

Clinical teachers as humanistic caregivers and educators: perceptions of senior clerks and second-year residents

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Abstract

Background: The acquisition and nurturing of humanistic skills and attitudes constitute an important aim of medical education. In order to assess how conducive the physician-learning environment is to the acquisition of these skills, the authors determined the extent to which clinical teachers are perceived by their trainees as humanistic with patients and students, and they explored whether undergraduate and graduate students share the same perceptions.

Methods: A mail survey was conducted in 1994/95 of all senior clerks and second-year residents at Laval University, University of Montreal and University of Sherbrooke medical schools. Of 774 trainees, 259 senior clerks and 238 second-year residents returned the questionnaire, for an overall response rate of 64%. Students' perceptions of their teachers were measured on a 6-point Likert scale applied to statements about teachers' attitudes toward the patient (5 items) and toward the student (5 items).

Results: On average, only 46% of the senior clerks agreed that their teachers displayed the humanistic characteristics of interest. They were especially critical of their teachers' apparent lack of sensitivity, with as many as 3 out of 4 declaring that their teachers seemed to be unconcerned about how patients adapt psychologically to their illnesses (75% of clerks) and that their teachers did not try to understand students' difficulties (78%) or to support students who have difficulties (77%). Compared with the clerks, the second-year residents were significantly less critical, those with negative perceptions varying from 27% to 58%, 40% on average. Except for this difference, their pattern of responses from one item to another was similar.

Interpretation: This study suggests the existence of a substantial gap between what medical trainees are expected to learn and what they actually experience over the course of their training. Because such a gap could represent a significant barrier to the acquisition of important skills, more and urgent research is needed to understand better the factors influencing students' perceptions.

Résumé

Contexte : L'acquisition et le maintien de compétences et d'attitudes humaines constituent un but important de l'éducation médicale. Afin de déterminer jusqu'à quel point le contexte de la formation des médecins est propice à l'acquisition de ces compétences, les auteurs ont déterminé dans quelle mesure les étudiants croient que leurs enseignants cliniques ont une attitude humaine avec leurs patients et avec leurs étudiants et si les étudiants de premier et de deuxième cycles sont du même avis.

Méthodes : On a réalisé, en 1994–1995, un sondage postal auprès de tous les externes et les résidents de deuxième année des facultés de médecine de l'Université Laval, de l'Université de Montréal et de l'Université de Sherbrooke. Sur 774 étudiants, 259 externes et 238 résidents de deuxième année ont renvoyé le



Evidence

Études

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questionnaire, ce qui a donné un taux global de réponse de 64 %. Les perceptions des étudiants à l'égard de leurs professeurs ont été mesurées à l'aide d'une échelle de Likert à six niveaux que l'on a appliquée à des énoncés sur les attitudes des enseignants à l'égard de leurs patients (cinq questions) et de leurs étudiants (cinq questions).

Résultats : En moyenne, 46 % seulement des externes ont signalé que leurs professeurs avaient les qualités humaines visées. Ils ont critiqué particulièrement le manque apparent de sensibilité de leurs professeurs et jusqu'à trois sur quatre ont déclaré que leurs professeurs ne semblaient pas se préoccuper de la façon dont les patients s'adaptent psychologiquement à leur maladie (75 % des externes) ni s'efforcer de comprendre les difficultés des étudiants (78 %) ou d'encourager les étudiants en difficulté (77 %). Les résidents de deuxième année ont été beaucoup moins critiques et la proportion de ceux qui avaient des perceptions négatives a varié de 27 % à 58 %, pour s'établir en moyenne à 40 %. Sauf dans le cas de cette différence, le profil de leurs réponses était semblable d'une question à l'autre.

Interprétation : Cette étude suggère qu'il existe un écart important entre ce que l'on souhaite que les étudiants en médecine apprennent et les connaissances qu'ils acquièrent en réalité pendant la formation. Comme un tel écart pourrait représenter un obstacle à l'acquisition de compétences jugées importantes, des recherches s'imposent de toute urgence afin de mieux comprendre les facteurs qui jouent sur les perceptions des étudiants.

Changing health care needs and expectations in the second half of this century have brought about important changes in the aims of medical education.¹⁻⁷ In addition to their traditional expertise in treating disease, today's physicians are expected to become skillful patient educators and health counsellors able to provide preventive and curative care.^{8,9} They are expected to be humanistic caregivers, sensitive to the needs and welfare of their patients and the community^{4,10} and capable of a biopsychosocial approach to care in order to deal effectively with the biomedical and psychosocial complexities of their patients' problems.^{5,11-13}

Whether these changes in the medical curricula will result in a new breed of physicians depends on the extent to which a majority of clinical teachers model these necessary attitudes, skills and dedication. Clinical teachers are thought to play a key role in the acquisition of interpersonal skills.¹⁴⁻¹⁶ Studies of the characteristics of the models espoused by residents suggest that the models' humanistic qualities as caregivers and educators are of prime importance.^{17,18} However, little is known about how frequently these qualities are found among faculty members. Are only a few teachers perceived as humanistic by trainees, or are most? In other words, how conducive is the physician-learning environment to the acquisition and nurturing of humanistic attitudes and skills?

