issue with the courses.” S6

“I would say it’s like a wake-up call. I think they may not have been exposed to the challenges that these situations create.” F3

Although mentioned less frequently, both students and faculty members acknowledged a positive effect on “Professionalism” resulting from the curriculum. Participants noted that the courses helped students to recognize their limits and maintain an appropriate professional distance while being with patients. This awareness prevents them from becoming overly involved in the personal experiences, while still providing compassionate services. Furthermore, the curriculum helped students to grasp the significance of their professional identities and the responsibility that comes with representing their chosen fields.

“Also, knowing our limits, knowing where to stand because as future healthcare professionals, when we treat a patient, we can't just dive into their pain and make it our own, forgetting about the professional side we need to have.” S2

“(…) they also discussed with me the professional skills that we utilize in occupational therapy. They mentioned being an expert in enabling occupation, which is the expertise, the skill that defines our profession. Thus, being able to evaluate one's patient, understand one's helping relationship, and other related skills were frequently mentioned as contributors to the development of this competency.” F1

The theme "Limits of ethical knowledge" was consistently recognized by both students and faculty, with both groups agreeing it was early in the students' academic journey for such development and suggesting it might be clearer later on.

“(…) the ability to persist despite obstacles, I haven't necessarily worked on that. But I think that would be something to do in the future with the skills I have acquired during the curriculum and during my academic journey.” S3

4.2.3 Relational skills

The third category of perceived outcomes of the courses pertains to relational skills, encompassing three themes: a) Collaborative communication, b) Posture of equality, and c) Challenges in a context of alterity.

The most recurrent theme in this category, "Collaborative communication," was consistently noted by students, who found that the curriculum helped them overcome their anxieties, communicate more effectively, and collaborate with peers and individuals from diverse backgrounds.

"This allowed to develop relational skills because it involved building ideas and concepts together as a group, which allowed each person to bring their own perspective without prejudice or prior knowledge of the person, just by listening and building together." S1

"In the comments, I received that it was really interesting to hear from others and to co-construct or at least share all together." F2

The second theme was the development of a "Posture of equality," which involves adopting a listening posture as opposed to assuming an expert role.

"I will have to adopt a listening posture and accompany the patient in this part of the problem that is not my expertise but still needs to be taken into consideration." S6

"(...) it will be an opportunity to develop this skill without having the weight of (...) expertise to bear. So, to remove oneself from the role of the expert, to enter into a relationship with people and to learn differently." F3

Faculty members highlighted "Challenges in a context of alterity" as a theme, noting initial student difficulties in early courses, though students themselves did not report these challenges.

"What I heard was that the students were shy and uncomfortable when it came to speaking up, often feeling intimidated by their peers. Given the format of the sessions, which

necessitates expressing personal views and discussing one's experiences, not all students felt at ease doing so.” F1

4.2.4 Adaptative skills

The fourth most recurrent category is adaptative skills at the individual level, encompassing two themes: a) Self-care, and b) Resilience awareness.

Participants emphasized the positive effect of the curriculum on fostering self-care, promoting mental well-being, and building resilience in a context of alterity and uncertainty.

“It may have made me gentler with myself, in terms of self-stigmatization, that even we are not immune to self-stigmatization and being harder on ourselves.” S1

4.2.5 Citizenship skills

The final set of competencies perceived to be influenced by the curriculum are citizenship skills, which encompass three themes: a) Open-mindedness to Diversity, b) Impact of Prejudice and Stigma, and c) Promoting Inclusivity and Combating Stigma.

Within the first theme, "Open-mindedness to Diversity," students reported that the curriculum helped broaden their perspectives on mental health and various experiences, leading to increased open-mindedness.

“(…) taking the time to reflect and then being exposed to more situations and then people who have been touched by mental health and stigmatized mental health disorders. That would be the biggest thing of why I would recommend this.” S8

Regarding the theme "Impact of Prejudice and Stigma," students pointed out that the curriculum aided them in recognizing their biases and stigmas towards mental health diversity and experiences.

“(...) I realize that there are still a lot of prejudices that are ingrained and sometimes a little unconscious; you know, saying things like 'oh that person isn't coming to work,' or 'yeah, he's been on leave for a long time.' These are things we've all heard in our daily lives and we've never said anything about it.” S3

For the theme "Combating Stigma," students mentioned that the curriculum fostered their desire to establish inclusive environments for their future patients.

“(...) As change agents, to see all the stigmatization. We were exposed to different concepts that are deeply rooted in the system and knowing that these things really happen and are present, it allowed us to see the reality and what we can change or try to help our patients and support them through it all it.” S1

5. Discussion

5.1 Overview of key findings

Our study assessed how RC courses may enhance the generic skills of future healthcare professionals. The evaluation of perceived outcomes of the CASR curriculum, based on students' and faculty members' perceptions, show hopeful results. Analysis of the qualitative data collected enabled us to gain a deeper understanding of the elements that lead to the development of generic skills by discerning 15 themes within the five core categories of generic skills: Epistemic, Ethical, Relational, Adaptative, and Citizenship skills. The theme of “experiential knowledge acquisition” with the greatest occurrence was considered central to the trainings' input and may play a crucial role in improving future professional practice. By recognizing the value and equality of experiential knowledge, future healthcare professionals open their perspectives and enrich their understanding of situations. The themes of “ethical sensitivity”, “collaborative communication”, “self-care” and “open-mindedness to diversity”

present in second place in terms of occurrence, complement this understanding of the effects on future health professionals.

