Teaching as therapy: cross sectional and qualitative evaluation of patients' experiences of undergraduate psychiatry teaching in the community

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Abstract

Objective To explore the impact of participating in undergraduate teaching in general practice for patients with common mental disorders.
Design Questionnaire survey and qualitative in-depth interviews.
Setting Community based undergraduate teaching programme for fourth year students at a London medical school doing a psychiatry attachment.
Participants Questionnaire survey: all patients involved in the teaching programme over one academic year. In-depth interviews: 20 patients, 14 students, and 12 general practitioner tutors participating in the programme.
Results The questionnaire showed high levels of satisfaction with teaching encounters for participating patients, which were corroborated in the interviews. Many patients and general practitioners reported specific therapeutic benefits for patients from contact with students, including raised self esteem and empowerment; the development of a coherent "illness narrative"; new insights into their problems; and a deeper, more balanced, and understanding doctor-patient relationship. For a few patients the teaching caused some distress, which may relate to a lack of insight into their condition or deficits in students' interviewing skills.
Conclusions Participation in teaching can have additional positive therapeutic outcomes for selected patients with common mental disorders, although a small minority report negative effects. Testing in a larger sample is needed to determine the characteristics of patients in these two subgroups and establish whether these effects persist.

Introduction

The central importance of patient contact for medical students in clinical training is widely agreed.[1] The impact on the patients of participation in such training, however, has been little explored.[2] Most studies have focused on patients' satisfaction with teaching encounters. High levels of general satisfaction have been reported in surveys of patients participating in teaching in various settings, including obstetrics and gynaecology,[3] surgery,[4] palliative care,[5] medicine,[6] general practice,[7 8] and inpatient psychiatry.[9] Participation in teaching is not, however, universally popular with patients. Some refuse to take part; reasons include the nature of the clinical problem and issues of confidentiality and privacy.[10 11]

Beyond these general findings, little information is available about positive or negative effects on patients of participation in teaching. Two small studies with patients taking part in general practice teaching found several perceived advantages, including satisfaction from helping to educate future doctors, learning more about their condition, receiving a more thorough check up, and talking to someone not involved with their care.[12 13]

Concern has been widely expressed that learning in psychiatry should be more oriented towards common mental disorders that students will experience in all clinical settings.[14–16] For this the participation of patients with common mental disorders in student teaching is crucial, raising questions about the effects on patients' wellbeing, their clinical care, and relationships with doctors. Evidence suggests that assessment visits with mental health professionals can elicit positive therapeutic responses in patients with common mental disorders, even before the therapy starts.[17 18] Assessment visits have a similar structure and content to student interviews: both entail an extended meeting in which an interested outsider tries to gain a broad perspective on the mental health problem and its context. The student interview might confer similar therapeutic benefits to an assessment visit, but no studies have yet examined this possibility. In this paper we report findings from a study exploring the impact of participation in teaching on patients with common mental disorders.

Methods

We examined the experiences of patients, students, and tutors taking part in an innovative undergraduate teaching programme ("mental health in the community"), run since 1998 at the Royal Free and University College Medical School. The programme consists of four to five half-day sessions integrated in the fourth year psychiatry attachment. The aim is to broaden students' experience of and attitudes towards people with common mental disorders in community settings. The

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programme uses systematic teaching in conjunction with real patients with common mental disorders; these patients are invited to meet individual students or pairs of students for a 60-90 minute interview. The patients have a range of mental disorders, such as depression, anxiety, somatisation, drug or alcohol dependence, eating disorders, psychosis, and dementia. The structure of the programme has been described in detail elsewhere.[19]

