

Patient participation in undergraduate medical education: Developing information & resources for patients

Sophie Park, Melvyn Jones, Caroline Allfrey, Ciara Abbott, Jasprit Chana, Sofia Faircloth, Nicola Higgins and Laila Abdullah

UCL Medical School

Funded by the RCGP Scientific Fund

Aims

To determine:

- **what information** patients would like to know about being involved in medical education in the general practice setting
- **how** patients considering participation in primary care-based undergraduate teaching, would like **information resources to be shared** and made available.

What we already know...

- Patients generally support ⁽¹⁾
- Patients feel they gain knowledge ^(2&3) & sense of altruism ⁽³⁾
- Some patient concerns about access to notes ⁽⁴⁾;
- Sometimes intimate exams problematic ^(5 &6)
- Patients unclear about student qualification and what students might be expected to do ⁽⁷⁾
- Few resources for patients participating in teaching (e.g. INVOLVE for research)

Methods

- 2 Focus Groups – 1 hour audio recorded
- Patients recruited from 2 London-based practices
- Patients both **with** and **without** experience of teaching involvement
- Recruitment methods included leaflets, email, posters, and disseminating information at PPGs

Focus Groups

Focus Group 1:

- 6 participants (3 male, 3 female)
- 5 with teaching experience, 1 without

Focus Group 2:

- 7 participants (4 male, 3 female)
- 5 with teaching experience, 2 without

Topics explored

BARRIERS

- What worries you?
- What goes through your mind when you know a student is present?
- What past experiences have you had that has shaped this?
- Do you see it is a negative thing?

OVERALL THOUGHTS

- What have your experiences with medical students been like?
- Do you feel patients have a role in education?
- What do you think this role is?

WHAT WOULD HELP?

- If concerns, what would alleviate these?
- Who would be best placed to discuss education with you?
- What type of information do you want and how made available?

Results

What information wanted and how made available:

- BEFORE (resources suggested)
- DURING (patient-student interaction)

What patients want to know...

- Student level, name and numbers
- Respect and confidentiality
- Iterative consent and signposting
- Involvement of trusted GP
- Structure and purpose of teaching
- What student knows and what they are learning

Student information

- “I think one of the issues is about **clarity as to the purpose of the encounter**... I think it’s critical actually whether it’s just **one person** or whether a **whole lot of people** are sitting there... it might be helpful to know **what stage** the medical students are at, whether they’re relatively **junior** or relatively **senior**.”
- “I know it takes time, but if they **just said their first names** or something when the patient came in, it kind of **humanizes the situation** I think.”

Respect and Confidentiality

- “My main concern is whether medical students **treat me and my body with respect.**”
- “...build trust so that the student is not going to disclose any patient’s ... details that are being discussed with the doctor...We just come quickly and we go, but **we never hear it said that everything that has been discussed is strictly confidential.**”

Iterative Consent

- “I think procedure is important. I think it’s quite **important that at each stage** it’s made clear to the patient that they can consent or deny to student participation. You know, the **student being present** is one part; the student **doing an examination** is another; the student **asking questions** is a third (murmurs of agreement).”

Relationship with GP

- “A lot depends on the **personality and the attitude of the GP** who is really conducting this orchestra, isn’t he, in a way?”
- “It’s the **relationship** between the GP practitioner and that particular patient.”
- “I didn’t like the **doctor being different**... the doctor wasn’t at all as they normally were with me, which I didn’t like... more stilted in some way. Less easy and familiar.”

Levels of participation

- “There’s no doubt participation is preferable as part of a learning experience with the full co-operation of both parties, but they’re very different things just to sit and quietly observe, or whether to be actively participating: that’s very key that.”

Passive involvement of student

- “I’ve never been asked a question by any of these students. **They’ve never been asked if they want to ask a question.**”
- “In a GP practice... unless they’re actually involved in the process... of getting information... they **stand as walls**, you know, observers, and we don’t want them to be observing, **we want them to, you know, take this patient in there with them**... write down the history and present it as a consultation to the GP.”

