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Research Article

**PATIENTS ATTITUDE TOWARDS MEDICAL STUDENTS
INVOLVEMENT IN HEALTH CARE SYSTEM**Aatir H. Rajput^{1*}, Mariya Kheber², Osheen Vandana³ and Muhamad Muneeb⁴

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¹Virtual University of Pakistan² & ³Liaquat University Hospital, Jamshoro⁴Indus Medical College, Tando Muhammad Khan² & ³Liaquat University of Medical & Health Sciences, Jamshoro**Abstract:****Objective:** To study attitude of patients towards medical students participation in health care system at Liaquat University Hospital, Jamshoro.**Methodology:** The cross-sectional observational study was conducted from Dec 2016 to Feb 2017. A data sample of 200 people i.e. 100 patients, admitted at Liaquat University Hospital, Jamshoro was chosen by simple random sampling. A self-administered structured, interview based questionnaire was used. Informed consent was taken from the patients. Apart from basic inquiries regarding sociodemographic details, patients were asked the number of times they encountered medical students during their stay at the hospital, complaints regarding medical students and trainees, associated allegations and their satisfaction level with the treatment they received. The data obtained was analyzed on SPSS v.19.0.**Results:** Among non-receptive patients, 57% were females while 43% were males. 43% of the patients belonged to the age group of 41 years or above while 21.40% were up to 21 years of age. On visit by medical trainees, 86.2% of patients were satisfied on a single visit while 14.30% of patients were remained unsatisfied, while satisfaction level decreases to 78.60% on second visit. Among middle socioeconomic class, 100% were satisfied while in lower middle class 82.30 % were satisfied and 14.60 % remained unsatisfied. Among the patients belonging to rural areas 82.80 % were satisfied while 15.50 % were not satisfied. Among the patients belonging to urban areas 83.0 % were satisfied and 11.50 % were not satisfied.**Conclusion:** On the basis of results obtained findings the study concludes that female gender, increasing age and greater number of visits by medical students and trainees influence non receptiveness among patients that lead to improper medical history and thus treatment outcomes. Proper counselling of patients and assistance by senior doctors could decrease the impact of the problem significantly**Keywords:** Patient's Non-receptiveness, Health Care System, Medical Students.**Corresponding Author:****Dr. Aatir H. Rajput, M.B.B.S**

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INTRODUCTION:

A clinical rotation in elective wards and outpatient departments is held in immense importance in teaching hospitals attached to medical universities/colleges. The medical college curriculum of the attached university of our study setting requires for all medical students to perform clinical rotations in the elective wards and outpatient departments of Liaquat University Hospital, Hyderabad & Liaquat University Hospital Jamshoro during the third, fourth and final year of their bachelors' degree in medicine and surgery (MBBS) which is carried out at the Liaquat University of Medical & Health Sciences, Jamshoro. Generally, medical students are well accepted by patients in the elective wards and outpatient departments worldwide but the patients' receptiveness of medical students has not been formally investigated at Liaquat University Hospital.

Practicing ones clinical skills is of utmost importance for every medical scholar and it is through this practice that contact learning is experienced. The importance of contact learning in this profession cannot be stressed enough because the nature of this profession demands it. Thus the skill and right attitude to function in real life situations is important. However, with the passage of time patients are adopting a more dominant and selective role in deciding who gets to participate in their treatment process. More often than not, this means that patients visiting teaching hospitals choose not to let medical students have access to them, consequently limiting their clinical exposure [1].

Meanwhile, students too may argue that it is their right to receive first hand clinical experience owing to the fact that it is a necessary and crucial part of their training. Students also often wrongfully assume that patients are obligated morally to cooperate with them even though their current involvement is of no benefit to the patient undergoing treatment [2]. In this conflict, both sides hold just as many valid arguments, to support their stance, as the other and the only way forward is to address the array of reasons that force a patient to reject medical student involvement since only consensual involvement, and not forced, creates an ideal learning environment for students that is necessary to build clinical skills. But it is easier said than done since; reducing the said

negative factors is quite challenging to say the least [3-5].

