

Presence of Postgraduate Students in Gynecology Outpatient Department: How do Patient Feels?

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ABSTRACT

OBJECTIVES: The purpose of this study was to document the views of patients about presence of postgraduate students during gynecology consultation, to highlight the reasons of acceptance or refusal of student's participation in outpatient care and to make implications for both patient satisfaction and medical training.

DESIGN: Descriptive study.

PLACE AND DURATION OF STUDY: Conducted on patients who attended gynaecology outpatient services at Isra university hospital from 1st April to 1st June, 2007.

PATIENTS AND METHODS: Total 115 patients were selected randomly. 20-40 year aged patients were included in this study while pregnant women and unmarried girls were excluded. Total number of postgraduate students was 15. No more than six students were present at a time during consultation. All were female trainees for fellowship of College of Physicians and Surgeons Pakistan (FCPS) trainees. These trainees were present to observe and discuss management of patients with consultant. Written informed consent was taken from all women for participation in this study. Information was collected through questionnaire.

RESULTS: Mean age of the patients was 33.35 years. Out of 115 patients, 78.3% (90) patients felt comfortable in the presence of post-graduate students and accepted their presence, while 21.7% (25) patients refused their presence.

Among 78.3% (90) women who accepted the presence of students, 96.7% (87) were willing to be examined in front of students in future, if they come to hospital for any other problem. While 3.3% (3) patients refused to be examined in front of students.

CONCLUSION: Majority of patients were willing to have postgraduate students presence during their consultation. Women who refused their presence, had reasons of previous bad experience, shyness, no privacy, diversion of doctor's attention from patient to trainee and because number of trainees were more during examination. Reducing number of trainees during consultation and doing discussion with post graduate students at the time when patient have left the room will further increase the willingness of patients for students presence. Information brochure should be distributed to patients highlighting the benefits of clinical teaching may help to persuade some unwilling patients to reconsider the presence of post graduate students.

KEY WORDS: Postgraduate students, gynecology, outpatient department.

INTRODUCTION

When women attend a consultant for gynecological problems then there are some important issues like quantity & quality of information that is exchanged during medical consultation, informed consent before clinical examination & presence of postgraduate trainees during consultation. Those patients who allow trainees to build their history taking skills and physical examination play an integral role in the education of future consultants. Trainees, especially in the first year of residency training have lower status of knowledge & most of the time patient feels that she is no longer the focus of communication with her doctor because clinician's focus of interaction moves from patients to trainee. We have known since 1960s that

learning is largely influenced by observing the behaviour of others¹, trainees are therefore likely to be influenced by the action of seniors and they learn by observing them. High levels of acceptance of the involvement of medical students in obstetrics & gynaecology have been reported,^{2,3} yet some patients report feeling uncomfortable with the prospect of student's presence during a physical examination^{2,4}. Those who refuse medical student participation often have less positive views of student care based on prior negative experience⁵⁻⁷. Post-graduate trainees learn by exposure to a wide range of patients during their training. It is widely accepted that the use of live patients validates assessment of trainees in a way that use of actors & manikins does not⁸. Patients can display abnormal findings. They reduce the need for

the “suspension of disbelief” that is necessary when examining and hearing simulated patients. Patient’s views may be influenced by the circumstances. Although giving increased information at the time of booking at clinic appointment in gynaecology OPD did not alter the number of people agreeing to participate, it did increase satisfaction of patient⁹. Satisfaction was also increased by giving specific written information to patients & by allowing them to see the doctor alone as well as with student.¹⁰ Overall it appears that a patient’s decision to accept or refuse medical student participation is made in large part by balancing a sense of altruism (expressed by contributing to the education of future physicians) with a personal need for privacy.^{2, 4, 11, 12} We believe that it might be possible to increase patient’s acceptance of post-graduate trainees in gynecological clinics by providing them with information about post-graduate trainee’s education & their role in the clinic. Today’s patient benefit from the contributions former patients have made to medical student education. The characteristics of patients who will commit to this interplay, and the types of interactions that foster ongoing involvement, have received relatively little attention. This is particularly true of gynecology patients, where the intimate nature of medical problems may present additional barriers to welcome involvement of medical students in clinical encounters. As no study in depth was conducted to know the views of women about presence of post graduate trainees during gynaecology consultation, this study was conducted to highlight the reasons of acceptance or refusal of trainees presence and to make recommendations for both patient satisfaction & medical training.

