Middle Articles

MEDICAL EDUCATION

Reactions of Psychiatric Outpatients to Teaching Interviews

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Summary: In an attempt to assess some of the reactions of psychiatric outpatients attending a teaching clinic, a group of patients who received a letter warning them of the possible presence of students were compared with a group who did not receive such a letter. The "letter" group were generally more satisfied with their interview and were less likely to say that they had consciously withheld information. Greater satisfaction was also expressed by patients over 35.

When asked whether they preferred to see one student in private and then the psychiatrist with a small group of other students, or to have the whole interview conducted by the psychiatrist in front of the group, patients expressed a clear preference for the former choice. This former method may also allow more responsible and active participation by the students.

Introduction

In recent years there has been an increasing interest in investigations of teaching methods in medicine. This is reflected in organizations like Association for the Study of Medical Education and in the appearance of new journals specializing in the study of medical education. Attention has generally been concentrated on the needs or wishes of medical students and the results of different methods of training. Though the benefits to medical students of close contact and active involvement with patients is often stressed, little has been written about the effects of teaching methods on the patients themselves. While it is generally recognized that the requirements of medical instruction may sometimes clash with patients' wishes for privacy, beliefs about patients' wishes, concerns, or knowledge often tend to be based on assumption rather than adequate information. Thus, for instance, in an otherwise admirable editorial in the *British Medical Journal* (1966) it is stated that "most patients attending a teaching hospital know they may be the subject of medical instruction." So far as we can ascertain the evidence for this belief is rather scanty. In teaching hospitals the assumption seems to be that any disadvantage experienced by patients is likely to be more than offset by the better facilities available.

It might be supposed that in psychiatry, more than in most other specialties, problems might be created for patients by the demands of student teaching. Surprisingly, there seem to be no reported attempts to discover how patients with psychological problems react to students or to the teaching interview situation. This paper presents a small foray into this deserted field.

Aims

Initially, the intentions of this inquiry were simply to find out whether patients attending a psychiatric outpatient clinic were aware that this clinic was held in a teaching hospital, and that they might be interviewed by or in front of students, and to determine how patients felt this might have affected their behaviour in the interview situation. While this study was in progress, and for reasons unconnected with the study, a new policy was adopted in the department whereby all prospective patients were sent a letter specifically informing them that they would be attending a teaching clinic where medical students might be present. This new situation provided the opportunity to compare the reactions of those who had no specific warning of this kind with those who had.

Method, Procedure, and Patients

After preliminary discussions with a number of patients who had just emerged from the diagnostic teaching interview, to find out the sorts of concerns then occupying their minds, a short questionnaire (see Appendix) was constructed. It contained 11 multiple choice questions and two open-ended questions. Only the former have been examined in detail, since few patients took the opportunity to express themselves more freely.

On arrival at the clinic each patient was first seen by a secretary, who explained the procedure, took preliminary particulars, and handed out the questionnaire. The patient was then interviewed alone by one student for a period of about one hour. The student then presented the history and findings to a group of from four to six student colleagues and the psychiatrist in the patient's absence. The patient was next interviewed by the psychiatrist in front of the student group. This second interview generally concentrated on aspects of the history or problems which might have been neglected by the student. It also provided the patient with an opportunity to modify or expand his initial comments. After this second interview the patient was asked to complete the questionnaire in the waiting room.

This procedure was followed with a consecutive series of 151 patients (85 women and 66 men). These were divided into two groups. One group of 70 attended before August 1968, when the warning letter was introduced (referred to here as the "no letter" group). The other group of 81 patients attended after August 1968 and all received the letter (referred to here as the "letter" group).

It was not practicable to send the letter to a randomly selected group of patients, but in fact the two groups proved to be well matched (see below). In general, patients were accepted for the letter group as they presented, but a few were excluded for specific reasons. Thus those who had arranged their appointments by coming personally to the clinic, rather than by telephone or post as was more usual,

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were excluded because they were informed of the teaching nature of the clinic in an unstandardized manner. In addition, those who either arrived later or attended as emergencies and were not interviewed in the usual manner were also excluded.

Results

The no-letter and letter groups proved to be well matched for age (mean ages being 34.2 years (S.D.=12.4) for the former and 36.4 years (S.D.=14.0) for the latter) and sex distribution (57% of the no-letter group being women, against 56% of the letter group). The distribution of diagnoses in the two groups is given in Table I.

