Patients' attitudes towards trainees

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SUMMARY. The results of a study of patients' attitudes towards trainees in a training practice are reported. Data were collected through a questionnaire administered to 258 patients over a period of two weeks. The majority view was that trainees give satisfactory care. However, a minority of patients (17 per cent) felt that trainees are not proper doctors and almost half did not want chronic illness managed by a trainee. Nearly a third did not find trainees easy to talk to.

Introduction

PATIENTS in a training practice are likely to be exposed to a succession of new trainees. This could mean that these patients have less contact with their own doctor and that the doctor/patient relationship is eroded. This study attempts to identify the problems of trainee consultations by recording the views of the patients in a training practice.

Aim

Our aim was to give patients who had been exposed to trainees over a number of years an opportunity to register their attitudes towards the trainees.

Method

The practice is a two-man training practice with a list of approximately 4,000, mainly in social classes III, IV and V. Over the past five years, 10 trainees have been attached to the practice, each for a period of six months. Three of the trainees have been women. Two hundred and fifty-eight patients who visited the surgery in a two-week period were asked by the receptionist to complete a questionnaire after seeing the doctor. The questionnaire asked them about their views of all the trainees they had met during the five years.

Results

The questionnaire and the results are summarized in the Table.

Discussion

Several aspects of the study (responses to statements 3, 9, 10, 11, 12 and 14 in the questionnaire) emphasize the importance that patients attach to the warm and long-standing relationship that exists between the usual doctor and the patient (Balint, 1966). Despite this, it is reassuring to know that the majority of patients had found the trainees acceptable and expressed satisfaction with their competence and enthusiasm.

We would, however, like to draw attention to some of the more disturbing facts that the study revealed. Thirty per cent of all patients and 35 per cent of the elderly (those over 60) did not find the trainees easy to talk to and, although the majority of our patients were content with a "young and recently qualified doctor" attending to their acute problems (statement 13), almost half the patients did not want their chronic conditions managed by a trainee (statement 14). Since management of chronic conditions forms at least 25 per cent of our work in general practice (Fry, 1977), this should be an important area for trainees. Yet, paradoxically, it seems that the trainees are given little opportunity for chronic care and, instead, they are often left to deal with acute problems of the younger age group (Carney, 1979).

We found that 72 per cent of patients did not mind the presence of a trainee during consultation with their usual doctor (statement 3). This supports the results of Richardson (1970), the Royal College of General Practitioners (1972) and Tedeschi (1978). Yet 19 per cent found the presence of a third party inhibiting. The patient's personality or the nature of the problem may have been partly responsible for this difficulty (Wright, 1974), but the anxiety felt by the trainer in the presence of a colleague could have also contributed (Norell, 1973).

The patients were pleased by the amount of time that the trainees had spent with them in consultation (state-

QUESTIONNAIRE AND STUDY RESULTS COMBINED (n=258)

For the past five years in the surgery, we have had general practitioner trainees working with us. These are doctors who have been with us for six months at a time in order to widen their experience of general practice. We should like to know how you feel about these doctors in comparison with your usual doctor. Please indicate by ticking the appropriate box. There is no need to put your name on the paper but please give the following details:
Age.....Sex.....

