

# **‘Observed Consultation’ as a Teaching and Assessment Method for Family Medicine Rotation in Undergraduate Medical Programme (MBBS) in Universiti Sultan Zainal Abidin, Terengganu, Malaysia**

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## **Abstract**

**Introduction:** Consultation skill is an integral part in medicine. It includes skills in history taking, physical examination and counselling.

**Objective:** to evaluate the objective and subjective feedback of observed consultation as a teaching and assessment method in family medicine rotation.

**Methods:** At the end of family medicine rotation, students were given an anonymous online form to rate observed consultation as an assessment method. The objective rating is in the scale of 1-5. Scale 1 is for ‘strongly disagree’ and 5 is for ‘strongly agree’. The question was ‘I feel observed consultation is a suitable assessment method and truly reflects my performance’. Subjective feedback was used for the use of observed consultation as a teaching method.

**Results:** There were 57/64 students responded to the online feedback. The mean score (SD) for using observed consultation as an assessment method was 4.4 (0.73). Students felt that lecturers feedbacks from observed consultation was very useful. Ten students suggested to increase the number of observed consultation sessions.

**Conclusion:** ‘Observed consultation’ as a method of teaching and assessment received positive feedback from students. Further study need to be done to objectively assess its effectiveness in improving skills in patient consultation during medical training.

**Keywords:** Consultation, Family Medicine, Communication Skills, Primary Care, Medical Programme

## **Introduction**

Consultation skill is an integral part in medicine. It includes skills in communication, physical examination and counseling. Study shows that young doctors are not competent in communication skills (Maguire, 1986). A review of several studies showed that effective

doctor-patient communication improved patients health outcome (Stewart, 1995). Consultation skills are acquired through repeated practice over the clinical years of undergraduate students. Traditionally, the method used in majority of medical schools in Malaysia is using bedside teaching to teach consultation skills. It involves mainly observation of the lecturers/specialist doing history taking and physical examination. The counseling part is often overlooked. Following a few sessions of observation, students then independently clerk their patients and present the findings to the lecturers/specialist. Most of the time the independent work is not observed by the lecturers/specialists and the assessment of the competencies is based on the students' presentation.

Direct observation of consultation is often used in the primary care setting where students are observed on how they do their consultation with their patients. Feedback is given to the student right after the consultation with regards to his/her strength and areas for improvement. Observing and providing feedback to students after an observed consultation is beneficial to improve their consultation technique (McKinley, 2000). Study also showed that medical students who received feedback after patients interview had lasted skills even after they graduated to become doctors (Maguire, 1986). Considering that communication skills are very important in undergraduate training, some medical schools are designing their curriculum to stress on communication skills and students are shown to be benefited from the curriculum (Egnew, 2004). Students who received training in communication skills outperformed those who did not receive in the overall exam involving patient consultation (Yedida, 2003).

For 2016/2017 session, we introduced 'observed consultation' as a teaching and assessment method for family medicine rotation in year 4 undergraduate medical programme. Family medicine rotation is a 6-week rotation which is done only once in year 4 within the 5-year course. The rotation is done in 2 public primary care settings.

This study aimed to evaluate the objective and subjective feedback of observed consultation as a teaching and assessment method in family medicine rotation among year 4 undergraduate medical students Universiti Sultan Zainal Abidin, Terengganu, Malaysia.

## **Methods**

There were 64 students enrolled in year 4 of MBBS programme in Universiti Sultan Zainal Abidin for the session of 2016/2017. Students were divided into 4 groups, in which one group consisted of 16 students. These 16 students were further divided into 2 groups, where 8 students went to one primary care setting and 8 students went to another. Each group did their rotation consecutively within the session. Five family medicine lecturers took turn in clinical teaching in both settings.

## **The Process**

Observed consultation was done in the primary care setting where students were placed. Each student would have observed at least two consultations before observed consultation took place. In the first two or three sessions, students would observe their lecturers and peers doing patient consultation. It was followed by discussion and feedback on the consultation. Each student was required to do one compulsory observed consultation and the marks contributed 10% to the rotation assessment.

### Briefing

At the start of the rotation, students were briefed about observed consultation as one of the teaching and assessment methods as they are not familiar with the method in other previous rotations. Students were explained regarding the process, the assessment rubric and its contribution to their final marks.

### Observation of Student Consultation

For the assessment, students or lecturers will select a patient for their consultation. Students were given the options of taking the patient's history, performing physical examination or providing counseling to the patient. Students were given 15 to 20 minutes to perform the consultation. The consultation process was observed by the lecturers as well as their colleagues.