METHODS

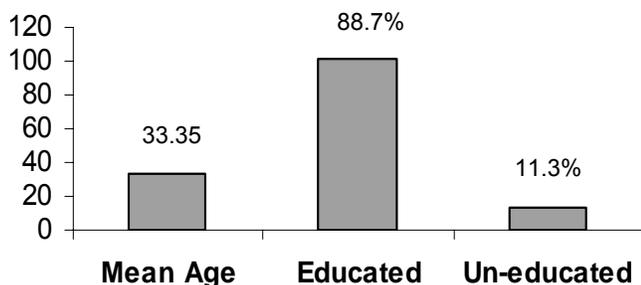
This descriptive study was conducted from 1st April, 2007 to 1st June, 2007 on patients who have attended gynaecology out patient department of Isra university hospital. The objective of study was to know the views of patients about presence of postgraduate students during gynecology consultation and to highlight the reasons for acceptance or refusal of student’s participation in outpatient care and to make implications for both patient satisfaction and medical training. About 506 patients had attended the gynae out patient department in two month period. By taking 8% desired width for 95% confidence interval with the proportion of 50%, the sample size calculated was 112.5469 subjects, which was rounded up to 115 subjects. Every third patient was selected for this study who fulfilled the inclusion criteria. Women within 20-40 year age were included in this study, because after this age

group usually women don’t shy if other doctors are present with consultants. While pregnant women & unmarried girls were excluded. Total number of post-graduate students was 15. About 88.7% (102) patients were educated, while 11.3% (13) were uneducated (Figure 1). Out of these 102 educated women, 80.3% (82) women received primary education, 17.6% (18) had receive middle education while 1.9% (2) were graduate. All postgraduates were female and no more than 6 trainees were present at a time during consultant clinic. All were trainees for fellowship of College of Physicians and Surgeons Pakistan (FCPS). Two were first year resident, four were second year, three were third year and six were fourth year residents. These trainees were present to observe and discuss management of patients with consultant. Written informed consent was taken from patients & information was gathered by self made questionnaire. Data were analyzed by computer software SPSS Version 11.

RESULTS

Total 115 women were included in this study. 10.4% (12) patients were in age group of 20-25 year, 17.4% (20) patients in 26-30 year, 33.9% (39) in 31-35 year and 38.3 % (44) patients belonged to group of 36-40 year. Mean age of the patients was 33.35 years (**Figure I**). About 88.7% (102) patients were educated, while 11.3% (13) were uneducated (Figure 1). Out of 115 patients, 78.3% (90) patients felt comfortable having postgraduate students and accepted their participation during examination and discussion with consultant (**Figure II**), while 21.7% (25) patients refused participation of postgraduate trainees. Among them, 7% (8) patients indicated that they do not want to have presence of postgraduate students and do not want to discuss personal information in front of post graduate trainees due to shyness and lack of privacy. 10.4% (12) women reported previous bad experience, while 4.3% (5) patients thought that medical consultation would take longer if students were involved and also attention of consultant is diverted from patient to their trainee (**Figure III**). Patients who accepted participation of trainees, 18.9% (17) patients felt shy during examination due to lack of privacy, while 81.1% (73) patients did not. Patients who have accepted the participation of students, 96.7% (87) of them were willing to be examined in front of postgraduate students in future. Out of these 96.7% (87) patients, 81.1% (73) said trainees have to learn & 15.6% (14) patients said that they are willing because trainees are future consultants and 3.3% (3) said they will refuse examination in front of students if they will consult in future for any other problem.

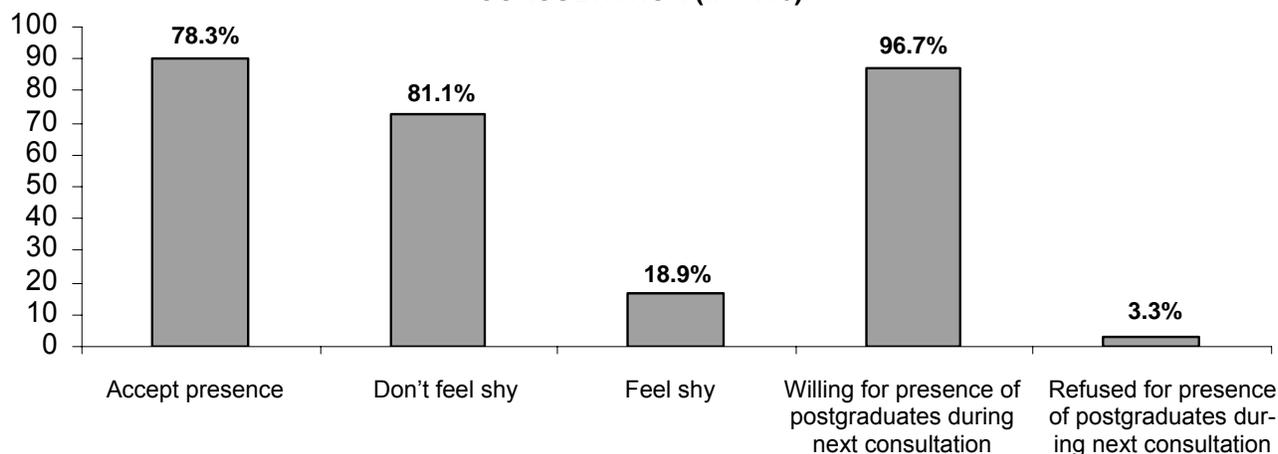
**FIGURE I:
DEMOGRAPHIC PROFILE OF RESPONDENTS
(n=115)**



