



CHF

Australia's
Health Panel

RESULTS

Results of Australia's Health Panel survey on students in healthcare

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Introduction

I think this is the best way to learn, as a student can identify their strengths and weaknesses, address any assumptions or stereotypical beliefs, as well as gaining a real word appreciation about the concept of consent and patient centred care.

– AHP Panellist

Today's healthcare students are tomorrow's healthcare practitioners and students need hands-on experience with consumers to become competent healthcare professionals. As such consumers can play a key role in the education and training of healthcare students. However, little is known about how consumers themselves feel about their role in student education nor how student practitioners affect the consumer's healthcare experience.

For the December 2021/January 2022 survey of Australia's Health Panel, as students across the country graduate their studies, we asked the Panel about their experiences with and opinions on students delivering healthcare in Australia.

Demographics

For this survey 117 panellists participated. They were mostly female (79%), aged 56 or older (61%) and lived in major cities of more than 250,000 people (71%). Panellists came from across every state and territory (see Figure 1). Panellists generally reported as being reasonably healthy, with only 11% reporting they were in poor health while 50% reported they were in good or excellent health. Additionally, 3% identified as Aboriginal or Torres Strait Islander, 8% as LGBTIQ+, 9% as culturally or linguistically diverse and 22% as a person with a disability.

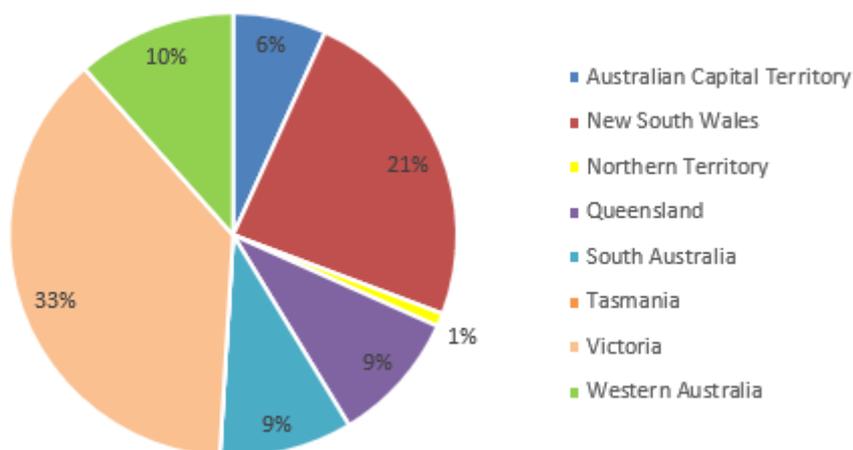


Figure 1- State of residence of participating panellists

Most panellists (85%) had experience with a healthcare student observing, assisting or providing care for them or someone they care for: 49% themselves, 7% for someone they care for and 29% for both themselves and someone they care for.

Personal experience with students in healthcare

The most common places panellists had experienced student involvement in healthcare were at a hospital as an in-patient (50%) and General Practice (46%), although sizeable minorities had also encountered them at Allied Health services (21%), Medical Specialists (17%), Hospital out-patient (15%) and Emergency Departments (14%). See Table 1 for the full breakdown.

Table 1- Healthcare settings where panellists had encountered students in training

Healthcare setting where a student observed, assisted or provided care	% Selected
Hospital (in-patient)	50%
General Practice	47%
Allied health service e.g. Optometrist, Dietician	21%
Medical specialist service e.g. Oncologist, Paediatrician	17%
Hospital (out-patient)	15%
Emergency Department	14%
Dentist	6%
Alternative health service e.g. Chiropractor, Osteopath	4%
College or University clinic	4%
Other (please specify)	4%
Aged Care service	3%
Home or 'home care' service	3%
Pharmacy	3%

In the 'Other (please specify)' responses panellists mostly listed specific health professionals already captured in other categories e.g. paediatrician, psychologist but also noted additional health professions of counsellors and paramedics.

Overwhelmingly the most common type of involvement was the student only observing as the panellist's usual healthcare provider worked (61%), with a nearly equal minorities split between having the student assist the usual practitioner (21%) and the student leading the consultation (18%).

Concerningly slightly less than two thirds of panellists (65%) were asked if they consented to having the student involved in their treatment, with only a minority (44%) feeling they were able to refuse and not be penalised. Of similar concern was that less than half of panellists (49%) had the purpose of the student's involvement explained to them and their questions answered. This indicates that there is a significant need to improve communication with consumers when students are potentially being involved in delivering healthcare.