Study population and sample

In January and February 2001 we sent all 115 patients who had participated in the teaching programme in the preceding calendar year a semistructured anonymised questionnaire about their experiences of and attitudes towards the programme. From June 2001 to September 2002 we conducted in-depth interviews with 46 participants: 20 patients, 12 general practitioner tutors, and 14 students. We selected the patients for interview from respondents to the initial questionnaire according to their attitudes to teaching (positive and negative), age, and sex. We also took into account their ethnicity, social class, and type of mental health problem to ensure the widest possible diversity of participants and views. We selected the students for interview according to age, sex, prior experience of mental health, and ethnicity, and to reflect the range of general practices that the students were attached to in the training programme. Interviewing continued with both groups until "saturation" occurred—that is, until no new themes were emerging from the respondents. This is a widely used criterion for determining sample size in "grounded" qualitative studies.[20] Saturation occurred after 14 patients and eight students had been interviewed. A further six interviews were completed in each group to ensure adequate diversity with respect to the characteristics listed above. Of the 13 general practitioner tutors taking part in the teaching programme, 12 agreed to be interviewed.

Data collection

We developed the questionnaire and the topic guides for the interviews by consensus following a literature review and then piloted and amended them before use. The topic guides included participants' experiences of and attitudes towards the teaching, impact on patients' wellbeing, and effects on students' learning and attitudes. The principal researcher (KW) conducted all interviews, which were audiotaped and transcribed. Interviews with patients took place a median of three (range 0.5-12) months after participation in the teaching programme. Interviews with students and tutors took place within three months of their last involvement.

Data analysis

The quantitative data were analysed descriptively using the software package SPSS, version 9.0. We analysed the interview transcripts thematically using a "framework" approach[21]: we reviewed transcripts independently, identifying key concepts, and developed a thematic framework, which was then agreed by consensus. The data were charted using Excel 97 to build a picture of the complete dataset and were refined by two of us (KW and one other researcher) independently defining key themes, mapping their range and associations. These key themes were agreed by consensus, with all the researchers agreeing the final interpretations.

Main results of patient questionnaire (95 patients)

Question	No of responses
What do you think about your GP teaching medical students at your practice?	
Good idea	91
Neutral	4
Bad idea	0
How have you found participating in teaching overall?*	
Valuable	62
Neutral	30
Not valuable	2
Do you think that being involved in the teaching has changed your relationship with your GP?	
Positive effect	48
No effect	45
Negative effect	0
Don't know	2
Do you think that being involved in the teaching will make a difference to how you are looked after at your GP surgery?*	
No difference	63
Don't know	15
Yes, a difference	16
If "yes," what is the difference due to?	
GP knows more about my condition	6
More balanced, working more together	3
More at ease with my GP	2
GP more respectful and sensitive	2
Demonstrated they wanted to give something back	1
Teaching good practice to student doctors	1
GP may look on me as being mentally ill	1
Would you be prepared to take part again in the future?	
Yes	86
No	7
Don't know	2
If "no," what is the reason?	
Lack of time	2
Work commitments	2
Left area	1
Not comfortable	1
Bad experience with student	1

GP=general practitioner.
*Response missing for one patient.

Results

Patient questionnaire

The questionnaire response rate was 95/115 (83%). The mean age of respondents was 47.2 (range 20-90) years and 51/95 (54%) were women. The respondents and non-respondents did not differ significantly in age (*t* test, P=0.79) or sex (χ^2 test, P=0.48). Most (96%) respondents thought that teaching medical students at their general practice was a "good idea," and most (91%) said that they would be happy to take part in similar teaching in the future. The table shows further details of patients' views from the questionnaire, including perceived impact of participation on their relationship with their general practitioner.

In-depth interviews

We discuss the interview findings under three headings: positive impact on patients, benefits to patient care, and negative impact—with corresponding illustrative quotes (boxes 1 to 3). Box 4 presents an overall summary of findings, and box 5 summarises the range of views expressed by each group of respondents.