At our study setting and similarly at many teaching hospitals around the world, student-patient contact occurs during the clinical placement of students when they are required to make clinical observation, participate in supervised practice and during real case-based teaching [6] and its' significance needs not to be stressed further since it has already been documented rather well in published literature [7-9]. Contact with real patients offers enhanced learning outcomes including building confidence, motivation, role satisfaction and professional identity [10]. Community based placements offer additional benefits such as a more personal relationship with patients [11-12].

Owing to the aforementioned benefits that the students derive from contact with patients and involvement in their healthcare, no medical student is opposed to this practice and most see it as very positive. Their attitude towards it is thus very positive, however, our study aims to assess the attitude of patients regarding the involvement of medical students in their healthcare.

METHODOLOGY:

The cross-sectional observational study was conducted from December 2014 to February 2015. A data sample of 200 people i.e. 100 patients, admitted at Liaquat University Hospital, Jamshoro was chosen by simple random sampling. A self-administered structured, interview based questionnaire was used. Informed consent was taken from the patients. Patients were asked about their age, sex, socioeconomic class, the number of times they encounter with medical students, complaints regarding medical students and trainees, associated allegations and their satisfaction level with the treatment they received. The data obtained, was analyzed on SPSS v.19.0.

RESULTS:

The results we obtained were quite diverse yet they uncovered interesting facts regarding patient non-receptiveness and their relationship with different demographic and student induced factors. Gender turned out to be an interesting factor and the figure 1 & 2 below depict that.

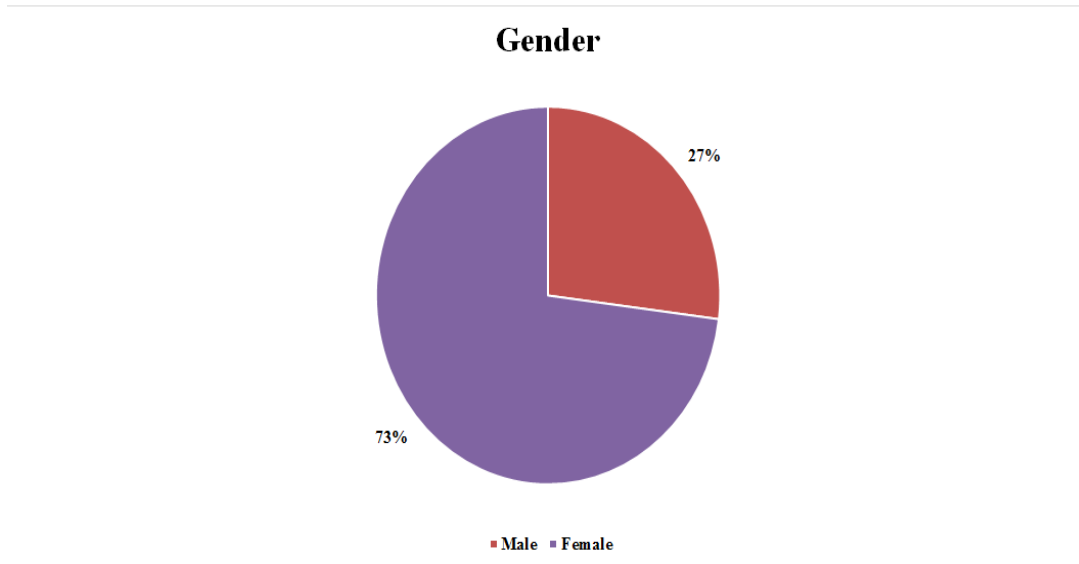


Fig 1: The gender classification of the respondents tilted heavily towards the fairer sex. A large proportion (73%) of the sample belonged to the female gender while a fairly smaller proportion (27%) belonged to the male gender. Female specific wards such as gynaecology and obstetric wards do contribute to the greater proportion of female patients but are not large enough to be solely responsible. Hence further investigations are advised to investigate this phenomenon.

