



Medical Students Experience Early Patient Contact in General Practice: *A Description and Evaluation of a New Course in the Medical Curriculum*

Lars Chr. Lassen, Jan-Helge Larsen, Gert Almind & Paul Backer

To cite this article: Lars Chr. Lassen, Jan-Helge Larsen, Gert Almind & Paul Backer (1989) Medical Students Experience Early Patient Contact in General Practice: *A Description and Evaluation of a New Course in the Medical Curriculum*, Scandinavian Journal of Primary Health Care, 7:1, 53-55, DOI: [10.3109/02813438909103672](https://doi.org/10.3109/02813438909103672)

To link to this article: <https://doi.org/10.3109/02813438909103672>



Published online: 12 Jul 2009.



Submit your article to this journal [↗](#)



Article views: 284



View related articles [↗](#)



Citing articles: 2 View citing articles [↗](#)

Medical Students Experience Early Patient Contact in General Practice

A Description and Evaluation of a New Course in the Medical Curriculum

LARS CHR. LASSEN, JAN-HELGE LARSEN, GERT ALMIND and PAUL BACKER

Institute of General Practice, University of Copenhagen, Denmark

Lassen LC, Larsen JH, Almind G, Backer P. medical students experience early patient contact in general practice. A description and evaluation of a new course in the medical curriculum. Scand J Prim Health Care 1989; 7: 53-6.

In the first year of the medical curriculum at the University of Copenhagen, a new discipline has been introduced, in which general practice has the key position in providing experiences of early patient contact to the students. The course consists of three principal elements: student-patient contacts in the patient's home; lessons with the general practitioner; and lessons at the Institute of General Practice. The compulsory course is completed by a student's report, and the first course has been evaluated by qualitative analysis of these reports and by questionnaires to the students and GPs. The results indicate that it is possible to provide considerable improvement of the medical education as regards communication skills and understanding of the patients' perceptions, by letting the student establish contact with a patient in the very beginning of the curriculum. General practice provides an appropriate setting for this education for both teachers and patients.

Key words: general practice, communication, undergraduate medical education.

Lars Chr. Lassen, M.D., Institute of General Practice, Juliane Maries Vej 18, DK-2100 Copenhagen Ø, Denmark.

The course in "Early patient contact" was developed at the University of Copenhagen in order to teach future medical doctors to communicate better with patients and understand the patients' beliefs, concepts, and experiences about health and disease. These skills are decisive, not only to patient satisfaction, but also to proper diagnosis and treatment (1, 2), as well as to satisfactory patient compliance with medical advice (3, 4).

This paper brings a brief description and a preliminary evaluation of this new course in the medical curriculum, in which general practice plays the key role.

THE COURSE IN "EARLY PATIENT CONTACT"

The Institute of General Practice organizes the course in "Early patient contact" that is placed in the second term of the first year with an overall duration of 3 1/2 months, and which is basically built upon

three elements (Fig. 1): 1) lessons at the Institute; 2) lessons with a general practitioner; and 3) student-patient contacts.

The topics for the lessons at the Institute, in which the students are divided into classes of 24, include the doctor-patient relationship, communication theory and techniques, medical ethics, roles of doctors and patients, and lay concepts of and reactions to disease.

The topics for the lessons with the general practitioner, where the students are divided into groups of four, include assigning of a patient to each student and discussions of the student-patient contacts.

The patients are selected solely by the practitioner, with the restriction from the Institute not to select psychotic patients. The student visits the assigned patient in the patient's home regularly throughout a period of approximately three months, and he may also go with the patient to examinations or treatments at the hospital outpatient clinic. Each GP is

- 1) Introductory lesson at the Institute (6 hours, classes of 24 students)
- 2) Lesson with the general practitioner (2 hours, groups of 4 students)
- 3) Student-patient contacts
- 4) Lesson with the general practitioner (2 hours)
- 5) Student-patient contacts
- 6) Midway lesson at the Institute (5 hours)
- 7) Lesson with the general practitioner (2 hours)
- 8) Student-patient contacts
- 9) Lesson with the general practitioner (2 hours)
- 10) Student-patient contacts
- 11) Final lesson at the Institute
- 12) Report

Fig. 1. Plan of the course in "Early Patient Contact".

provided with a small, handy tape recorder that the student can borrow, and the student is encouraged to record some of his talks with the patient.

The course, which is compulsory, is completed by the writing of a report by the student of c. ten pages. The report must be approved by the student's teacher from the Institute, before the student can pass on to the next term in the curriculum. The report must include two equally weighted items: 1) a description and interpretation of the patient's life situation in relation to health status, and of the patient's perspectives, concepts, and experiences of disease; and 2) a description and interpretation of his communication with the patient, including the development of the process during the contacts.

