Medical student attitudes and general practice

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SUMMARY. A study of the influence of general practice attachment on the attitudes and preconceptions of new clinical students is reported. An attitude questionnaire was administered to a cohort of Oxford clinical students immediately before and after a two-week period of general practice attachment, introduced as part of the clinical introductory course. Changes in responses to the questionnaire suggest a shift of attitudes favourable to general practice, and the acquisition of a broader view of medical care.

Introduction

OF the three objectives of medical education, to impart knowledge, skills, and attitudes, the last is the most neglected. Moreover, like other aspects of education, attitudes are more 'learned' than 'taught', through contact with teachers and peers, a process known as 'socialization' (Harris, 1974).

Information about the influence of general practice teaching on medical students indicates their acknowledgement that general practice experience plays an important part in medical education (Brotherston *et al.*, 1959; Richardson, 1965; Fleetwood and Goggin, 1977).

At Oxford, a two-week general practice attachment was introduced in 1977 as part of the introductory course for clinical students. This was in addition to a final-year general practice attachment which already existed. The early attachment provides the first opportunity that Oxford medical students have of contact with primary medical care and is, moreover, their first clinical experience. The development anticipated the establishment in the Clinical School of an academic base for general practice teaching.

The 1978 intake of clinical students was invited to participate in a study to assess the influence of the general practice attachment on their attitudes to and preconceptions of certain aspects of primary care.

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Method

The group consisted of 66 students of whom 19 were women. At a briefing session immediately preceding their two-week attachment to one or other of 57 practices (mostly in the Oxford Region) students were invited to rate their degree of disagreement or agreement with a series of 17 statements (Appendix) relating to general practice; a five-point Likert scale (Oppenheim, 1966) ranging from 'strongly disagree' to 'strongly agree' was used.

At a debriefing session, immediately following the attachment, the same procedure was followed.

The questionnaires were identified by code numbers only but it was thereby possible to pair 'before' and 'after' responses. An analysis of paired questionnaires from the 58 (88 per cent) of the intake who responded on both occasions was carried out.

Because individuals interpret statements differently and also have varying perceptions of values of points on a scale, an analysis of aggregate attitude is not appropriate. Accordingly, the 'before' and 'after' responses of each individual were compared and the change in score in response to each statement recorded. It was then possible to ascertain the mean change in response of the group to each statement and to apply Student's paired t-test.

Results

The results are summarized in Table 1.

There were significant ($p < 0{\cdot}05$) changes in responses to six statements. The most significant ($p < 0{\cdot}001$) changes were that after the attachment students were:

1. More likely to agree that: "The consultation in general practice may last only about six minutes but is really part of an extended, if interrupted, consultation which may take not six minutes, but six months or six years or 16."

2. More likely to agree that: "A career in general practice can be as challenging and satisfying as in any other branch of medicine."

Table 1. Change in response (paired 'before' and 'after' questionnaires).

Statement number	Change Range	Mean (x)	Standard error	't'
1	−2 +2	−0.18	0.11	−1.64
2	−3 +4	+0.07	0.14	+0.50
3	−3 +2	−0.02	0.20	−0.10
4	−2 +3	+0.13	0.19	+0.69
5	−3 +4	+0.02	0.15	+0.13
6	−3 +2	−0.48	0.16	−3.00**
7	−4 +3	−0.59	0.19	−3.00**
8	−3 +3	−0.23	0.15	−1.53
9	−3 +2	−0.63	0.18	−3.50*
10	−4 +2	+0.09	0.15	+0.60
11	−3 +3	+0.11	0.15	+0.73
12	−2 +3	+0.39	0.14	+2.79**
13	−3 +3	+0.05	0.16	+0.31
14	−1 +3	+0.98	0.12	+8.17*
15	−2 +3	+0.27	0.15	+1.80
16	−3 +3	+0.33	0.18	+1.83
17	−1 +3	+0.55	0.10	+5.50*

*$p < 0.001$. Negative change indicates shift towards disagreement.
**$p < 0.05$. Positive change indicates shift towards agreement.

3. Less likely to agree that: "Doctors waste huge sums of public money on prescribing useless drugs."

Other highly significant ($p < 0{\cdot}01$) changes were that after the attachment students were:

4. Less likely to agree that: "The average consultation in general practice which lasts five to seven minutes is too short for adequate appreciation and resolution of patients' problems."