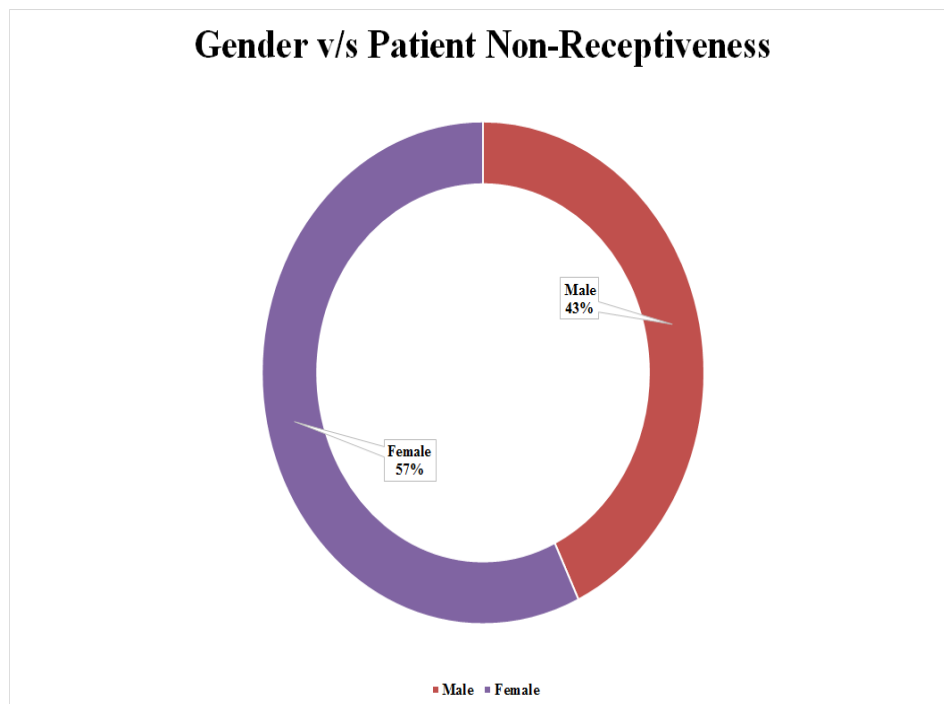


Fig 2: Females, whom already compose a greater proportion of the sample, tended to disapprove of student involvement of health more often than males. A greater percentage of females (57%) showed non-receptiveness as compared to males (43%). The total/combined patient non-receptiveness was hence high.

Age, another demographic factor, seemed to alter the levels of patient non-receptiveness towards students involvement in healthcare. The trends observed are seen in figure 3 below.

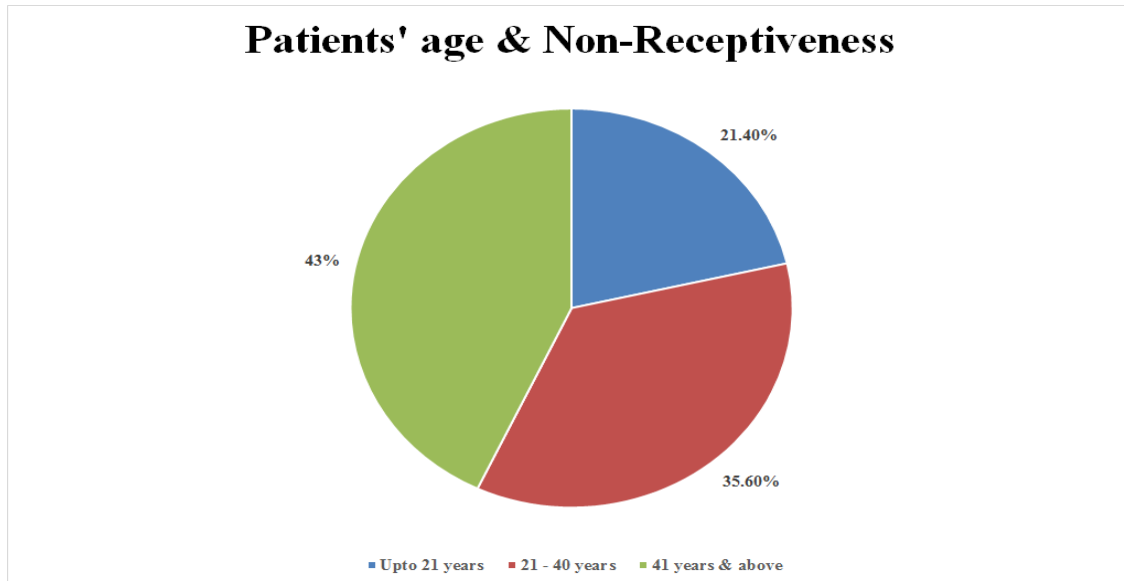


Fig 3: Unease, inhibition and disdain towards involvement of students in healthcare were found in patients belonging to all age groups. The level of non-receptiveness towards student involvement in healthcare increased with increasing age. 21.4% of the patients aged up to 21 years of age expressed non-receptiveness. 35.6% of the patients aged between 21 – 40 years expressed non-receptiveness while 43% of the patients aged 41 years and above showed non-receptiveness.