Box 1: Potential positive therapeutic elements

Time to talk, being respectfully heard
"I think probably they're more likely to see medical students as maybe less judgmental and more on their side than fully qualified doctors, and I know that one patient, she's been sexually abused but she's never told anybody else that before." (student 9)

Self esteem, validation, and empowerment
"In a way it was quite—not flattering, but it was—it was giving my situation some kind of credence or some kind of, you know, validity, that what I'd been through was, you know, it was worthy enough to go along and talk to students." (patient 13; episode of acute psychosis and depression)

Development of coherent narrative
"It probably sort of vocalised my thoughts a bit—because I've suffered from it so long, its like the norm to me—I was thinking gosh, they must think this is really, you know, quite bad really. I was seeing it in a fresh way, if you know what I mean, by them asking me questions." (patient 3; agoraphobia)

New insights
"It was useful to relive the experience, as this reminded me that it was really me that it happened to and it could happen again—going through it with the students reminded me to be careful to not let it happen again and to recognise the signs of when it might be coming on." (patient 16; eating disorder)

Depth, balance, and understanding in doctor-patient relationship
"It definitely builds a bond. Absolutely. And they've done you a favour, so I feel that the power is slightly over the other way . . . so rather than them being inherently grateful all the time, as some of them are, it sort of changes everything and makes it feel more of an equal relationship." (general practitioner 8)

Positive impact on patients

The potential therapeutic benefit of participating in the teaching was a central theme across interviews with tutors, patients, and to a lesser extent students. Five main elements of therapeutic benefit were identified: time to talk and being respectfully heard; increased self esteem, validation, and empowerment; development of a coherent narrative; new insights; and depth, balance, and understanding in the doctor-patient relationship.

Time to talk, being respectfully heard—This theme was noted by patients, tutors, and students alike. One tutor compared the teaching to reflective counselling, and others echoed this, noting that patients found it a release to talk at length to a friendly, interested, empathetic, and non-judgmental "neutral" person. Some patients and students felt the non-judgmental, enthusiastic attitude of students made them easier to talk to than either family and friends or doctors, who were perceived as more "professional" and distant.

Self esteem, validation, and empowerment—This was a widely expressed benefit noted by patients and highlighted by many general practitioners and some students. Interviewees said that the general practitioner's explicit recognition that the patient had something important to offer and a sense of "giving back" was validating and empowering, raised the patient's self esteem, and contributed to a positive therapeutic relationship between doctor and patient.

Development of a coherent narrative and new insights—Many patients and some tutors and students believed that the opportunity to talk enabled patients to make sense of their experience and develop their "illness narrative."[22] This was seen as beneficial, increasing understanding of their feelings and experiences. Some patients believed that the illness narrative helped them to remember how their illness had evolved or how they had recovered and to develop new, potentially valuable insights.

Depth, balance, and understanding—Many patients chosen to participate in the teaching programme reported a close pre-existing relationship with their doctor. In these circumstances participation in teaching often made little additional impact. In other cases both patients and general practitioners reported a clear strengthening of the doctor-patient relationship. Key components identified by both patients and doctors were a sense of a stronger bond, more even balance of power in the relationship, and more in-depth understanding.

Beneficial effects on patient care

Many tutors identified potential beneficial effects on patient care both for the individuals directly involved and more generally. This was not mentioned by or explored further with patients or students. Some tutors reported that they had started recruiting patients with common mental disorders into the teaching programme as part of these patients' "therapeutic regime." They were also using it as a way of getting to know new patients better and deliberately choosing patients in whom they thought a more fully documented history would be beneficial. A few tutors said that they were being motivated to keep up to date and revise their knowledge in the subject and that this had a positive effect on their delivery of clinical care for patients with mental health problems.

Negative impact on patients

Most patients reported no negative effects. Two reported that the student interview was distressing and an "emotional upheaval," although the overall experience was beneficial. In one case this experience was attributed to a perceived lack of sympathy from the

Box 2: Effect on patient care

Potential addition to therapy offered to patients
"Somewhat to my surprise, as I say, it's now become part of the therapeutic range, if you like, of things that one can do for patients, and so it's actually been built in to clinical practice, in a way that I never imagined it would." (general practitioner 9)

Discovery of key facts about patients
"I was wanting to get a proper history done on him, and also to engage him in rather more input, and so I wanted him to come in and talk to the medical students." (general practitioner 7)

Awareness of principles and best practice
"When you're teaching about something, you're constantly aware . . . about what the principles are and what the best practice should be, and I think means that when you actually deal with the patients you tend to keep a bit closer to those."(general practitioner 9)

