

RESEARCH

Impact of supervised student optometry consultations
on the patient experience

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Sharon A Bentley*[†] PhD MOptom MPH
BScOptom CertOcTher FACO

Jane E Trevaskis* BEd GDipAEMgt

Craig A Woods[‡] PhD BSc (Hons)
MCOptom PGCertOcTher FACO

Daryl Guest[†] MSc BScOptom
PGCertOcTher

Kathleen G Watt[§] BOptom (Hons)

*Australian College of Optometry, National Vision
Research Institute, Melbourne, Victoria, Australia

[†]Department of Optometry and Vision Sciences, The
University of Melbourne, Melbourne, Victoria,
Australia

[‡]Deakin Optometry, School of Medicine, Deakin
University, Melbourne, Victoria, Australia

[§]School of Optometry and Vision Science, The
University of New South Wales, Sydney, New South
Wales, Australia

E-mail: sbentley@aco.org.au

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Background: Understanding patient perceptions of having students involved in their clinical care is important as we strive to develop optimal models of care that integrate teaching with the best possible experience for the patient. The aim was to ascertain the impact of supervised optometry student consultations on the patient experience.

Methods: A survey comprising 45 questions was mailed to consecutive adult patients who had undergone a comprehensive eye examination at the Australian College of Optometry over a four-week period.

Results: Responses were received from 193 patients who had a student involved in their care (44 per cent response rate; 156 completed correctly) and 177 who did not have a student involved (32 per cent response rate; 105 completed correctly). There was no significant difference in overall patient satisfaction between the teaching and non-teaching clinics ($p = 0.18$). Over 87 per cent of patients in the teaching clinic felt completely comfortable with a student examining them, 44 per cent felt their care was better because a student was involved and 97 per cent rated the overall performance of the student as very good or good. Although 12 per cent would rather have seen only the optometrist and three per cent would not be happy to have a student involved in their eye care again, 100 per cent believed it is important for students to work with patients. The most common reason for student acceptance was the importance of students needing opportunities to learn. The main reasons for unwillingness to have a student involved in future were the additional time taken and prolonged testing.

Conclusions: The findings of this study suggest that most patients view supervised student involvement in their optometric care as an important and highly positive experience. However, efforts should be made to avoid excessively long consultations and prolonged testing. Concerns about patient satisfaction and acceptance are largely unwarranted and should not prevent optometry students being involved in patient care.

Key words: education, optometry, patient satisfaction, students, teaching

Understanding patient perceptions of having students involved in their clinical care is important as we strive to develop optimal models of care that integrate teaching with the best possible experience for the patient. Increasingly, Australian optometrists are being asked to host clinical placements for students. Reasons for their apprehension include the assumption that students will have a negative impact on patient satisfaction and that patients prefer not to be seen by a student.¹ If patients enjoy and see value in optometry consultations involving students, this would be an important finding for the profession. If not, educational methods need to be modified to improve the patient experience, as clinical experience is considered an

essential component of learning for optometry students.

However, evidence regarding the effect of student involvement on the patient experience, such as the level of satisfaction and acceptance, is limited. Previous investigations have focused on medical students.^{2,3} A recent systematic review noted that although several studies have shown most patients are receptive, findings within one discipline of medicine may not be generalisable to others,² and therefore may not apply to optometry. To our knowledge, there are no studies regarding optometry students.

The aim of this study was to ascertain the impact of supervised optometry student consultations on the patient experience.

METHODS

The study adhered to the tenets of the Declaration of Helsinki, and the design, recruitment, consent and procedures were approved by the Australian College of Optometry (ACO) Human Research and Ethics Committee.

