

Training medical students in general practices: Patients' attitudes

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Abstract

Introduction: Training medical students in the setting of family/general practice has increased considerably in the past few decades in Sri Lanka with the introduction of family medicine into the undergraduate curriculum. This study was conducted to explore patients' attitudes towards training students in fee levying general practices.

Methodology: Six general practices, to represent different practices (urban, semi urban, male and female trainers) where students undergo training, were selected for the study. Randomly 50 adult patients were selected from each practice and they responded to a self administered questionnaire following a consultation where medical students had been present.

Results: 300 patients (57.2 % females) participated in the study. 44.1% had previously experienced students. 30.3% were able to understand English. Patients agreed to involvement of students; taking histories (95.3%), examination (88.5%), looking at reports (96.6) and presence during consultation (88.3 %). Patients' perceived no change in duration

(55%) or quality (56.3%) of the consultation due to the presence of students. The majority (78%) preferred if doctor student interaction took place in their native language. 45.8% expected prior notice regarding student participation and two to three students were the preferred number. 93.6% considered their participation as a social service and only 8.8% expected a payment.

Conclusion: The vast majority of the patients accepted the presence of students and were willing to participate in this education process without any reservation. Their wishes should be respected. The outcome of this study is an encouragement to educationists and GP teachers.

Key words: Medical students, training, General practice, patients' attitudes

Introduction

There is a growing trend that undergraduate teaching should take place more within the community, primarily in the general practices(1,2) and as a result worldwide Family medicine has come into the core of the medical curriculum during the last few decades.(3,4) That trend has invaded the Sri Lankan medical schools as well and it is now well established in most of the medical schools in the country.(5)

The reasons for this trend are many; everywhere in the world in-patient care as a proportion of all medical care is decreasing.(4,6) Diseases which required in-patient care earlier no longer do so due to the invention of newer medications and newer techniques and accessibility of general practitioners to investigations, telemedicine and the internet.(4) The duration of stay in hospitals for diseases which require admission has also reduced considerably due to more efficient newer medications and techniques. Educationally, there are implications on undergraduate training due to this trend. The morbidity seen in a hospital ward has become less and less representative of the overall morbidity in the whole population and the opportunity for hands on experience for students has reduced.(4) In the mean time community offers a wealth of teaching opportunities for medical students, a fact which was recognized by the General medical council's directive, Tomorrow's doctors(GMC,1993)(2).

General practitioner teachers have also transformed from their original role as teachers of behavioral science and general practice(7) into teachers of clinical skills, with excellent access to a wide range of patients.(8,9) It has been found that community based teaching is as effective as hospital based teaching of basic clinical skills.(10,11)

General practices offer a highly personalized teaching in an environment where the importance of social, economic, psychological and cultural influences on a patient's illness and the family response can be experienced firsthand. (12) It is also an opportunity for students to get an insight into the socio-economic environment of patients and the local resources available to them.

Participating in a general practice clerkship has been shown to stimulate students to choose general practice for their career(13) and students who will take on another specialty will have gained an understanding of primary care. (14)

Training undergraduates in family practices converts an activity between two parties (doctor and patient) into a three party affair.(15) It's in the privacy of the consultation room that patients divulge and discuss some sensitive issues and the presence of students could affect the doctor patient relationship and interaction. In a family practice patients are autonomous and the majority of the patients are ambulatory. They spend only a limited

time in a family practice and student participation could lead to delays. Patients' consent to participate in medical education is often taken for granted and patients are not always aware of teaching activities.(16) The Faculty of Medicine, University of Kelaniya sends students to general practices during their fourth year. They learn by observing doctor patient encounters, taking histories, performing clinical examinations and getting involved with the management of patients with the GP teacher.

The doctor student interaction usually takes place in English which is the medium of medical education in the country.

Although studies from the western world have revealed the positive attitude of patients towards presence and involvement of students during the consultation, this area remains relatively unresearched in Sri Lanka and the south Asian region. The only reported study from Sri Lanka in this regard also supported the acceptance of students by the patients but this study has been conducted in a non fee levying university family practice.(17)

Therefore this multicentre study was planned to explore attitudes of patients towards students in fee levying general practices.

Methodology

This descriptive cross sectional study was conducted in 6 general practices purposively selected to represent urban and semi-urban practices as well as general practices managed by both male and female doctors. A self administered questionnaire was used to gather demographic data, number of previous consultations with student participation and their willingness to have presence of students at different stages of the consultation, reasons for the willingness, the factors impacting upon willingness, patients' experience of consultations in the presence of students and their views on consent and confidentiality. Fifty consecutive eligible patients who consulted the doctor in the presence of students were invited to respond to the questionnaire. Patients below 16 years, seriously ill patients, and confused or cognitively impaired patients, who were unable to read and write, were excluded. Younger patients were excluded since they may not be able to respond to the questionnaire and the opinion of the guardian could vary depending on the relationship to the patient.

