

# Research

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## Patient participation in general practice based undergraduate teaching:

a focus group study of patient perspectives

### Abstract

#### Background

Patients make a crucial contribution to undergraduate medical education. Although a national resource is available for patients participating in research, none is as yet available for education.

#### Aim

This study aimed to explore what information patients would like about participation in general practice based undergraduate medical education, and how they would like to obtain this information.

#### Design and Setting

Two focus groups were conducted in London-based practices involved in both undergraduate and postgraduate teaching.

#### Method

Patients both with and without teaching experience were recruited using leaflets, posters, and patient participation groups. An open-ended topic guide explored three areas: perceived barriers that participants anticipated or had experienced; patient roles in medical education; and what help would support participation. Focus groups were audiorecorded, transcribed, and analysed thematically.

#### Results

Patients suggested ways of professionalising the teaching process. These were: making information available to patients about confidentiality, iterative consent, and normalising teaching in the practice. Patients highlighted the importance of relationships, making information available about their GPs' involvement in teaching, and initiating student-patient interactions. Participants emphasised educational principles to maximise exchange of information, including active participation of students, patient identification of student learner needs, and exchange of feedback.

#### Conclusion

This study will inform development of patient information resources to support their participation in teaching and access to information both before and during general practice based teaching encounters.

#### Keywords

general practice; medical education; medical students; patient participation; undergraduate teaching.

### INTRODUCTION

Patients make a crucial contribution to general practice based undergraduate medical education. There is a range of ways in which patients might become involved, including planned preselected patient-based sessions, and student observation or participation in on-the-day appointments.<sup>1</sup> Student numbers have increased enormously, making meaningful patient-based contact in general practice increasingly challenging. However, many practices are withdrawing from teaching involvement, due to increasing service pressures and inadequate financial reimbursement,<sup>2</sup> and the proportion of general practice based teaching in undergraduate curricula has recently declined.<sup>3</sup> The World Health Organization and the General Medical Council have encouraged medical schools to increase their social accountability, and engage with local patient populations.<sup>4,5</sup> It is therefore important that patients are included in dialogue about delivering general practice based teaching, and that information that might support their participation in teaching encounters is provided.

Existing research demonstrates that patients are generally supportive of involvement in general practice teaching.<sup>6</sup>

Patients feel they gain a number of benefits, including gaining knowledge about their disease conditions<sup>7,8</sup> and a feeling of altruism.<sup>7</sup> Patients have also reported some concerns, including unease about student access to their notes,<sup>9</sup> finding intimate examinations problematic,<sup>10,11</sup> and experiencing a lack of clarity about student qualifications and what students might be expected to do.<sup>12</sup> Though resources for patients considering participation in research are well established (see the INVOLVE website; [www.invo.org.uk/communities/information-for-members-of-the-public/](http://www.invo.org.uk/communities/information-for-members-of-the-public/)) there are currently no similar national resources for patients considering participation in education.

This study therefore aimed to determine:

- what information patients would like to know about being involved in teaching; and
- how patients considering participation would like to obtain such information.

### METHOD

#### Participant recruitment

The authors recruited patients from two London-based general practices involved in both undergraduate and postgraduate teaching. A number of methods were used, including leaflets, posters, and

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### How this fits in

It is known that patients generally support teaching in general practice and feel they gain a number of benefits, including increased knowledge about their disease and a feeling of altruism. Some reported patient concerns have included student access to notes, intimate examinations, and clarity about student qualifications and what students are expected to do. This study outlines what information patients would like to receive about participation in general practice based teaching encounters, and how they would like that information to be made available. The study identified that patients want teaching activities to be made explicit through a variety of sources; it complements a number of Care Quality Commission standards relating to the clinical care of patients in general practice. This study aims to contribute to the development of resources for patients, and help GPs to maximise patient participation in teaching.

dissemination of information via the practice patient and participation groups. Patients contacted the research team directly using a response sheet if they were interested in participating, and were sent an information sheet and consent form. They were then contacted via e-mail or phone with details of the focus group arrangements. Patients were informed on the information sheet that they would be offered a small incentive (£20 in store vouchers) on attendance at the focus group.

