

Southern Regional Hub-funded project

Executive Summary



Listening to what patients say
about medical school teaching
and learning

John Dockerty



Research undertaken at University of Otago

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Twenty one final year medical students from the Department of Preventive and Social Medicine and the Bioethics Centre (names appended to the summary).

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Background

Schools of medicine regularly ask learners what they think of teaching, but the views of patients, who contribute greatly to their learning, are rarely sought.

Research objectives:

To:

1. Find a routine way to engage patients in giving feedback on medical student teaching and learning.
2. Develop a survey instrument for patients, to gather their views of teaching and learning in clinical settings and to use the findings for quality improvement.
3. Obtain and provide feedback from patients about the teacher and the learner.
4. Value patients, who give their time and emotional energy to support the learners.
5. Enthuse and better prepare learners for their vocations as health professionals.
6. Focus learners on their ultimate goal: to serve their patients and communities.

Methodology

This research had two components: a cross-sectional survey and a qualitative study. The survey questionnaire was developed, piloted and administered to patients in a variety of clinical learning environments. These included inpatients and outpatients in medicine, surgery, women's health, and children's health (age 12+), as well as people seeing their general practitioners. Patients were ineligible if they were unable to consent, too unwell or had no interaction with a medical student in the previous 30 days. The questionnaires were deployed as soon as practicable after the relevant learning interactions. Successive groups of final year medical students helped finalise the questionnaires, deployed the surveys to patients in secondary care (phase I) and primary care (phase II), and worked on preliminary analyses for each phase.

The questionnaires were designed to ascertain patients' views of the student(s) and teacher(s). We also asked them to write down tips or suggestions for improvement. The questions included categorical choices, Likert scales and free text comments, in a similar approach to that taken in student surveys of teaching and teachers.

The qualitative study which followed was based on structured interviews of a small number of learning interactions that involved patients in primary care. The interviews of patients, teachers and learners were audio recorded and transcribed, and a thematic analysis was done.

Key Findings

The Phase I survey was completed by 89 (54%) of 165 eligible hospital patients. Phase II was completed by 98 (70%) of 140 eligible primary care and clinic patients. Altogether (in both phases) 187 (61%) of 305 eligible people completed our questionnaires.

Of 305 eligible patients in secondary and primary care settings, 187 (61%) completed questionnaires about their involvement in teaching and learning. Patients were very satisfied with interactions with students: with 84% reporting these as 'excellent' or 'very good'. Negative comments were rare.

Ratings of students and teachers were highest in primary care, followed by emergency and outpatients, and then wards. Patients made helpful suggestions to enhance student learning, via tips for practice. Most patients who gave free text comments provided encouragement and positive feedback, by saying that students should keep up the good work. Some suggested that students should have a bit more confidence in their abilities. A few wanted students to introduce themselves and a few others said students should be more empathetic or engaged with the patient.

Patients affirmed the teachers and said that they gave students good explanations, listened well and were helpful. A few appreciated that the teacher allowed the student to lead the interaction. Negative comments were rare.

Full details are available in the full report, available on request from John Dockerty. The detailed report will be posted on this website after journal publication in collaboration with the two groups of learners.

Conclusions

This was a relatively large study across multiple clinical learning environments. Patients gave helpful and positive feedback. This can encourage, motivate and enhance the quality of the work of medical students and their teachers.

This study had two primary goals: (i) to find a routine way of giving patients a say about teaching and learning involving them, and (ii) to hear what they had to say.

One of the challenges was to deploy this across multiple clinical learning environments. We succeeded in obtaining feedback on learning and teaching from 187 patients in multiple clinical learning settings - including primary care, hospital clinics and hospital wards. More than 200 learners were involved in the interactions with this number of patients. We learned that different approaches seem to suit different clinical settings and/or patients and teachers.

We recommend

1. That providers of health professional education take steps to routinely find out what patients think of teaching and learning, and to incorporate their views into the quality cycle.
2. That the Otago Medical School curriculum committee and the Director of the MBChB programme consider:

Adding the regular sampling of patient views to existing methods of quality improvement. We would suggest this be done at least every two years, and:

Across a variety of clinical learning environments.

- By self-administered questionnaire.
- As a brief (1 page) add-on to a random sample of the DHB's normal patient surveys of the quality of clinical care, and a random sample of primary care teaching and learning interactions, with a total of 300 surveys being sent out for each biennial sampling.
- That an anonymised summary of findings be circulated to learners and teaching staff within the medical school.
- That the findings be used to enhance the School of Medicine's periodic report to the Australian Medical Council for Reaccreditation.

This project was designed as pathway to obtaining regular feedback from patients: and not simply as a one-off project. It's an open question as to how often this type of exercise should be done as part of a routine quality process. The findings were so positive that it might only be necessary to repeat this type of exercise every second year.

Lessons for teaching and learning

The feedback obtained from patients was motivating for learners and teachers. Patients' views were reassuring and positive. This helped focus learners and teachers on what they were doing, on their patients, and on their own reflective learning. Both the encouragement received and the tips for improvement are valuable contributions from patients to the practice of teaching and learning. Learning in clinical settings involves substantial logistical challenges yet is essential.

The challenge we raise is for patients to be fully involved in *medical education* – and that includes being heard from more. This challenge should not be limited to medicine but should encompass all disciplines in which health professionals are trained. We hope this work will prompt further discussion and work to develop relevant methods for incorporating patient feedback across the board. This will help educators and students to keep ensuring they align with patient expectations, and that they benefit even more from their experience and wisdom.

Resources (copies are available on request from John Dockerty).

1. Survey questionnaire
2. Structured interview schedule for qualitative study

List of outputs to date

1. Dockerty JD. Presentation at the Council of Academic Public Health Institutions Australasia (CAPHIA), Australian Teaching and Learning Program 2018, Campus of James Cook University, Cairns, Australia. "Partners in learning: Medical students, patients, teachers and researchers." (25 September 2018).
2. Dockerty JD. Invited presentation at the Università del Piemonte Orientale School of Medicine, in Novara, Italy: "Listening to what patients say about medical school teaching and learning" (21 November 2017).
3. Barnett L, Bartlett T, Carey R, Gale J, Goodson S, Ing-Aram F, Karpik J, Lim E, Paterson T, Wilkinson B, Trainee-Intern Group Presentation, Department of Preventive and Social Medicine, University of Otago: "Medical Students' Learning at the Bedside – the Patient's Perspective" (7 October 2016).
4. Smith A, Ashworth A, Chou A, Henley B, Eaton D, Seeman K, Bahi M, Young N, Fujino T, Yugaraja V. Trainee-Intern Group Presentation, Department of Preventive and Social Medicine, University of Otago: "Patients' Views of Medical Students' Teaching and Learning - Part 2" (17 November 2016).

Appendix 1

The names of the two groups of final year medical student researchers in this project:

Phase 1:

Lauren Barnett

Tait Bartlett

Rebekah Carey

Jacqui Gale

Stacey Goodson

Fly Ing-Aram

Jordan Karpik

Eric Lim

Thomas Paterson

Ben Wilkinson

Phase 2:

Andrew Ashworth

Morwan Bahi

Angela Chou

Daniel Eaton

Taz Fujino

Blake Henley

Kay Seeman

Aidan Smith

Jojo Wang

Nathan Young

Vidya Yugaraja