

# Does teaching during a general practice consultation affect patient care?

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## SUMMARY

**Background.** General practice differs from hospital medicine in the personal nature of the doctor-patient relationship and in the need to address social and psychological issues as well as physical problems. Recent changes in undergraduate medical education have resulted in more teaching and learning taking place in general practitioner (GP) surgeries.

**Aim.** To explore patients' experiences of attending a surgery with a medical student present.

**Method.** A questionnaire was designed, based on semi-structured interviews. Questionnaires were posted to patients who had attended teaching surgeries in London and Newcastle-upon-Tyne.

**Results.** Four hundred and eighty questionnaires were sent; of these, 335 suitable for analysis were returned. The response rate in Newcastle was 79%, and in London 60%. Ninety-five per cent of responders agreed that patients have an important role in teaching medical students. Patients reported learning more and having more time to talk, however, up to 10% of responders left the consultation without saying what they wanted to say and 30% found it more difficult to talk about personal matters.

**Conclusion.** The presence of a student has a complex effect on the general practice consultation. Future developments in medical education need to be evaluated in terms of how patient care is affected as well as meeting educational aims.

**Keywords:** doctor-patient relationship; medical students; patient participation; consultation; teaching.

## Introduction

CHANGES in medicine and medical education have created a demand for more undergraduate medical teaching outside the traditional hospital setting.<sup>1,2</sup> The General Medical Council has advocated more community-based teaching,<sup>3</sup> and this initiative has been supported in a number of quarters, including the King's Fund<sup>4</sup> and the Association of University Departments of General Practice.<sup>5</sup> Most medical schools are now expanding general practice teaching, in both pre-clinical and clinical phases of the undergraduate curriculum,<sup>6</sup> resulting in increasing numbers of medical students attending general practitioners' (GPs') surgeries.

These changes in the organization and content of medical education have coincided with an increasing emphasis on the patient

as both participant in, and consumer of, health care. Patients' rights in the health care process have been enshrined in a Patient's Charter,<sup>7</sup> and this includes a choice about participating in the education of students. An increasing number of studies have examined patients' views about the involvement of students across a number of specialties, including surgery, obstetrics, and primary care.<sup>8-10</sup> Patients are generally positive about the presence of students, but their attitudes depend on personal priorities and the nature of the presenting complaint. In a study in the United States, women who refused student participation during intra-partum care rated their desire for personal privacy higher than those who consented.<sup>11</sup> General practice patients have indicated that they may not want students present when they discuss emotional or intimate problems.<sup>10,12</sup>

The challenge facing GPs who become involved in teaching medical students in the surgery is balancing the needs and rights of patients with the educational needs of students, while continuing to provide good primary health care. The ways that the presence of a student can influence a consultation have not been studied in detail. A recent study from Oxford found that 82% of patients felt the presence of a student would not alter the quality or time of a consultation, but a significant proportion of these patients had not had experience of student teaching.<sup>13</sup> We report findings from a detailed survey of patients who attended teaching surgeries, and discuss the implications for further teaching in general practice. Findings on patients' views about consent and confidentiality have already been published.<sup>10</sup>

## Method

Semi-structured interviews were conducted with a convenience sample of eight patients at Lambeth Walk Group Practice: the clinical base for the Department of General Practice at UMDS (Guy's and St. Thomas's) in London. Themes emerging in the course of these interviews were used as the basis for a questionnaire. The questionnaire was modified after a pilot study in London and used to collect the views of patients attending teaching practices in London and Newcastle-upon-Tyne.

The questionnaire had four sections and collected information on a number of aspects of patients' experiences; the first section asked about past experiences of student teaching and the acceptability of further student teaching in general practice; the second section asked how patients were informed about the presence of the student; the third section presented clinical scenarios and asked about the acceptability of a student; and, in the final section, a four-point Likert scale (strongly agree, agree, disagree, strongly disagree) assessed patients' experiences of a number of aspects of the consultation. Demographic details, including age, sex, occupational status, and previous consulting behaviour were also collected.

The questionnaires were distributed to patients who had attended a teaching surgery at practices attached to the medical schools of Newcastle-upon-Tyne and UMDS. The senior clinical attachment from both medical schools was chosen (fourth-year students from UMDS and fourth-year students from Newcastle). The extent of the students' participation in the consultation was dependent on the GP tutors' discretion. GP tutors were asked to post questionnaires to a total of 25 patients the day after their

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attendance at a teaching surgery. Questionnaires were sent between February and May 1996. A covering letter explaining the study was included. Questionnaires were coded so that a reminder could be sent to non-responders. Confidentiality was assured and ethical approval was obtained from the appropriate research ethics committees in each of the study areas.

Social class was categorized according to the Registrar General's classification. Data were coded and entered on Epi-Info version 5 for analysis.

## Results

A total of 480 questionnaires were sent to patients; of these, 335 were returned and suitable for analysis. The overall response rate in Newcastle was 79% (186/234), and in London 60% (149/246).