Patients were recruited with and without experience of teaching consultations. Those with experience ranged from a

single to multiple teaching encounters. These encounters ranged from student observation during routine appointments, to being invited into the surgery specifically to participate in teaching about a particular curriculum topic. Both practices had a teaching hospital as their local hospital and some participants had experience of teaching encounters in both the general practice and hospital settings. Focus group characteristics are outlined in Table 1.

### Focus groups

The focus groups were held in November 2015 on practice premises, as these were familiar to the patients and easy to access. The groups were facilitated by three GPs (ST4s) during extended training schemes designed to facilitate experience in teaching and research. One led the group discussion and the others assisted with time-keeping, observation, and making field notes to aid the transcription (for example, noting which participant was talking). The focus groups began with a discussion of ground rules, such as respecting confidentiality and valuing the views of others. The facilitator then set out the study objectives and opened discussion using the open-ended topic guide, aiming to maximise discussion and interaction between participants to generate participant-relevant knowledge. Three topic areas were explored. The first explored perceived barriers that patients anticipated or had experienced. The second area explored patients' ideas and expectations about the role of patients in medical education. The final area explored what help patients felt would support their participation. The topic guide is outlined in Figure 1.

### Analysis

The digital audiorecording of each interview was transcribed verbatim. The transcripts were analysed both deductively to address the project research questions, and inductively to make visible emerging themes within the participants' discussion using a grounded theory approach.<sup>13</sup>

Transcripts were coded independently by researchers. The transcripts were then analysed and coded thematically using Excel software as an organising tool. The themes were labelled using descriptive terms that were emergent and grounded in the discussion provided by the focus group participants. Following the initial coding, a data workshop was held to discuss and comment on the emergent analysis. This included critical discussion to examine situations where data offered

**Table 1. Focus group characteristics**

	Focus group 1	Focus group 2	Overall characteristics
Number, <i>n</i>	6	7	13
Female participants, <i>n</i> (%)	3 (50)	3 (43)	6 (46)
Male participants, <i>n</i> (%)	3 (50)	4 (57)	7 (54)
Participants with previous experience of participating in teaching, <i>n</i> (%)	5 (83)	5 (71)	10 (77)
Practice demographic	Mixed deprived patient population	Mixed, including affluent patient population	
Practice profile	Large suburban practice >10 GPs. Longstanding undergraduate and postgraduate teaching roles department	Medium-sized suburban practice >10 GPs. Longstanding undergraduate and postgraduate teaching roles, and links with university	

similar or contrasting positions. The team also reflexively discussed situations where data supported or contrasted with their own experiences. The team included both GPs who were new and GPs experienced in the organisation and delivery of general practice based teaching. The initial themes and thematic framework were then further developed and refined.

## RESULTS

Patient participants were generally very happy to contribute to general practice based teaching. Their suggestions focused on ways in which information might be exchanged (both before and during the teaching encounter) to further normalise teaching in the practice and professionalise the process. The authors had anticipated that patients would discuss what information they wanted before the teaching encounter. However, the analysis also highlighted how patients would like to exchange information *during* the teaching encounter through interaction with students. Participants expressed an enthusiasm for actively engaging in the teaching process and co-construction of students' learning.

### Professionalising the process

**Confidentiality.** Participants wanted confidentiality to be made explicit at the outset, and were unsure whether the same professional obligations of doctors applied to students:

*'We just come quickly and we go, but we never hear it said that everything that has been discussed is strictly confidential.'* [Focus group 1 [FG1]]

**Consent.** There is substantial literature on the importance of consent prior to teaching. These participants, however, highlighted the importance for patients of iterative or sequential consent during the teaching encounter, rather than just at the outset, signposting each stage of involvement:

*'I think procedure is important. I think it's quite important that at each stage it's made clear to the patient that they can consent or deny to student participation. You know, the student being present is one part. The student doing an examination is another. The student asking questions is a third [murmurs of agreement].'* (FG1)