### Feedback on Performance

After the consultation, student would be asked on how he/she felt about the consultation. Then, the colleagues and lecturer would give subjective feedback to the student. The feedback was on the strength and weakness of the consultation and what should have been done better. The lecturers might also ask further questions in relation to the patient. The feedback was done based on the assessment rubric (Table 1).

Table 1.

*Assessment Rubric Used For Observed Consultation*

Items	Unsatisfactory	Less than satisfactory	Satisfactory	Good	Excellent	Marks
Rapport	1 mark	2 marks	3 marks	4 marks	5 marks	5
Knowledge on the area	0-10 marks	11-19 marks	20-25 marks	26-30 marks	31-40 marks	40
Relevance	0-5 marks	6-9 marks	10-12 marks	13-15 marks	16-20 marks	20
Interpretation skills	0-5 marks	6-9 marks	10-12 marks	13-15 marks	16-20 marks	20
Communication skills	0-3 marks	4-7 marks	8-10 marks	11-13 marks	14-15 marks	15
Total marks						100

### Allocation of Marks

The final mark was given by the assessor i.e. lecturer based on the marking scheme in the assessment rubric (Table 1). The assessment rubric was prepared by the unit of family medicine from the consensus of all lecturers in the unit. There were five areas that were assessed which were rapport, knowledge on the area, relevance, interpretation skills and communication skills. Marks were given based on the scale with defined values from unsatisfactory to excellent. There was no pass or fail marks as whatever score they received will contribute to the final marks. More importantly was the feedback received by the students.

### Evaluation of the Method

At the end of the rotation, students were given an anonymous online form to rate observed consultation as an assessment method. The objective rating is in the scale of 1-5. Scale 1 is for 'strongly disagree' and 5 is for 'strongly agree'. The question was 'I feel observed consultation is a suitable assessment method and truly reflects my performance'. Subjective feedback was used for the use of 'observed consultation as a teaching method. In the third and fourth groups, the unit decided to add another question which was 'Which assessment method do you think is best to assess your knowledge in family medicine? The respond was a multiple choice of different methods of assessment.

### Results

At the end of 2016/2017 session, 57/64 students responded to the online feedback. The response rate was 89.1%. The mean score (SD) for using observed consultation as an assessment method was 4.4 (0.73) (Table 2). Generally students felt that observed consultation was very useful to apply the theory into practice under supervision and observation and feedback was given on the spot for improvement. There were 10 of 57 students suggested to increase the number of observed consultation assessment sessions. About 50.0% of students in the last 2 groups felt that observed consultation was the best method to assess their knowledge in family medicine.

Table 2.

*Mean Score For Objective Feedback of The Use of Observed Consultation As An Assessment Method*

Question	No. of students	Mean score (SD)
'I feel observed consultation is a suitable assessment method and truly reflects my performance'	57	4.4 (0.73)

Table 3.

*Subjective Feedback on Observed Consultation*

Subjective feedback on observed consultation
1. New experience to have observed consultation and it is good to train student in getting the correct information in each disease
2. In family medicine rotation, we are required to do consultation with patients compared to other rotations
3. We have the opportunity to consult patient unlike other rotations
4. What I like about family medicine rotation is the observed consultation (4 comments)
5. The only posting where I feel I am closer to the patient through counselling and patient consultation
6. Able to apply what we learn theoretically into the real situation when we do the consultation and being supervised/observed and corrected for improvement
7. Learn to practice consultation with different types of people
8. Practical in which we get to involve in counselling patients

### Discussion

Observed consultation has been used in many studies especially for teaching consultation in primary care. Providing feedback to a patient consultation is very important to improve

communication skills (Maguire, 2002). Verbal feedback by colleagues right after the consultation may be intimidating to the fellow student being assessed. A better way to do the assessment is probably to record the consultation and the lecturer gives an individual feedback to students. However, in our case, due to limitation in manpower and time, it is not feasible to do so. To alleviate their anxiety, students were always reassured that the assessment was to improve their communication skills and that passing or failing the assessment was not a pre requisite for them to pass or fail the rotation.

The most common assessment method that is used is Leicester Assessment Package. However, in our study, this assessment tool was not used because it comprises of all the areas from history taking, physical examination, diagnosis and management. In our setting, we have limitation of time to do the whole consultation as we want to limit the consultation within 15 to 20 minutes. Furthermore, our students were in year four and they had not done any primary care rotation previously. They were still used to a lengthy consultation protocol as what is commonly used in hospital setting. Therefore, we expected that students would not be able to cover all the areas within the stipulated time.

