Patients’ and tutors’ evaluations of Medicine students’ consultations in General Practice/Family Medicine in Coimbra

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Abstract

Background Undergraduate teaching of General Practice/Family Medicine (GP/FM) must ensure students acquire the necessary competencies and skills to perform an adequate GP/FM consultation with adequate annotations (the SOAP model) and classifications.

Objective To study and to correlate students’ evaluation by tutors and patients in specific consultations in the formal practical evaluation of GP/FM Curricular Unit of the Integrated Masters on Medicine at the Faculty of Medicine of the University of Coimbra (IMM-FMUC) in the academic years of 2017-2018 and 2018-2019.

Methods Observational study of the 2017-2018 and 2018-2019 academic years of the assessment grids for tutor’s evaluation of SOAP performance and fluency in consultation and for patient's evaluation of the student ‘performance, in the convenience sample of those who chose to be so evaluated.

Results We studied a population of 435 (67.7%) out of a universe of 646 students, 125 (28.7%) males, ns by sex and academic year who performed this evaluation. In a mark up to 20 from tutors, difference was found for Plan (P) mark, higher in 2018-2019 (18.38±2.18 vs 18.54±2.11, p=0.005) of the SOAP methodology evaluation. Patients’ evaluation was not different 19.34±1.70 vs 19.35±1.40, p=0.091. A positive significant correlation was found between tutors and patients marks (p=0.278; p<0.001), as well as between tutor mark and final mark (p=0.958; p<0.001) and patient and final marks (p=0.465; p<0.001). Final marks were not different in both years, 18.61±1.38 vs 18.78±1.15, p=0.158.

Conclusions This innovative model of evaluation of student’s performance in medical appointment, showed a significant positive moderate correlation between patients’ and tutors’ marks in the setting of GP/FM at the IMM-FMUC, and was not different between years. Yearly evaluation must be continued.

Background

Teaching General Practice/Family Medicine (GP/FM) at the undergraduate level is a paramount task to make future General Practitioners/Family Doctors (GP/FDs) meet the goals set by the WONCA-EURACT Definition.¹

The main competencies can be taught but theory will not, surely, give students the skills they need to fulfill the task of performing an adequate consultation: communicating empathically, listening and asking, performing adequate medical exam, assessing, preparing a plan and explaining it and at the same time, righting it clearly.

In fact, consultation is the work setting of the future GP/FDs, mostly out of hospital.¹

Patients are, in general, favorable to the presence of medical students and there seems to be much to gain by students, patients and tutors with such practical approach.²⁻⁶
The "Blueprint for an Undergraduate Primary Care Curriculum" underpins care management with longitudinally, generalist, central responsibility for managing care, therapeutic alliance/communication, approach to acute care, approach to chronic care, wellness and prevention, mental and behavioral health, interprofessional training, systems improvement and population health are key issues to be taught to future GP/FDs, so fulfilling what the EURACT definition states.\textsuperscript{1,7}

As teachers and tutors must assess and evaluate students, so should patients evaluate students in consultation, such evaluation being intended as a self-learning tool for students and tutors.\textsuperscript{6}

At the Faculty of Medicine of the University of Coimbra (FMUC), since 2017–2018, students begin contact with GP/FM in the fifth of a six years Integrated Master’s in Medicine (MIM), attending 30 hours on-class inter-active sessions with theory, role-play and video watching and discussions. They also attend a minimum of eight hours in a Primary Care Family Medicine unit with a trained tutor, to observe and practice, being voluntarily evaluated near the end of such period by performing a tutor’s selected consultation, of an appropriate degree of difficulty. Matters like Subjective, Objective, Assessment and Plan, the SOAP methodology, International Classification for Primary Care\textsuperscript{2} (ICPC\textsuperscript{2}), Patient Centered Medicine, Medical Empathy and empathic opportunities, Enablement and empowerment, Preventive Medicine, Multimorbidity, Polypharmacy, Psychological problems, Ageing problems and Primary Care were presented and discussed in-class with students.\textsuperscript{8–19} Particular interest was put on Patient Centered Medicine and empathy as a way to focus our students on the person suffering and not only on diseases.\textsuperscript{7,11,20,21} The Dean of the FMUC issued a consent form approving the Curricular Unit Form once the FMUC Pedagogic Council gave its approval to the proposed scheme of teaching GP/FM from the year 2017–2018 onwards.

Until 2017 the work-out for the curricular discipline practical examination was a mandatory study of a Family, filling in a free report to be assessed, followed by a voluntary oral presentation with no benefit for better mark for the student.