	*SA (per cent)	*A (per cent)	*DK (per cent)	*D (per cent)	*SD (per cent)	*SA +A (per cent)	*SD +D (per cent)
1. Young doctors are liable to inhibit the patient	3.1	21.3	21.7	47.7	6.2	24.4	53.9
2. No-one minds if the general practitioner trainee is a man or a woman	11.6	69.0	6.2	10.9	2.3	80.6	13.2
3. When one talks to the doctor, no-one minds a general practitioner trainee being present	10.5	61.6	8.9	17.1	1.9	72.1	19.0
4. Everyone finds the general practitioner easy to talk to on all medical matters	9.3	33.7	26.7	28.3	1.9	43.0	30.2
5. The general practitioner trainee is not very interested in patients and is unwilling to listen to their problems	3.5	6.2	14.0	55.8	20.5	9.7	76.3
6. Nobody would mind seeing the general practitioner trainee in the future should the need arise	12.0	62.0	14.7	10.1	1.2	74.0	11.3
7. It is an advantage having a new, recently qualified doctor, such as the general practitioner trainee, dealing with people's problems	11.2	43.1	23.6	20.2	1.9	54.3	22.1
8. The general practitioner trainee is always willing to spend sufficient time with the patient and does not hurry him	11.6	60.9	22.1	5.4	0	72.5	5.4
9. Old people do not like talking to general practitioner trainees	7.4	27.1	50.4	12.8	2.3	34.5	15.1
10. General practitioner trainees do not have enough local knowledge to understand one's problems	1.6	20.5	30.6	42.6	4.7	22.1	47.3
11. The general practitioner trainee gives the same quality of care as the usual doctor	7.4	53.9	20.5	15.9	2.3	61.3	18.2
12. Home visits by general practitioner trainees result in less satisfactory medical care than that given by the usual doctor	1.9	12.0	42.3	38.0	5.8	13.9	43.8
13. It does not matter which doctor is seen for an urgent problem	23.3	51.9	5.0	15.9	3.9	75.2	19.8
14. In long-standing illnesses, one does not want to see a general practitioner trainee	7.4	40.3	15.9	31.4	5.0	47.7	36.4
15. The general practitioner trainee is not a proper doctor	2.3	15.1	18.2	46.2	18.2	17.4	74.4

*SA=strongly agree; A=agree; DK=don't know; D=disagree; SD=strongly disagree

ment 8). The length of consultation may have been determined by the unfamiliarity with the patient's records and lack of confidence in decision-making, but the patients by and large had taken this to imply interest and care.

Home visits by the trainee were found to be less satisfactory than those by the usual doctor by 14 per cent of our patients (statement 12). Although there may have been more complex reasons, unfamiliarity with the patients on their home territory and the patients' apparent disappointment at being visited by a stranger may have contributed to this dissatisfaction. We feel it is important to inform the patient, as far as possible, of the name of the visiting doctor at the time that the request for a visit is being made. Similarly, the trainee should be provided with all the necessary background information about the patient before the visit.

Trainees' lack of local knowledge proved a handicap to 22 per cent of our patients (statement 10). This is a simple area which could be covered by the training practice at the start of the attachment. Finally, 17 per cent of the patients did not find the trainee a 'proper doctor' (statement 15). Although the meaning of the phrase is open to interpretation, we are uneasy that these patients may not have taken the trainee seriously and possibly ignored advice that was offered to them at

consultation. Whether lack of knowledge about the patient, ignorance of skills and attitudes of general practice or both could provide an explanation remains uncertain. We are nevertheless convinced that the title 'trainee' is an important factor. The label suggests the image of a young apprentice parallel to a beginner in other walks of life.

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Acknowledgements

We would like to acknowledge the help of Mr J. Allen, clinical psychologist, in the design of the questionnaire and Mrs Butler for secretarial help. Also, grateful thanks are due to the *Journal* assessors.

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Mobility and the family in hospital medicine

This study suggests that the belief that men should be free to pursue career goals legitimates work-generated mobility and eases the tension between career needs for mobility and the family's need for stability.

However, this belief rests on traditional definitions of men's and women's roles—on the definition of a woman's role as that of providing total support for her husband and as involving the subordination of her interests to his. But women's status is changing. They are beginning to demand opportunities for the realization of their own interests and equality in the marriage relationship. As this demand gathers momentum, the wives of hospital doctors may become less willing to accept frequent mobility and its attendant problems, and conflict between work and family may grow.

Source: Robertson, Elliot, F. (1980). Mobility and the family in hospital medicine. *Health Trends,* **13**, 15-16.