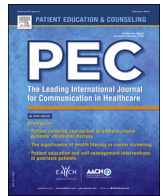




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Medical Education

Can physicians be replaced with gynecological teaching women to train medical students in their first pelvic examination? A pilot study from Northern Sweden

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ABSTRACT

Objective: The main objective was to gain a deeper understanding of how medical students perceive and experience learning from gynecological teaching women (GTW) instead of physicians in their first pelvic examination. A second aim was to describe how the women experience their roles as GTW.

Methods: Data were collected from individual interviews with 24 medical students from a medical school in Sweden and with 5 GTW. Discourse analysis was performed to acquire a deeper understanding of the informants' experiences and to understand social interactions.

Results: Five themes revealed in the medical students' experiences: "Hoping that anxiety will be replaced with security," "Meeting as equals creates a sense of calm," "Succeeding creates a sense of security for the future," "Wanting but not having the opportunity to learn more," and "Feeling relieved and grateful." One theme revealed in the GTW experiences: "Hoping to relate in a trustworthy way."

Conclusion: To replace physicians with GTW may facilitate the learning process and may also help medical students improve their communicative skills. Using GTW will hopefully further improve students' basic medical examination techniques and physician–patient relationships.

Practice implications: Since GTW seems to increase self-confidence and skills of medical students performing their first pelvic examination we recommend that the use of GTW is considered in the training of medical students.

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1. Introduction

When performing their first pelvic examination, medical students often experience anxiety and tension. It is therefore important that students receive appropriate training before they meet their first real patients. Studies have shown that some of the students' anxieties may be relieved by involving gynecological teaching associates in their education. Gynecological teaching associates are women who are trained to teach pelvic examination while being examined themselves. Sometimes they work in pairs, one acting as the patient being examined and the other as the instructor [1], and sometimes they work alone acting as the patient with a physician acting as the instructor [2].

This teaching method has been previously evaluated [1–6]. Student performances, measured in terms of clinical skills, sensitivity, and self-confidence, are much better when the first pelvic examination is performed on a gynecological teaching woman (GTW) than when it is done on a true patient [7]. As shown in a recent published Swedish study [8] it is also essential that the patients examined have a positive experience. Most studies showed improved results over short periods, such as days or weeks, but Kleinman et al. [5] demonstrated that students trained by GTW continued to perform better, especially in interpersonal skills, even after the completion of their obstetrics and gynecology internships. This long-term improvement has been confirmed by Hendrickx et al. [6]. Few studies, however, have used a qualitative approach to gather data on the medical students' and GTW's experiences of the teaching encounter.

The use of "non-patient volunteers" to teach physical examination skills to medical students is common [3,4,9,10]. In gynecology, the nomenclature of these volunteers is rather

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confusing. “Gynecological teaching associates” is often used [3,4,9,10], and in Sweden the most commonly used title is “professional patient.” In discussion with the participating teaching women in this study, it was agreed that they would be called gynecological teaching women after they completed their training.

While the use of GTW has been widely studied, to our knowledge the practice, and the effects on learning, of allowing GTW to be responsible for training students in the gynecological examination without the presence of physicians is still an unexplored subject in Europe. This gap of knowledge raises questions about students’ acceptance of GTW as teachers, the effect of GTW in reducing student anxiety during the examination, and the possibility that such an approach could retain or even improve the quality of education. Therefore the main objective was to gain a deeper understanding of how medical students perceive and experience learning from GTW instead of physicians in their first pelvic examination. A second aim was to describe how the women experience their roles as GTW.

2. Methods

2.1. Participants

The participants were 24 medical students at a university in Sweden and 5 volunteers educated as GTW.

2.1.1. The medical students

The study was conducted during two consecutive 11th semester courses on obstetrics and gynecology at the medical school at Umeå University. Medical students in their 10th semester received written and oral information about the study and were invited to participate. From each course, we randomly selected 6 male and 6 female students who expressed an interest in participating in the study and receive the teaching method. The 24 students in our study had no experience in examining gynecological patients. The participants attended the ordinary theoretical lecture about pelvic examination but received their practical training from the GTW. These participants were paired (one female and one male) and each pair were trained by two GTW.

2.1.2. The gynecological teaching women

Five volunteers were recruited: three from a group of women who were already involved as professional patients at the Department of Obstetrics and Gynecology, and two who had heard about the study and wanted to participate. To be included in the study, the women could not be overweight and must have had a normal uterus as determined by previous bimanual palpation by a specialist gynecologist. All women underwent a one-day training course organized by the lead investigators that included theoretical as well as practical training to prepare them to lead the first pelvic examination training for medical students. The women were taught about female reproductive physiology and anatomy as well as important laws and regulations essential for healthcare workers. The women then practiced the pelvic examination on one another while supervised by one of the authors (OG). After completion of the training, the women were given the title GTW.

2.2. Teaching methods

The GTW educated the medical students in three stages: (1) How to approach the patient before the examination. (2) How to conduct the examination. (3) How to end the consultation appropriately. In the first stage the GTW focused especially on patient communication, eye contact and how to make this inherently uncomfortable situation as comfortable as possible

for the patient. The GTW started by creating a sense for security for the student in the initial conversation, how to touch the patient, how to move around the patient and to create a peaceable and secure atmosphere. In the second stage students were shown how to approach the patient to be able to create a comfortable situation for both student and patient when the stomach should be palpated, and when the pelvic examination should be performed. During the teaching session a bi-manual and speculum examination took place. The students were given the opportunity to try and handle the instruments properly, to perform the procedure correctly in peaceful and calm atmosphere while receiving feedback from the GTW. The tutorial was during 90 min. In the third stage a written documented evaluation was performed. The GTW personally experienced two or three examinations depending how many students participating in each session. The gynecologist (OG) from the research group was available as mentor, but did not participate actively in the exams.

The group of GTW together with the lead investigators defined and framed the desired behavior during the examination session and the best possible performance of the examination for both the patient and the student. This ensured that students in different practicing groups were given the same education.

The content of the framed educational process was inspired mostly from the GTW’s personal experiences as patients or from their earlier participation as professional patients. It was also discussed and accepted by patient interest groups and a small number of patients seeking care at the gynecological clinic.

2.3. Data collection

The 24 participating medical students and the GTW were individually interviewed before and after their training. An interview guide was used to support the interview process. Examples of the questions are shown in Box 1 and Box 2. The interview questions had clearly identified topics and encouraged narrative responses. The interviews were conducted by a person who was part of the research group but is not involved as an author, and took place at the gynecological clinic, lasted approximately 15 min, were tape recorded and transcribed verbatim from the audiotape.

2.4. Data analysis

To acquire a deeper understanding of the informants’ experiences and to understand social interactions the texts were analyzed using discourse theory. The interviews of students and GTW were analyzed separately by the research group in a series of steps to identify meaningful themes in the data. Throughout the analysis the authors read the interview transcripts several times and compared and contrasted emerging themes against the interview text to ensure a stringent and trustworthy analysis [11,12].

3. Ethical considerations

The study was approved by the ethics committee at Umeå University (08-191Ö). The participants were informed about the

Box 1. Example of questions, medical students.

How did you experience the interaction with the GTW?
How did you experience the pedagogical design?
How did you experience your confidence as student in this kind of pedagogical design?

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