We conducted this study to determine whether medical school trainees perceive their clinical teachers as humanistic, be it in their attitudes toward patients (patient-centred caregiver) or their attitudes toward students

(student-focused educator). Assuming that students' perceptions could change as they gain clinical experience, we also compared perceptions between senior clerks and second-year residents.

Methods

The study was conducted during 1994/95 at 3 medical schools in Quebec: Laval University, University of Montreal and University of Sherbrooke. Data were gathered from students by a mailed questionnaire. The methodology proposed by Dillman¹⁹ served as a guide in designing the questionnaire and implementing the survey. Data collection included 3 follow-up mailings of the questionnaire to nonrespondents. At the time of the study, the students were completing either their clinical clerkship (n = 371) or their second-year residency (n = 403).

Ten items were used to measure students' perceptions of their teachers as patient-centred caregivers (5 items) and as student-focused educators (5 items). Each item represented a positive attribute of a doctor-patient or teacher-student relationship. Items were written as statements about teachers, and trainees were asked to indicate their response on a 6-point Likert scale ranging from strongly agree to strongly disagree. When asked to assess their teachers, senior clerks were invited to refer to the majority of the teachers who had taught them during their clerkship years, and residents were invited to refer to those who had taught them during their residency years. We selected the majority of teachers as the point of refer-



ence in both cases because this seemed to be the best way to assess the predominant values in the students' learning environment.

The questionnaire also asked for data about students' basic sociodemographic characteristics and expected or actual specialty choice.

We used χ^2 tests to identify differences in students' perceptions associated with level of training.

Results

Of the 371 senior clerks and 403 second-year residents, 259 (70%) and 238 (59%), respectively, completed and returned the questionnaire, for an overall response rate of 64%. The response rates by medical school and level of training were as follows: for senior clerks, 69% (111/160) at the University of Montreal, 72% (82/114) at Laval University and 68% (66/97) at the University of Sherbrooke. The corresponding response rates for the residents were 56% (98/174), 70% (88/125) and 50% (52/104).

Table 1: Basic characteristics of respondents, by level of training

Characteristic	Student group; % (and no.) of respondents*		p value
	Senior clerks n = 259	Second-year residents n = 238	
Female	63 (149/236)	53 (116/220)	0.02
Mean age, yr	27	29	< 0.01
Born in Canada	90 (211/234)	93 (201/217)	0.35
Specialty choice			
Family practice	46 (116/254)	52 (123/235)	0.24
Medical specialty†	38 (97/254)	36 (84/235)	
Surgical specialty	16 (41/254)	12 (28/235)	

*Unless otherwise stated.

†Includes anesthesiology and diagnostic specialties such as biochemistry, pathology and radiology.

The students' demographic characteristics and specialty choice are summarized in Table 1. The proportion of women was higher among the senior clerks than among the residents and, as expected, the clerks were younger on average than the residents. The 2 groups were similar with regard to their country of birth and specialty choice.

The students' responses in terms of who agreed with the 5 statements about their teachers' attitudes toward patients are presented in Table 2. The senior clerks were more critical in general than the second-year residents of their teachers as patient-centred physicians. For example, only 25% of the clerks, as compared with 45% of the residents, agreed that most of their teachers are concerned about how patients adapt psychologically to their illnesses. Of importance in terms of medical education, 47% of the clerks felt that their teachers were not good role models in teaching the doctor-patient relationship; again, the residents were less critical, with only 36% feeling this way. Although the residents were generally less critical than the clerks, the number of residents who disagreed with the items was fairly high, close to a third for most items and as high as 55% for the item referring to their teachers' concern about how patients adapt psychologically to their illnesses.

The number of respondents who agreed with the statements about the attitudes of their teachers toward students are presented in Table 3. The results parallel those in Table 2. Less than half of the senior clerks agreed that their teachers valued human contact with students, that they tried to understand the difficulties of their students and that they provided encouragement to students having difficulties. Close to 40% did not agree that their teachers cared about the quality of their teaching or that they were easily accessible to students. Although significantly less critical of their teachers, the second-year residents gave responses in a pattern similar to that of the clerks.

Table 2: Medical students' perceptions of their teachers as patient-centred physicians

Statement	Student group	No. (and %) who agreed*	p value†
<i>On the whole, would you agree or disagree that most of your teachers...</i>			
Value human contact with their patients as an important component of patient care	Clerks	166 (64)	0.08
	Residents	169 (72)	
Are concerned about the overall well-being of patients not just their presenting complaints	Clerks	134 (52)	< 0.01
	Residents	152 (65)	
Are concerned about how patients adapt psychologically to their illnesses	Clerks	65 (25)	< 0.01
	Residents	106 (45)	
Spend time educating patients about their health problems	Clerks	146 (57)	0.23
	Residents	146 (62)	
Are good role models in teaching the patient-doctor relationship	Clerks	136 (53)	0.01
	Residents	150 (64)	

*Combines respondents who strongly agreed, agreed and agreed somewhat with the statement.