Panellists reported that having a student involved didn't let them to getting additional benefits in terms of their *treatment*- they near unanimously didn't get treated sooner (98%), get a treatment they otherwise wouldn't have received (98%) or get a treatment they wouldn't have otherwise afforded (100%). Concurrently, the majority of panellists (67%) reported that the quality of the appointment was about the same as their usual consultation, with near equal minorities reporting it was better (16%) or worse (15%) than usual consultation. This indicates that student involvement in healthcare does not tend to impact the perception of quality of care received.

However, for the minority of panellists who found the appointment quality was better, the equal most common reasons were due to increased opportunity to discuss relevant health condition (78%) or because they received more attention than usual (78%). Few panellists reported feeling more listened to (21%) or that the student suggested new options that hadn't been previously offered or discussed (21%).

Additionally, panellists reported via open text that they felt they had a better understanding of their issue and/or treatment, got more time in their consultation session or that they felt good about being able to help the education/training of future healthcare workers; in particular when the panellists had a rare or complex issue that the student had not learned about in their training.

They got to learn about my condition which was not taught in med school and for which there is no diagnostic test at present and the clinical guidelines are over 20 years old and out of date.

- AHP Panellist

While it is good news that the involvement of students does not generally have a negative impact on the perceived quality of the healthcare consultation or treatment, having more ubiquitous and consistent positive impacts would be beneficial in encouraging more consumers to agree to have students involved in their healthcare.

Concerningly only a minority (28%) of panellists reported they had the opportunity to be involved in the student's training by providing feedback. However, the majority (85%) of those who were given the opportunity reported that they did choose to give feedback. This indicates that it is not an unwillingness of consumers to provide input, in fact they seem quite enthusiastic to, but simply that the consumer or patient view isn't actively being taken into account as to how the student performed.

When asked to suggest ways via open text response that the student involvement could have been improved, recurring suggestions included:

- Being asked for permission or consent to have the student involved.
- Learning more about the student e.g., what stage of studies they were at.

- Giving the option for the student take a more active role and having the usual practitioner take a more supervising role.
- Being able to give the student more information about the patient's medical history and lived experience before tackling the current consultation.

Overall, most panellists rated supervised student consultation as either good (38%) or excellent (30%), with only a small proportions thinking it was poor (7%) or unacceptable (5%). Given this, it was unsurprising that most panellists said they would be happy to be treated by a supervised student again (69%) with only a small minority (9%) said they definitely would not.

I think it is important students get first-hand knowledge and experience and learn to deal with all manner of people. My GP regularly has students - once the young girl was too rough examining my ear and I winced, and it initiated a good discussion between her and me and the GP who explained how important it was to understand your strength and the fragility of patients when having close contact with body parts!

- AHP Panellist

My student experience was with student nurses in hospital care. I found supervision to be lacking with care provided very variable. I was actually sick in a lot of pain and in hospital for 3 weeks. One student in particular plagued me in order to practice their people skills (that is what they told me). No one asked me if this was OK - in fact it was very draining and I dreaded the student coming to my room.

- AHP Panellist

No personal experience

Amongst panellists who had never had a student involved in a healthcare consultation, very few (11%) said they would not be willing to have a supervised student provide healthcare to them if it was offered. However, only 47% reported they definitely would be willing (47%), with the remainder (42%) being unsure. This suggests that while Australians aren't opposed to having students involved in their healthcare when offered, it is simply not a situation many Australians have generally considered.

When asked why they would or wouldn't have a student involved panellists reported:

- It would depend on if the student is supervised or solo, if they are being supervised it would be ok but if there is no senior worker to ensure quality healthcare the panellist was not interested.
- It would also depend on the type of care required, if it is a high-risk activity e.g., surgery then panellists don't want a student, if it's less serious or more routine activity than they are more willing e.g., annual checkup.

When presented with a range of potentially beneficial scenarios and asked if these would change their willingness to be treated by a supervised student, the majority of panellists were either unaffected or more likely to be willing to be treated by a supervised student (see Table 2).

Table 2- Effects of potential scenarios on level of willingness to be treated by a supervised student

Would any of the following make you more or less likely to agree to be treated by a supervised student?					
Scenario	More likely	No difference	Less likely	Don't know	N/A
It lets me get treated sooner	44%	22%	17%	6%	11%
It lets me get treatment I might not otherwise be able to access	50%	22%	11%	11%	6%
It lets me get treatment I might not otherwise be able to afford	39%	28%	11%	11%	11%
The issue I am getting treatment for is urgent	41%	24%	29%	0%	6%
The issue I am getting treatment for is non-urgent	18%	24%	41%	6%	12%
The student is just observing	59%	18%	12%	6%	6%
The student is assisting but usual provider is leading the work	71%	18%	6%	6%	0%
The student is providing the care and my usual provider is just supervising it.	29%	35%	12%	18%	6%

The only scenario that was more likely to lead to decreased willingness was when the issue getting treated was non-urgent. Given that increased urgency led to increased willingness to be treated by a student, this contrasts with the reported reluctance to be treated by a student for a serious issue. This suggests that consumers are drawing a distinction between serious treatment and urgent treatment, which warrants further research to better understand.