What student knows

- “I’m not at all sure what they get out of it, because they **just listen** to me... they **don’t ask questions** of their own; you **don’t get any sense that they’ve got any level of knowledge at all.**”
- “It’s only via **their asking questions** that you realise **what they know and what they don’t know.**”
- “I wasn’t so comfortable and it wasn’t very good because the student was very much, like, **ignored** sitting on the seat and it was like, well, **what is going on exactly?**”

Feedback to patients

- “To my recollection, there has never been actually any interaction with the student whatsoever; the student sits there, nods politely, says hello, smiles and that’s it....the rest of the experience is a blank space... And it would be **nice to get some feedback.**”
- “There should be an **interaction with the patient afterwards** to say “Well, actually you’ve performed a valuable service doing this”... I mean it would be courteous, I suppose, to do that... **It’s nice to thank people for their help.**”

How patients want resources made available...

1. Patient-student interaction
2. Making teaching activity explicit in the practice:
 - Multiple sources
 - Webpage (practice or link from practice)
 - Repeat scripts
 - Posters
 - Leaflets
 - Practice newsletter

Making teaching explicit

- “I wonder if there could be a **notice up at the reception** desk to say that Dr Bloggs has three students with him, so that you are prepared before you go in; that might help.... Otherwise, you come into the room and Dr Bloggs says... and that’s it, and you’re bewildered with what you’ve come about ...and I think it’s a bit overwhelming.”
- “I suppose it would be a good idea for people who have **repeat prescriptions**, to put it on the one where it says your annual review is due.”
- “Here’s a thought... [put] something in the **Newsletter** about it.”

Making teaching explicit

- “Well, if you ask me, you should **put it everywhere**; it certainly wants to go on the **website**; there certainly should be a **piece of paper** that people can be given; and yes, a **poster** perhaps encapsulating the topic, but use **all the communication**, the means that you’ve got.”
- “It can be said and it seems to me it should be said, and it should be said in **all the forms** that we have available.”

Conclusion – Patient Information

Broad range of resources & DURING interaction:

- student identity + numbers
- Level of study
- Course purpose & structure
- Explicit confidentiality & iterative consent
- Nature of patient-student interaction & feedback

Acknowledgements

- Thank you for listening
- Thank you to all the patients who participated in this study.
- Thank you to the ST4s who contributed to the ethics application and conducted the Focus Groups.
- Thank you to the RCGP Scientific Fund

References

- Benson J, Quince T, Hibble A, Fanshawe T, Emery J. Impact on patients of expanded, general practice based, student teaching: Observational and qualitative study. *British Medical Journal* 2005; 331(7508):89-92.
- Jones S, Oswald N, Date J, Hinds D. Attitudes of patients to medical student participation: General practice consultations on the Cambridge Community-Based Clinical Course. *British Journal of Medical Education* 1996; 30(1): 14-17.
- McLachlan E, King N, Wenger E, Dornan T. Phenomenological analysis of patient experiences of medical student teaching encounters. *British Journal of Medical Education* 2012; 46(10):963-973.
- Chipp E, Stoneley S, Cooper K. Clinical placements for medical students: factors affecting patients' involvement in medical education. *Medical Teacher* 2004; 26(2):114-119.
- Coleman K, Murray E. Patients' views and feelings on the community-based teaching of undergraduate medical students: a qualitative study. *Family practice* 2002; 19(2):183-188.)
- O'Flynn N, Spencer J, Jones R. Does teaching during a general practice consultation affect patient care? *The British journal of general practice : the journal of the Royal College of General Practitioners* 1999; 49(438):7-9.
- Howe, A., Anderson, J. (2003) 'Involving patients in medical education'. *BMJ* Aug 9; 327(7410): 326-328.