†For differences between student groups.



Interpretation

Our study shows that almost half of the senior clerks and about one-third of the second-year residents who responded to our questionnaire perceived that most of their teachers did not display the humanistic characteristics that were examined in connection with their role as caregivers and teachers. These findings suggest the existence of a substantial gap between what we hope future physicians are learning and what they actually experience over the course of their training. Such a gap could represent a significant barrier to program objectives aimed at nurturing humanistic attitudes and developing interpersonal skills. Aside from reinforcing the resistance of some students to these attitudes and behaviours, it may also lead other students to believe that these skills do not constitute an essential and integral part of their role as physicians.

Our study also showed that students' perceptions of medical faculty varied according to their level of training, more experienced students being less critical. This finding could have several meanings. The differences between the clerks' and the residents' perceptions may have been due to differences in their basic characteristics or to one notable difference, the residents' lower response rates to the questionnaire. To some extent, the residents' lower response rates may have resulted from their heavier workload and the greater difficulty we had in locating them, given their more frequent changes of rotation sites. Regardless of whether their lower response rates were significantly associated with their perceptions, the association between levels of training and students' perceptions proved to be a robust one. This was seen in a detailed analysis of our data in which we controlled for various potential confounders, be they related to the students' basic characteristics or to interactions between basic characteristics. We found no relation between the clerks' and resi-

dents' different perceptions and the differences in the various characteristics studied.

Therefore, one may wonder what the significance is of clerks' and residents' different perceptions? Perhaps the difference reflects how students' perceptions change as they are socialized into the physician role. Early in the process students may rely more readily on their lay or personal experience to evaluate the medical and clinical milieu, whereas later in the process this source of reference loses some of its influence in favour of the prevailing values in their learning environment. In that sense, the clerks' views would be closer to those of patients, whereas the residents' views would be closer to those of physicians. It is also possible that the clerks' more critical perceptions were because of particularities of the clerkship years. For instance, shorter and more frequent rotations during the clerkship years and the clerks' restricted clinical responsibilities are some of the factors that impose limits on their immersion into the clinical milieu. This suggests that clerks' evaluations of their teachers are based on a more superficial outlook than those of residents. It may also be that their limited immersion into the clinical milieu conveys an "impersonal" flavour to their experience. This impression could be reinforced by another characteristic of clerkship years — rotations during clerkship years are less likely to be congruent with one's career orientation than during residency years. Therefore, the clerks' more critical appraisal of their teachers could have been because, unlike residents, clerks interact and work with teachers whose values are less similar to their own.

Whatever the explanation for the difference found between clerks and residents, our main finding remains that, overall, the students were rather critical of the humanistic attitudes of most of their clinical teachers. Does this mean that most faculty members are uncaring or incapable of empathy in their contacts with patients and students? Per-

Table 3: Medical students' perceptions of their teachers as student-centred educators

Statement	Student group	No. (and %) who agreed*	p value†
<i>On the whole, would you agree or disagree that most of your teachers...</i>			
Care about the quality of their teaching	Clerks	158 (61)	0.02
	Residents	168 (72)	
Are easily accessible to students	Clerks	150 (58)	< 0.01
	Residents	174 (73)	
Value human contact with students	Clerks	110 (43)	< 0.01
	Residents	152 (64)	
Try to understand the difficulties their students might be experiencing	Clerks	56 (22)	< 0.01
	Residents	100 (42)	
Provide encouragement to students who are having difficulties	Clerks	58 (23)	< 0.01
	Residents	101 (43)	

*Combines respondents who strongly agreed, agreed and agreed somewhat with the statement.

†For differences between student groups.



haps the respondents were more critical and less satisfied with their teachers than the nonrespondents. It may be that the situation depicted by our findings was biased toward the negative and that reality is less alarming. Also, our study was about perceptions, which may not be totally representative of reality.

Nevertheless, we believe that the significance of our findings should not be downplayed because of the inherently subjective nature of perceptions. The number of students who were critical of their teachers is too large to be taken lightly. Also, perceptions of reality are sometimes more important than reality per se. For instance, how are we to convince future physicians that providing patient-centred care is central to their role as physician if they perceive this approach as being peripheral to the role enacted by their teachers? This troubling issue becomes even more troubling when one considers that students' perceptions may not be too far from reality. Indeed, given the drastic changes imposed in recent years to our health care and educational systems, perhaps students' perceptions say something about the climate engendered by these changes. Perhaps their perceptions show how difficult it becomes to attain high standards of humanistic care when health care personnel must deal with increasing strains, constraints and uncertainties. Under these circumstances, perhaps there are limits to one's caring.

If much has been written in recent years about the need to nurture humane and patient-centred care during medical training, the results of this study question the extent to which this concern has truly permeated medical schools, be it for lack of appropriate faculty development or lack of favourable conditions in a health care system undergoing major transformations. In that sense, our findings should be of concern not only to medical educators but to the whole profession.

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