A review of the literature did not reveal a complete survey suitable for the purpose of this study. Hence, we constructed a survey based on questions from established validated hospital patient experience surveys from Victoria (Australia) and the United Kingdom (the *Victorian Patient Satisfaction Monitor*, *Victorian Health Experience Survey* and *National Health Service Outpatients Core Questionnaire*),⁴⁻⁶ and from similar

studies published in the medical literature.⁷⁻⁹

A draft version of the survey was piloted on a sample of optometry clinic patients for clarity and conciseness, and accordingly revised. The final survey (Appendix S1) comprised 45 questions in three sections: (A) demographics; (B) care and treatment (including questions applicable to both groups and questions regarding the student, that were applicable only to the teaching clinic group); and (C) time at the clinic and the overall experience. Most questions (42) were closed and three were open. Two of the open questions asked for comments on student involvement in the experience and one asked for comments about the overall eye care experience. The survey took approximately 10 minutes to complete.

The survey was mailed out to a total of 979 adult patients, comprising 434 consecutive patients seen in a teaching clinic and 545 consecutive patients seen in a non-teaching clinic (optometrist only) at the ACO Carlton clinic over a four-week period from July to August 2016. The teaching clinics involved students from the University of Melbourne, Deakin University and the University of New South Wales in either their penultimate or final year of an accredited programme of study for registration as an optometrist, who were under the supervision of ACO optometrists.

The ACO Carlton clinic provides optometry services and, on behalf of the state government, administers the Victorian Eyecare Service (a subsidised spectacle and visual aids programme) to: (i) residents of Victoria who have a Pensioner Concession Card, Health Care Card (and have done so for at least six months) or child protection involvement for their care; and (ii) people experiencing other types of disadvantage and barriers to accessing eye care.

At any time, teaching and non-teaching clinics run in parallel at the ACO. Booking staff prioritise filling teaching over non-teaching clinic appointments. Over the four-week study period, there were 144 general teaching clinic sessions and 147 general non-teaching clinic sessions at Carlton, where each session is a four-hour, half day. Teaching clinics involved 49 individual optometrists who provided supervision to 146 individual students. Non-teaching clinics involved 54 individual optometrists. It should be noted that 33 of these optometrists were involved in

both the teaching and non-teaching clinics at different times.

Data analysis

Quantitative data were analysed using SPSS Statistics Version 24.0 (IBM, Armonk,

New York, USA). Descriptive statistics were computed. Associations between demographic variables and survey completion were investigated using the chi-square test and odds ratio. Differences between groups were also investigated using the chi-square test. All analyses were two-tailed and

Characteristic	Teaching, n (%) [†]	Non-teaching, n (%) [‡]	p-value
Gender			
Male	68 (44)	44 (42)	0.93
Female	86 (55)	60 (57)	
Other	2 (1)	1 (1)	
Age, years			
18–25	0	1 (1)	0.08
26–35	3 (2)	0	
36–45	6 (4)	3 (3)	
46–55	10 (6)	9 (9)	
56–65	27 (17)	11 (10)	
66–75	56 (36)	39 (37)	
76–85	52 (33)	33 (32)	
86+	2 (1)	8 (8)	
Country of birth			
Australia	71 (46)	38 (38)	0.67
Other	82 (54)	63 (62)	
Education			
Primary school	38 (25)	24 (23)	0.95
Secondary school	58 (38)	40 (39)	
Certificate or diploma	29 (19)	18 (17)	
University degree	8 (5)	9 (9)	
University postgrad. degree	8 (5)	4 (4)	
Other	11 (7)	8 (8)	
Preferred language			
English	101 (74)	61 (66)	0.20
Other	36 (26)	32 (34)	
Help needed to understand English			
Yes	16 (11)	20 (19)	0.07
No	135 (89)	84 (81)	
Person completing survey questions			
Self	131 (85)	76 (73)	0.06
Someone else	23 (15)	28 (27)	

[†]% = proportion of those who responded to each question (may not tally to 100 per cent due to rounding). Number of missing responses: country of birth = 3; education = 4; preferred language = 19; help needed to understand English = 5; person completing questionnaire = 2.
[‡]% = proportion of those who responded to each question (may not tally to 100 per cent due to rounding). Number of missing responses: age = 1; country of birth = 4; education = 2; preferred language = 12; help needed to understand English = 1; person completing questionnaire = 1.