**Normalising teaching within the practice.** Participants discussed a range of ways, not previously experienced by them, in which they felt teaching could be made more explicit in the practice, making it clear to patients that this general practice was an explicit teaching space. Participants, for example, suggested the use of notices, notes on repeat prescriptions, and newsletters:

*'I wonder if there could be a notice up at the reception desk to say that Dr Bloggs has three students with him, so that you are prepared before you go in. That might help. Otherwise, you come into the room and Dr Bloggs says ... and that's it, and you're bewildered with what you've come about ... and I think it's a bit overwhelming.'* [Focus group 2 [FG2]]

*'I suppose it would be a good idea for people who have repeat prescriptions, to put it on the one where it says your annual review is due.'* (FG2)

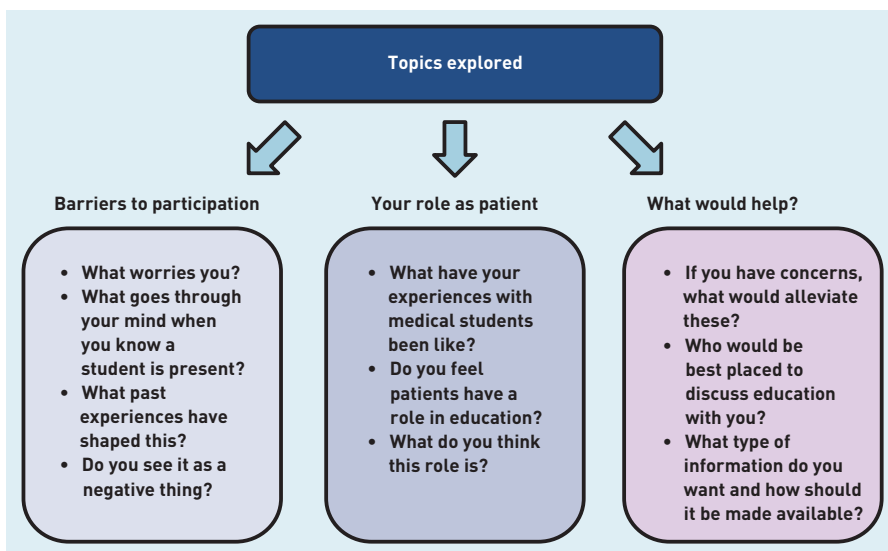
*'... [put] something in the Newsletter about it.'* (FG2)

Many participants, however, felt that a wide range of resources should be used to maximise the explicit teaching involvement of the practice space:

*'Well, if you ask me, you should put it everywhere — it certainly wants to go on the website. There certainly should be a piece of paper that people can be given, and yes, a poster perhaps encapsulating the topic, but use all the communication, the means that you've got.'* (FG2)

*'It can be said, and it seems to me it should be said, and it should be said in all the forms that we have available.'* (FG2)

Figure 1. Topic guide.



Patient participants favoured the use of a wide range of methods to communicate to patients the teaching role of the practice.

### **The importance of relationships in teaching encounters**

Participants emphasised the importance of personal connections in facilitating patient participation in teaching.

*GP involvement.* First, patients felt more willing to participate if they had information and assurances about the involvement of a trusted GP:

*'A lot depends on the personality and the attitude of the GP, who is really conducting this orchestra, isn't he, in a way?'* (FG1)

*'It's the relationship between the GP practitioner and that particular patient.'* (FG1)

However, one participant felt that it was important to acknowledge that the relationship between the patient and GP might change as a result of the student being present.

This participant raised an experience where she felt the relationship became more challenging:

*'I didn't like the doctor being different ... the doctor wasn't at all as they normally were with me, which I didn't like ... more stilted in some way. Less easy and familiar.'* (FG2)

Patients may then be reassured to know of their GP's involvement when agreeing to participate in teaching, but might also need to consider how the consultation might change with a student present.

