



What do women think about participation in bedside education?

A qualitative study of women's experiences in a teaching hospital.

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Aim



- To understand how patients feel about bedside teaching (BT) on both a practical and emotional level.

Introduction

- ▶ Sir William Osler believed there should be
“no teaching without a patient for a text, and the best teaching is that taught by the patient himself”

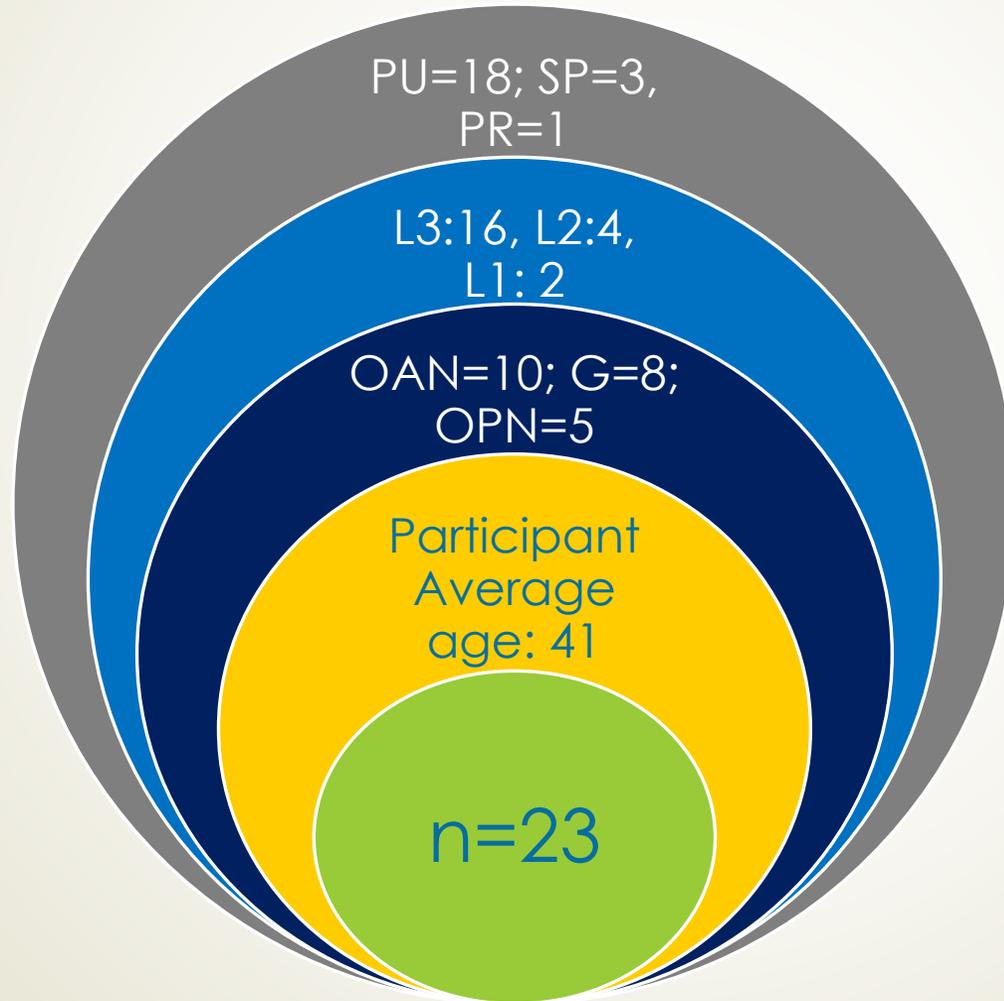




Background

- Obstetrics and Gynecology patients had the highest refusal of BT.
- Previous studies showed general satisfaction in patients who had participated in BT, with patients gaining greater understanding of their treatment and procedures.
- Patients also felt they had improved healthcare and that they had a role in teaching. Patients primarily participated for altruistic reasons.
- Patient responses were limited by the survey types used and with the questions created by medical staff and asked by medical staff..
- Most studies provided scaled surveys or short answer questionnaires, Each of these factors above could impact the results of the previous studies, as such a different approach was chosen.

