

# Training medical students in general practices: Factors influencing patients' attitudes

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## Abstract

**Introduction:** It is in the privacy of the consultation room that a patient divulges information regarding his/her illness to the doctor. Presence of students could compromise the privacy and intimacy and may prohibit a patient from revealing sensitive information and allowing internal examination. This study was conducted to explore factors affecting patients' attitudes towards training students in general practices.

**Methodology:** Six general practices, to represent different backgrounds (urban, semi urban, male and female trainers) where students undergo training, were selected for the study. Fifty consenting consecutive adult patients from each practice 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. Patients' agreement to the presence of students during different stages of consultation were; 94.7% history taking, 81.7% examination over clothes, 54% examination without shirt/blouse, 34.7% internal examination. Even though 83.3% agreed to discuss their illness in the presence of students they were less prepared to discuss family problems (58.7%) and sexual problems (38.7%). Females, younger (<35yrs), more affluent (income > 20000LKR) and more educated (>Gr 12) and patients seeing female GPs were less prepared for internal examination and discussion of family and sexual problems in the presence of students. Previous contact with students and location of the practice (urban/semi urban) did not have an impact on patients' attitudes.

**Recommendations:** General practitioner trainers should be aware of the instances where patients are reluctant to have students during consultation and opportunity should be offered to them to consult the doctor without students.

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

## Introduction

Consultation is the pivot of family medicine and it is the privacy or intimacy of the consultation room which provides the patient with the opportunity of divulging even sensitive personal information regarding his/her problem to the doctor.(1) Presence of students in the consultation room may compromise the privacy and intimacy of consultation and converts this activity between the doctor and the patient into a triad.

During the consultation students can learn gathering information from a patient in an out patient setting and how to conduct a focused examination. They can experience every aspect of patient management; investigations, pharmacological and non pharmacological management, and referral. This is an opportunity for them to practice record keeping, writing prescriptions and referral letters. More importantly this 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 first hand(2) and 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. General practice consultations offer a highly personalized teaching experience for students where teacher student ratio is either one to one or one to two.

Involvement of students in general practice could have an impact on the patient, the doctor and the consultation. Patients may be inhibited by the presence of students and may not divulge sensitive information or may postpone internal examination. Doctors may not be able to conduct the consultation in the usual manner. Quality of the consultation could be affected positively or negatively and duration may become longer.

Patients' attitudes towards students may depend on patient characteristics(3), the nature of the problem, (4,5,6) previous

Table 1: Demographic details of patients

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

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

experience with students(7,8,9) and gender of the student.(10,11,12) There could be a difference in patients' thinking patterns between an urban practice and a rural practice and between a practice managed by a male doctor and a female doctor. Although there have been numerous studies from the western world on patients' attitudes towards students such research has been extremely limited in Sri

Lanka and South Asia. How a different culture in the eastern world has shaped patient thinking has not been explored adequately. In this background this study, which is part of a larger research project on community based training of undergraduate medical students, explored factors which affect patients' attitudes on involvement of students in general practice consultations.

The Faculty of Medicine, University of Kelaniya, Sri Lanka sends students to general practices during their fourth year of training in the five year course. They learn by observing doctor patient encounters, taking histories, performing clinical examinations and getting involved with the management of patients with the GP teacher. This study was conducted in general practices where these students undergo training.

### 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 and the factors impacting upon willingness. Fifty consenting consecutive eligible patients from each practice who consulted the doctor in the presence of students were invited to respond to the questionnaire. Patients below 16 years, seriously ill patients, 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 and the study was conducted in 2012.

### Results

Out of the 6 general practitioners 4 were male doctors, while 3 practices were located in urban areas. Demographic details are given in Table 1 (page 39).