Since GP/FM in the Portuguese National Health Service (PNHS) is practiced out of hospitals in small units with doctors, nurses and secretaries, it was intended that medical students practiced in such a setting questioning, examining, diagnosing and making plans for exams, non-pharmacological and pharmacological prescriptions as well as explaining it efficiently to patients, with proper e.registrations. In the PNHS, an informatics program is used, so students also learned about it through their tutors. Tutors were experienced GP/FD specialists that attended at least three two hours sessions on what was intended to be explained and how it was to be measured.

A previous study, in a very different medical education context in Portugal, found a neutral non-significant correlation between patients’ and tutors’ evaluation of the consultations in GP/FM in 4\textsuperscript{th} grade students. It was hypothesized that the evaluation of the consultation by the patient could be an interesting tool to measure practical student skills when compared with the tutor’s evaluation, at the same time serving as an educational feed-back tool.\textsuperscript{6}
A 2010 paper found that teachers’ scores were in accordance with patients’ scores and a paper in Portugal found a neutral and non-significant correlation between the valuation mark by the tutor and the patient’s grade. This means that the preparation of our students for practical clinical life must be an object of concern by Medical Schools.

**Objective**

To study and to correlate students’ evaluation by tutors and patients in specific consultations in the formal practical evaluation of GP/FM Curricular Unit of the MIM at the FMUC in the academic years of 2017–2018 and 2018–2019.

**Methods**

Observational study of the results in two consecutive academic years, 2017–2018 and 2018–2019, studying the marks of those students that chose the consultation evaluation as the practical exam in a convenience sample.

Grids were developed to objectively evaluate the skills and the accomplishment of the SOAP methodology as well as the annotations and classifications made by 5th year MIM-FMUC students. They were intended to analyze and to grade particular aspects of each part of the SOAP model as well as the fluency of the consultation by the tutor and its evaluation by the patient. Prior evaluation assessments took place in the tutor/student communication but those were not brought into evaluation. In the course of the consultation students could scales to study the individual and its family.

Clinical tutors, GP/FDs with experience and knowledge, were previously trained on how to do the task of teaching, demonstrating and evaluating in a two hour session at the beginning of September and February, each academic year.

The consultation methodology SOAP marks were calculated according to Tables 1 and 2. Marks were calculated using the tutor’s mark and the patient’s mark. Those marks were the numerical evaluation of several aspects in S, O, A and P, as well as the evaluation of the fluency of the consultation by the experienced tutor. Attending of the grade of Medical knowledge, for SOAP, S represented 60%, O 15%; A 5%; and P 20% of the mark, which accounted for 60% of the tutor’s mark the rest coming from the fluency mark. For the final mark of the evaluation in 2017–2018 tutor’s mark accounted for 60%, the patient’s evaluation accounting for 40% and in 2018–2019 tutor’s mark accounted for 80% and the patient’s one for 20%, according to a suggestion of the board of the Faculty of Medicine of the University of Coimbra. Table 1 shows the tutor’s SOAP and fluency evaluation tables, and also how several observed aspects were to be graded.

**TABLE 1**
The patient’s evaluation was given to the tutor by the patient that had previously given consent to this task, after answering to the questions in Table 2, so no data on who answered exists. The patient’s mark was calculated as the sum of answers, Table 2.

**TABLE 2**

All data were known by the student at the end of the evaluation so that a feedback session could be made with the tutor. It was mandatory for students and tutors to sign up the paper marks at the end of evaluation. Students were given a second opportunity of consultation should they wish it, final mark being the last one.

As the studied data were analysed anonymously, and were public no consent to participate was obtained, according to the approved protocol by the Faculty of Medicine of the University of Coimbra.

At the end of each academic year, all the information was gathered from the assessment grids in order to be studied for differences between semester, academic year and gender by descriptive and inferential parametric statistics: for nominal data we used the $\chi^2$ test and for continuous non-normal and the ordinal data the Mann-Whitney U test. Spearman correlation between patients, tutors’ and final marks were performed using IBM SPSS statistics 24. We defined $p < 0,001$ for difference.

**Results**

Of a Universe of 646 (322 in 2017–2018), a population of 435 (67,3% of the total) was studied 28,7% being male. We could not know the sex of two students.

**TABLE 3**

According to table 4, in a non-normal mark up to 20 distribution and comparing by academic year, no significant differences were found although higher values were found for the academic year of 2018–2019. SOAP Plan chapter was significantly better marked in the 2018–2019 academic year.

**TABLE 4**

In a mark up to 20 and comparing by sex no significant differences were found according to table 5.

**TABLE 5**

A strong positive and significant correlation was found between “Tutors’ mark “and “Final mark” evaluations ($p = 0,958, p<0,001$), a moderate and significant one between “Patient’s mark and Final Mark”
(\(\rho = 0.465, p<0.001\)) and a week but significant on between “Tutor’s mark and Patient’s mark” (\(\rho = 0.278, p<0.001\)).

**Discussion**

In a predominantly female population, students’ evaluation performance in consultation is not different by academic year or gender.