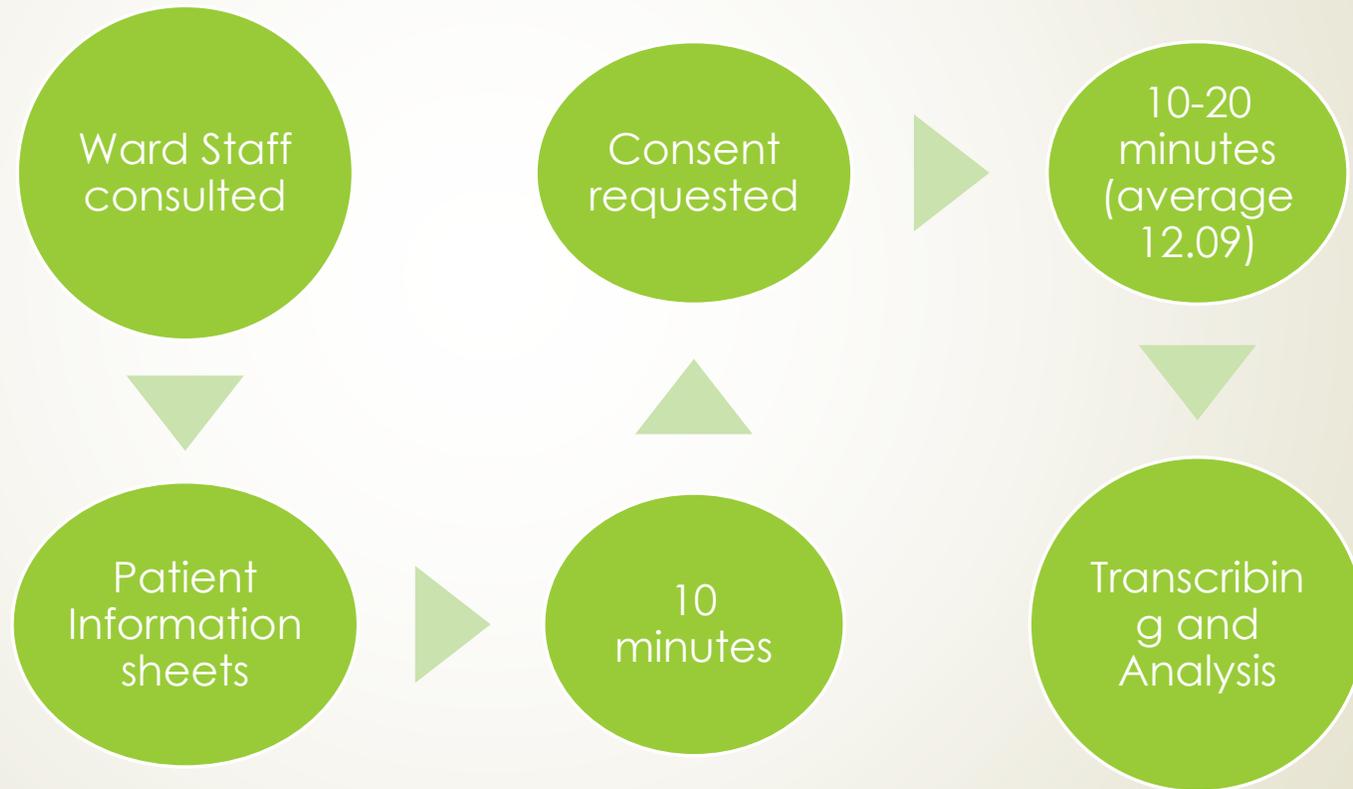
Demographics



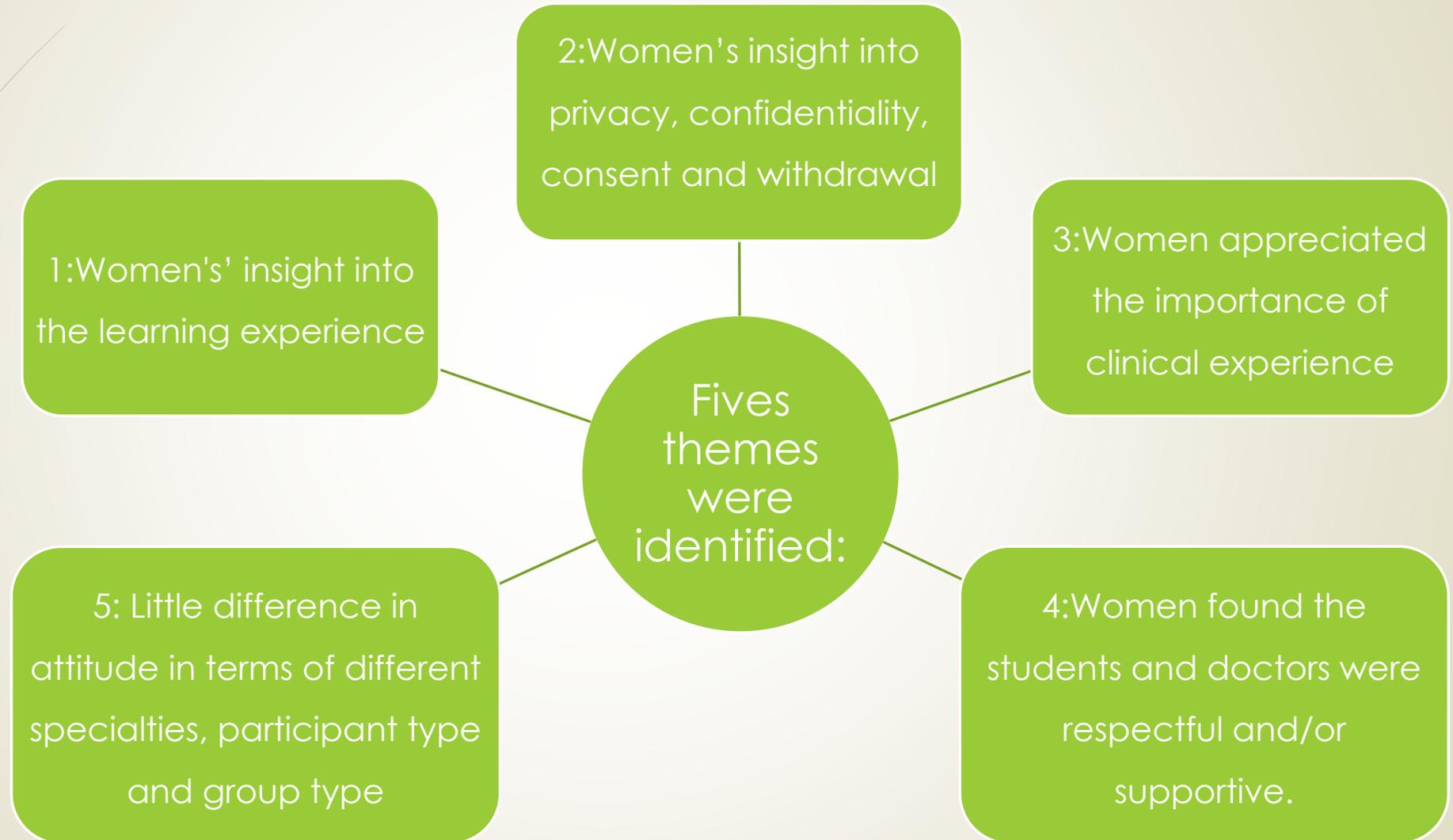
PU	Public
SP	Semi-Private
PR	Private
L1	Primary Education
L2	Secondary Education
L3	Third Level Education
OAN	Obstetrics Anti-natal
OPN	Obstetrics Post-natal
G	Gynaecology

