

# Journal of Contemporary Medical Education

available at [www.scopemed.org](http://www.scopemed.org)

## Original Research

### Patients and accompanying persons' opinions and satisfaction with consultations in the presence of medical students in the city of Santos, Brazil

Mariana Belmonte<sup>1</sup>, Yara Dadalti Fragoso<sup>2</sup>

<sup>1</sup>Medical School; <sup>2</sup>Head of the Department of Neurology, Medical School, Universidade Metropolitana de Santos, Santos SP, BRAZIL

**Received:** February 17, 2013

**Accepted:** June 28, 2013

**Published Online:** July 10, 2013

**DOI:** 10.5455/jcme.20130628064826

**Corresponding Author:**

Yara Dadalti Fragoso,  
Department of Neurology, Medical  
School, UNIMES, Rua da Constituicao  
374, CEP 11015-470, Santos SP, Brazil  
[yar@bsnet.com.br](mailto:yar@bsnet.com.br)

**Keywords:** *Medical students, medical school, patients, consultations, ethics, bioethics*

**ABSTRACT**

The World Health Organization recommends that medical schools should give students the opportunity to learn in real-life clinical scenarios. For this to be successful and at the same time maintain ethical standards, it is imperative to understand and respect patients' needs and requirements during consultations. Although some studies have broached this issue, it is not common for studies to assess the opinion of accompanying persons who attend the consultation with the patient, or the opinion of medical students. The present study assessed the opinions of 150 patients, 80 accompanying persons and 80 medical students. The patients were usually satisfied with the presence of students, but emphasized the need for appropriate clothes, hygiene and behavior. Although 83.7% of the medical students were aware that a written "Students' Code of Ethics" exists, only 6.2% of them could cite any information from this code. Results like these are not unusual, and medical schools should invest more time in teaching ethics and bioethics to medical students throughout the course.

© 2013 GESDAV

## INTRODUCTION

The World Health Organization (WHO) [1] created guidelines on medical education and practice. This document recommends that medical schools should give students the opportunity to learn in real-life clinical scenarios. Previous to the WHO document, a statement named "Tomorrow's Doctors" had already been published by the General Medical Council in the United Kingdom [2], which also encouraged the practical learning during medical school. Many medical schools have since increased the number of practical hours in their medical courses, typically with groups of students attending primary, secondary and tertiary-level outpatient units. The purpose of this exercise was to incorporate a humanistic doctor-patient relationship into the lives of medical students. This practice is not

without challenges [3], and a perfect flow of willingness must exist among patients, teaching doctors and medical students [4]. Most studies investigating the presence of medical students during clinical consultations have shown that this model is relatively successful [5-11]. However, these studies were typically conducted in North America and Europe, and are now often more than a decade old. Although students' presence improves their learning abilities, it must be stated that the presence of additional people during a consultation is not always welcome [12], particularly in some types of consultations [7] and may even distract the patients [13]. In general, patients are not dissatisfied with the presence of medical students, but want to be given a choice in this matter and to give

their informed consent [14]. The duration of a consultation, which is invariably longer with the presence of medical students, was also noted by several patients as negative points [13]. It is essential to understand and respect patients' needs and requirements during a consultation, while at the same time, it is important to have students present at consultations. To achieve success in this challenge is to educate good new doctors.

The aim of the present study was to understand the opinions and satisfaction of patients attending medical consultations at Universidade Metropolitana de Santos, Brazil. These consultations are always carried out with the presence of medical students. Furthermore, the present study aimed to observe the opinions of the accompanying person at the consultation.

## **METHOD**

The present study was approved by the Ethics Committee at Universidade Metropolitana de Santos under the number 010/2011; CAAE 0008.0.161.000-11.

Patients and accompanying persons (usually relatives of the patient) were individually interviewed using a structured questionnaire. This interview consisted of questions relating to their acceptance of medical students during the consultations, as well as questions regarding the positive and negative points of students' presence when the patient is seen by the doctor. The students' behavior, dress code and attitudes during the consultation were also discussed. Patients and accompanying persons were also encouraged to speak freely if they had any particular comment not covered by the questionnaire.