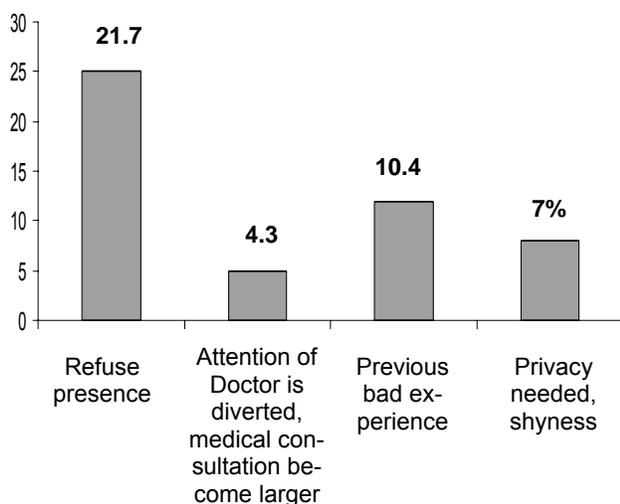
DISCUSSION

This study showed that majority of patients coming to gynecology outpatient service was willing to have post graduate student's presence during their consultation. These patients understood that postgraduate students have to learn. These results are similar to study conducted by Ching SL². Another study was conducted in University of California medical centre at San Francisco USA, to determine the reasons for obstetrics & gynaecology patients acceptance or refusal of medical student participation in their out patient care, the results of the study showed the reason for accepting

**FIGURE II:
PATIENTS RESPONSES WITH REGARDS TO PRESENCE OF POSTGRADUATE STUDENTS DURING CONSULTATION (n = 115)**



**FIGURE III:
PATIENTS RESPONSES WITH REGARDS TO REFUSAL TO ACCEPT PRESENCE OF POSTGRADUATE STUDENTS DURING CONSULTATION (n = 115)**



medical student involvement included the desire to contribute to the training of future physicians & the desire for the highest standard of case. Reasons for refusing medical student involvement included the protection of patient's privacy and the low comfort level with the examination. The acceptance rate for medical student presence during obstetric visits was 89.1% and that during gynaecology visits was 81.4%.² these results are almost similar to our findings. In this study we found the percentage of accepting the presence of postgraduate trainees nearly equal to study done in California University, San Francisco, USA, despite the totally different culture. This is most probably because majority of women in our society have less self recognition and self determination. They also have less awareness about human rights. The study conducted by Flynn et al on patients view about having a medical student present during consultations in general practice confirmed the usual finding that patients are happy to help medical education in this way.¹³ But the patients were not always happy by the

presence of trainees during consultation. In particular some were concerned about informed consent and confidentiality, the same issue that trouble patients in treatment and research.¹⁴ Consent should be sought when the appointment is made. The nature of patient's problem may influence consent^{13,15} as may have a previous bad experience.¹⁶ Lynne et al found that 80% of patients would "feel negative" if their consent to trainee involvement had not been actively obtained before the start of the learning experience¹⁶. In our study one of the reasons of refusal of presence of trainees was that attention of consultant is diverted from patient to trainee during consultation. We found lack of awareness of current practice in medical education & clinical training. Many patients were unclear about qualified trainees, and about the nature of a teaching hospital or practice. If patients concerns could be met, number of trainees during consultation decreased to two so that patient will not feel shy and informed consent is taken, then their willingness to help with medical education would be safeguarded. Furthermore postgraduate education would be improved; they could develop an understanding of patient experiences & begin to learn how to work in partnership with them in their own later practices.

CONCLUSION

This study showed that majority of patients were willing to have trainees presence during their consultation and reasons of refusal are previous bad experience, shyness, no privacy, attention of doctor is diverted from patient to trainees and because number of trainees were more during consultation. A further issue is distortion of communication that can result, since the clinician focus of interaction can move from the patient as a person, to the clinical trainees. So by reducing number of presence of postgraduate students during consultation to two, taking informed consent and by discussing with trainee at the time when patient have left the room will further increase the willingness of patients for trainee presence. At the same time information brochure should be distributed to patients which highlights the benefits of clinical teaching may help to persuade some unwilling patients to reconsider the presence of trainee. Clinicians should take special care to maintain dedicated communication with patients clinical matters in detail should be discussed with PG students.

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