Methodology

Qualitative semi-structured interview using thematic analysis



Findings



“as weird as it sounds, a recap on how I was doing and reassurance on how I was doing also, and that it did happen, because at the moment it’s still a little surreal “

“you want to feel that all the doctors midwives nurses all healthcare professionals that you are dealing have actually, have had experience in hospital”

1. Women's insight into the learning experience

“it’s very important that these students are allowed to examine real people in real situations, that’s not fake, you know somebody that’s actually in hospital for a reason”

- Patients felt that the learning experience was helpful and useful for themselves and that it was important for the students to learn.

"The approach, so if the student had of came over and in a certain way or tone or mannerism there was almost an expectation of you are going to or this is expected of you where it wasn't it was very gentle it was look it will all be up to you ... complete respect."

2. Women's insight into privacy, confidentiality, consent and withdrawal

"Whereas there might have been some aspects of my history that if it was different, its more personal that it would have be different"

- In general patients felt their privacy, confidentiality, consent and ability to withdraw were respected. However the patients do understand that their privacy is impacted by their location on a shared ward with curtain divides.

"It's important for them to learn on real human beings."

3. Women appreciated the importance of clinical experience

"yeah, oh definitely absolutely, if you had somebody who had learned it all and a 1:1 degree and came in and was suddenly faced with a patient and an emergency and had never seen anybody deal with that before in practice, that just doesn't make sense."

"developing personable skills, em, to have that physical contact whether it be examining mum or holding the baby or checking the baby you know,"

- Much like the theme of learning experience, when asked about clinical experience patients emphasised their support of BST and accentuates the importance of clinical experience for students.

“They were good very pleasant and very respectful.”

4. Women found the students and doctors were respectful and/or supportive.

“They were very courteous and nice and inquisitive and they put it in a nice way, if you know what I mean.”

“oh, they were absolutely fantastic, you were very at ease with them, they learnt a lot actually.”

- ▶ When asked about the Doctors and students that took part in the BST with them, patients had very positive responses.

"Yeah I think it could be important, if I say, if I had a cyst or something yeah I think it could, but again I'm not sure because I haven't been in that situation."

"I think it depends on the situation you know like if it's only going to a tutorial or at the bed, I'd be happy with any medical student or doctor at any stage of their professional career."

5. Little difference in attitude in terms of different specialties, participant type and group type

"so long as I'm of use in whatever field I'm being examined in, then I've no problem at all."

- ▶ When asked about the Doctors and students that took part in the BST with them, patients had very positive responses.



Considerations from Patients

“I suppose just to know where the information’s going to go, maybe it’s should go in a confidential bin or something”

“maybe just to ask the patient if there’s anything she’d like to add or whatever”

“ that’s really important for patients to feel comfortable, to see a student doctor feel comfortable and confident handling a baby, they’re more likely to take part.”



Conclusion

- ▶ Our research found that patients primarily valued the learning experience and emphasized the importance of students gaining clinical experience. The women interviewed were open to BST in various settings contrary to previous research which showed a high refusal rate among OBS/GYN.
- ▶ Overall the themes of previous research correlated with OBS/GYN, though emphasis was placed on different themes.



Thank You