#41117 (132)
The power to surprise! Surprises for educators from a phenomenological study of stakeholder experiences with doctors

Marise Lombard, Griffith University, Gold Coast, Australia
Gary Rogers, Griffith University, Gold Coast, Australia
Author Poropat, Griffith University, Brisbane, Australia
Louise Alldridge, Peninsula Medical School, Universities of Exeter and Plymouth, UK

Background: The contribution of stakeholders to inform the selection and education of health professionals has been widely acknowledged yet undervalued. This study used an innovative approach that enabled greater contribution by diverse stakeholders to the medical selections and education debate.

Summary of Work: A phenomenological interpretive study revealed how stakeholder experiences of doctors could better inform medical selection and education. Doctors, patients, academics, health executives, clinicians, students, educators and community representatives were interviewed. Anonymised transcripts were analysed using an interpretive phenomenological analysis methodology, assisted by qualitative data analysis software.

Summary of Results: Responses from stakeholder groups differed substantially: for example, patients primarily focused on human capabilities (e.g., compassion and communication) while clinicians emphasised professional expertise (e.g., clinical and ethical competence).

Discussion: Although participants were asked about experiences that typified ‘the good doctor’, many spontaneously provided accounts of unprofessional and unsafe practice, providing an element of surprise that was not only significant for the study but particularly for informing the selection and education of future doctors.

Conclusion: This study revealed unique complexities surrounding entry and progression through professional medicine, with implications for students, educators, health managers, patients, families and communities. The experiences of stakeholders — particularly those of patients — provide indispensable information for medical selection and education debates on local, national and global scales.

Take-home Message: 1. Patient perspectives are particularly pertinent and profitable when discussing medical selection and education; a broader representation of stakeholders will be even more informative. 2. Current approaches to evaluating and planning medical selection and education that ignore patient and community perspectives cannot be justified and must be revised.