### *Establishing a student-patient relationship.*

Participants also felt that it was important to establish a relationship with the student early in the consultation, including brief information about their name:

*'I know it takes time, but if they just said their first names or something when the patient came in, it kind of humanises the situation I think.'* (FG1).

Attention should be given to ensuring a personal connection is made between student and patient at the beginning of the consultation, even when students are observing.

### **Educational principles**

Participants identified several educational principles that they felt should underpin

the process of teaching with patients in general practice, supporting an exchange of information between students and patients.

*Active participation.* Participants were keen to support active participation and interaction within the teaching encounter. Through actively engaging with the student, they felt they could better understand the students' learning needs and gain important information about the teaching:

*'There's no doubt participation is preferable as part of a learning experience with the full cooperation of both parties, but they're very different things just to sit and quietly observe, or whether to be actively participating. That's very key, that.'* (FG2)

Most of the participants' experiences related to passive student observation, where the GP had not facilitated any interaction between the patient and student:

*'I've never been asked a question by any of these students. They've never been asked if they want to ask a question.'* (FG1)

Some participants, however, found this passivity problematic.

A passive role for the student meant that the patient had less information about the student, which they found uncomfortable:

*'I wasn't so comfortable and it wasn't very good because the student was very much, like, ignored sitting on the seat and it was like, "Well, what is going on exactly?'"* (FG2)

Participants said that they would prefer the student to be more actively involved:

*'In a GP practice ... unless they're actually involved in the process ... of getting information ... they stand as walls, you know, observers, and we don't want them to be observing, we want them to, you know, take this patient in there with them ... write down the history, and present it as a consultation to the GP.'* (FG1)

Patients wanted to encourage student involvement in dialogue during the teaching encounter, as a way of promoting an exchange of information with the patient.

*Identifying learner needs.* Participants were curious to know more about the purpose of the teaching encounter, in order that

they might be able to support the learning process:

*'I think one of the issues is about clarity as to the purpose of the encounter ... it might be helpful to know what stage the medical students are at, whether they're relatively junior or relatively senior.'* (FG2)

Through direct interaction with the student, the patients anticipated being able to find out more about what the student knew:

*'I'm not at all sure what they get out of it, because they just listen to me ... they don't ask questions of their own. You don't get any sense that they've got any level of knowledge at all.'* (FG1)

*'It's only via their asking questions that you realise what they know and what they don't know.'* (FG1)

Participants are keen, therefore, to exchange information with the student about their level and focus of learning.

They want to establish what the student knows and any knowledge gaps, so that they can be actively involved in contributing to the students' education.

**Exchange of feedback.** Active participation and interaction between student and patient were also treated as an important source of feedback to the patient, sharing what the student had learnt and thanking the patient for their contribution to the learning process:

*'To my recollection, there has never been actually any interaction with the student whatsoever. The student sits there, nods politely, says hello, smiles and that's it ... the rest of the experience is a blank space. And it would be nice to get some feedback.'* (FG1)

*'There should be an interaction with the patient afterwards to say: "Well, actually you've performed a valuable service doing this." I mean, it would be courteous, I suppose, to do that. It's nice to thank people for their help.'* (FG2)

Direct feedback exchange between student and patient could provide information for the patient about what the student has learnt, as well as an opportunity for the student to thank the patient.

## DISCUSSION

### Summary

This study has highlighted a number of ways in which patient participants felt an

information exchange about teaching could be facilitated. These include professionalising the process of information giving, providing assurances about confidentiality, use of iterative consent, and using a range of methods to normalise teaching within the practice. Patients highlighted the importance of relationships in facilitating their feeling comfortable to participate in teaching, as well as the importance of establishing a relationship between the patient and student. Participants raised the subject of educational principles that they felt maximised the exchange of information during teaching encounters, including active participation of students, patient-student dialogue to identify learner needs, and exchange of feedback.