Box 3: Negative impact

Emotional upheaval

"Maybe some of the questions were apt to churn up all the past, and when that happens the emotions tend to start ticking over as well … [later in interview] She was harping on about why don't you think you can work … because she couldn't understand … I found with the other students they were more apt for listening." (patient 2: depression)

"Some find it very stressful and they need about 10 minutes of debriefing after the session. Most of the patients—and this is what I have learnt with time—that need debriefing [are] the ones that have not come to terms with their problem. And when their whole life history is sort of laid out in an hour—they find it quite traumatic." (general practitioner 11)

Blurring of boundaries in doctor-patient relationship

"The problem is that these patients, obviously they want something in return, and the something in return is to see them whenever they want to be seen, squeezing in an appointment or whatever, and that's the trade-off." (general practitioner 3)

student. Some were nervous initially about talking to students, and a few were anxious whether they had said the "right things" to them. Some tutors reported that a few patients occasionally became distressed, although tutors viewed these episodes as transient and said they were alleviated by debriefing. One tutor highlighted potential difficulties for some patients in coming to terms with past traumas, and another thought that lack of insight could make it more distressing. A few tutors reported that their boundaries with patients participating in teaching were more blurred and that they had an uncomfortable sense of increased obligation towards them. No students noted any distressing consequences to patients in their experience in this attachment; with further probing a few thought that it could be potentially distressing or intrusive.

Box 4: Summary of findings—impact of teaching on patients

Potential benefits

- Time to talk and reflect in more detail, leading to greater understanding
- Raised self esteem, validation, and empowerment associated with "giving back"
- Development of a coherent illness narrative and new or alternative insights
- More even power balance and improved doctor-patient relationship
- Teaching interview is a potential addition to "therapeutic" approaches offered to patients
- GPs may be better informed and more aware of principles of best practice

Potential problems

- Distressing for a small minority of patients
- Anxiety provoking on initial involvement for some patients
- Sense of obligation to patient by the GP
- Potential blurring of boundaries in the doctor-patient relationship

Discussion

The responses to the questionnaire survey showed that patients with common mental disorders in the community generally respond positively to participation in teaching. This is consistent with previous studies conducted with patients in hospital settings or those with physical problems in general practice settings.[3–9] The interviews corroborated this generally positive outcome from teaching encounters and identified some specific beneficial outcomes for patients, to a degree which neither we nor the tutors had expected. These include raised self esteem and empowerment; development of a coherent narrative; new insights on problems; and a deeper, more balanced, and understanding doctor-patient relationship. Tutors thought there were direct benefits to patient care as a result of patients' participation in teaching. The questionnaire survey found that a small proportion of patients expressed negative views about the teaching, which was confirmed by the interview findings, suggesting that participation in teaching can be distressing for a small minority. Neither tutors nor patients reported any lasting negative consequences.

In the limited previous work in this field, patients (predominantly with physical not mental health problems) in two studies found satisfaction from helping others, receiving a more thorough "check up," and talking to someone not involved with their care—but specific therapeutic gains were not explored.[12 13] In previous studies with other subjects, general practitioners have reported benefits to patient care as a result of teaching, but again specific therapeutic effects from teaching and its integration with clinical care were not described.[23]

Methodological considerations

The patients in this study were a highly selected group who had been chosen to participate in the teaching by their general practitioner and had responded to the initial questionnaire survey. The results cannot therefore be generalised to all patients with common mental disorders. The response rate to the questionnaire was excellent, however, and the interview sample was selected for maximum diversity, including those who responded negatively as well as positively towards the teaching. Our sample is therefore likely to be reasonably representative of those who participated in the teaching programme.