Table 1. Characteristics of patients involved in teaching (n = 156) versus non-teaching clinics (n = 105)

Question	Response	Teaching, n (%) [†]	Non-teaching, n (%) [‡]	p-value
Receptionist helpful	Yes, definitely	148 (96)	100 (97)	0.85
	Yes, to some extent	6 (4)	3 (3)	
	No	0	0	
Appointment start on time	Don't know/can't remember	2 (1)	2 (2)	0.39
	Seen on time or early	57 (37)	31 (30)	
	Waited up to 15 minutes	59 (38)	38 (36)	
	Waited 16–30 minutes	27 (17)	22 (21)	
	Waited 30 minutes to 1 hour	7 (5)	10 (10)	
	Waited more than 1 hour	4 (3)	1 (1)	
	Someone to interpret	No, but I did not want this	11 (7)	
No, but I would have liked this	4 (3)	5 (5)		
No, I did not need this/not applicable	118 (76)	76 (72)		
Yes, a relative or friend	7 (5)	11 (11)		
Yes, an interpreter	1 (1)	3 (3)		
Yes, someone from ACO	0	5 (5)		
Staff introduction	Don't know/can't remember	1 (1)	8 (8)	0.02
	Some of the staff introduced themselves	8 (5)	7 (7)	
	Very few or none of the staff introduced themselves	1 (1)	1 (1)	
	Yes, all of the staff introduced themselves	145 (93)	86 (84)	
Time to discuss condition with optometrist	Yes, completely	141 (91)	93 (89)	0.81
	Yes, to some extent	13 (8)	9 (9)	
	No	1 (1)	2 (2)	
Listened to by optometrist	Yes, definitely	138 (90)	96 (92)	0.20
	Yes, to some extent	16 (10)	6 (6)	
	No	0	2 (2)	
Optometrist explained tests in a way you could understand	Yes, completely	133 (86)	94 (90)	0.53
	Yes, to some extent	22 (14)	10 (10)	
	No	1 (1)	1 (1)	
Optometrist explained test results in a way you could understand	Yes, completely	132 (86)	89 (85)	0.37
	Yes, to some extent	19 (12)	11 (10)	
	No	5 (3)	3 (3)	
Optometrist explained treatment in a way you could understand	Yes, completely	129 (85)	91 (87)	0.52
	Yes, to some extent	23 (15)	11 (11)	
	No	1 (1)	2 (2)	
Involved in decisions about your treatment or care	Yes, definitely	126 (82)	81 (79)	0.69
	Yes, to some extent	20 (13)	14 (14)	
	No, but I did not want/need this	6 (4)	5 (5)	
	No, but I would have liked this	1 (1)	3 (3)	
Confidence and trust in optometrist	Yes, definitely	142 (91)	97 (93)	0.04
	Yes, to some extent	14 (9)	4 (4)	
	No	0	3 (3)	
Length of time at clinic	Less than 30 minutes	6 (4)	15 (15)	< 0.001
	30 minutes to 1 hour	30 (19)	69 (67)	
	More than 1 hour but less than 2 hours	86 (56)	17 (16)	
	More than 2 hours	32 (21)	2 (2)	

Table 2. Overall experiences of patients in teaching (n = 156) versus non-teaching clinics (n = 105)

Question	Response	Teaching, n (%) [†]	Non-teaching, n (%) [‡]	p-value
Thoughts on amount of time spent at clinic	About right	115 (74)	91 (87)	< 0.001
	Slightly too short	1 (1)	5 (5)	
	Slightly too long	27 (17)	4 (4)	
	Much too short	0	4 (4)	
	Much too long	8 (5)	1 (1)	
Treated with respect and dignity	Yes, completely	142 (93)	100 (96)	0.54
	Yes, to some extent	10 (6)	3 (3)	
	No	1 (1)	1 (1)	
Overall rating of care	Very poor	0	0	0.18
	Poor	0	1 (1)	
	Fair	4 (3)	2 (2)	
	Good	23 (15)	17 (17)	
	Very good	129 (83)	82 (80)	
Would return to the clinic in future	Yes	153 (98)	102 (97)	0.47
	No	1 (1)	0	
	Maybe	2 (1)	3 (3)	

