Attitude of clinical faculty members in Shiraz Medical University towards private practice physicians' participation in ambulatory care education

KHATEREH MAHORI, MD[1], ALI SADEGHI HASSANABADI, MD[2], ABDOLLAH KARIMI, MD[3], SEYYED HAMIDREZA TABATABAI[4]

[1] Assistant Professor of Community Medicine, Faculty Member of BandarAbbas Medical University
[2] Full Professor of Community Medicine, Faculty Member of Shiraz Medical University
[3] Assistant Professor of Pediatric, Faculty Member of Shiraz Medical University
[4] Lecturer of Epidemiology, Faculty Member of Shiraz Health University

ABSTRACT

Background *Improvement of medical education is necessary for meeting health care demands. Participation of private practice physicians in ambulatory care training is an effective method for enhancing medical students' skills.*
Purpose *This study was undertaken to determine clinical professors' views about participation of physicians with private office in ambulatory care training.*
Methods *Participants composed of 162 Shiraz Medical University faculty members from 12 disciplines. A questionnaire requesting faculty members' views on different aspects of ambulatory care teaching and interaction of community-based organizations was distributed.*
Results *Of 120 (74.1%) respondents, 64 (54.2%) believed that clinical settings of medical university are appropriate for ambulatory care training. Private practice physicians believed more than academic physicians without private office that private offices have wider range of patients, more common cases, and better follow up chance; and is also a better setting for learning ambulatory care compared with medical university clinical centers. Overall, 32 (29.1%) respondents found the participation of physicians with private practice on medical education positive.*
Conclusion *It is possible that interaction of physicians in private offices with ambulatory care training be an enhancement of medical education but our study suggests cautions and further evaluation.*

Key words *MEDICAL EDUCATION, AMBULATORY MEDICINE, PRIVATE PRACTICE*

Medical Education Journal of Iran Spring 2002;1(3):133-6

Introduction

There is a debate on the improvements that are needed in medical education for meeting public health care demands. Therefore, the first world conference on medical education was held in 1988, and afterwards in 1993 in Edinburgh, England, followed by the East Mediterranean Region Federation conference on medical education in1995 in Emirates' Al-Ein university (1,2,3). For upgrading the quality of medical education, the act of integration of medical education and health care system as a single Ministry has been passed in Iran (1).

The settings for clinical education need to be explored for enhancing teaching. The students may not learn effectively by attending ward rounds that have more complicated patients than out-patient clinics, where they most probably have to serve in the future. A variety of studies have reported that ambulatory care education improves the knowledge and skills of medical students and leads to better accomplishment of community health care (4,7,8,13,15). Lawrence et al. (10) and Vinson et al. (14) have shown that community-based physicians' participation in teaching ambulatory medicine appears to be influential. This survey was conducted in Shiraz Medical University to obtain views of faculty members on participation of community-based physicians in ambulatory care education.

Materials and Methods

This cross-sectional descriptive-analytical study was conducted on 162 faculty members of 12 disciplines in Shiraz Medical University. Participants completed a self-report questionnaire, which was mailed to them directly or distributed through their ward's secretary

office. The questionnaire consisted of two parts. The first part consisted of questions requesting data about their specialty field, academic degree, part time or full time job, and private office. The second part consisted of questions extracting faculty members' views on different aspects of ambulatory care teaching, interaction of community-based organizations, and impediments they feel and suggestions they might have.

All calculations were done with EP 16 software, and data were analyzed by χ^2 and Fisher tests.

Results

From the questionnaires that were mailed to 162 faculty members, 120 (74.1%) were returned (Table 1). The most cooperation was from psychiatrists (90%), followed by pediatricians (87.5%), and radiologists (87.5%), with general surgeons comprising the least participation (54.2%). Eighty percent of the participants were assistant professors and 20% were associate professors or full professors. From 120 responders, 33 (27.5%) had a private office and 87 (72.5%) did not have one.

Sixty-four (54.2%) rated the clinical centers of Shiraz Medical University as having an appropriate setting for ambulatory care training, while 43 (36.4%) rated it inappropriate, and 11 (9.3%) did not have a specific view (Table 2).

