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Patients' views on the training of medical students in Australian general practice settings



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AIM

To explore patients' views on training medical students in their general practice.

METHOD AND SETTING

Consenting patients attending eight urban teaching practices completing a self administered survey before and after the consultation.

RESULTS

One hundred and four patients attended for appointments: 94 consented to the involvement of a medical student, 88 completed surveys before and after their consultation (response rate 85%), 80% said the main reason for consenting was to benefit the student, and 70% said they would never refuse the presence of a medical student. Student involvement was less than that consented to: only 18 (20%) patients reported that the student independently conducted any of the consultation; 52 (59%) would accept this level of involvement in the future.

DISCUSSION

Patients are a willing, but potentially under used resource for training medical students in general practice. Improved collaboration with patients would provide better teaching opportunities for students at all levels.

General practice has a key role in teaching students aspects of medicine that cannot be obtained in a hospital setting. Students gain as much, if not more, clinical experience during training in the community than in the hospital setting,¹ thereby enabling them to explore patient centred management.² Students probably learn more effectively when taking an active role in consultations.³

However, the extent of student activity in Australian general practice consultations is unknown. Only a few studies have explored patients' views on the teaching of medical students in general practice.⁴⁻⁷ Cooke et al showed that only 1% of patients expressed negative views relating to a medical student being present during a consultation.⁸ Patients see themselves in an active role as teachers in facilitating students' development. Patients' concerns leading to refusal of medical student participation include confidentiality⁸ and students experience level. Improved information to patients could reduce these concerns.⁹ What are patients' expectations when consenting to medical student involvement, and what level of involvement are they prepared to accept? We aimed to answer these questions.

Method

The study was set in the third year general practice attachment of a 4 year graduate

entry medical program. We designed a survey with questions generated from evaluation and feedback of general practice teaching by students, general practitioners and university staff. From 30 urban general practices a convenience sample of four female and four male GPs was obtained. One student was allocated to each practice at the beginning of the semester and spent 9, half day sessions with the same teacher. There were 8 students (five men and three women). The survey was conducted during one session in each of the eight practices toward the end of the semester when students were potentially most actively involved. Patients were unaware that their consultation would include a medical student until arriving at the practice. After consenting to the student being present, we obtained additional consent to conduct the survey, which was administered before and after the consultation.

Before the consultation, the survey investigated patients' reasons for consent to the presence of a medical student. Patients were provided with the following options: 'because I was asked to', 'to help the student', 'to help the doctor', and 'it may benefit me'. Patients could select as many options as they felt contributed to their consent and could provide comments.

The survey also investigated the following levels of patient involvement: 'student

Table 1. Patients' views of student involvement during their consultation

Level of involvement	Consultation aspects	Expected n(%)	Occurred n(%)	Would accept n(%)
Student observing doctor	History taking	77 (87.5)	78 (88.6)	79 (89.7)
	Examining	49 (55.7)	31 (35.2)	62 (70.4)
	Procedures	47 (53.4)	26 (29.5)	58 (65.9)
	Any aspect	82 (93.2)	78 (88.6)	76 (86.3)
Doctor observing student	History taking	65 (73.9)	48 (54.5)	72 (81.8)
	Examining	36 (40.9)	22 (25.0)	55 (62.5)
	Procedures	27 (30.7)	18 (20.4)	50 (56.8)
	Any aspect	68 (77.2)	61 (69.3)	74 (84.0)
Student only part of the time	History taking	35 (39.7)	17 (19.4)	51 (57.0)
	Examining	16 (18.2)	3 (3.4)	31 (35.2)
	Procedures	12 (13.6)	5 (5.0)	26 (29.5)
	Any aspect	37 (42.0)	18 (20.4)	52 (59.0)
I don't know		6 (6.8)	1 (1.1)	3 (3.4)

observing the doctor', 'doctor observing the student', and 'student only with no doctor present part of the time'. Within each level, three further aspects of the consultation were explored, namely: history taking, examining (eg. listening to chest) and performing procedures (eg. measuring blood pressure). Each aspect of the consultation was listed for each level of student involvement as a tick box list of the nine combinations. These were presented to patients before their consultation to examine their expectations of having a student involved. Following their consultation, the same structure was used to assess patients' perceptions of what happened and the level of involvement they would accept in future. Patients could select as many combinations as they felt appropriate and write comments.

A researcher was present in the waiting room throughout the session to distribute the survey. The medical student and GP were blind to whether the patient had consented to complete the survey.

Results

Out of 104 patients who attended for appointments during the eight sessions, 94 consented to have a medical student present and 88 additionally completed the survey. Of these, 33 (37.5%) had no previous experience

with a medical student during a consultation.

Why do patients consent?

Seventy patients (80%) consented to the presence of the medical student 'to help the student' (eg. 'students need as much help as possible' and 'they have to learn how to see patients'). In all, 41% ticked 'because I was asked to', 23% 'to help the doctor' and 22% ticked 'it may benefit me'.

Why might patients refuse?

In all, 62 (71%) patients would never refuse a medical student, 21 (24%) would refuse on some occasions, five did not answer. Reasons for refusal included 'personal issues' such as not wanting to be examined by a student, student's personality, student's lack of experience, and concerns about confidentiality.

What do patients expect?

Sixty-eight patients (77%) expected the doctor to observe the student and 37 (42%) thought they would see the student alone for some aspect of the consultation (Table 1). Patients expected least involvement by students in procedures.

What actually happened?

History taking occurred in all consultations. In 78 (89%) consultations, students observed the

GP taking a history. Students asked patients questions in 48 (55%) consultations, while patients expected this in 65 (74%) consultations. Students were alone taking histories in only 17 (19%) consultations, expected in 35 (40%) consultations. Examinations and procedures may not be appropriate or necessary in every consultation and so could not be directly compared to patient expectations. However, these were less than patients expected.

How much would patients accept?

Patients would accept students observing a doctor during examinations in 62 (70.4%) consultations and performing procedures in 58 (65.9%). Seventy-two (81.8%) patients would accept the student being observed by the doctor taking a history, 55 (62.5%) examining, and 50 (56.8%) performing procedures. The student alone during the consultation would be accepted asking questions by 51 (57.9%) patients, examining alone by 31 (53.2%) patients, and performing procedures by 26 (29.5%) patients (Table 1).

Discussion

Patients are prepared to accept considerably more student involvement in their consultation than they expect or than actually happens. This represents an important potential for greater student experience. However,

while the student initially seeing the patient alone, with subsequent feedback by the GP, has been shown in the United Kingdom to be satisfactory to patients,¹⁰ 41% of our patients would not have accepted this.

There are some weaknesses to our method. We used teaching practices, so some patients may have already had an underlying acceptance of medical student involvement. To what extent our findings can be generalised is unknown and further research involving patients in different practice types and locations both urban and rural would be valuable. Nonetheless, our data show that patient willingness for medical student involvement is under estimated and under utilised.

Implications of this study for general practice

- Patients are a willing resource for student education in training practices.
- Patients may accept more student involvement than currently occurs.
- Collaboration with patients may improve students' educational experience in general practice settings.

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