Background

Although patient-centred care is traditionally one of the cornerstones of Family Medicine, many believe it should really be at the core of all medical teaching. Studies have shown that as students progress through training, the powerful experiences of the ‘hidden curriculum’ results in students becoming less patient-centred and more paternalistic. It is a challenge for educators to foster patient-centred values and behaviours when students spend the majority of their time learning in tertiary health care environments.

In their final year, our students attend a half-day attachment at a government-funded primary care clinic, supervised by family doctors with a special interest in counselling. Many of the patients seen are being managed for chronic diseases and often present with medically-unexplained symptoms. During this attachment, students get to observe and perform counselling, focussing on the psychosocial aspects of care. Skills coaching, feedback and a debriefing is provided by the tutors.1

Following the attachment, students complete a “Learning Reflection Form” which encourages them to reflect on the learning experience and provides a qualitative evaluation of the educational impact of the attachment.

Design Methods & Analysis

A retrospective qualitative analysis was performed on the students’ reflections regarding the attachment. The Reflection Forms were given a numeric code and transcribed. Each comment made was given a word tag or phrase tag. ‘Tags’ are key words or phrases used to code for the key concept or theme in each response.

A ‘TagCloud’ based on the student responses was generated using www.wordle.net (a free website) which creates visual representations for text data. Tags are listed alphabetically and the importance of each tag is represented through font size and colour, with more frequently used tags expressed as larger font.

Results

“Understanding more about the patient's background and social history helps not only in establishing rapport, but also in the management in a targeted manner”

“Be more open-minded in psychosocial exploration”

“Recognise psychosomatic complaints”

“Listen non-judgmentally, with empathy and unconditional positive regard”

“What seems so easy in a textbook might be quite difficult in actual clinic situations. It is important to always reflect on our skills and make continuous improvement.”

“Keep in mind the story behind every patient”

“Every management needs to be tailor made to individuals despite the same disease”

“Knowing what the patient knows and expects is the key to successful communication and counselling”

Conclusion

A single, small-group, primary care learning activity focused on the development of counselling skills was effective in raising awareness and fostering positive attitudes towards patient-centered care. Students were able to value the importance of the patient’s ideas, concerns and expectations in the consultation, and the need to explore underlying psycho-social issues to develop individualised, tailor-made treatments. By reflecting on the activity, students were able to identify gaps in their skills and knowledge, areas for further development, and acknowledge how their learning may impact their future practice.

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