TABLE I.—Distribution of Diagnoses

	No-letter Group (n = 70)		Letter Group (n = 81)	
	No.	%	No.	%
Depression	21	30	36	44
Personality disorder	13	19	18	22
Phobias	7	10	6	7
Anxiety states	6	9	2	3
Sexual problems	4	6	4	5
Obsessional states	1	1	2	3
Psychosomatic disorders	3	4	7	9
Other	10	14	6	7
Unknown	5	7	0	

The only statistically significant differences between questionnaire responses in the two groups are shown in Table II. Question 9 has been included as indicating an interesting trend, though the difference reached only the 10% level of significance. The answers to questions 4 and 5 may be used as evidence that the warning letter achieved its primary purpose in informing patients about the kind of hospital they would be attending and preparing them for the eventuality of being seen by students. Significantly more patients in the letter group said they knew this was a teaching hospital and that they might be seen by students. It is perhaps worth noting,

TABLE II.—Differences Between Responses in No-Letter and Letter Groups

Question	Response	No Letter (n = 70)	Letter (n = 81)	χ^2 and Probability
1. How satisfied	Extremely } : { Fairly Very } : { Not very Not at all	34 : 35 (49%) (51%)	55 : 24 (70%) (30%)	$\chi^2 = 5.54$ $P < 0.02$
4. Knew it was a teaching hospital	Yes : No	44 : 26 (63%) (37%)	77 : 3 (96%) (4%)	$\chi^2 = 24.6$ $P < 0.001$
5. Likely to be seen by students	Extremely } : { Not very Very } : { Not at all Fairly	26 : 42 (38%) (62%)	65 : 12 (84%) (16%)	$\chi^2 = 31.0$ $P < 0.001$
6. Would you have come?	Yes : { No Uncertain	53 : 17 (76%) (24%)	73 : 7 (91%) (9%)	$\chi^2 = 5.60$ $P < 0.02$
9. Avoid saying things	Yes : { No Uncertain	11 : 58	5 : 76	$\chi^2 = 2.78$ $P < 0.10$

Note: (1) Question totals are sometimes different from group totals because the questions were not answered by some patients. (2) Percentages here and in Table III are calculated on actual numbers answering each question.

though, that even after the warning letter 16% of the patients did not think it likely they would be seen by students.

Before the warning letter 24% of the patients indicated they might not or would not have come had they been forewarned that they might have to be seen with students. Significantly, fewer patients expressed doubts after the letter was introduced, though some still remained. More patients (70% as against 40%) expressed themselves as extremely or very satisfied with the interview procedure in the letter group than in the unwarned group. There was also a slight tendency for fewer patients in the group which had been forewarned of the likely presence of students to claim they had avoided saying some things because students were present. (Q.9).

When men were compared with women no statistically significant differences in responses appeared. When the no-letter and letter groups were combined, however, and the responses of patients under 35 years of age were compared with those aged 35 and over, two questions (Nos. 1 and 8) showed significantly different responses (Table III). More of the older

TABLE III.—Differences Between Patients Under and Over 35 Years of Age

Question	Response	Under 35 (n = 85)	35 (n = 66)	χ^2 and Probability
1. How satisfied	Extremely } : { Fairly Very } : { Not very Not at all	42 : 42 (50%) (50%)	46 : 18 (72%) (28%)	$\chi^2 = 6.33$ $P < 0.02$
8. Altered behaviour	Yes : { No Uncertain	16 : 69 (19%) (81%)	3 : 59 (5%) (95%)	$\chi^2 = 5.05$ $P < 0.05$

patients expressed satisfaction with the interview and fewer claimed to have altered their behaviour because of the presence of students. Since there was no significant difference between the two groups in terms of age ($t=1.03$, N.S.) the overall tendency for older people to express more satisfaction with the interview does not seem to account for the difference concerning "satisfaction" noted in Table II.

A few other descriptive points seem worth noting. A sizable minority of patients in both the no-letter and letter groups (20% and 14%, respectively) felt they had managed to say only half or none of the things they wanted in the interviews. Nearly a quarter of the patients in both groups (24% and 21%) thought the doctor only fairly or not at all sympathetic. Here the degree of dissatisfaction in the no-letter group may be masked, since 19% of this group chose not to answer this question. A small number of patients in both groups felt their behaviour in the interview was affected by the presence of students (16% in the no-letter group and 10% in the letter group), but most thought it right that patients should be seen by students (84% in no-letter and 83% in letter groups) and that it was necessary for students to learn in this way (90% in no-letter and 98% in letter groups).

Patients in both groups also expressed clear-cut preference for option (b) in question 13, preferring to be seen first by a student in private and then by the doctor with other students rather than having the whole interview take place in front of the students. In the no-letter group 66% chose option (b) and 26% option (a), and in the letter group the former was chosen by 68% and the latter by 25%. For the whole series this represented a highly significant difference ($\chi^2=14.6$, $P<0.001$).