5. Less likely to agree that: "Appointment systems and receptionists act as barriers between patient and doctor."

6. More likely to agree that: "General practice poses intellectual demands on the doctor comparable with those of any branch of hospital medicine."

Discussion

The same questionnaire had been administered in a similar way to the 1977 clinical student intake, but because of administrative problems paired responses had been obtained from only 63 per cent of the group. However, there was a remarkable degree of consistency in the changes in response of the two student intakes. The one interesting discrepancy was that after the attachment the 1977 students, unlike their 1978 counterparts, were more likely to agree that "to manage illness adequately an understanding of social and psychological factors is as important as a knowledge of physical factors" ($p < 0{\cdot}001$; Question 2).

In 1978, students were as likely to agree with this statement before as after the attachment. The mean score of the group was very similar to the post-attachment mean score of the 1977 students; that is, they were already in agreement with this statement before their general practice attachment. An explanation for this may be that the 1978 students, unlike their predecessors, had received a lecture emphasizing the social and psychological components of illness before their general practice attachment and before the initial assessment. The lecture may have pre-empted the general practice attachment's influence on response to this statement.

Conclusion

This study shows an association between general practice attachment and a favourable change in attitudes of students. It demonstrates a better understanding of the role of primary medical care, resulting from general practice teaching.

It underlines the importance of general practice experience in influencing attitudes of students towards medical care.

Appendix

Oxford Medical School

General practice before and after attachment questionnaire

Please signify measure of agreement by circling appropriate number. (1 = strongly disagree; 2 = disagree; 3 = uncertain; 4 = agree; 5 = strongly agree).	Code number... (please indicate M or F for male/female) Mark
1. Medical knowledge is expanding at such a rate that it is no longer possible for one doctor to be competent in the skills necessary for primary assessment in all branches of medicine.	1 2 3 4 5
2. To manage illness adequately an understanding of social and psychological factors is as important as a knowledge of physical factors.	1 2 3 4 5
3. Every complaint of a patient represents a significant communication and the use of the epithet 'trivial' may in many instances reflect a lack of sensibility of the doctor to these communications.	1 2 3 4 5
4. Home visits are so time-consuming that they should be reserved for those too ill to be moved.	1 2 3 4 5
5. The professional ultimately responsible for patient care is the doctor and he is therefore the appropriate person to lead the medical team.	1 2 3 4 5
6. The average consultation in general practice lasts five to seven minutes, which is too short for adequate appreciation and resolution of the patient's problems.	1 2 3 4 5
7. Appointment systems and receptionists act as barriers between patient and doctor.	1 2 3 4 5
8. The doctor has been expensively trained as a medical scientist and the use of his skills on minor complaints is a waste of medical resources.	1 2 3 4 5
9. Doctors waste huge sums of public money on prescribing useless drugs.	1 2 3 4 5
10. Nurses, health visitors, and social workers play an equal part with the general practitioner in the primary care of the patient and each can be at different times the appropriate leader of the primary care team.	1 2 3 4 5
11. The doctor's task is essentially clinical; social and psychological problems should not be his responsibility but should be delegated to others specially trained for the purpose.	1 2 3 4 5

12. General practice poses intellectual demands on the doctor comparable with those of any branch of hospital medicine.	1	2	3	4	5
13. Doctors using drugs for major illnesses should not be significantly inhibited by considerations of cost.	1	2	3	4	5
14. The consultation in general practice may last only about six minutes but is really part of an extended, if interrupted, consultation which may take not six minutes but six months or six years or 16.	1	2	3	4	5
15. Home visiting is an integral part of general practice, since essential factors in the management of a patient's illness can be understood only if the environment is known.	1	2	3	4	5
16. Health education should be a responsibility of the doctor.	1	2	3	4	5
17. A career in general practice can be as challenging and satisfying as in any other branch of medicine.	1	2	3	4	5

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A college of pharmacy practice?

The Pharmaceutical Society is actively considering the formation and functioning of a college of pharmacy practice. The requirements for membership would aim to bring newly registered pharmacists to an acceptable level of general competence; fellowships would recognize specialized achievement in, say, hospital, industrial, or general practice pharmacy. There is general agreement within the Council's committees on the principle of establishing a college, but discussion continues about whether the college should be inside or outside the Society.

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