[†]% = proportion of those who responded to each question (may not tally to 100 per cent due to rounding). Number of missing responses = 0–5.
[‡]% = proportion of those who responded to each question (may not tally to 100 per cent due to rounding). Number of missing responses = 0–5, except for 'someone to interpret' with 15 missing responses.

Table 2. Continued

p-values less than 0.05 were considered statistically significant. Qualitative data were analysed using Grounded Theory techniques¹⁰ and Nvivo for Mac (QSR International Pty Ltd, Melbourne, Victoria, Australia). Themes were identified by two investigators using an iterative approach until consensus was reached.

RESULTS

Patient characteristics

Responses from 370 patients were received: 193 who had a student involved in their care (44 per cent response) and 177 who did not have a student involved (32 per cent response).

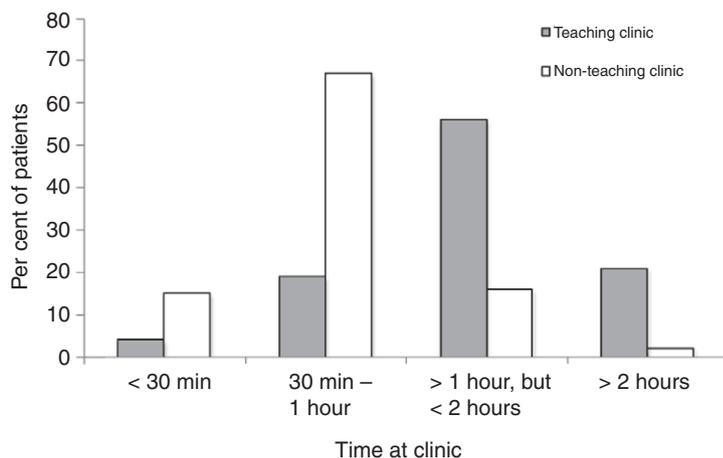


Figure 1. Reported time spent at the clinic, for patients of teaching versus non-teaching clinics

All respondents were asked if their appointment involved a student. Of those in the teaching clinic, 156 (81 per cent) correctly answered that a student was involved. Of those in the non-teaching clinic, just 105 (59 per cent) correctly answered that a student was not involved. Significantly more patients from the non-teaching clinic were either not sure or incorrect about a student being involved in their care (perhaps thinking that the optometrist was a student) compared with patients from the teaching clinic ($p < 0.001$).

Among those from the non-teaching clinic, demographic factors (age, gender, education, country of birth, preferred language) were not associated with being unsure or incorrect about student involvement in their care ($p > 0.55$). However, among those from the teaching clinic, having a preferred language other than English was associated with being unsure or incorrect about student involvement in their care (odds ratio = 1.84, 95 per cent CI 1.15–2.94; $p = 0.02$). Regardless of which clinic, the experience was overwhelmingly positive for all patients who responded, with 97 per cent rating the care that they received as very good or good and 98 per cent saying that