In a separate interview, medical students were asked about their thoughts and ideas regarding the consultation that they had participated in. A set of questions regarding the students' knowledge of the "Students' Code of Ethics" was also part of the structured questionnaire used to interview the medical students.

Data were analyzed and presented mainly in a descriptive form.

## **RESULTS**

Three hundred and ten subjects were interviewed. This group consisted of 150 patients, 80 accompanying persons and 80 medical students.

### **Patient group**

The patients were aged, on average, 39.5 years (range 18 to 87 years), and 72% of them were women. They

were seen in outpatient services for general medicine, vascular diseases, rheumatology, endocrinology, pneumology, cardiology, psychiatry, neurology, gastroenterology, hematology and dermatology. Ninety-nine patients (66%) entered the consultation office unaware that medical students would be present. Eleven percent of the total group of patients said that they were disturbed by the fact that medical students were in the room. Six patients (4%) mentioned that they did not like the fact that there were too many (four or more) students during consultation. Ten patients (6.6%) considered that the presence of students was a violation of their privacy. One patient reported that she did not mind the presence of medical students, but the fact that they talked among themselves during her consultation was very annoying. However, 89% of the patients had no objection to having medical students in the room. The patients had no particular preference for the gender or age of the students. Given the opportunity to choose, 26 patients (17.3%) would have preferred consultations with students and 19 (12.7%) would not have wanted students, while 105 (70%) were indifferent to their presence. When the quality of the consultation was assessed, 92 patients (61.3%) said that it was good and 58 patients (38.7%) mentioned that the consultation tended to be better if students were present.

Six patients (4%) made a point of mentioning that there were students with long nails, dirty duster coats, long hair (men and women), piercings and strongly colored shoes. Patients praised students with white clothes and white duster coat, perfume, combed hair and no beard. Although all the patients agreed that attending medical consultations is an important aspect of the medical school, they continuously insisted on hygiene, dress code and manners. Two patients (1.3%) mentioned that some medical specialties should not have students in the room during consultations, but could not suggest any alternative to this method of learning.

### **Accompanying person group:**

This group consisted of 50 women and 30 men, usually relatives of the patients. Their average age was 38.4 years (range 19 to 54 years) and they were present in consultations within general medicine, vascular diseases, rheumatology, endocrinology, pneumology, cardiology, psychiatry, orthopedics, gynecology, urology, neurology, gastroenterology, genetics, hematology and dermatology.

Ten accompanying persons (12.5%) were uncomfortable with the presence of students and felt that the patients were embarrassed with all the people in the room. They all considered that the quality of the consultation was not compromised by the presence of students in the room, and 45% of the accompanying

persons even considered that the consultation was better with medical students. The accompanying persons also emphasized that the students should always be properly dressed, be attentive and cordial, and participate in the learning process. One negative point regarding the presence of students was the longer time the consultation took and the need to tell the patient's history from the beginning.

### Medical student group

This group consisted of 43 women and 37 men aged, on average, 23.6 years (range 18 to 43 years). They were similarly distributed among the second to the sixth years of the medical course, and had had varying degrees of contact with patients. The students were uncomfortable or embarrassed when the consultation involved bad news for the patient, intimate medical examination, or when the patient cried during the consultation.

When asked about their feelings regarding what the patient might think when students are present in a consultation, the answer varied. A group of 28 students (35%) mentioned that they worried about the patients' feelings, but that this was an inevitable part of the learning process. Thirty-nine students (48.7%) mentioned that they did not really worry about the patients' feelings, since this was the only way in which they could learn. Thirteen students (16.3%) mentioned that they had not given this matter any thought previously.

Although most of the students (83.7%) were aware of the existence of a written "Students' Code of Ethics" [14], only 6.2% of them could cite two or three items from this code.

### DISCUSSION

Improving the quality of medical education is a key goal for every country. The future of humanized medicine lies in the hands of those who we teach today. Brazil has a six-year (eight hours a day) medical course, and graduates from medical schools are qualified to practice general medicine. Specialization is obtained later by means of exams and titles from professional societies and academies, which are easier to obtain if the medical doctor has undergone residence in the specialty. Since there are relatively few places for residence, many doctors will go straight from the medical school to seeing patients in daily life.