Participants in this study were very supportive of teaching in the general practice space and wanted to make this activity explicit to patients. Participants wanted a range of information beforehand, which would increase their knowledge about the student, their course, and how patients might contribute to different elements of the student's learning experience. Crucially, participants also highlighted a desire for greater direct interaction with students during the encounter, to increase the active participation and information available to both student and patient in the clinical teaching process.

### Strengths and limitations

This was a small study in London-based practices. However, it has generated discussion between patients with and without experience of teaching from two quite diverse practice populations with experience of undergraduate and postgraduate teaching. The range of participant perspectives in the data were analysed both deductively (relating data to predefined research questions) and inductively (relating similar and contrasting ideas within the data to each other, as well as reflexive discussion of the data in relation to researcher positions and existing literature). Analysis revealed both positive and negative issues related to patient participation in clinical teaching.

### Comparison with existing literature

Some themes emerging from the analysis have resonated with issues already reported in the literature. Other themes have contributed new knowledge about the field of patient participation. Importantly, this study has broadened the agenda for provision of information to support patients taking an active role in teaching encounters with students.

Previous studies have developed knowledge about professionalising the process of teaching in the general practice setting, drawing particular attention to the importance of patient consent within teaching encounters. O'Flynn *et al* identified in the late 1990s that patients were often passive participants in UK general practice teaching consultations, with limited informed consent to students' presence.<sup>11</sup> Benson *et al* identified patient expectations of greater control over students' presence during their general practice consultations.<sup>6</sup> More recently, Price *et al* emphasised the importance for teaching interactions of patients consenting to students' presence.<sup>14</sup> This study adds to this literature by highlighting patients' desire for iterative or sequential consent throughout the consultation, providing assurances of confidentiality, and suggesting ways of normalising student presence in the general practice context.

General practice is often positioned as providing students with patient-based learning.<sup>15</sup> The nature of student-patient interaction appears, however, to be evolving. Tuckett *et al* wrote in the 1980s about the increasing importance for clinicians to recognise the expertise brought to the consultation by patients.<sup>16</sup> They described how, once patient expertise is recognised, patients can participate in a much more active role within the doctor-patient relationship. This study suggests that a similar shift is now required in preparing for general practice based teaching encounters. This finding is supported by a recent meta-ethnography of literature about general practice based medical education,<sup>17</sup> and subsequent PatMed study (S Park, unpublished data, 2017) exploring these findings with patients, which have developed concepts of the GP brokering the interactions, and available positions for patients and students as passive or active participants in the teaching community of practice.

Recent research in medical education has begun to explore the role of the patient as educator. Towle *et al* have suggested a

hierarchy of active patient involvement in medical education at institutional levels, echoing issues raised by our participants around a desire to know about the students' progress.<sup>18</sup> Wykurz and Kelly, and Bleakley have highlighted the emergent role of patients as teachers in clinical learning, reporting positive reactions from learners, especially when patients were involved in feedback and assessment.<sup>19,20</sup> This study contributes to this literature by demonstrating patients' desire to engage with educational principles, establishing relationships, and interacting with students during general practice teaching encounters.

### Implications for practice

This study builds on existing work about patient participation in general practice medical education, in relation to the information patients would like about teaching participation. If a student is positioned within a teaching encounter as a passive observer, with minimal direct interaction with the patient, the patient has very little information, knowledge, and, consequently, power with which to influence the interaction. There is, of course, enormous learning potential that students can achieve through observation. Nevertheless, patients would like a brief, direct student-patient interaction that establishes a relationship and helps the patient understand the purpose and focus of the students' learning. If the student is offered a more active role to participate in the teaching encounter, then the patient can similarly become more actively involved and access more information about what the student knows, and what they have learnt during their interaction.

Participants were supportive of teaching in the general practice space and made several suggestions for making teaching activity more explicit to patients, using multiple sources and making information about teaching in the practice as widely available as possible. Participants offered a range of suggestions including a webpage, leaflets, prescriptions, posters, and the practice newsletter.

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### Ethical approval

This project received ethical approval from University College London (UCL) Research and Ethics Committee, Health Research Authority NRES London, (reference 15/LO/0953, and was registered with UCL data protection.