Faculty members who had a private office twice believed that more variable patients are present in private practice compared to those without a private office (P<0.02). More internists and pediatricians rated private office as having more variable ambulatory patients compared to university centers (P<0.05). Faculty members who had a private office believed five times more than those without one in more educational opportunities in private practice (P<0.05). Faculty members with a private office believed three times more than those without one that better follow up is possible in private practice (P<0.05).

Thirty-two (26.9%) faculty members had positive views on participation of community-based practice in medical education, 78 (65.5%) did not agree, and 9 (7.6%) had no comments. The most positive view was among general surgeons (58%) and radiologists (57%). However, urologists and orthopedists were completely against this view, which because of their low number cannot be interpreted properly (Table 3).

Subjects who did not agree with participation of private practice physicians in ambulatory medicine teaching were asked about their reasons. Out of 145 respondents to this question, 50 (34.5%) reported academic incompetence, 48 (33.1%) unsatisfactory participation of private practice physicians, 16 (11%) insufficient time, 13 (9%) patients' discontent of private offices, and others unsuitable educational environment and less case variability as their reason. Faculty members who had a private office reported 3 times more than those without one insufficient time for discussions over the cases in a private office as their reason for disagreement (p<0.05).

From those against participation, the majority (63%) suggested training in university clinics with active participation of faculty members and also a more accurate curriculum as a way for ambulatory care training to medical students. Also, 21.4% have suggested university clinics and emergency rooms for this purpose.

From faculty members who considered the participation beneficial, 47.6% suggested giving credits of continuing education, and awards and honors, and 46.4% proposed payments for encouraging participation of private practice physicians. General internists and pediatricians considered payments useful, as compared to ophthalmologists, ENT specialists, psychiatrists, physical therapists, and radiologists who were against payments (p<0.05).

From those in favor of participation, 123 indicated mechanisms for qualifying private practice physicians for ambulatory medicine teaching. Forty-six (37.4%) proposed considering their academic, educational, and research backgrounds, 20 (16.3%) assessment of the physicians' academic, practice, and diagnosis abilities, 17 (13.8%) evaluation of their academic background and professional reputation, 16 (13%) their participation in continuous educational programs, and 9

TABLE 1- FREQUENCY DISTRIBUTION OF POPULATION UNDER STUDY BASED ON SPECIALTY.

Specialty	Initially contacted	Actually participating	
		Number	Percent
Internal medicine	41	27	65.8
Pediatrics	24	21	87.5
General surgery	24	13	54.2
Urology	5	3	60
Orthopedics	5	4	80
Gynecology and obstetrics	13	11	84.6
Ophthalmology	14	11	78.5
ENT	8	6	75
Psychiatry	10	9	90
Physical therapy	5	4	80
Radiology	8	7	87.5
Dermatology	5	4	80
Total	162	120	74.1

TABLE 2- FREQUENCY DISTRIBUTION OF FACULTY MEMBERS' RESPONSES ON DIFFERENT ASPECTS OF AMBULATORY MEDICINE EDUCATION.

Educational aspects	Yes (%)	No (%)	No comments (%)
More common cases	37 (33)	54 (48.2)	21 (18.8)
Better case follow-up	35 (31)	68 (60.2)	10 (8.8)
More variable cases	29 (25.7)	66 (58.4)	18 (15.9)
More time for learning	15 (13.3)	84 (74.3)	14 (12.4)
Better opportunity for learning	11 (9.7)	88 (77.9)	14 (12.4)
More time for education	11 (9.7)	94 (83.2)	8 (7.1)

Table 3- Frequency Distribution of Faculty Members' Agreement With Private Physicians' Participation in Ambulatory Medicine Teaching to Medical Students, Based on Different Disciplines.

Specialty	Total Number	Agree	
		Number	Percent
General surgery	12	7	58
Radiology	7	4	57
Gynecology and obstetrics	9	3	33
Physical therapy	3	1	33
Ophthalmology	10	3	30
Pediatrics	20	5	25
Dermatology	4	1	25
Internal medicine	26	6	23
ENT	6	1	20
Psychiatry	8	1	14
Urology	2	0	0
Orthopedics	3	0	0

(7.3%) the physicians' enthusiasm for teaching, as evaluation criteria for choosing private practice physicians for ambulatory care teaching.

