PATIENTS SHOULD GIVE THEIR CONSENT WHEN INVOLVED IN TEACHING

Patients rarely refuse to take part in medical education but it is crucial that they are suitably informed about their involvement. Few studies have examined what patients feel about being used in teaching or about why they participate. Lynöe and colleagues in Sweden used a questionnaire to explore the views of 525 patients towards their involvement in teaching in hospital and community settings. The overwhelming majority were positive about being involved in medical education. Amongst those who reported negative feelings about involvement, a higher proportion reported previous experiences of not being given a choice or of feeling ignored by the doctor and student during the teaching. Eighty per cent of patients reported that they would be aggrieved if they were not informed about their involvement and just under half of those who had been involved in teaching did not feel they could refuse to participate.

PSYCHIATRIC PATIENTS EXPRESS SATISFACTION WITH MEDICAL STUDENTS

Medical students worry that their attempts to learn interviewing skills may upset patients. A number of studies have shown that patients often feel helped by such encounters and harm is rarely reported. Black and Church in Rochester, New York, have developed a questionnaire to measure how psychiatric patients rate the effectiveness of the medical students with whom they have contact during interview training. One hundred and two psychiatric inpatients provided data on 35 third-year students over an academic year and, after principal components analysis, two subscales called ‘Rapport’ and ‘Treatment Feedback’ were developed. Patients reported very high levels of satisfaction with the student–patient relationship and the quality of care they received. Patients in the survey enjoyed interacting with the students and felt respected by them. The authors suggest that these favourable ratings may reflect the positive part that students play in patient care. This intriguing observation needs to be investigated further.

BEING A STANDARDIZED PATIENT MAY BE BAD FOR YOUR HEALTH

The number of people who take part in clinical examinations is increasing, as the use of standardized patients (SPs) becomes more common. Rubin and Philip report some preliminary findings from their 5-year longitudinal project examining individual SPs’ perceptions of their own health care. Ninety-five people completed at least two questionnaires asking them about their experiences as standardized patients during third-year examinations at the University of Alabama School of Medicine. All the respondents rated their own health significantly lower both immediately after taking part and 1 year later. Improvement in the standardized patients’ understanding of health care could account for these findings, but the authors are concerned that other, more negative, effects may be involved. Further work is clearly needed to untangle the issues involved.

ENGLISH MAY NOT BE AN APPROPRIATE LANGUAGE FOR PBL IN SOME COUNTRIES

Teachers responsible for communications skills courses will be interested in the paper from Mpofu and colleagues in the United Arab Emirates. They used Interaction Process Analysis and the Test of English as a Foreign Language (TOEFL) to investigate how differing levels of proficiency in English affected the performance of Arabic-speaking students in problem-based learning groups. They found that proficiency in English increased contributions to discussion, but that male students were much more likely than females to use their mother tongue for elaborating information. The study raises questions about facilitation in such groups and about the nature of learning in mixed language situations.

TEACHING CRITICAL APPRAISAL SKILLS NEEDS A RETHINK

Critical appraisal skills are essential to the practice of good medicine, but there is uncertainty about how best to teach them. In Scotland, a programme of workshops was organized to raise awareness of critical appraisal,
and to identify and teach a cadre of trainers who would subsequently cascade the workshops across the country. In their evaluation of four local workshops based on the CASP model, Ibbotson and coworkers found that participants’ scores on understanding clinical effectiveness rose after the sessions. Participants found the workshops an acceptable way of acquiring critical appraisal skills, but were uncertain about their ability to deliver the programme themselves. A centralized support mechanism for programmes diffusing new ideas may be a necessary part of future plans. The work of Kelley Skeff and colleagues in developing clinical teaching might be good reference point here (Skeff et al. 1992).

**EARLY CLINICAL EXPERIENCE IN THE COMMUNITY IS VALUED BY STUDENTS AND TEACHERS**

Using the community to teach clinical skills to medical students is an idea attracting considerable interest at present. Hampshire reports the results of an evaluation of the early clinical experience course at Nottingham, UK, in which qualitative research methods were used to study 19 students and their tutors. Students reported gains in confidence when talking to patients and in understanding the role of the doctor, and half thought that they were better able to relate their clinical experience to their basic science course. GP teachers were very positive about being involved and wanted to continue teaching. Early anxieties amongst the GP teachers about the appropriateness of teaching clinical skills in the community, and their ability to teach to the required standard, were largely assuaged by the end of the second year. The fee paid for teaching was thought to be too low to be a motivating factor.

**REFERENCE**

Skeff K G, Stratos A, Berman J & Bergen M R (1992) Improving clinical teaching: evaluation of a national dissemination program. *Archives of Internal Medicine* **152**, 1156–61.