### Provenance

Freely submitted, externally peer reviewed.

### Competing interests

The authors have declared no competing interests.

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## REFERENCES

1. Bryant P, Bertin A, Coppola W, Jones M. A comparison of clinical content between structured specialty teaching sessions and teaching in routine general practice consultations. *Educ Prim Care* 2008; **19(1)**: 43–53.
2. Harding A, McKinley RK, Rosenthal J, Al-Seaidy M. Funding the teaching of medical students in general practice: a formula for the future? *Educ Prim Care* 2015; **26(4)**: 215–219.
3. Harding A, Rosenthal J, Al-Seaidy M, *et al.* Provision of medical student teaching in UK general practices: a cross sectional questionnaire study. *Br J Gen Pract* 2015; DOI: <https://doi.org/10.3399/bjgp15X685321>.
4. Boelen C, Heck JE. *Defining and measuring the social accountability of medical schools*. Geneva: World Health Organization, 1995.
5. General Medical Council. *Patient and public involvement in undergraduate medical education*. Advice supplementary to Tomorrow's Doctors (2009). London: GMC, 2011. [http://www.gmc-uk.org/Patient\\_and\\_public\\_involvement\\_in\\_undergraduate\\_medical\\_education\\_guidance\\_under\\_review\\_0815.pdf\\_56438926.pdf](http://www.gmc-uk.org/Patient_and_public_involvement_in_undergraduate_medical_education_guidance_under_review_0815.pdf_56438926.pdf) [accessed 8 Mar 2017].
6. Benson J, Quince T, Hibble A, *et al.* Impact on patients of expanded, general practice based, student teaching: observational and qualitative study. *BMJ* 2005; **331(7508)**: 89.
7. McLachlan E, King N, Wenger E, Dornan T. Phenomenological analysis of patient experiences of medical student teaching encounters. *Med Educ* 2012; **46(10)**: 963–973.
8. Jones S, Oswald N, Date J, Hinds D. Attitudes of patients to medical student participation: general practice consultations on the Cambridge community-based clinical course. *Med Educ* 1996; **30(1)**: 14–17.
9. Chipp E, Stoneley S, Cooper K. Clinical placements for medical students: factors affecting patients' involvement in medical education. *Med Teach* 2004; **26(2)**: 114–119.
10. Coleman K, Murray, E. Patients' views and feelings on the community-based teaching of undergraduate medical students: a qualitative study. *Fam Pract* 2002; **19(2)**: 183–188.
11. O'Flynn N, Spencer J, Jones R. Does teaching during a general practice consultation affect patient care? *Br J Gen Pract* 1999; **49(438)**: 7–9.
12. Howe A, Anderson J. Involving patients in medical education. *BMJ* 2003; **327(7410)**: 326–328.
13. Corbin J, Strauss A. *Basics of qualitative research: techniques and procedures for developing grounded theory*. London: Sage, 2008.
14. Price R, Spencer J, Walker J. Does the presence of medical students affect quality in general practice consultations? *Med Educ* 2008; **42(4)**: 374–381.
15. Wass V. *By choice — not by chance: supporting medical students towards future careers in general practice*. London: Health Education England and the Medical Schools Council, 2016.
16. Tuckett D, Bolton M, Olson C, Williams A. *Meetings between experts: an approach to sharing ideas in medical consultations*. London: Tavistock Publications, 1985.
17. Park S, Khan N, Hampshire M, *et al.* A BEME systematic review of UK undergraduate medical education in the general practice setting: BEME Guide No. 32. *Med Teach* 2015; **37(7)**: 611–630.
18. Towle A, Bainbridge L, Godolphin W, *et al.* Active patient involvement in the education of health professionals. *Med Educ* 2010; **44(1)**: 64–74.
19. Wykurz G, Kelly D. Developing the role of patients as teachers: literature review. *BMJ* 2002; **325(7368)**: 818–821.
20. Bleakley A. *Patient-centred medicine in transition: the heart of the matter*. London: Springer, 2014.