Ethical approval for the study was obtained from the ethical review committee of the faculty of medicine, University of Kelaniya.

Results

A total of 300 patients responded to the questionnaire.

Table 1: Demographic details of the patients

Demographic detail	Frequency	%
Gender		
Female	167	57.2
Male	125	42.8
Age		
16 -34	104	36.2
35-59	125	43.6
60 and more	58	20.2
Educational status		
Up to Grade 5	19	6.4
Grade 6-12	154	51.7
Beyond Grade 12	125	41.9
Income		
Less than 10000 LKR	27	9.5
10000-20000	105	37.0
20001-50000	96	33.8
>50000	56	19.7
Previous consultations with students		
Never	139	48.3
1-3 times	70	24.3
>3 times	57	19.8
Cannot remember	22	7.6
Ability to understand English		
Able to understand well	90	30.3
Able to understand little	157	52.9
Unable	50	16.8

n=300 note: Percentages expressed are of valid responses for a given item, not for the entire sample

Table 2: Patients' agreement on involvement of students

Involvement	Males (%) n=125	Females (%) n=167
Student taking history	92.8	97.6
Student examining the patient	56.1	54.6
Student looking at investigation reports	96.8	97.0
Presence of students during consultation	80.0	94.4
Enjoyed presence of students	86.1	83.8
Presence of students was beneficial	56.1	54.6
Patients' participation is important for students' training	95.1	92.1

Patients' opinion on discussing their problems in English

Overall 81.7% agreed with the doctor discussing their problem in English with students, while 77% felt it was better if the discussion took place in their native language. More people among those who could not understand English preferred if discussions took place in their native language.

Table 3: Patients' attitudes towards discussion in English vs their knowledge of English

Pts' ability to understand English	Able (%) (n=90)	Unable (%)* (n=207)	Significance level
Patients' response.			
Agree to discussing their problem in English	82 (91.1)	160 (78.4)	p=0.136
Better if discussed in native language	55 (62.5)	174 (84.9)	p=0.186

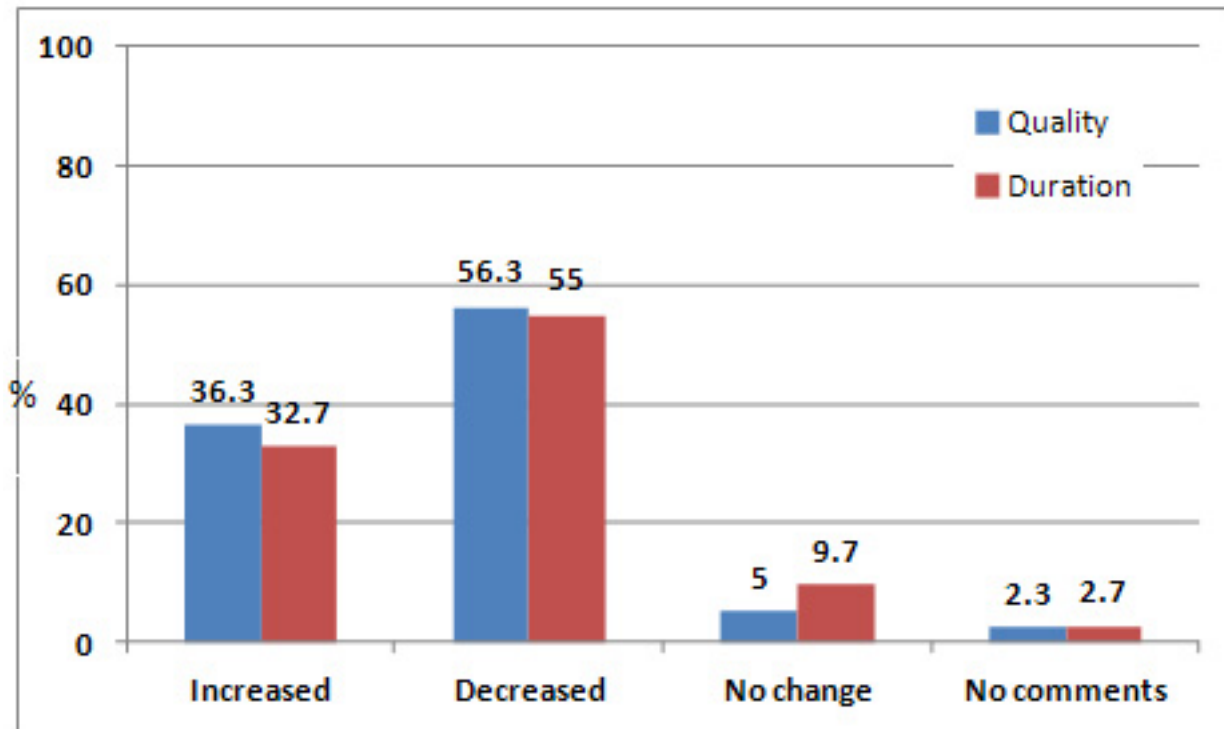
*able to understand little + unable to understand