The researcher who conducted the interviews was connected with administering the teaching programme but had no involvement in developing the programme or direct involvement with participating patients or students. We were aware of this causing potential bias towards a positive outcome for the evaluation and made special efforts to compensate by use of probing questions for negative aspects in the interviews and by independent corroboration by other team members at all stages of analysis. Two investigators (JR and CH) had no connection with the teaching programme. We had no prior hypotheses on specific therapeutic gains for patients; in fact, we had anticipated a more neutral effect. A range of negative views was expressed by each of the groups interviewed; the views in the patient group were similar in

Box 5: Range of views expressed by patients, general practitioner tutors, and students about positive and negative impact of teaching on patients

Patients' views

Positive impact

- Most patients valued time to talk to empathetic students without fear of burdening
- Sense of reward and raised self esteem from "giving back," helping others, a sense of purpose, reinforcing positive self image, and validating their experiences
- Taught them how to talk about their problems, vocalising and clarifying their thoughts
- Many patients thought that students helped provide new insights by asking thought provoking questions, enabling new revelations, or by allowing patients to tell their story. This helped patients to understand how their problems evolved and progressed (or lessened), and it helped to increase their self awareness and see things in a "fresh" way
- Many patients reported a strong pre-existing relationship with their general practitioner and little additional impact from the teaching; others said it increased depth, balance, and understanding in the relationship

Negative impact

- Most patients reported no negative effects
- Some were nervous before meeting students and initially in interviews, but this dissipated during the interview
- A few were anxious whether they had said the "right" things to the students
- Two found it an emotional upheaval and "draining" to relive their experiences
- One said it could be potentially intrusive to some (but not to herself)
- Another said it might encourage some to worry about their ailments (but not himself)

GP tutors' views

Positive impact

- Tutors widely believed that patients enjoyed the teaching—with benefits for patients' self esteem in "giving back"—and saw it as a validating and empowering experience
- Many noted benefits for the patient in having extra time to talk to empathetic students
- Most said that it improved the doctor-patient relationship, as a result of increased knowledge, more balance, and explicit interest on the part of the doctor
- Some said it allowed patients to develop a coherent narrative, enabling them to put their illness in context or deal with traumatic events
- Most believed that patient care benefited through more thorough knowledge and deeper understanding
- Some said that students gave new insights on patients
- Some tutors integrated teaching into part of their therapeutic regime for selected patients
- A few said that teaching encouraged them to keep up to date in that area, with indirect potential benefits for patients

Negative impact

- Most GPs reported no adverse effects on patients
- A few said that occasionally patients were distressed and needed debriefing but had no apparent lasting consequences
- Some of the distressed patients had reported overall beneficial effects
- One general practitioner said that distress may be more likely in patients who were more unwell, and another that distress was more likely in those who lacked insight
- A few general practitioners said that teaching made it more difficult to maintain boundaries, encouraging an uncomfortable sense of obligation towards patients

Students' views

Positive impact

- Most students reported that patients seemed to enjoy talking to them
- Some said that students may be easier to talk to as they are less "judgmental"
- "Giving back" raised patients' self esteem, validated their problem, and gave them a focus
- Taking part in teaching makes patients feel "not alone" and normalises their illness experience
- Students reported beneficial effects for patients from an opportunity to reflect "how far had they had come," resulting sometimes in new revelations
- A few students said that patients were clearly there for teaching not "therapy," and it would not change how a patient felt about things

Negative impact

- Students reported no negative experiences relating to contact with patients
- After probing by the interviewer, a few students said that it could potentially be distressing or intrusive for some patients but not with those they had seen

frequency, nature, and range to those expressed in open sections on the patient questionnaire.

Meaning and implications

In this study patients with common mental disorders taking part in undergraduate teaching in community settings were positive about the experience, and in some cases specific therapeutic gains were directly attributed to participation in the teaching. For a few patients, participation in teaching seemed to cause some distress. Doctors considering clinical teaching with patients with common mental disorders can be generally encouraged by these findings.

Further work should use a larger sample, identify characteristics of patients who may find participation in teaching distressing and of those who may benefit most, and establish whether these effects persist.

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1 Salter RH. Learning from patients—unfashionable but effective. *Postgrad Med J* 1996;72:385.
2 Spencer J, Blackmore D, Heard S, McCrorie P, McHaffie D, Scherpbier A, et al. Patient-orientated learning: a review of the role of the patient in the education of medical students. *Med Educ* 2000;34:851-7.
3 Hartz MB, Beal JR. Patients' attitudes and comfort levels regarding medical students' involvement in obstetrics-gynaecology outpatient clinics. *Acad Med* 2000;75:1010-4.