Theme	TEACHING CLINIC		NON-TEACHING CLINIC	
	No. of responses	Examples of responses	No. of responses	Examples of responses
Happiness with service and or experience	35	Very good service. I have been treated at ACO for many years and have always been very happy with my tests and my spectacles. My eye care experience was wonderful.	20	Best experience ever. Happy with my examiner. Doing a great job.
Gratefulness for the service	8	Thank you for your care of patients. Thank you for looking after my eyes.	5	Thanks for your caring. Fully appreciative of the college's work.
Professional staff	7	Overall a very satisfying experience that is handled very professionally. Your organisation is very competent and professional.	6	The optometrist was very professional and made me feel at ease.
Competent and thorough exam	6	They are thoughtful, thorough. It's a pleasure not a burden to go there. I have been treated exceptionally well on all my visits and also my husband. They picked up and dealt with a serious problem I had and had it attended to at the eye and ear hospital. The clinic was far more thorough with their care. My student was very knowledgeable and knew what she was doing.	0	
Time taken	4	Slightly too long, however it was a very thorough examination, scan etc.	0	
Student involvement	2	The three hours that I was there I was happy to be part of the student's experience. It is a college. I believe it should be part of the experience. I thought the student was very respectful of both myself and my daughter who was with me. She was helpful and explained things in a way I could understand.	12	I have been at the clinic for about 30 years. I have had a student before and I was very happy with the treatment. Students have to start somewhere.
Caring staff	0		3	Everyone is helpful and polite.
Communication – good and poor	0		6	At times the optometrist did not speak directly to me but rather to my relative. Very helpful and clear in explaining my treatments.

Table 3. Comments about overall eye care experience from patients in teaching (n = 63) versus non-teaching clinics (n = 52)

they would return to the ACO for their eye care in future.

To compare the experience of those in the teaching clinic with those in the non-teaching clinic, for clarity, only results from patients who correctly identified that a student was involved in their care are reported. Analyses of data from all patients (those who correctly or incorrectly identified student involvement) were consistent with these results.

Comparison of the patient experience in teaching versus non-teaching clinics

A comparison of the characteristics of the patients involved in teaching and non-teaching clinics is provided in Table 1. There were no significant differences in age, gender, education, country of birth, preferred language or assistance with English/completing the questions between the groups ($p \geq 0.06$).

Responses to the experience questions in the survey for each group are provided in Table 2.

With regard to the overall experience, there were no significant group differences in perception of helpfulness of reception staff, management by the optometrist, patients feeling treated with respect and dignity, their rating of care received at the clinic, and whether or not they would return to the clinic ($p \geq 0.18$). However, more of

Question	Response	Teaching, n (%) [†]
First experience with students	Yes	36 (23)
	No	105 (69)
	Not sure	12 (8)
Knowing students trained at ACO	Yes	114 (75)
	No	29 (19)
	Not sure	9 (6)
Permission sought for student involvement	Yes	75 (50)
	No	44 (29)
	Not sure	32 (21)
Student gender	Male	55 (36)
	Female	96 (64)
	Not sure	0
Comfortable with student	Yes, completely	133 (87)
	Yes, to some extent	18 (12)
	No	2 (1)
Treated with respect and dignity by student	Yes, completely	149 (97)
	Yes, to some extent	4 (3)
	No	0
Student was professional	Yes, completely	142 (92)
	Yes, to some extent	12 (8)
	No	0
Student communicated appropriately	Yes, completely	140 (91)
	Yes, to some extent	14 (9)
	No	0
Confidence and trust in student	Yes, definitely	122 (80)
	Yes, to some extent	29 (19)
	No	2 (1)
How well the optometrist and student worked together	Very poor	1 (1)
	Poor	0
	Fair	3 (2)
	Good	39 (26)
	Very good	109 (72)
Annoyed at repeating information	No	109 (70)
	This did not happen to me	28 (19)
	Yes, a little	12 (8)
Optometrist and student talked as if you were not there	Yes, definitely	2 (1)
	Yes, often	8 (5)
	Yes, sometimes	28 (19)
	No	115 (76)
Better care because student involved	Yes, definitely	67 (44)
	Yes, to some extent	45 (30)
	No	39 (26)
Prefer to see only optometrist	Yes	18 (12)
	Not sure	39 (26)
	No	95 (62)

Table 4. Student-related experiences of patients in teaching clinics (n = 156)

Question	Response	Teaching, n (%) [†]
Believe it is important for students to work with patients	Yes, definitely	133 (87)
	Yes, to some extent	20 (13)
	No	0
Feel you contributed to student learning	Yes, definitely	117 (77)
	Yes, to some extent	32 (21)
	No	2 (1)
Overall rating of student	Very poor	0
	Poor	0
	Fair	4 (3)
	Good	43 (28)
	Very good	107 (69)
Happy to have student involved in care again	Yes	134 (87)
	Maybe	15 (10)
	No	5 (3)

[†]% = proportion of those who responded to each question (may not tally to 100 per cent due to rounding). Number of missing responses = 2–5.

