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EXPLORING HOW TO INVOLVE PATIENT SUPPORT GROUP VOLUNTEERS IN MEDICAL EDUCATION

INTRODUCTION: Patient contact is an indispensable part of medical education. It helps students to build integrated skills for history taking, communication, physical examination, and clinical reasoning. The role of patients in education may be passive, such as in bedside teaching, or it may be active, such as when the patient serves as a patient-teacher. Community volunteers who have had first hand illness experiences can be a very valuable resource for the training of undergraduate medical students, however, knowing where and how to recruit these individuals remains a challenge. A patient support group is an association of people sharing common interests and experiences regarding health-related matters. Members of such organisations are often experienced in discussing their disease and sharing ways to cope with the challenges of living with illness. Such individuals are therefore a valuable resource for medical student training since they are fluent in discussing health realted matters and have had numerous interactions with a wide range of health care providers. The aim of this study was to assess the feasibility of engaging volunteers from patient support groups (PSGs) to assist in medical student training in consultation skills with four main objectives are: 1, to examine the willingness of Patient Support Groups in Hong Kong to be involved in undergraduate medical education. 2. to examine how to recruit volunteers for medical student training. 3. to identify the factors affecting willingness to participate. 4. to explore the reasons why PSGs do or do not participate. METHODS: PSGs were identified from the websites of Hospital Authority and The Hong Kong Society for Rehabilitation. A cross-sectional questionnaire survey was be conducted on representatives of these PSGs. Nonparametric statistical methods were used to analyze the survey results. RESULTS: Invitation letters, together with the Chinese and English versions of questionnaires were sent to 210 patient support group organisations identified from the database. Responses were received from 40 organisations. Organistaional characteristics were collected. 23.5% PSGs reported they had previously been involved in healthcare worker training programmes. Over 50% of the respondents expressed a willingness to participate in collaboration with the University. METHODS: to recruit volunteers included using their website, newsletter or through a public announcement. Groups who expressed the most interest tended to be those who already had other community collaborations, those which were lead by patient representatives and who had a personal interest in the collaboration. Patient support groups for stable but chronic conditions where patients were sufficiently mobile and able to commute to the university setting were also the most amenable to being involved. The most common reasons for willingness to be involved included: interest in helping train future doctors to be more patient-centered (55%); to promote better doctor-patient relationships (55%); and interest in forming collaboration with the medical school (50%). The most common reasons cited for not being interested included: inadequate resources to help promote the teaching programme (35%); members were not suitable for medical student training (15%); members were not willing to participate (12.5%); and concern that participation in the program may cause harm or discomfort to members (10%). CONCLUSION: Despite significant interest, not all patient support groups are suitable for medical student training. Those with enthusiastic leadership, particularly those which are headed up by patients with disease rather than by health care workers, those which are well established and better resourced,

and those with members who are well enough and can commute independently to the university setting appear to be the best organisations for such a collaboration.		