**Graph 1: Patients' overall response to student involvement during consultation in different situations**

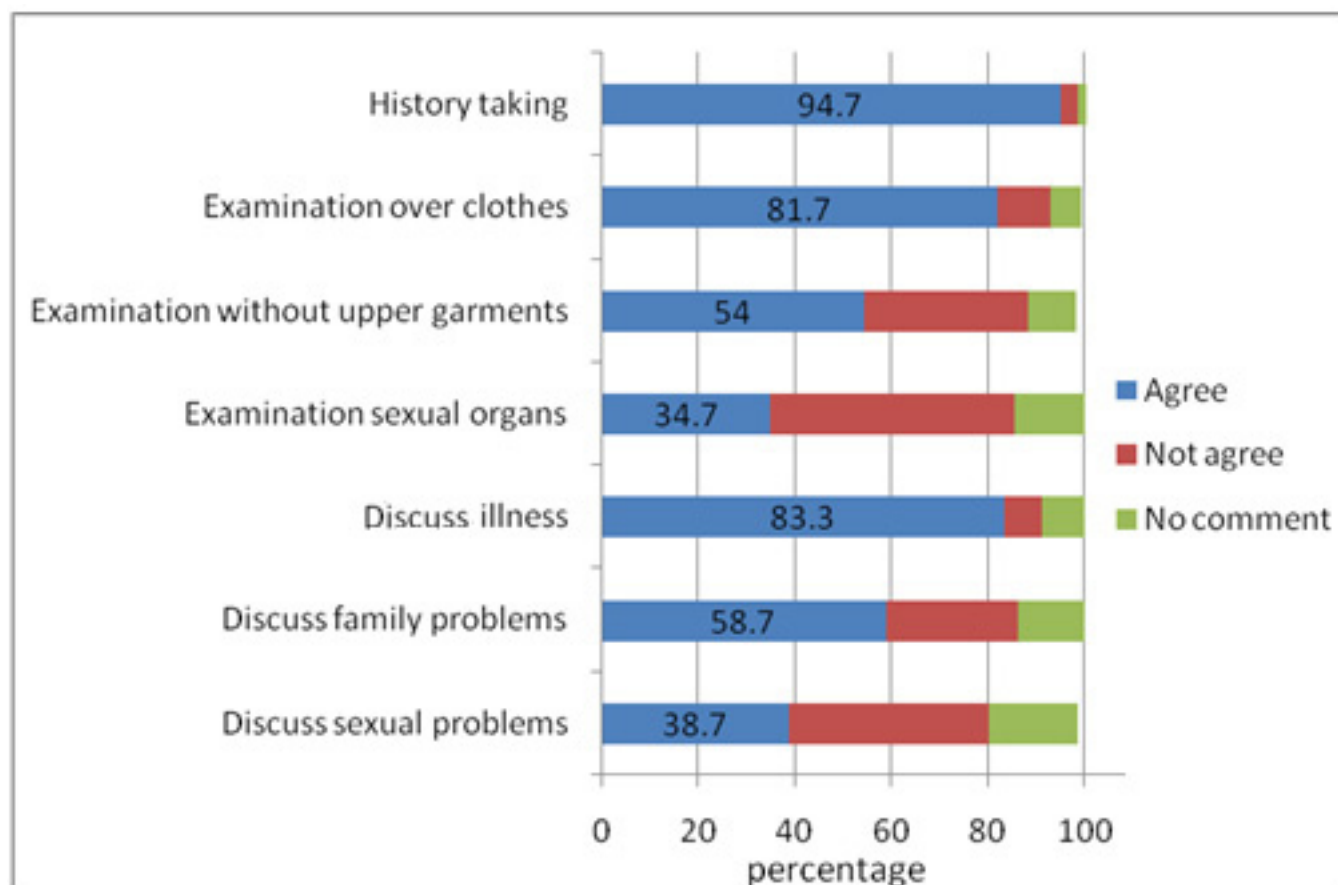


Table 2: Percentage of patients who agreed to participation of students according to their demographic factors and previous experience with students

Stage of consultation	Gender		Age group		Income(LKR)		Educational status		Previous experience	
	Male	Female	< 35yrs	≥35yrs	<20000	≥ 20000	≤Gr 12	>Gr 12	≥ 1	Never
History taking	92.8	96.4	94.2	96.7	97.0	94.1	94.7	90.4	96.1	93.5
Examination over clothes	79.2	83.8	76.0	87.4	84.1	82.2	80.3	81.6	81.1	84.2
Examination without shirt/blouse	61.6	48.5	39.4	63.3	65.1	47.3	54.9	49.6	53.5	54.0
Examination of sexual organs	36.8	31.7	16.3	45.3	41.7	29.6	38.7	27.2	28.3	38.8
Discussion of illness	79.2	86.2	77.9	86.8	85.6	82.2	83.2	80.0	88.2	82.0
Discussion of family problems	59.2	59.3	50.0	63.9	66.7	52.0	61.8	51.2	61.4	59.7
Discussion of sexual problems	36.8	41.3	20.2	50.8	44.7	33.6	43.9	32.0	33.9	44.6