Table 4. Continued

the patients in the teaching clinic reported that the staff introduced themselves ($p = 0.02$) and that they had confidence and trust in the optometrist ($p = 0.04$).

There were significant differences in the reported time spent at the clinic ($p < 0.001$), with 77 per cent of those in the teaching clinic reporting that they spent more than one hour at the clinic compared with 18 per cent of those in the non-teaching clinic (Figure 1). There was also a difference in thoughts on time spent in the clinic ($p < 0.001$), with five per cent of those in the teaching clinic feeling the time spent was much too long (even though 21 per cent spent longer than two hours) compared with one per cent of those in the non-teaching clinic.

Patients in both groups were provided an opportunity to comment on their overall eye care experience. Responses were brief and are grouped according to themes in Table 3. General happiness with the experience was a strong theme for both groups.

Student-related experiences of patients in teaching clinics

Of the 156 patients seen in the teaching clinic, 23 per cent who responded reported that this was their first experience with a student, 75 per cent knew that optometry

students trained at the ACO and 50 per cent said that their permission was sought for student involvement (Table 4). Broadly, the conduct of students was rated highly by the majority of patients.

Over 87 per cent of patients felt completely comfortable with a student examining them, 44 per cent felt their care was better because a student was involved and 97 per cent rated the overall performance of the student as very good or good. Although 12 per cent would rather have seen only the optometrist and three per cent would not be happy to have a student involved in their eye care again, 100 per cent believed it is important for students to work with patients.

Patients were asked to explain why they would be happy to have a student involved in their eye care again or why not (Table 5). For those who were willing to have a student again, the majority of comments reflected the feeling that students need to have opportunities to learn, followed by the thoroughness of the exam and making a contribution to helping students learn. For the five patients who said that they would not be happy to have a student again, the main reasons were the longer time taken overall and discomfort with prolonged testing.

Patients in the teaching group were also provided an opportunity to make further

comments on their experience with having a student involved in their eye care. Forty-one provided comments. Themes that emerged were: happiness with the overall experience (14 comments); students have to learn (seven comments); confidence in the supervising optometrist (six comments); competence of the student (five comments); thoroughness of the examination (four comments); communication (three comments); and length of time taken (two comments). All but one of these themes were consistent with those that emerged when patients were asked why they would or would not have a student involved again in the future (Table 5) and their overall experience (Table 3). The unique theme that specifically emerged was confidence in the supervising optometrist.

Below are example comments from patients:

‘... I don’t mind the students because the professional behind them was also very good. Your teaching methods obviously work.’

‘... the optometrist I saw was wonderfully cheerful and professional. This made up for lack of confidence of student. Student was very thorough but unconfident which made me nervous.’

‘I am happy with students as long as they are well supervised.’