5.2 Comparison with prior research on Recovery Colleges

Our findings align with prior research on RCs and their efficacy in cultivating key competencies in future healthcare professionals, such as epistemic, ethical, relational, adaptative, and citizenship skills (Burhouse et al., 2015; Ebrahim et al., 2018; Gill, 2014; Harper & McKeown, 2018; Perkins et al., 2017a; Rapisarda et al., 2022). The results highlight specifically the key mechanisms of action that explain the model's results. In RC courses, learners are placed in a collaborative space, which encourages interaction and the exchange of diverse experience and knowledge (Toney et al., 2018). The learner then experiences direct contact with different types of knowledge (including the experiential knowledge of people with mental illness and their relatives), as well as a diversity of viewpoints and perspectives (Perkins et al., 2018; Repper & Perkins, 2017). They learn from others and realize the importance of listening, mutual respect and, above all, how enriching this type of collective learning and integration space is. The learner is at last placed in a co-learning space that encourages and nurtures an ethic of equality and power-sharing, thereby increasing openness to others and reducing prejudice (Arbour & Rose, 2018; Briand et al., 2023b). Participation in RC courses places health students in a unique setting that enriches their academic training. The next steps will be to confirm these results with an experimental design.

5.3 Addressing Healthcare Challenges

The RC curriculum's potential to minimize mental health knowledge disparity is a major takeaway, underscoring the value of experiential knowledge and support the development of epistemic humility among future health professionals. By recognizing the value and equality of experiential knowledge, future healthcare professionals may be better equipped to fight the

epistemic injustices encountered in the healthcare system, notably in the patient-professional relationship (Carel & Kidd, 2014; Fricker, 2007; Peled, 2018).

The findings also reveal the curriculum's potential to shift away from the traditional expert model prevalent in many mental health care settings, proposing instead an egalitarian model that perceives patients as care partners (Karazivan et al., 2015). This shift encourages the creation of care environments that are both empowering and inclusive.

In addition, the curriculum seems to play a role in enabling students to recognize their biases and stigmas related to mental health diversity. While faculty members have observed that first-year students might not fully grasp these issues, it underscores the RC curriculum's continuous relevance. It significantly contributes to the cultivation of ethical sensitivity, a vital skill that enables practitioners to discern ethical concerns (Swisher et al., 2005), and promotes openness to diversity, essential for respectful and inclusive professional conduct (Center for Global Inclusion, 2023). These aspects are promising in addressing the contemporary challenges faced by our healthcare organizations (Andersson et al., 2022; Kulju et al., 2016).

Lastly, the perceived outcomes of the RC curriculum on promoting self-care, enhancing mental well-being, and building resilience is noteworthy in a time when many health organizations have increasingly become challenging workplaces (Drolet & Goulet, 2017; Drolet et al., 2020; Nilsen et al., 2020). By addressing these issues, the RC model may prepare future health professionals to navigate challenging organizational contexts while maintaining their well-being and resilience.

5.4. Transforming Learning Models for Future Health Professionals

Our study underscores the need to innovate learning models within the educational curricula of future health professionals, as traditional methods may not adequately develop the generic skills necessary for meeting the evolving demands of healthcare (Zouaoui et al., 2023). Thomas et al. (2020) suggest that education should evolve to ensure a continuum of learning, integrating basic

science, clinical reasoning, and humanistic elements for epistemic justice and a well-rounded education. The RC model, with its unique perspective and approach, offers a promising alternative, advocating for a learner-centric environment that encourages active participation and a co-learning experience enriched by diverse and equitable knowledge exchange. This model represents a departure from conventional teacher-led methods towards a collaborative, egalitarian approach, potentially transforming educational paradigms (Kumagai & Lypson, 2009). Such a learner-focused methodology is pivotal for equipping future health professionals to meet the complex challenges of modern healthcare, suggesting the necessity of integrating this innovative approach into university curricula. This integration not only promises to enhance the comprehensive development of health professionals but also aligns with the imperative for educational reform within health professions, calling for further research to support a more adaptive healthcare workforce (Kumagai & Lypson, 2009; Thomas et al., 2020).

5.5. Limitations and future studies

Our study has some limitations, notably the small sample size that may impact the robustness of our findings. Furthermore, focusing exclusively on health field students might limit the applicability of our results to broader contexts. The reliance on self-reported data and the use of focus groups could have also shaped participants' responses due to the social dynamics involved.

Several avenues for future research can be suggested from this study. Investigating the evolution of ethical skills across different academic phases could provide valuable insights, given their potential growth during educational progression. Adopting mixed-methods and experimental designs in subsequent studies could improve the depth and generalizability of the results. Additionally, exploring the RC curriculum's long-term impacts on students' professional trajectories and healthcare practices would contribute significantly to our understanding of its effectiveness. While our study highlights the immediate benefits of the Recovery College (RC)

model in fostering generic skills among healthcare professionals, the long-term clinical impacts require further exploration. Studies on the long-term impact of Recovery Colleges supports sustained positive changes, including increased self-awareness and empowerment (Briand et al., 2024; Rapisarda et al., 2022; Thompson et al., 2021). These findings align with our results, suggesting the potential for lasting benefits of the RC model in healthcare education.

6. Conclusion

In summary, this qualitative study highlights the perceived outcomes of a Recovery College curriculum in fostering crucial generic skills among future healthcare professionals. Themes like experiential knowledge, ethical sensitivity, collaborative communication, self-care and open-mindedness to diversity are central in the perceived benefits of the curriculum. This egalitarian, experiential learning approach offers a novel pathway to challenge and address epistemic injustices in healthcare. Future research should aim to investigate the long-term effect of the RC curriculum on healthcare practice and its integration into broader healthcare education both during university studies and afterwards as part of continuing education.

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