Discussion

Results obtained in an inquiry such as this are, of course, open to a number of interpretations. So far as we can tell, the differences noted between the no-letter and letter groups largely reflect valid differences associated with the introduction of the warning letter and not random or other differences in the composition of the groups studied. Conceivably the introduction of the warning letter may have led to subtle changes in the type of patient being offered or accepting appointments, but the general similarity of the groups noted earlier makes this seem unlikely. Nevertheless, there were slight differences in the distribution of diagnoses (notably an overrepresentation of "depression" and "personality" disorders and "psychosomatic" complaints in the letter group and of "anxiety states," "other," and "unknowns" in the no-letter group). If anything the higher proportion of personality disorders in the letter group might be expected to militate against finding greater satisfaction with the interview expressed by that group.

Though patients did not have an opportunity of reading the questionnaires before being seen by the student, probably

many of them may have read them before seeing the psychiatrist. It is impossible to know in what way this might have biased the results, but we have no grounds for supposing that it might have affected the two groups differentially.

It has perhaps sometimes been feared that if patients were warned of the likelihood of their being seen by students then many might choose not to come and severe teaching problems might then result from a shortage of willing patients presenting at teaching hospitals. While we have no figures for refusal rates or for failures to attend, waiting time for appointments at the clinic rose from four weeks to about six to eight weeks during the period of the study. No falling off of clinical load or shortage of cases for clinical teaching seemed to result from introducing the warning letter.

No strictly comparable studies are available, but Ogston and McAndrew (1967), studying medical inpatients, found that out of 100 patients interviewed 43 had not realized that they might be seen by students. This compares with our figures of 37% in the no-letter group who did not know they had come to a teaching hospital and 62% who did not think it likely that they would be seen by students. Ogston and McAndrew also found that only six patients stated that they found examination by students unpleasant, and 97 patients said they would not object to being examined by medical students at any subsequent admissions. In another and earlier study on bedside teaching (Hugh-Jones *et al.*, 1964) 20% of women and 5% of men who were exposed to a teaching session found it unpleasant. Cartwright (1964) also reported that 20% of patients made unfavourable comments about their contact with medical students. Our figures indicate that only about 8% of patients thought it not right that patients should be seen by students and about 2% thought it unnecessary that students learn in this way.

It is interesting that many more patients expressed a preference for being interviewed initially in private by one student rather than by the supposedly more skilled psychiatrist in company with a group of students. This preference of patients may coincide with student benefit, since this method of organizing interviews may allow more responsible and active participation by the students. Indeed, if a general conclusion can be drawn from the present study it seems to be that forewarning patients of the likelihood of their being seen by students may have served a doubly useful purpose. It seems fairer and more considerate to patients, and it may have produced some practical dividends for staff and patients if the greater patient satisfaction and somewhat greater openness admitted by patients carry any therapeutic implications. Even if this does not prove to be so, there were certainly no detected drawbacks to giving more information to patients, and clear evidence was found to suggest that many patients may not at present know what they are committing themselves to, in terms of student contact, when they attend a clinic in a teaching hospital.

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Appendix: Interview Questionnaire

Your answers to the following questions will give us some idea of what you feel and think about the interview(s) you have just had. This information will be very useful to us for future planning. Please answer *all* the questions as carefully as you can. Where a choice of answers is provided tick (✓) the one that applies best for you. Try to answer the other questions as fully as you are able.

- How satisfied do you feel with the interview(s) you have just had?
 Extremely
 Very
 Fairly
 Not very
 Not at all
- How many of the things you wanted to say did you manage to say?
 All
 Most
 About half
 Few
 None
- How sympathetic did you feel the doctor was to your problem?
 Extremely
 Very
 Fairly
 Not very
 Not at all
- Did you know before today that this was a teaching hospital—that is, a hospital where students learn to be doctors?
 Yes
 No
- Before you came today, how probable did you think it was that you might be seen in front of students?
 Extremely
 Very
 Fairly
 Not very
 Not at all
- If you had known earlier that you would be seen by a doctor *and* students, would you have come at all?
 Yes
 No
 Uncertain
- How did you feel when you were told you would be seen, first by a student and then in front of a group of student doctors?
- Do you think that you altered the way you behaved because students were present?
 Yes
 No
 Uncertain
- Did you intentionally avoid saying some things because students were present?
 Yes
 No
 Uncertain
- How did you feel *after* the first few minutes in front of the group?
- Do you think it *right* that patients are sometimes interviewed in front of a group of student doctors?
 Yes
 No
- Do you think it is necessary that students should learn in this way?
 Yes
 No
- Assuming that students had to be present at some stage in the interview, would you prefer
 (a) to have the whole interview take place with the doctor in front of the students
 or
 (b) to be seen *first* by a student in private and *then* by the doctor with other students
 a or b