

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

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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

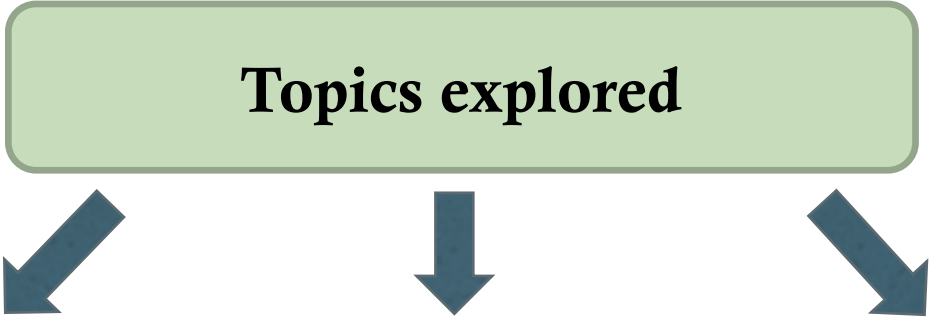
Focus Group 1:

- 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



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graph TD; A[Topics explored] --> B[BARRIERS]; A --> C[OVERALL THOUGHTS]; A --> D[WHAT WOULD HELP?];
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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

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