The frequency of contact of students with patients also influenced their attitude towards their involvement in healthcare and their overall satisfaction level towards the treatment they receive.

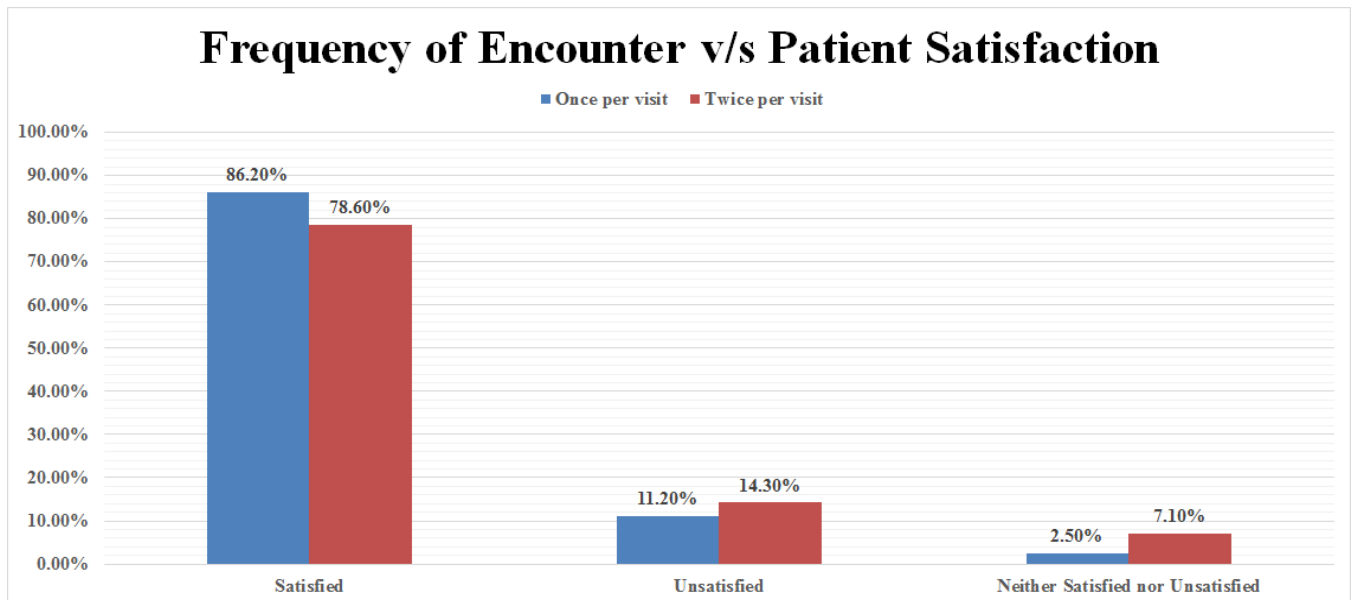


Fig 4: The results obtained weren't clear enough to comment clearly. However, the following inferences can be derived. The encounter of patients with students if occurred once, the patients satisfaction level remained high and seemingly unaffected. However, two or more than two encounters dented the satisfaction level clearly.

The patient attitude towards patients is described in the figure 5 below.

