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

Abstract

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ARE PATIENTS WILLING PARTICIPANTS IN THE NEW WAVE OF COMMUNITY-BASED MEDICAL EDUCATION IN REGIONAL AND RURAL AUSTRALIA?

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Background

Community-based medical education is escalating to meet the increase demand for quality clinical education in expanded settings¹. While community-based medical education presents an exciting challenge for general practice^{1,2} patient participation is vital to the sustainability of this endeavour. What are patients' views on being used as an educational resource, and are they being under-or over-used? A report from urban general practice sites investigating patients' acceptance of senior medical student involvement revealed that patients were a willing but underused resource³. This study aimed to investigate whether these findings could be generalised to regional and rural general practices that had recently embraced junior medical student teaching.

Method

All patients attending 8 rural and 11 regional general practices over 18 teaching sessions provided consent for student involvement, and to complete a self-administered pre and post-consultation survey. The survey gathered data on their perceptions, expectations and acceptance of medical student involvement in consultations.

Results

Ninety nine % of patients (N=118) who consented to medical student involvement completed surveys before their consultation, with 83% (N=100) completing post-consultation surveys. Of these, 62% (N=62) reported no prior experience of medical student involvement. Patients were overwhelmingly positive about their doctor and practice being involved in student teaching now and in the future, and felt they themselves played an important role. Desire to help the student was the major reason for agreeing to student involvement (87%), with personal issues (41%), privacy concerns (19%) and student inexperience (17%) potentially leading to refusal. Pre-consultation, patients expressed reluctance to allow students to conduct aspects, or all of the consultation, independently. However post-consultation, they reported they would have accepted more than actually took place in the teaching session. Despite the fact that the regional/rural students had relatively less clinical experience than their urban counterparts³, the former were involved in patient consultations to a higher degree, and the regional/rural patients expected, and would have accepted higher levels of involvement than actually occurred.

Discussion

Patients in regional and rural settings with relatively little prior experience of medical student involvement are willing partners in junior medical student skill development. Our study extends the findings from urban general practice³, namely patients potentially 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.

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