Willingness	Theme	No. of responses	Examples of responses
Yes	Students need opportunities to learn	50	Because otherwise how can they ever learn. The more time they can spend with us the better. Important for students to have hands on training. I believe it is important for students to have an opportunity to get experience while under supervision. They are the future, so they have to learn somehow or somewhere for them to gain experience.
	Thoroughness of examination	15	I think having the student check your eyes and then having the optometrist do a second check to make sure he or she has checked correctly makes me feel more confident that the decisions were correct. They are thorough when the two work together and you can hear them explain to each other. Because the eyes get checked two times instead of once.
	Make a contribution to helping students learn	14	Having student involvement is crucial to student education and I am happy to contribute. I like to help with learning. It's good to be able to give the students some experience in an eye examination.
	Competence of student	8	Each time I have been examined by a student they have been the one to find any problem I have had with my eyes. The student did not rush. All his examinations were checked by the supervisor and there was no disagreement noted.
	Professionalism and politeness of student	6	The student acted professionally and was courteous, patient and thorough. The way I was treated was very good and the student behaved correctly at all times.
No		5	The student is not quick, so it takes a long time and student has to wait for their boss to check, so that's more time. Lack of confidence. Fear she would hurt my eyes during testing. Took a long time to complete tests. The light they shine in your eyes to see behind the eyes went for far too long. It really bothered me and I thought it would do harm to my eyes. It was far too long and uncomfortable.
Maybe		8	I prefer a more advanced student in final years. Took too long for my elderly mum to be examined and unable to keep her eyes open due to the light, drops and the repeated eye inspections. I don't have any serious eye condition so felt the student was capable under supervision. As I am getting old I would like decisions to be made by a fully qualified person. It takes too much time with some students.

Table 5. Reasons for willingness to have a student again (n = 106)

DISCUSSION

In this study, there was no significant difference in overall patient satisfaction between the teaching and non-teaching clinics; 98 per cent of the patients from the teaching clinic rated the care they received as good or very good. Additionally,

acceptance of student involvement in the teaching clinic was high, with over 87 per cent feeling completely comfortable with a student examining them and the same proportion willing to have a student involved in their care again.

Confidence and trust in the supervising optometrist was a significant factor. The

majority (97 per cent) rated the overall performance of students as very good or good. Indeed, almost half felt their care was better because a student was involved. All patients believed it was important for students to work with patients. For those who were willing to have a student again, the main reasons

were the importance of students needing to have opportunities to learn, the thoroughness of the examination and making a contribution to helping students learn. For the few patients who said that they would not be happy to have a student again, the main reasons were the longer time taken and discomfort with prolonged testing.

The present finding that patient satisfaction was not significantly affected by optometry student participation is consistent with the findings of several studies of medical student participation in the general practice settings,^{7,9,11–13} and a systematic review of studies in various medical specialist settings.³ Whereas acceptance of student involvement in general medical practice has been found to vary from 25 per cent to 83 per cent,³ the results presented here suggest a higher acceptance of student involvement in optometric practice.

The above finding can be attributed to optometric consultations being less invasive and personal than general medical consultations. Indeed, in medicine, the most common reason for refusal to have a student involved is concern about privacy.^{3,9,11} In contrast, the most common reasons for future refusal in an optometric setting were the long time involved and discomfort with prolonged testing. General medical consultations are briefer and any additional time taken by students is perceived to be beneficial due to increased opportunities for communication and more comprehensive care.^{9,14}

While the main reason for acceptance of optometry student involvement in the present study was the importance of students needing to have opportunities to learn, the most common reason for medical student acceptance is altruism – a desire to contribute to the education of others.^{3,11} While not the main factor, altruism was also a strong factor in this study.¹¹

There are some limitations to this study. The findings may not be widely generalisable, as the study was undertaken in a single organisation with a long history of involvement in clinical education,

mainly providing services to patients experiencing relative socioeconomic disadvantage and from culturally and linguistically diverse groups. Furthermore, the majority of patients were aged over 55 years and unemployed or retired. Findings might be different in practices with predominantly younger and/or patients in employment.

Patients were not randomly assigned to teaching versus non-teaching clinics. However, there were no significant differences in characteristics between the groups.

Students in this study were in their final years of training. In future, it would be useful to investigate the impact of earlier supervised student involvement on the patient experience, as this may guide providers of optometry training in deciding the stage at which students should be involved in public clinics.

Strengths of the study include the large number of students and supervising optometrists involved and that the quantitative analysis was complemented by qualitative analysis.

The findings of this study suggest that most patients view supervised student involvement in their optometric care as an important and highly positive experience. However, efforts should be made to avoid excessively long consultations and prolonged testing. Concerns about patient satisfaction and acceptance are largely unwarranted and should not prevent optometry students being involved in patient care.