Only 14.3% of the patients were unhappy about having to spend more time during consultation due to the involvement of students. 75.5% were not bothered while 10.2% did not respond to the question.

Patients' views on number of student participation during consultation

17.1% of the patients preferred the presence of one student while 29.0% preferred 2 students. Another 23.9% preferred 3 and 30% agree with the presence of more than 3 students.

Graph 1: Patients' perception on the impact of presence of students on quality & duration of consultation



Graph 2: Patients' opinion on involvement of training and expectation of a payment

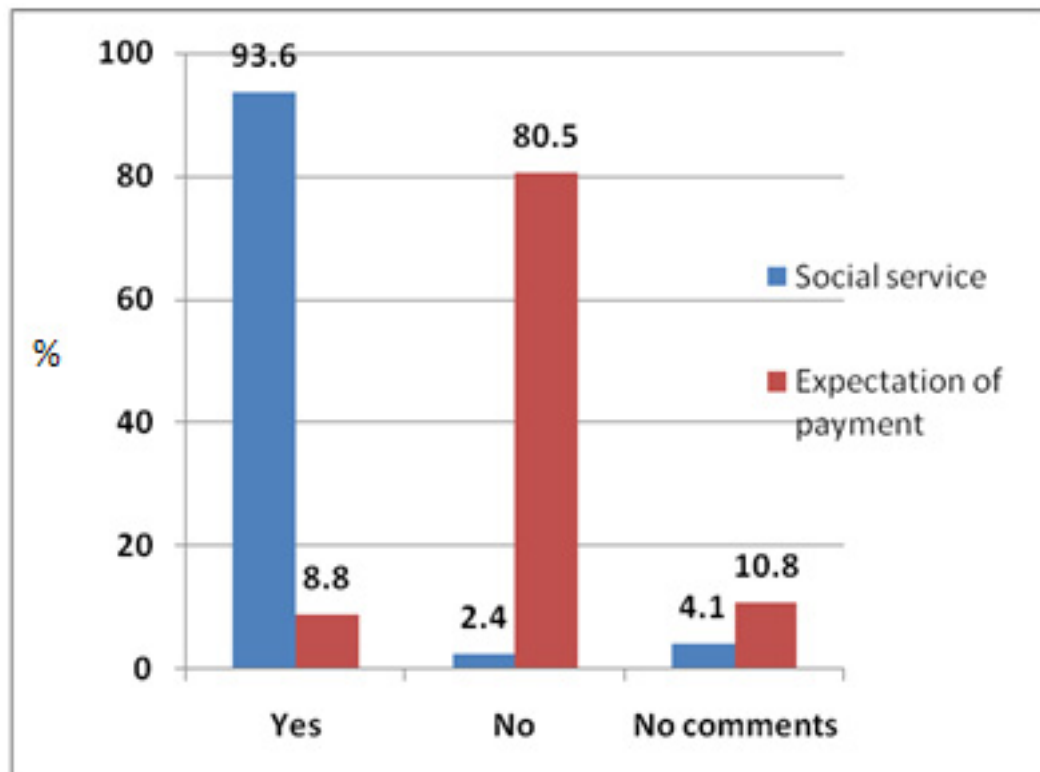


Table 4: Patients' views on consent and confidentiality

View	Yes (%)	No (%)	No comments (%)
Prior notice was there	30.6	64.3	5.1
It's better if informed	45.8	28.0	26.1
Better if I have the right to decide	50.5	20.6	28.9
Feel comfortable in telling not to have students	52.9	22.1	24.9
Students will respect confidentiality	78.4	9.8	11.8

Discussion

For this multicenter study general practices were purposively selected to include general practices with different backgrounds with the objective of obtaining views of a wide range of patients. Analysis of their demographic details shows that the sample included both males and females, patients belonged to all age groups, and different socioeconomic and educational backgrounds. It also included patients who had previous experience with students and those who had not consulted the doctor in the presence of students.