I think it's really vital for consumers to be involved with student training outside health services. I would love to be involved but haven't ever had the opportunity. I'm sure there are many others with chronic health issues who have vast experience of the way our health systems work, who just need to be asked. As a society, we really do need to listen more to health consumers if we're to ever get to a truly patient-centred care model.

- AHP Panellist

General perceptions of student involvement

When asked about their general view on the potential involvement of students in delivering healthcare, panellists were split equally as whether presence of students at a facility affects their perception of the facility. With 46% saying it would and 45% saying it would not. The remaining 10% were uncertain, suggesting that views pretty amongst consumers are quite set on this question.

When asked to clarify how the perceptions are affected by the presence of students, panellists overwhelming indicated that the perceptions were being affected in a positive way (see Table 3). The most popular individual response was “It shows my practitioner is interested in teaching and learning, which I like” (53%). None of the negatively framed options were selected by more than 5%, indicating that in general consumers perceptions of facilities are improved by the presence of students and training.

Table 3- Effect of student involvement on general perception of healthcare quality

How does or would the presence of students in a facility affect your perception of the quality of your healthcare?	% Selected
The presence of supervised students in my healthcare service just generally makes me feel more positive about my care	27%
The presence of supervised students in my healthcare service just generally makes me feel less positive about my care	2%
It shows my practitioner is interested in teaching and learning, which I like	53%
It shows that my practitioner is prioritising student training over my health, which I don't like	3%
The consultation takes longer- but that's OK	26%
The consultation takes longer – which is inconvenient	4%
The consultation is more comprehensive than usual	16%
The consultation is less comprehensive than usual	2%
Having supervised students in the facility is refreshing	25%
Having supervised students in the facility gets in the way of my usual care	3%
The presence of supervised students in my consultation allows me to contribute my own experiences – I no longer feel that I'm just a patient	21%
The presence of supervised students in my consultation makes me feel less important than usual and more like I'm just a training tool than a patient.	5%
I receive more attention than usual from my health practitioner when they are also supervising a student	16%
I receive less attention than usual from my practitioner when they are also supervising a student	4%
The presence of supervised students in my healthcare service reassures me that my practitioner is well qualified and up to date with new health knowledge	36%
It shows my practitioner is skilled enough to be trusted to teach the next generation	41%
Other (please specify)	5%

In the 'Other (please specify)' open text responses, panellists further added that other ways to improve the perception of healthcare quality through student involvement included:

- Giving prior notice that students will be in the facility on the day.
- Giving additional time in the consultation to allow the option for the patient's medical details to be explained and discussed with the student.

When given the opportunity to raise other matters via open text response, some recurring themes from panellists included:

- Concern that current staff workloads mean that students don't get the time needed to fully practice and develop their skills
 - o Concern that workloads might lead to students not being given the necessary supervision/support, leading to worse outcomes for both student and patient
- Concern that potentially the patient's best interests or desires may not be pursued if the focus was on training the student
- Concern for students that some healthcare workers were not good or supportive teachers for the students
- Reiteration that it was essential for students to get hands on training, and that current health workers have a duty to train the next generation.
- Reiteration that panellists generally supported having students involved in their healthcare and generally felt good by doing so.
- Noted that willingness on student involvement is contingent on the health issue- something invasive (e.g., surgery) or intimate (e.g., sexual) leads people to be less comfortable with students being involved.
- Mixed view on complex illnesses- on one hand some felt it was great for students to get experience with such health matters, on the other hand some were reluctant to spend the time/energy re-explaining their particular situation.

For me, I wouldn't want to make a blanket recommendation that students either lead or be involved in my consultations as it would depend entirely on what I was there for, how I was feeling on the day, and the personality of both the doctor and student. If I felt that everyone was acting in MY best interest (rather than the student's learning being ahead of my care) then I am very much in favour of being involved in teaching opportunities as a patient. In fact, I think my frustrating story of diagnosis and care would be very good for students to listen to and learn from as an example of what NOT to do!

- AHP Panellist

Consumer role in student training

A slight majority (55%) of panellists were aware of the roles that consumers can play in education settings to help in the training of healthcare students. When asked about specific type of roles consumers often fill, a majority of those panellists had heard of all of the provided options (see Table 4).

