

Progress Report of the Supplementary Funds to Improve Teaching and Learning in the Medical Curriculum

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B. Title: Early Experience: a path to encourage students to choose primary care/family medicine specialties

C. Background

It has been shown that early practical experience (“early experience”) may help orient medical curriculums towards social needs by demonstrating the social context of practice (Dornan et al, 2004) and help students recognize and learn about professional roles and responsibilities, healthcare systems and health needs of a population (Hampshire, 1998). Importantly, as most early experience was provided in the community, it has the potential to increase the popularity of primary care/family medicine training programmes among medical students.

In the recent Hong Kong Medical Council Review of both Universities’ medical curriculum, it has been suggested that introducing students at an earlier stage of their study to role models of Family Medicine would be a positive move to increase students’ interests in pursuing family medicine as a career choice. Furthermore, there was an additional recommendation for both medical schools to put an increased emphasis of the medical curriculum on social responsibility (The Medical Council of Hong Kong, 2009).

We have introduced the “Early Experience” project in the first semester of the UGE Course Understanding of Health and Society in 2011-2012 with the objective to introduce students to early experience to both community doctors and patients.

D. Objectives and Aims

- To provide early clinical attachments and career mentorship to first year student and ground the preclinical basic science curriculum in real-world setting with patient and doctor interactions
- To increase students’ interests in choosing family medicine as a career choice
- To increase students’ awareness of the role and responsibilities of medical professionals in the community and to further understand the health needs of the people with chronic diseases in the community.

E. Delivery Plan/Methods

With the feedback from the Medical Education Supplementary Fund Committee, we conducted the project as a pilot and have arranged 40 doctor (GP) and 40 patient sessions (instead of 80 doctor and 80 patient sessions) for 80 pairs of students. Since in addition to medical students, this course was also open to non-medical students to take it as a general education course. As a result, non-medical students were only arranged to be attached to patients. Patients were recruited from the Patient Alliance Association, which we have previously invited their members who were patients with chronic conditions to share their healthcare experiences during one of the classes. Forty doctors who were graduates of our Diploma in Family Medicine Programme were recruited. During a half day session, students were asked to interview the designated patients and doctors with a pre-defined set of questions to assist them in writing their reflective essays. For the interviews with patients, the aim was to consider the patient from a psychological and social perspective.

For the interviews with the designated doctors, the aim was to focus on the role and social responsibility of doctors in the community and for students to be exposed to role model of family medicine in order to stimulate them to consider family medicine as a career choice. After the attachments, students were required to write a reflective essay on their experiences (Questions and assessment in the reflective essay are attached in appendix 1).

F. Evaluation and Assessment of Outcomes

Evaluation and assessment of this project include:

1. Satisfaction and feedback survey from students and students' evaluation of course

1a. Interviews with doctors:

A total of 95 students were assigned to interview doctors and were asked to fill out a brief evaluation questionnaire. In the questionnaire, three items with 6 ratings were included: 1. The project provided good insight into the reality of Family Medicine. 2. The project increased my awareness of the role and responsibilities of doctors and health professionals in the community. 3. The project increased my interests in family medicine and primary care. Students were also asked to comment on the best features of the project and provided suggestions for improvement. 58 surveys were returned with a response rate of 61%. Over 90% of the students gave one of the 2 highest ratings (5-6 out of 6) for items 1 and 2, and almost 85% gave the two highest ratings for item 3. Many students commented that the project was a valuable experience and some were exposed to the concept of Family Medicine for the first time.

Medical students meeting family physicians early on in their medical education has provided them with insight into the reality of Family Medicine and increased their

interests in the specialty.

The narrative comments on 'Best Features of the Interview Experience' with a doctor included the following:

- The interview experience was “really good”, “very interactive”, “very insightful”
- We rarely have a chance to chat with Family doctors in their clinics. The interview gave me a better understanding of their jobs
- We can have early contact with doctors in their working sites
- I can access family doctor and learn their experience in person
- I had a valuable experience to interact with Dr. Au, and have a clear insight about his job and duty of a family doctor.
- This attachment has deepen my understanding of the family medicine specialty and its vital role in society
- Dr. C talked about lots of his personal experience, which really greatly increased my interest of being a doctor, his way of thinking of both sides (good side and bad side) provoked me.
- He provided us chances to actually witness the process of diagnosing patients and showed a genuine interest in helping people, not just as a doctor but also a friend.
- I could communicate with doctors and I do know much more about family medicine which I have no idea before
- Dr. K. gave me insights about the importance of primary care of family medicine. He also shared with us his experiences as a doctor which I found very inspiring. The nurses are very friendly and helpful.”

1b. Interview with patients:

Of the 80 students that were assigned to patients, 53 completed feedback forms (Response rate 66%). Above 75 % (n= 40) rated highly and very highly their understanding of the health needs of patients and were able to gain more insight on the impact of disease and how patients cope and adjust to chronic illness. Students felt it was a valuable opportunity in talking directly to patients and understanding first hand their experiences and beliefs. In addition, student also gained medical knowledge, understanding of patient expectations and patient organizations. Students expressed that they would like more activities and seminars with patients and follow up interviews and interviews with care givers with more time for reading on the disease and preparing for the interview.

Early patient contact has proven to be a valuable exercise which stimulated student's active learning and understanding of the patient, patient doctor relationship and

professionalism.

The narrative comments on 'Best Features of the Interview Experience' with a patient included the following::

- It provides us with a valuable opportunity to talk to patients as medical professionals
- Face-to-face conversation with the patients (we can get to know more about healthcare service from patients' perspective)
- Provide chance to understand patients' expectation to doctors.
- Opportunity to understand the feeling of patients
- Contact with patients enrich study life and demonstrate relevance of public healthcare to medical professionalism
- Being able to have detailed conversation with someone suffering from debilitating diseases provides a new, realistic and holistic insight into the effects of illnesses
- We can develop our knowledge through the interaction between the community and us, which is very rewarding for being a doctor.
- During the interview, we realized that we only got superficial understanding of the blind in the past. I think this sense of being humble to every patient is very important.
- Listening from a patient's perspective is the most direct way of understanding the impact a disease imparts on the patient
- A very tight-knitted organization who offered supplementary information about the organization after the interview; interview itself was quite inspiring.
- The suggested questions guided us to ask for areas that we might not be aware of.

2. Evaluation of this course (as compared to evaluation in the previous year)

The overall evaluation of the course "Understanding of Health and Society-UGE2930" has improved from last year (please see Appendix 2).

In the supplementary Questionnaire for Student Opinion Survey, "Clinical Attachment"; "Sharing of patients' experience", "learning from an actual family practitioner at a clinical setting", "attachment to clinic", "attachment scheme" are repeatedly stated by students as the most valuable thing that student has learned in the course.

3 Publications/Conference Proceedings

Two abstracts written using findings from the evaluations from students on first

year attachments with doctors and patients have been accepted to the 19th Asia Pacific World Organization of Family Doctors Conference (WONCA) and will be presented in May 2012 in Jeju, South Korea.

With the positive feedbacks from students with respect to these attachments, we have been granted to continue with this early exposure programme for another year. This programme would run in the first year of the new cohort of the 5 year medical programme in 2012-2013.

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