What is already known on this topic

Patients show high levels of general satisfaction with their participation in teaching

Little is known in detail about outcomes for patients who participate in teaching—in particular, patients with common mental disorders in community settings

What this study adds

Patients with common mental disorders respond well to participation in undergraduate teaching in primary care

Most patients value time to talk and reflect, and some gained a stronger, more balanced doctor-patient relationship

In some patients the process results in higher self esteem and empowerment, a more coherent "illness narrative," and new insights

A few patients find the teaching encounter distressing

4 York NL, DaRosa DA, Markwell SJ, Niehaus AH, Folse R. Patients' attitudes toward the involvement of medical students in their care. *Am J Surg* 1995;169:421-3.
5 Franks A, Rudd N. Medical student teaching in a hospice—what do the patients think about it? *Palliat Med* 1997;11:395-8.
6 Simon SR, Peters AS, Christiansen CL, Fletcher RH. The effect of medical student teaching on patient satisfaction in a managed care setting. *J Gen Int Med* 2000;15:457-61.
7 Cooke F, Galasko RV, Richards RD, Watkins J. Medical students in general practice: how do patients feel? *Br J Gen Pract* 1996;46:361-2.
8 Devera-Sales A, Paden C, Vinson DC. What do family medicine patients think about medical students' participation in their health care? *Acad Med* 1999;74:550-2.
9 Black AE, Church M. Assessing medical student effectiveness from the psychiatric patient's perspective: The medical student interviewing performance questionnaire. *Med Educ* 1998;32:472-8.
10 O'Flynn N, Spencer J, Jones R. Consent and confidentiality in teaching in general practice: survey of patients' views on presence of students. *BMJ* 1997;315:1142.
11 Lynoe N, Sandlund M, Westberg K, Duchek M. Informed consent in clinical training—patient experiences and motives for participating. *Med Educ* 1998;32:465-71.
12 Evans T, Seabrook M. Patient involvement in medical education. *Br J Gen Pract* 1994;44:479-80.
13 Stacey R, Spencer J. Patients as teachers: a qualitative study of patients' views on their role in a community-based undergraduate project. *Med Educ* 1999;33:688-94.
14 Sharpe M, Guthrie E, Peveler R, Feldman E. The psychological care of medical patients: a challenge for undergraduate medical education. *J R Coll Physicians Lond* 1996;30:202-4.
15 Walton H, Gelder M. World Psychiatric Association and the World Federation for Medical Education. Core curriculum in psychiatry for medical students. *Med Educ* 1999;33:204-11.
16 Guimon J. New forms of psychiatric education: the Geneva experience. *Eur J Psychiatry* 2000;14:52-60.
17 Malan DH, Heath ES, Bacal HA, Balfour FHG. Psychodynamic changes in untreated neurotic patients. *Arch Gen Psychiatry* 1975;32:110-26.
18 Svartberg M, Seltzer MH, Choi K, Stiles TC. Cognitive change before, during and after short-term dynamic and nondirective psychotherapies: a preliminary growth modelling study. *Psychother Research* 2001;11:201-19.
19 Walters K, Buszewicz M, Raven P. An integrated model for teaching psychiatry in the community. *Acad Med* 2001;76:157-8.
20 Strauss A, Corbin J. *Basics of qualitative research: techniques and procedures for developing grounded theory.* 2nd ed. London: Sage, 1998.
21 Ritchie J, Spencer L. Qualitative data analysis for applied policy research. In: Bryman A, Burgess RG, eds. *Analysing qualitative data.* London: Routledge, 1994:173-94.
22 Greenhalgh T, Taylor R. Papers that go beyond numbers: qualitative research. *BMJ* 1997;315:740-3.
23 Hartley S, Macfarlane F, Gantley M, Murray E. Influence on general practitioners of teaching undergraduates: qualitative study of London general practitioner teachers. *BMJ* 1999;318:1168-71.

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