Table 4- Identification of potential roles consumers can have in healthcare education/training by panellists

Please indicate which, if any, of the following roles can consumers have in the education/training of health professional students in a university, college or school setting (i.e., outside of health services)	% Selected
As guest lecturers to talk about their consumer experience	83%
Patient role plays with students in exams or simulation labs	76%
Involvement in teaching students about communicating with patients, families and carers	72%
As part of training and/or learning about patients from diverse backgrounds	60%
As part of a university, college, or school course's professional accreditation panel	50%
Other (please specify)	16%

In addition to the provided options, under the 'Other (please specify)' response panellists identified a further role for consumers and patients: to be co-designers in the education curriculum.

When asked how important each of these things were, panellists overwhelmingly thought that having consumers involved in all of these options was either important or very important (see Table 5).

Table 5- Panellist's perceptions of importance of potential mechanisms for consumer involvement in healthcare education/training.

The following list sets out ways that consumers are, or could be, involved in educating/training future health professionals in non-health service settings, such as a university, college, or school. Please rate each option to indicate how important you think it is in quality health professional education/training.				
Item	Not important	Important	Very important	Unsure
As guest lecturers to talk about their consumer experience	1%	24%	72%	3%
Patient role plays with students in exams or simulation labs	6%	30%	56%	8%
Involvement in teaching students about communicating with patients, families and carers	2%	15%	82%	1%
As part of training and/or learning about patients from diverse backgrounds	1%	20%	76%	3%
As part of a university, college, or school course's professional accreditation panel	4%	27%	60%	10%
Other (please specify)	7%	17%	38%	38%

This shows that there is strong consumer support for education and training providers to be actively involving consumers via these mechanisms. In the 'Other (please specify)' responses panellists further identified the importance of involving consumers in the administration and development of education and training e.g. course co-design, consumers as Board members for Colleges etc.

When asked about which of these activities they would personally be interested in doing, panellists were more mixed (see Table 6).

Table 6- Level of personal willingness of panellists to be involved in healthcare education/training

Of that same list, which would you personally be interested in being involved with if the opportunity arose?	% Selected
As guest lecturers to talk about their consumer experience	53%
Patient role plays with students in exams or simulation labs	43%
Involvement in teaching students about communicating with patients, families and carers	58%
As part of training and/or learning about patients from diverse backgrounds	28%
As part of a university, college, or school course's professional accreditation panel	45%
Other (please specify)	7%

This clear discrepancy between the support of consumers of the concept of consumer involvement in student training and education and willingness to personally engage in these activities, suggests there are barriers preventing consumer involvement. This warrants further investigation.

I think involvement of consumers in educating student health professionals about the complaints and regulatory processes (including why consumers complain, what about and how to manage communication generally to avoid complaints) makes a strong contribution to the quality of health services

- AHP Panellist

Conclusion

In summary, this Australia's Health Panel survey found that Australian consumers are generally supportive of having students involved in their healthcare journey and generally have good or neutral experiences of student involvement in the past. Having students involved in the delivery of healthcare generally improves or does not affect consumers perceptions of the quality of that facility, with Hospitals and GP clinicians the facilities consumers are most likely to encounter students currently.

Typically, student involvement is not perceived by consumers to improve the nature or quality of the treatment they receive, but it can lead to improved perception of the quality of the consultation generally, through greater discussion between student, supervisor and patient leading to the patient feeling they had a better understanding of their situation.

In terms of the type of student involvement, most consumers are happy for students to observe the delivery of care via their usual practitioner. Although a sizeable minority are also happy for the student to take a more active or even leading role.

Generally, the willingness of involvement depended on the nature of the healthcare being sought with things that were less 'serious' leading consumers to be more willing for student involvement. Unexpectedly consumers appeared to distinguish between *serious* healthcare and *urgent* healthcare which warrants further research in this area.

Concerningly, it appears that consumers are not consistently being given adequate communication around students being involved in their healthcare including not being given forewarning, not having the purposes explained, not being asked for feedback and, most concerningly, not being asked if they consented. This needs correcting.

Finally, consumers overwhelmingly believed it was important for consumers to be involved in the general education and training of students. However, they are split as to whether they personally would be willing to do so, which suggests further research is needed into the barriers of potential consumer involvement.

The results of this research will be used to inform our advocacy and partnerships with health education leaders such as Universities Australia to ensure consumer needs are adequately addressed. The Consumers Health Forum of Australia would like to thank all panellists for giving up their time to participate in this survey. Any questions about this survey and its findings can be directed to info@chf.org.au.

I have been involved in a program that includes sharing consumer experience with first year medical students at Monash Uni for around 6 years now and love it. We get the chance to share our stories, teach the value of quality care and to positively influence the next generation of doctors. For many of the students, it's the first time they've heard from patients. It's a win-win.

– AHP Panellist