Approximately 35 general practitioners in Copenhagen and throughout Zealand up to 1 hour's transport from Copenhagen, are involved in each course. Being members of the Institute staff of clinical lecturers, they are paid by the University for their contributions to the course, and they attend regular meetings at the Institute.

PRELIMINARY EVALUATION OF THE FIRST COURSE

As it represented a brand-new element in the medical curriculum, the first course in "Early patient contact" was evaluated by analysis of the students' reports and by questionnaires for the students and GPs.

The students' reports

All the participating students delivered a final report. These were analyzed qualitatively to find characteristic patterns of the students' description and in-

terpretation of their communication with the patients. Our analysis was validated by discussions with the students, the practitioners and the other teachers from the Institute.

The analysis revealed that most students had been highly motivated and succeeded in establishing good contact and communication with the patients. In this way most achieved a rather deep insight into the patients' experiences and life situations. One of their discoveries was that speaking about themselves made the patients feel more comfort and tell more, and that even a tiny moment of unawareness of forcing impaired the contact. A small proportion of the students only achieved a rather superficial level in their contacts with the patients.

The questionnaires for the students

The questionnaires for the students were distributed at the last lesson at the Institute. The 81 students who were present (58%) all completed the forms, but the answers should not be considered as representative for all 140 students. Most questions were open-ended, and the authors afterwards categorized the answers. The students were asked to formulate the outcome from the contacts (Table I). Most students found the outcome very positive, while 11% considered it to be small.

The scheduled time for the student-patient contacts was 16 hours overall. The actual time spent was between four and 20 hours (median 10 hours), and the actual number of meetings ranged from two to

Table 1. *The students' answers to the question: "What did you get out of your talks with the patient?"*

Category of answer	No. of students (%)
I have learnt to communicate better	40 (49)
I have learnt something about myself	21 (26)
I have learnt what a patient's life can be like	15 (19)
I have got insight into a patient's experiences of disease health services	8 (10)
I have learnt that a patient is a human being	7 (9)
I have got insight into a personal crisis	3 (4)
I have got insight in the practitioner's moral and ethical problems	1 (1)
I have not got any particular outcome	9 (11)

Note: The total is more than 100%, because several students have written more than one sentence to characterize their outcomes.

nine (median four). The questionnaires provided no obvious explanation for these variations.

Seventy-six per cent of the students were very content with the lessons with the general practitioners, particularly emphasizing their new insight into the work of general practitioners and the discussions of the student-patient contacts. Twenty-four per cent felt that the practitioner was lacking engagement and preparation. Eighty-four per cent found that the lessons at the Institute provided a good means for discussions of general aspects from their contacts with the patients, but sixteen per cent felt that the lessons were too long-winded. The expressed criticisms have made the Institute staff more aware of the necessity for sufficient information and explicit demands from the Institute to the GPs, as well as a better coordination between the lessons at the Institute and the lessons with the GPs.

The questionnaires for the general practitioners

The questionnaires for the general practitioners were mailed, and 26 (74%) were returned. Eighty-one per cent of the practitioners reported good results as regards their relationship with the participating patients, as well as regarding their personal gains from the lessons with the young students. Nineteen per cent reported that their relationships with the participant patients had not been affected.

CONCLUSION

The analysis of the students' reports has provided evidence that it is possible, by the described course in "Early patient contact", for young medical stu-

dents to establish contact and communicate with patients in general practice and get some insight into the patients' experiences and life situations.

The students' answers to the questionnaires must be regarded with serious reservations due to lack of representativeness. It seems that the majority were very content with the three principal elements of the course: the lessons at the Institute, the lessons with the general practitioner, and the contacts with the patient. The expressed criticisms in the answers have provided some guidelines for the further improvement of the course, especially as regards the information and coordination between the Institute and the practitioners.

Undergraduate medical education has become an important task for general practitioners. With this brief report we have wanted to present a new example of the many different ways in which general practice may contribute to undergraduate medical education.

REFERENCES

1. Wakeford R. Communication skills training in United Kingdom Medical Schools. In: Pendleton D, Hasler J, eds. Doctor-patient communication. London: Academic Press, 1983.
2. Metcalfe D. The mismatch between undergraduate education and the medical task. In: Pendleton D, Hasler J, eds. Doctor-patient communication. London: Academic Press, 1983.
3. Sackett DL, Snow JC. The magnitude of compliance and noncompliance. In: Haynes RB, Taylor DW, Sackett DL, eds. Compliance in health care. Baltimore: The Johns Hopkins University Press, 1979.
4. DiMatteo MR, DiNicola DD. Achieving patient compliance. New York: Pergamon Press, 1982.

Received December 1987

Accepted August 1988