Discussion

The study showed that 25.7% of the faculty members believe that there is more case variability in private centers than in university centers, 33% believe that more common cases can be seen in outpatient centers than in hospitals, and overall, 29.1% of faculty members agreed with private practice physicians' participation in ambulatory medicine training to medical students.

Irby (9) and Davis et al. (7) have found that a wider range of conditions are seen at the out-patient (OP) clinics than on ward rounds. This was also supported by Shams and Ahmadi (4), who demonstrated 80% of interns have this belief. However, in our study only 25.7% of faculty members had this view, which was reported two times more by private office physicians.

Studies have shown that there is more learning opportunities in out-patient and community-based settings than in hospitals (4,5,7,8,11,12,13,15). In our study only 13.3% of faculty members had this view; however, it was reported five times more by physicians with a private office. It seems that it is because of their many years of experience of practice in private offices in addition to teaching activities in hospitals that they have proposed more learning opportunities in private and out-patient centers.

In a study by Sadeghi and Mogheisi (6), 66% of nonacademic specialists thought of ambulatory care training as a useful curriculum program, and 28.8% were willing to collaborate. In the current study, 29.1% of participants responded that participation of private practice in ambulatory care training is an advantage for medical education.

Faculty members with private office believed more that private office is a better setting than university clinics considering the wider range of patients, more chance of learning, and better chance of follow up of patients. However, this group's support of participation of private practicea with ambulatory care training was similar to the group of faculty members without a private office. This might be the result of the great number of patients in these centers and as a result shortage of time for discussing the patients' conditions.

Acknowledgments

The authors would like to thank all those faculty members who participated in this survey and have kindly responded to the questionnaire.

References

1. Akbari ME. Deputy Ministry of Health & Care and Medical Education. Community-based Medicines [pamphlet]. [Farsi]
2. Amini A. Radical changes of medicine. Medical Education Local Conference. [Farsi]
3. Proceedings of World Congress on Medical Education; 1993 Aug 8-12; Edinburgh.
4. Shams B, AliReza A. Community-based ambulatory care training in health and trearment centers. Community Medicine Congress [pamphlet]; 1998 Mar; Kermanshah. [Farsi]
5. HasanAbadi SA, Alizadeh M. General practitioners' view of ambulatory care medicine in Shiraz Medical University Health & Treatment centers. Proceedings of the 11th Congress of the International Geographic Medicine; 1998; Shiraz. [Farsi]
6. HasanAbadi SA, Mogheisi A. Assessment of nonacademic specialties' attitudes towards collaboration with ambulatory care training. Proceedings of the 11th Congress of the International Geographic Medicine; 1998; Shiraz. [Farsi]
7. Davis MH, Dent JA. Comparison of student learning in the out-patient clinic and ward round. Med Educ 1994;28:208-12.
8. Frye EB, Hering PJ, Kalina CA, et al. Effect of ambulatory care training of thierd-year medical student's knowledge and skills. Teach Learn Med 1998;10(1):16-20.
9. Irby DM. Teaching and learning in ambulatory care settings: a thematic review of the literature. Acad Med 1995 Oct;70(10):898-931
10. Lawrence SL, Mark DH, Fulkerson PK, Cohen R. Students' time allocation in a required third-year ambulatory care clerkship. Acad Med 1994 Jan;69:60-1.
11. Murray E, Todd C, Modell M. Can general internal medicine be taught in general practice? An evaluation of the University College London model. Med Educ 1997;31:369-74.
12. Pangaro L, Gibson K, Rusell W. A prospective randomized trial of a six-week ambulatory medicine rotation. Acad Med 1995;70:537-41.

13. Steinmetz CA, Litzelman DK, Woolliscroft JO. Effect of an ambulatory care rotation on third-year students' diagnostic problem-solving skills. Acad Med 1994;69(10):852.

14. Vinson DC, Paden C, Devera-Sales A, Marshall B, Waters CE. Teaching medical students in community-based practices: a national survey of generalist physicians. J Fam Pract 1997;45(6):487-94.Woolliscroft JO, Schwenk TL. Teaching and learning in the ambulatory setting. Acad Med 1989 Nov;64(11):644-8.