Out of 646 students, 435 (67.3%) chose the consultation evaluation. Even though not statistically different, students in the 2018–2019 academic year and females tend to be scored higher. We acknowledge that a bias of performance can exist once students can perform consultation like they were taught just for the sake of being well evaluated but without a clear and incisive belief on such a model of consultation centered on the patient and not only on the disease.

The calculated correlations mean that patients and tutors tend to evaluate similarly to another paper\(^{22}\) but differently from a previous Portuguese study\(^6\). If in the case of the former study there are similar results with different evaluation grids, for the latter more studies at the FMUC and in other Faculties of Medicine in Portugal seem necessary.

We aimed to measure in the setting of a GP/FM consultation, the performance of the SOAP model, the registries, the practice of Patient Centered Medicine, the physical exam focused on the patient’s complaints, the diagnosis capacity, the communication skills, the ability of negotiating, enabling and empowering a patient and the annotations and ICPC2 classifications made. The scientific translational medicine knowledge was not specifically evaluated, an OSCE being needed to fulfill such a task.\(^{23,24,25}\)

We believe that this model is suited to measure what it is intended to measure.

Nevertheless:

1 - Listening to students, eventually by a self-administered questionnaire about the consultation;

2—Investing more time in-practice with more consultations and making follow-up consultations for previous patients, averaging the mark as the mean of at least three consultations, are important issues to deal with in the future.

**Conclusion**

A significant positive moderate correlation exists between patients’ and tutors’ marks when evaluating the practice of consultations in the setting of General Practice/Family Medicine at the Faculty of Medicine of the University of Coimbra, in a model to be further developed.

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Abbreviations

GP/FM - General Practice/Family Medicine

MIM: Integrated Master’s degree in Medicine

FMUC - University of Medicine of the University of Coimbra,

SOAP—Subjective, Objective, Assessment, Plan

WONCA—World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians.

EURACT—European Academy of Teachers in General Practice Family Medicine

GP/FD—General Practitioner Family Doctor

ICPC2 - International Classification for Primary Care2

OSCE—Oriented Structured Clinical Examination

Declarations

Ethics committee approval:

This study has had an ethics approval, by the “Pedagogic Council of the Faculty of Medicine of the University of Coimbra and its Dean.

Consent to publish:

“Consent for publication” is “not applicable”. All data were obtained anonymously from the mark’s tables publically exposed and treated anonymously according to protocol.

Availability of data and materials

All data will become available if requested.
Fundings:
No funding were obtained for this study which was been made in out of authors working job hours.

Competing Interests:
None of the authors states competing interests.

Previous presentations:
No presentation of this work has yet been made.

Authors Contributions
LMS: Data gathering, data analysis righting and manuscript scientific revision and approval.
IS: Data gathering, data analysis righting and manuscript scientific revision and approval.
JAS: Data gathering, data analysis righting and manuscript scientific revision and approval.

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Tables
Table 1: Tutor´s SOAP and fluidity evaluation tables.
### Student’s characteristics to be observed and marked

| Characteristic                                                                 | No (0) | Yes, no lapses (3) | Yes with lapses (2) |
|-------------------------------------------------------------------------------|--------|--------------------|--------------------|
| 1 Student presents himself                                                    |        |                    |                    |
| 2 Reason for encounter in the eyes of the patient                            |        |                    |                    |
| 3 The reason for encounter is clear for both student and patient             |        |                    |                    |
| 4 There are clear annotations of what the patient said                        |        |                    |                    |
| 5 There are annotations of the physical exam according to patient’s complaints |        |                    |                    |
| 6 There is an evaluation with explanation of the problem or problems to deal with |        |                    |                    |
| 7 There is a general explanation of the plan                                 |        |                    |                    |
| 8 There is a clear register of the information provided during the consultation |        |                    |                    |

### Characteristics of the consultation fluence

| Characteristic                              | Total (4) | Intermediate (2) | Low (1) |
|---------------------------------------------|-----------|------------------|---------|
| Security in the consultation process        |           |                  |         |
| Flowing from S to O to A to P (SOAP)        |           |                  |         |
| Technical rigor (language and gestures)     |           |                  |         |
| Communication                              |           |                  |         |

Note:

**5th year:** S=1+2+3+4=60%; O=5=15%; A=6=5%; P=7+8=20% of the mark.

Fluidity as the sum of marks.