### Patient characteristics

Patient characteristics did not differ statistically between the two centres. The mean age and sex distributions of patients in each centre were identical — the mean age was 50 years, and 60% (90/149 London, 110/186 Newcastle) of patients were female. Sixty per cent of non-responders were also female. Social class characteristics and reported consulting behaviour of both populations are shown in Table 1. Ninety-five per cent of responders agreed with the statement that patients have an important role in teaching medical students.

### Patients' views of their consultation

The response rate for the Likert scale was lower than for the full questionnaire, and not all responders expressed an opinion on each statement. Responses from the two centres were not statistically different and are presented together for clarity.

The responses about the consultation itself are presented in Table 2. Female responders were significantly more likely to reject the statement that they found it easier to talk because of the presence of the student ( $\chi^2 = 8$ ;  $P < 0.005$ ).

## Discussion

Although this study surveyed patients from two different teaching centres, the trend in patients' views were consistent. The

lower response rate in the London area may introduce some bias, particularly in not representing the more mobile and ethnically diverse populations in this area.

The majority of patients felt that they had a role in the education of medical students, but a significant minority also agreed that they preferred to see their doctor on their own. The experience of having a student attend a consultation was complex. There were perceived benefits for the patients: there was more time to talk, and many also felt they learnt more about their problem because of the presence of the student. However, almost 1 in 10 patients said that they left without saying what they wanted to say to the doctor, and one-third found it difficult to talk about personal problems. These findings may be important, both in terms of clinical care and in the future development of general practice.

The effective functioning of primary care physicians will potentially be threatened if patients with sensitive and difficult problems are unable to express them and to negotiate their resolution. Dysfunctional consultations for non-physical and emotional problems may well lead to unsatisfactory outcomes including, in particular, failure to recognize an underlying psychiatric disorder, inappropriate investigation, and unnecessary referral. Gray<sup>14</sup> reports, from a survey of GPs in London regarding teaching in the community, that a quarter of all GPs were worried that teaching activities might have an adverse effect on patient care. One solution to this is to allow the patient time alone with the doctor after the teaching elements of the consultation have finished.<sup>15</sup> This would result in a reduction of time available for the GP to see patients. However, while 88% of GPs associated with Leicester University felt that a reduction in the number of patients seen during a teaching session was desirable, only 44% felt that it was feasible.<sup>15</sup> One option suggested by the authors of both of these surveys is adequate financial remuneration to allow for locum cover or other medical support.

The development of teaching in general practice currently includes an expansion in the numbers of students attending surgeries — arising from the development of university-linked practices, which will take increasing numbers of medical students, and the introduction of pre-registration house officers who will rotate through general practice.<sup>16</sup> If locum or sessional support is required to help cover these activities, then a reduction in conti-

**Table 1.** Characteristics of responders. (The social class status in 18% of both populations was unclassifiable.)

Social class	1	2	3	4	5
Newcastle-upon-Tyne (n = 186)	9%	14%	30%	18.5%	11%
London (n = 149)	7%	23%	32%	11%	9%
Number of visits to GP in last year	1-2	3-4	5-8	>8	
Newcastle upon Tyne (n = 186)	6.7%	42.2%	22.8%	27.8%	
London (n = 149)	5.6%	46.5%	28.5%	19.4%	

**Table 2.** Patients' responses to a series of statements about medical students in the consultation (n = 331).

	Strongly agree	Agree	Disagree	Strongly disagree
The doctor concentrated more on the student than on me	0.6%	4.8%	48.3%	42.3%
I learnt more about my problem when the doctor was teaching the student	4.8%	34%	42.6%	12.6%
I found it easier to talk because the student was there	2.1%	18.6%	58.9%	14.1%
I was given more time to talk about my problem because the student was there	4.8%	28.5%	47.4%	11.7%
It was more difficult to talk about personal problems	5.7%	25.8%	49.5%	9.6%
I left without saying what I wanted to say because the student was there	2.7%	5.7%	59.8%	26.4%
I prefer to see my doctor on my own	6.6%	27%	49.8%	10.2%
If I need to see my doctor I do not mind who else is there	10.2%	42.6%	32.1%	12.3%

nuity of care appears inevitable. Therefore, it would appear that two of the pillars seen to be important to good general practice — good communication, and continuity of care — may be affected adversely by teaching in general practice.

The model of general practice teaching that we have studied belongs to the 'apprenticeship' style of general practice teaching, where patient participation is often opportunistic. Participating in a busy surgery can allow students to see how the skills they are learning are used in clinical care, but it may not be the best place in which to teach or practise those skills. The enthusiasm of GPs to teach and of patients to be involved in student education may be better harnessed in more planned teaching where patients are specifically invited to be involved in teaching, and techniques such as simulated patients and video are used. Baker wondered whether the reduction in personal care associated with larger practices has contributed to an increase in patient complaints and referrals.<sup>17</sup> Medical schools and GPs need to consider whether general practice teaching will have a similar effect. Current developments in teaching need to be evaluated, not only in terms of achieving educational aims but also whether patient care is affected.

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