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SUPPORTING INFORMATION

Additional supporting information may be found in the online version of this article at the publisher's website:

Appendix S1. Patient experience survey.

SUPPLEMENTARY INFORMATION

Patient Experience Survey

We would very much appreciate feedback on your recent eye care experience at the Australian College of Optometry (ACO). First we would like to ask you some general questions about yourself, then about your care and treatment and finally, your overall experience. Also, if a student was involved in your care, we would like to know how you felt about it. **This survey will take less than 10 minutes of your time, thank you.**

SECTION A: About you

1. What gender do you identify as?

- Female Male Other

2. What is your age group?

- 18–25 years 26–35 years 36–45 years 46–55 years
 56–65 years 66–75 years 76–85 years 86+ years

3. What is your postcode? _____

4. What is your country of birth? _____

5. What is your highest level of education?

- Completed primary school Completed secondary/high school
 Certificate or diploma University degree
 University postgraduate degree Other (please describe) _____

6. What is your preferred language?

- English Croatian Hindi Mandarin
 Arabic Filipino Indigenous Australian Spanish
 Australian deaf sign language German Italian Vietnamese
 Cantonese Greek Macedonian Other (please specify) _____

7. Do you need help understanding English?

- Yes No

8. Did you complete this questionnaire by yourself or did someone else help you?

- I completed this questionnaire by myself Someone else helped me to complete this questionnaire

SECTION B: Your care and treatment at the ACO

9. Were the receptionist staff helpful and polite?

- Yes, definitely Yes, to some extent No

10. Approximately, how long after the stated appointment time did the appointment start?

- Seen on time or early Waited up to 15 mins Waited 16–30 mins
 Waited 30 mins to 1 hour Waited more than 1 hour Don't know / Can't remember

24. What was the gender of the student?
 Female Male Not sure
25. Did you feel comfortable with a student examining you?
 Yes, completely Yes, to some extent No
26. Did the student treat you with respect and dignity?
 Yes, completely Yes, to some extent No
27. Did the student behave in a professional manner?
 Yes, completely Yes, to some extent No
28. Did the student communicate appropriately with you?
 Yes, completely Yes, to some extent No
29. Did you have confidence and trust in the student examining you?
 Yes, definitely Yes, to some extent No
30. How would you rate how well the Optometrist and student worked together?
 Very good Good Fair Poor Very poor
31. Did you feel annoyed about repeating information to the Optometrist that you had already discussed with the student
 Yes, definitely Yes, a little No This did not happen to me
32. Did the Optometrist and student talk about you as if you weren't there?
 Yes, often Yes, sometimes No
33. Do you feel your care was better because the student was involved?
 Yes, definitely Yes, to some extent No
34. Would you rather have seen only the Optometrist and not the student?
 Yes No Not sure
35. Do you believe it is important for students to work with patients?
 Yes, definitely Yes, to some extent No
36. Do you feel that you contributed to the student's learning?
 Yes, definitely Yes, to some extent No
37. How would you rate the student overall?
 Very good Good Fair Poor Very poor

38. Would you be happy to have a student involved in your eye care again?

- Yes No Maybe

What are your main reasons for why or why not? _____

39. Do you have any further comments about having a student involved in your eye care experience?

SECTION C: Your overall experience at the ACO

40. Approximately, how long were you at the clinic?

- Less than 30 minutes 30 mins to 1 hour
 More than 1 hour, but less than 2 hours More than 2 hours

41. What do you think about the amount of time you spent at the ACO clinic?

- Much too short Slightly too short About right
 Slightly too long Much too long

42. Did you feel you were treated with respect and dignity while you were at the ACO clinic?

- Yes, completely Yes, to some extent No

43. Overall, how would you rate the care you received at the ACO clinic?

- Very good Good Fair Poor Very poor

44. Would you return to the ACO Clinic for your eye care in future?

- Yes No Maybe

45. Do you have any other comments about your eye care experience at the ACO?