**Table 2: Patient’s evaluation**
| Statement                                                                 | Answer |
|---------------------------------------------------------------------------|--------|
|                                                                           | None   | Little | Much(3) | Total (4) |
| 1. I could state my reason(s) for this consultation.                     | □      | □      | □       | □         |
| 2. A physical exam was made because of my complaints                     | □      | □      | □       | □         |
| 3. The reason for my complaints was explained to me                       | □      | □      | □       | □         |
| 4. I was suggested what to do to get better.                              | □      | □      | □       | □         |
| 5. I think the student understood my problems                            | □      | □      | □       | □         |
| 6. I understood the information’s I was given.                           | □      | □      | □       | □         |
| 7. I enjoyed my clinical appointment.                                     | □      | □      | □       | □         |

Note: Mark as the sum of answers.
Table 3: Population and sample according to academic year and sex.

|               | Academic Year | Total |
|---------------|---------------|-------|
|               | 2017-2018     | 2018-2019 |       |
| Sex           |               |        |       |
| Feminine      | n 219         | 231    | 450   |
|               | % 68,0%       | 71,3%  | 69,7% |
| Masculine     | n 103         | 93     | 196   |
|               | % 32,0%       | 28,7%  | 30,3% |
| Total         | n 322         | 324    | 646   |
|               | % 100,0%      | 100,0% | 100,0%|

|               | Population (*)|       |
|---------------|---------------|-------|
| Sex           |               |       |
| Feminine      | n 154         | 156   | 310   |
|               | % 71,0%       | 71,6% | 71,3% |
| Masculine     | n 63          | 62    | 125   |
|               | % 29,0%       | 28,4% | 28,7% |
| Total         | n 217         | 218   | 435   |
|               | % 100,0%      | 100,0%| 100,0%|

(*) $\chi^2$ (Exact Fisher test) p=0.072
Table 4: S, O, A, P, SOAP, Fluency, Tutor, Patient at final marks in 2018 and 2019 academic years.

|                          | Academic year | N  | Mean | Standard-deviation | p   |
|--------------------------|---------------|----|------|--------------------|-----|
| **S mark**               | 2017-2018     | 219| 19,20| 1,36               | 0,095|
|                          | 2018-2019     | 218| 19,53| 1,03               |     |
| **O mark**               | 2017-2018     | 219| 18,81| 2,56               | 0,350|
|                          | 2018-2019     | 218| 19,17| 2,20               |     |
| **A mark**               | 2017-2018     | 218| 17,95| 3,08               | 0,432|
|                          | 2018-2019     | 218| 18,26| 2,94               |     |
| **P mark**               | 2017-2018     | 218| 18,38| 2,18               | 0,005|
|                          | 2018-2019     | 218| 18,59| 2,11               |     |
| **Tutor’s SOAP mark**   | 2017-2018     | 219| 18,90| 1,42               | 0,236|
|                          | 2018-2019     | 218| 19,09| 1,21               |     |
| **Tutor’s Fluency mark**| 2017-2018     | 219| 16,96| 3,29               | 0,774|
|                          | 2018-2019     | 218| 17,44| 2,30               |     |
| **Tutor’s mark**        | 2017-2018     | 219| 18,12| 1,91               | 0,042|
|                          | 2018-2019     | 218| 18,60| 1,34               |     |
| **Patient’s mark**      | 2017-2018     | 219| 19,35| 1,41               | 0,051|
|                          | 2018-2019     | 218| 19,53| 1,15               |     |
| **Final mark**          | 2017-2018     | 219| 18,61| 1,38               | 0,473|
|                          | 2018-2019     | 218| 18,78| 1,15               |     |

Table 5: S, O, A, P, SOAP, Fluency, Tutor, Patient at final marks by sex.
|        | Sex     | N   | Mean | Standard-deviation | p    |
|--------|---------|-----|------|--------------------|------|
| S mark | Feminine | 312 | 19,39| 1,21               | 0,323|
|        | Masculine | 125 | 19,31| 1,24               |      |
| O mark | Feminine | 312 | 18,93| 2,45               | 0,408|
|        | Masculine | 125 | 19,15| 2,24               |      |
| A mark | Feminine | 311 | 18,16| 2,99               | 0,735|
|        | Masculine | 125 | 17,97| 3,08               |      |
| P mark | Feminine | 311 | 18,46| 2,20               | 0,741|
|        | Masculine | 125 | 18,56| 2,00               |      |
| SOAP   | mark     | Feminine | 312 | 18,98 | 1,36               | 0,877|
|        | Masculine | 125 | 19,02| 1,22               |      |
| Fluency| mark     | Feminine | 312 | 17,30 | 2,84               | 0,169|
|        | Masculine | 125 | 16,95| 2,84               |      |
| Tutor’s| mark     | Feminine | 312 | 18,39 | 1,71               | 0,194|
|        | Masculine | 125 | 18,27| 1,55               |      |
| Patient| mark     | Feminine | 312 | 19,50 | 1,19               | 0,352|
|        | Masculine | 125 | 19,29| 1,50               |      |
| Final  | mark     | Feminine | 312 | 18,73 | 1,27               | 0,192|
|        | Masculine | 125 | 18,60| 1,26               |      |