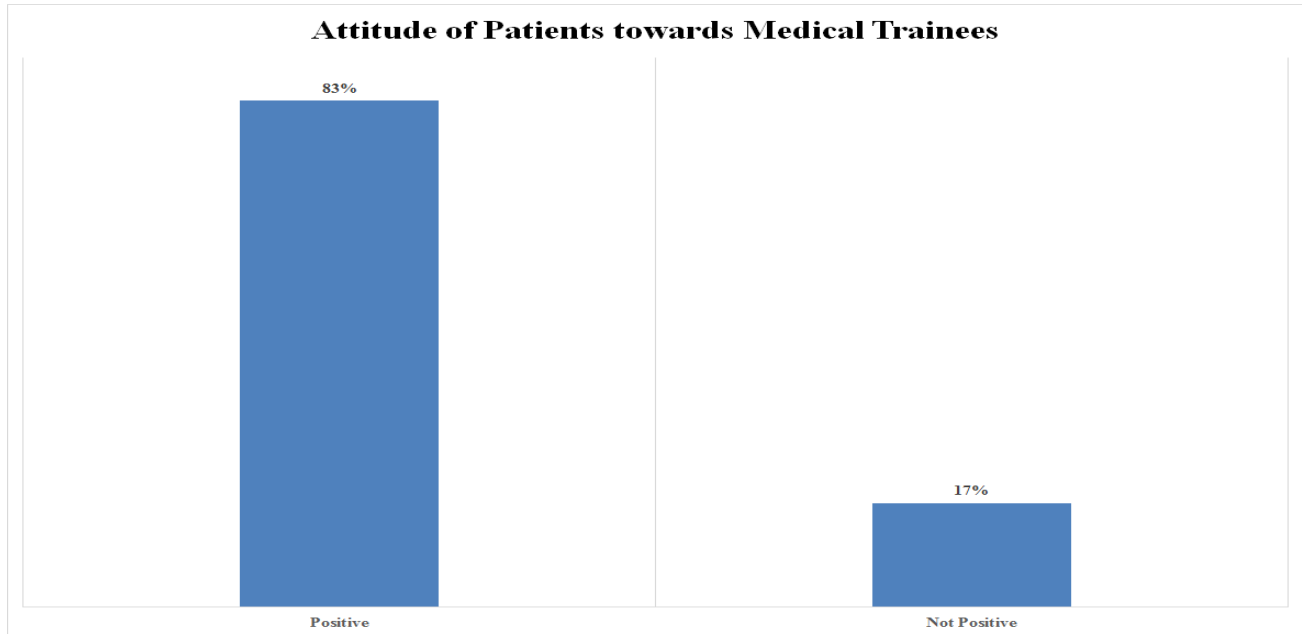


Fig 5: The patient attitude towards medical trainees was majorly (83%) negative. While only a small proportion (17%) positive.

Negative attitude and non-receptiveness towards student involvement in healthcare can be attributed to a variety of factors described above, however patients too complained of certain negative aspects that student involvement introduced to healthcare. Figure 6 below explains the aspects further.