The assessment rubric which was used in our assessment did not only focus on communication skills but also other areas in the consultation such as how the rapport was built and whether the questions that they asked were relevant. At the end of the consultation, we also assess the student's knowledge on the related area and whether students were able to interpret the history, physical findings and investigation to come up with a provisional diagnosis. We also assess the student's ability to apply the principles of family medicine such as whole patient approach in their consultation. The assessment rubric which was used was also a little bit general since patients coming to primary care setting can come with any complaints. This will be a challenge to a year 4 medical students since they were used to specific specialty when clerking a patient. The whole observation of medical students' consultation is very important in medical undergraduate curriculum since addressing patients concerns and the biopsychosocial approach is an important skill for medical students to have especially in a primary care setting where patients' issues are more complex (Gude, 2007).

There are many different methods to teach communication skills among medical students. Some use simulated patients and some use videotaping of consultation (Deveugele 2005). In our study, we only use lecturer and peers feedback to evaluate the consultation. There are other practices which include patient to give feedback on the consultation. However, a randomized control trial showed that the use of patients to give feedback did not significantly improve their consultation skills (Reinders, 2010).

Subjective comments prior to our introduction were that students were unfamiliar with the method. In other rotations, students were mainly clerking the patients independently and later had to present their findings to their lecturers/specialists. They had time to prepare for the presentation. However, they were very occasionally observed on how they took the history (communication skills), did physical examination (examination skills) and counseled the patient (counseling skills). The whole consultation was not observed, hence skills were rarely commented and provided feedbacks by the lecturers/specialists. The weakness in this method is that students are not sure and confident whether their techniques are correct or otherwise. This method is also used for professional examination where students clerk and

do physical examination on the patient by themselves and only have to present the findings of history and physical examinations to the examiners. Management of the patient is done through discussion with the examiners and not with the real patient. This does not reflect the real scenario where a doctor has to discuss and counsel a patient and this is where communication skills play a role.

Although initially, we were skeptical on how students would accept the method, it seems that to our surprise, more than 10% of students actually requested for more observed consultation sessions. It shows that they are receptive of the method and find that it was useful. Despite that, we are aware that our evaluation of this method of observed consultation was not extensive and it was just a preliminary evaluation. A more detailed evaluation is required to justify this method to be used especially for primary care teaching in undergraduate medical programme in Malaysia.

### **Conclusion**

'Observed consultation' as a method of teaching and assessment in students doing family medicine rotation for undergraduate medical program received positive feedback from medical students. Further study needs to be done to objectively assess its effectiveness in improving skills in patient consultation during medical training.

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### **References**

- Maguire, P., Fairbairn, S., Fletcher, C. (1986). Consultation skills of young doctors: II--Most young doctors are bad at giving information. *British Medical Journal*, 292, 1576-1678.
- Stewart, M. A. (1995). Effective physician-patient communication and health outcomes: a review. *Canadian Medical Association journal*, 152, 1423-1433.
- McKinley, R. K., Fraser, R. C., Van der Vleuten, C., Hastings, A. M. (2000). Formative assessment of the consultation performance of medical students in the setting of general practice using a modified version of the Leicester Assessment Package. *Medical education*, 34, 573-579.
- Maguire, P., Fairbairn, S., Fletcher, C. (1986). Consultation skills of young doctors: I--Benefits of feedback training in interviewing as students persist. *British Medical Journal*, 292, 1573-1576.
- Egnew, T. R., Mauksch, L. B., Greer, T., Farber, S. J. (2004). Integrating Communication Training into a Required Family Medicine Clerkship. *Academic Medicine*, 79, 737-743.
- Maguire, P., Pitceathly, C. (2002). Key communication skills and how to acquire them. *British Medical Journal*, 325, 697-700.
- Deveugele, D., Derese, A., DeMaesschalck, S., Willems, S., Van Driel, M., DeMaeseneer, J. (2005). Teaching communication skills to medical students, a challenge in the curriculum? *Patient Education and Counseling*, 58, 265-270.
- Reinders, M. E., Blankenstein, A. H., Van Der Horst, H. E., Knol, D. L., Schoonheim, P. L., Van Marwijk, H. W. J. (2010). Does patient feedback improve the consultation skills of general practice trainees? A controlled trial. *Medical Education*, 44, 156-164.