Are patients willing participants in the new wave of community-based medical education in regional and rural Australia?

Hudson JN, Weston KM, Farmer EA, Ivers RG, Pearson RW
Mission of GSM

• To produce excellent medical practitioners with capacity & desire to contribute to the enhancement of health care for patients in all geographic settings, particularly in regional, rural & remote communities
Clinical Placements Experience at GSM
(Adapted from O’Neill et al, 2002)
THE STUDY
Introduction

- Expansion in community-based med education to meet increased demand for quality clinical education in expanded settings\(^1\)

- Exciting challenge for general practice\(^1,2\)

- However patient participation is vital to the sustainability of this endeavour
Introduction contd.

- Many studies have shown that most patients participate in medical education as they
  - Are altruistic
  - Wish to help the student and doctor
  - Want to use their condition to facilitate learning
  - Feel qualified to assist in the development of students’ professional skills and attitudes
Key background to this study: Salisbury et al, 2004

- Urban general practice rotations in South Australia
- Patients likely to have an underlying acceptance of senior medical student involvement
- Finding: General practice patients expected greater involvement in teaching session than actually occurred
- Concluded: Patients were a willing but under-used resource for training senior medical students
Research question

• Are patients willing to accept junior medical student involvement in their care in regional and rural general practice, and if so, what level of involvement are they willing to accept?
Design, Setting and Participants

• Method and survey instrument based on Salisbury et al (2004) study

• Patients
  – All patients attending 8 rural and 11 regional general practices over 18 teaching sessions
  – 60 males and 58 females

• Students
  – Graduate entry, at end of their first year
  – 23 pairs of 2 M
  – 22 pairs of 2 F
  – 72 pairs comprising 1M : 1F
Design, Setting and Participants

- Consent for student involvement, and to complete a pre and post-consultation survey
- The survey gathered data on regional / rural patients' perceptions, expectations and acceptance of medical student involvement in consultations
The survey:

- Part 1: Reasons for consent/refusal to take part
- Part 2: Four questions re GP and practice involvement in teaching, now and in future
  - Responses captured using a Likert scale (1 = strongly disagree to 5 = strongly agree)
- Part 3: Involvement level - history taking, physical examination or undertaking a procedure
  - Expected vs occurred vs would have accepted
- Part 4: Theme analysis of free text comments
Results

- Ninety-nine percent of patients (N=118) who consented to medical student involvement completed pre-consultation surveys, with 83% (N=100) completing post-consultation surveys.
- Of these 62% (n = 62) reported no prior experience of medical student involvement.
Fig. 1(A-D) Patients’ perceptions of their practice’s involvement in student teaching

A. I am pleased this practice is a teaching practice

B. I am pleased my doctor is involved in student teaching

C. I feel I am playing an important part in training doctors in my community

D. I would be happy to involve medical students in my GP consultations on an on-going basis
Fig. 2: Comparison of urban and regional/rural for “Student observing doctor” category (■ what was expected, □ what occurred, and □ what patients would have accepted)
Fig. 2: Comparison of urban and regional/rural for “Doctor observing student” category (■ what was expected, □ what occurred, and □ what patients would have accepted)
Fig. 3: Comparison of urban and regional/rural for “Student alone part of the time” category (■ what was expected, ■ what occurred, and □ what patients would have accepted)
## Table 1: Patients responses to “Do you have any other comments you would like to make?”

<table>
<thead>
<tr>
<th>Theme</th>
<th>Illustrative citation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive comments re rural training</td>
<td><em>I think it is good that doctors are being trained in country practices. Gain skills and experience the life away from cities etc</em></td>
</tr>
<tr>
<td>Positive comments re student involvement</td>
<td><em>This is how they need to learn (having experience with real doctors and real patients)</em></td>
</tr>
<tr>
<td>Benefits for all</td>
<td><em>I strongly suggest this should be on-going. It's an excellent opportunity for all involved.</em></td>
</tr>
<tr>
<td>Positive comments re students</td>
<td><em>Very pleasant, well mannered and knowledgeable</em></td>
</tr>
<tr>
<td>More active role for students</td>
<td><em>Maybe the students could have a more hands on role</em></td>
</tr>
<tr>
<td>No student involvement</td>
<td><em>I am a triple qualified nurse and would prefer to see my GP alone</em></td>
</tr>
<tr>
<td>Student gender (male patient)</td>
<td><em>Having two females was a surprise and affects what I would open up about</em></td>
</tr>
</tbody>
</table>
Summary of results

- Patients were overwhelmingly positive about their doctor and practice being involved in student teaching and felt they themselves played an important role.

- Pre-consultation, patients expressed reluctance to allow students to conduct some or all aspects of the consultation, independently.

- However post-consultation, they reported they would have accepted higher levels of involvement than actually occurred.

- Regional / rural students were involved in patient consultations to a higher degree than previously reported for urban students.
Conclusions

- Patients in regional and rural settings are willing partners in junior medical student skill development.

- Our study extends the findings from urban general practice that patients are underutilised partners in community-based medical training.

- The support of patients from regional and rural settings should facilitate the expansion of primary care-based medical education in these areas of workforce need.
Limitations

- Small study numbers
- Patients come from only one rural / one regional area
Future directions

Patients’ perspective in other regional / rural settings?
Which specific activities / procedures are acceptable?
Are patients accepting of more ‘independent’ role for students in longitudinal placements?
Should maximise partnership of community patients
References