Table 3: Percentage of patients who agreed to participation of students according to practice characteristics

Activity in the presence of students	Gender of the practitioner		Location of the practice	
	Male	Female	Urban	Semi urban
History taking	94.6	94.8	93.4	96.0
Examination over clothes	78.1	91.7	77.9	87.2
Examination without shirt/blouse	59.9	45.3	57.2	53.0
Examination of sexual organs	38.6	26.8	35.2	34.2
Discussion of illness	84.2	81.4	84.8	81.9
Discussion of family problems	57.9	60.8	57.6	60.1
Discussion of sexual problems	41.0	35.8	37.2	41.5



Table 4: Patients' attitudes towards gender of students

Patient Preferable Gender of student	Female (%)	Male (%)
Female	38(23.0)	17(14.0)
Male	6(3.6)	9(7.4)
No preference	121(73.3)	95(78.5)
Total	165(100)	121(100)

Pearson Chi square =5.099 p= 0.012

## Discussion

Patients' responses show their positive attitudes towards students but it was evident that the reason for consultation and the nature of the physical examination required influenced their decision. Even though more than 90% of the patients agreed to the presence of students during history taking, there was resistance to their presence during examination. There was a step wise decline in the consent rate from examination over clothes to examination of genital organs. This has been a universal phenomenon. Wright(3) in 1974 and Choudhury et al(9) in 2006 among British patients and Salisbury et al(5) in 2004 among Australian patients observed that there is a lesser degree of acceptance of students during examination compared to history taking.

While there was little reluctance to discuss physical illness patients were less prepared to discuss family problems and sexual problems in the presence of students.. Research also suggested that consent for a student to be present is given more readily for physical rather than psychological complaints(7,9,13,14) and presence of students could be a problem in consultations that involved emotional upset, internal examinations, and sexual problems.(15,16)

Their responses were analysed to see if demographic factors affect their decisions. Gender based analysis showed that females were more reluctant to have students when it comes to internal examination. Wright(3) in 1974 and O'Flynn et al(4) in 1997 described similar difference in attitudes between males and females. In general older patients were more willing to have students. That was more marked for internal examinations and discussion of sexual problems. Similarly patients with better monthly income also showed a degree of reluctance to involvement of students. There was resistance among more educated patients as well. Earlier studies revealed social class had no influence on patients' attitudes towards students.(3,8)

The previous experience of students had not affected patients' attitudes contrary to other studies which showed that such experience was a positive predictor for more active student involvement.(7,8,9)

Patients attending female general practitioners were more resistant to examination without clothes and internal examination while there was no difference in their attitudes towards students among patients attending urban general practices and semi urban general practices.

Gender of the student mattered more for female patients. 23% of the females preferred involvement of female students compared to 7.4% among males even though this difference was not statistically significant. Chipp et al(11) and Bentham et al(10) also found that women preferred a student of their own sex more often than men.

This study analysed the effect of the nature of the problem, demographic factors of patients, previous experience of students, practice characteristics and gender of the student on the thinking pattern of patients. Nature of the problem and type of examination seem to influence whether they like the presence of students or not most. In general patients' attitudes do not seem to be quite different from that of patients in western countries.

## Conclusion

- Patients are willing to have students during consultation but the most important determinants are the nature of the problem and the extent of the examination required.
- Females and younger patients are more reluctant to the presence of students in internal examinations and discussion of sexual problems.
- More affluent and more educated patients are less prepared to have students during consultation
- More female patients prefer interaction with female students

## Recommendations

General practitioner trainers should be aware of the instances where patients are reluctant to have students during consultation and opportunity should be offered to them to consult the doctor without students.

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