The vast majority of patients had positive feelings about the involvement of medical students. More than 90% of the patients were willing to tell details of the disease to students but only about 50% agreed to be examined by a student. There was no significant difference in attitudes between males and females. There was no resistance to students looking at their investigation reports and the majority not only agreed to presence of students during consultation, they enjoyed interaction with students as well. Quite rightly patients have understood that their participation is important for student training. Number of previous studies also reported high consent rate to presence or participation of students in general practices.(18,19,20) Our finding that patients were less willing to be examined by a student was also in line with reported studies. (16,21,) This study explored views of patients on doctor student interaction taking place in English which is not the native language of the country. Only 30.3% of the participants could understand English language well according to them. Even though they agreed to doctor student interaction in English they preferred if discussions took place in their native language. Studies conducted in western countries where the medium of learning and the mother tongue of patients were the same revealed that patients enjoyed hearing their condition being discussed with the students (22), drew more information from the explanation directed at students and discussions with students led to increased insight into clinical reasoning.(23) Such benefits cannot be expected for patients in Sri Lankan

settings and even could have unwarranted effects such as misunderstandings in patients which could create unnecessary anxiety. Therefore GP teachers should either discuss with students in native language or offer an explanation to patients afterwards. It is important not to sideline patients in discussions and a sense of inclusion and participation is essential for patient satisfaction with the experience. (24)

The perception among patients that the quality of the consultation was not adversely affected due to the presence of students by the majority (92.6%) is an encouragement to GP trainers. In fact about one third felt there was a positive impact perhaps due to more detailed history taking, methodical examination and plan of management and doctor spending more time with the patient due to the presence of students. The findings regarding quality of consultation of this study are in line with previous studies which reported no decreased sense of patient enablement or satisfaction(25,26) and even a positive effect.(26,27,28)

32.7 percent thought the duration of the consultation was more when students were present but the majority (74%) was not unhappy and willing to sacrifice their time.

It is heartening to note that the majority of the respondents were of the view that their involvement in undergraduate training is a social service and did not expect a payment for their involvement and contribution. The probable reasons may be sense of altruism, mutual obligation and giving something back to the system.(24,29)

Patients' opinion on the number of students they would like to interact with at a time varied. When deciding on the number of students the space in the consultation room also should be taken into account. If the room is overcrowded patients may not feel free to divulge information and feel embarrassed during examination. It can create problems for the doctor in managing patients and for students such an environment may not be

conducive for learning. More students could compromise one of the key advantages of community based learning which is the one to one supervision and the attention of the trainer.

According to patients only 30.6% were aware that students would be present during the consultation which is not a satisfactory situation. A fairly high percentage thought it would have been better if they were informed beforehand. It is interesting to note that half the patients felt that they should be given the choice to decide. Studies elsewhere in the world have revealed that patients' consent to participation in medical education is often taken for granted and formal consent is not obtained prior to their involvement in teaching.(16) It is only 52.9% who felt comfortable in telling the doctor not to have students. Patients may feel pressured to consent to the students' presence and they may be concerned that refusal to have students may disappoint their family doctor. There is evidence that patients may have difficulty refusing consent(26) and GPs should be mindful of this fact.

Patients were of the view that students will respect the confidentiality of the information they receive from patients. In one study patients expressed concern that students would talk about them afterwards.(30) Students should be strictly instructed not to discuss about patients in a careless manner.

Issue of consent and confidentiality should be an integral part of teaching in both primary and secondary care and patients should be explained the need of their participation in teaching and advantages and disadvantages of participation of students. Patients should be made aware that they have the freedom to choose and their non involvement will in no way influence the care they receive or the doctor patient relationship. Patient information can be made available in the waiting room and consulting rooms to reiterate that patients have a choice about presence of students.

This study which demonstrates the views of a broad range of patients reveals the positive attitudes of patients and their willingness to participate in student training which is vital for the sustainability of community-based teaching.(31) The findings of this study will be reassuring for doctors who presently are involved and those who plan to be involved in undergraduate training in the future. It will be of help in planning general practice clerkships.

Conclusions

1. Patients are a willing resource for student education in training practices.
2. Patients perceive that presence of students does not decrease the quality of consultation.
3. Patients should be able to choose when they want to be involved in teaching.
4. Trainers should be careful when discussing with students in a language not understood by the patient and at least a brief explanation should be provided to the patient on what was discussed

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