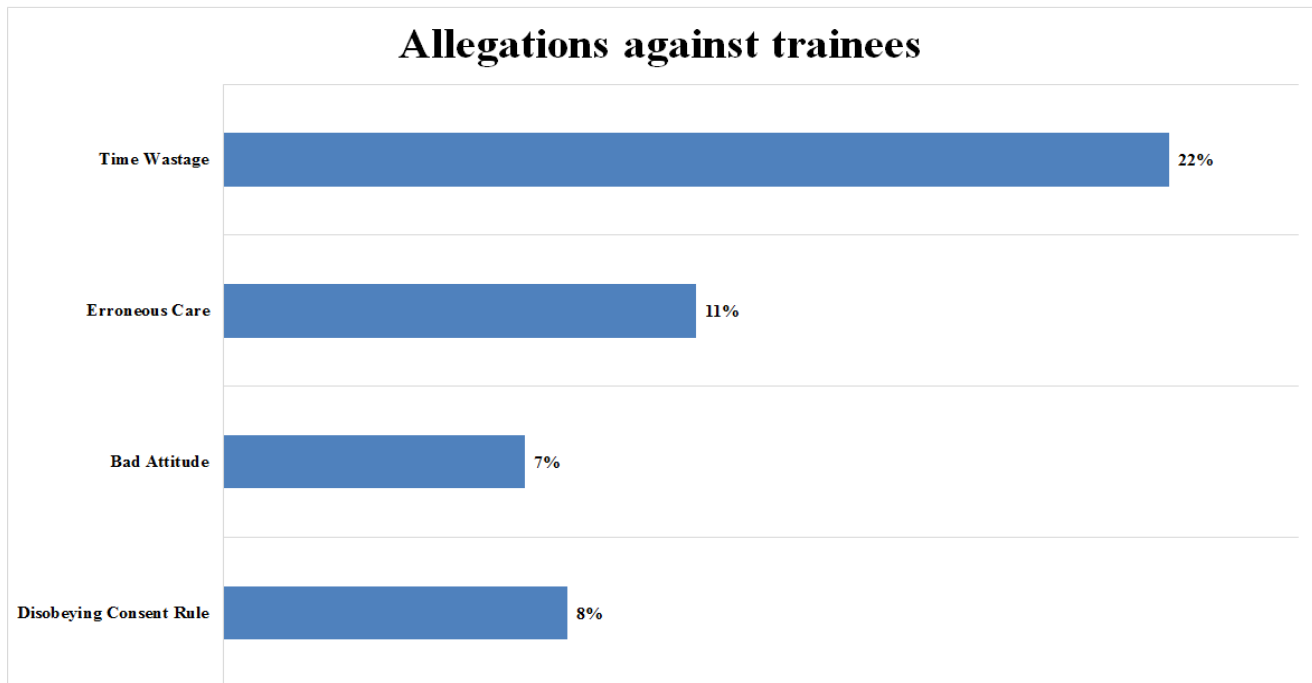


Fig 6: 22% of the patients complained that student involvement in healthcare lead to wastage of their time. 11% of the patients blamed that students provided erroneous healthcare. 7% of the patients accused students of adopting bad attitude against them while an 8% of the patients reported that students do not abide by the consent rule and access their information without permission.

DISCUSSION:

The results reveal clearly that a majority of the patients held unfavorable attitudes towards the involvement of medical students in their healthcare. A total of 83% of patients showed non-receptiveness to student involvement in healthcare and preferred to not meet students while only 17% did not show negative feelings. Many of our study subjects were uncomfortable revealing sensitive information to medical students and complained that students violated the consent rule while going through their files and medical records. Owing to the culture and religious ideology predominant at our study setting, we expected women to not have positive attitude towards the involvement of medical student in their care and results were synonymous with the hypothesis. A majority of women in our study (73%) coupled with their responses that were on the negative side took the non-receptiveness level to a greater height.

The most pressing problems that the patients complained about in their defense for refusing to allow students to have access to their care were, 'wastage of time', 'erroneous care', 'bad attitude of students' and 'disobedience of the consent rule'. More than half (fifty one percent) of the patients wished to have time alone with the physician when students were not around to discuss sensitive matters, twenty two percent of the patients clearly stated that they felt uncomfortable revealing sensitive information while medical students were present in the room. Among those who did accept the presence and involvement of medical students, nearly sixty percent preferred a student of the same sex to perform the physical examination.

The way forward is to identify and address the concerns of patients that force them to shun medical students. [3-5] The patients did give some suggestions as to what could make the involvement of medical students more acceptable. Most notable were that, students belonging to the same sex as the patient should preferably examine the genital areas, physician and not the students should dictate the treatment, the number of students allocated to each patient should be kept to a minimum since it is bothersome for the patient to repeat his/her history individually to all the students and finally students should only get to participate in their care when they are accompanied by the physician and not alone or un-supervised.

The limitations of this study include the fact that most of the patients recruited were from a single hospital and had a poor socio-economic background. The results of this study may not be representative of

the entire country's population. Along with this, attitudes and behaviour are dynamic processes and hence cannot be measured in one point in time.

Literature suggests that patients tend to show greater receptiveness when provided with more information regarding medical students' involvement in their care. [13, 14] Consideration should thus be given to formulating well-designed roles for medical students. In addition to that, the physician himself should introduce the students accompanying him/her since this may help instill more confidence in the patients regarding the stature of the students. Furthermore, simulated patients and mannequins should be used to equip students with the necessary skills and to improve their examinations skills before they encounter real patients so that their first impressions are good due to their honed skills [15, 16].

CONCLUSION:

On the basis of results obtained findings the study concludes that female gender, increasing age and greater number of visits by medical students and trainees influence non receptiveness among patients that lead to improper medical history and thus treatment outcomes. Proper counselling of patients and assistance by senior doctors could decrease the impact of the problem significantly.

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COMPETING INTEREST

All the authors disclosed that there is no competing interest associated with the preparation of this article.

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