It is imperative to release new medical doctors into society when they are ready to practice, but also well aware of medical ethics and humanization. Medical courses, in general, tend to be more practical than philosophical, and only a few schools in the world have

arts and humanities as a pre-medical course [15]. However, because the latter are pre-medical disciplines, they only reach very young individuals. There is no ideal model to follow in medical schools, and perhaps learning from watching their teachers attending to patients is indeed the most efficient manner for educating new doctors. Discussing ethical matters could benefit both the student and the teacher [16-18].

The results from the present study showed that the patients and accompanying persons were mostly satisfied with the presence of medical students during consultations. Some issues must be further discussed and implemented, especially regarding the presence of the medical students. Although the patients attending outpatient services at Universidade Metropolitana de Santos Medical School had been informed that the consultation would have medical students present, they were frequently surprised to see that this was indeed the case. In each consultation, the number of students, the dress code and for their behavior is of essence.

Finally, clinical discussions could be complemented by discussions on ethics in the medical course, thus obliging students to read and to learn from the written "Students' Code of Ethics" [14].

### ACKNOWLEDGMENT

Mariana Belmonte received a scholarship from the Regional Medical Council of the State of Sao Paulo to conduct this study as a scientific initiation project.

### REFERENCES

1. World Health Organization (WHO). Proceeding of the 48<sup>th</sup> World Health Assembly. Geneva: WHO;1995.
2. General Medical Council. Tomorrow's Doctors: Recommendations on Undergraduate Medical Education. London: GMC, 1993.
3. Murray E, Modell M. Community-based teaching: the challenges. *Br J Gen Pract* 1999;49:395-398.
4. Gray J, Fine B. General practitioner teaching in the community: a study of their teaching experience and interest in undergraduate teaching in the future. *Br J Gen Pract* 1997;47:623-626.
5. Wright HJ. Patients' attitudes to medical students in general practice. *Br Med J* 1974;1:372-376.
6. Cooke F, Galasko G, Ramrakha V, Richards D, Rose A, Watkins J. Medical students in general practice: how do patients feel? *Br J Gen Pract* 1996; 46:361-362.
7. Jones S, Oswald N, Date J, Hinds D. Attitudes of patients to medical student participation: general practice consultations on the Cambridge Community-Based clinical course. *Med Educ* 1996;30:14-17.

8. Parle J, Greenfield S, Skelton J, Lester H, Hobbs F. Acquisition of basic clinical skills in the general practice setting. *Med Educ* 1997;31:99-104.
9. Bentham J, Burke J, Clark J, Svoboda C, Vallance G, Yeow M. Students conducting consultations in general practice and the acceptability to patients. *Med Educ* 1999;33: 686-687.
10. Wykurz G. Patients in medical education: from passive participants to active partners. *Med Educ* 1999;33:634-636.
11. Coleman K, Murray E. Patients' views and feelings on the community based teaching of undergraduate medical students; a qualitative study. *Fam Pract* 2002;19:183-188.
12. Price R, Spencer J, Walker J. Does the presence of medical students affect quality in general practice consultations? *Med Educ* 2008;42:374-81.
13. Bristowe K, Patrick PL. Do too many cooks spoil the broth? The effect of observers on doctor-patient interaction. *Med Educ*. 2012;46:785-794.
14. Code of Ethics for medical students. Available at: <http://www.cremesp.org.br/library/modulos/publicacoes/pdf/Codigo%20estudantes.pdf>
15. Benson J, Quince T, Hibble A, Fanshawe T, Emery T. Impact on patients of expanded, general practice based, student teaching: observational and qualitative study. *BMJ* 2005;331:89.
16. Ribeiro MM, Krupat E, Amaral CF. Brazilian medical students' attitudes towards patient-centered care. *Med Teach* 2007;29:204-208.
17. Chan WP, Wu TY, Hsieh MS, Chou TY, Wong CS, Fang JT, Chang NC, Hong CY, Tzeng CR. Students' view upon graduation: a survey of medical education in Taiwan. *BMC Med Educ*. 2012;12:127.
18. Sturman NJ, Parker M, van Driel ML. The informal curriculum - general practitioner perceptions of ethics in clinical practice. *Aust Fam Physician*. 2012;41:981-984.

---

This is an open access article licensed under the terms of the Creative Commons Attribution Non-Commercial License which permits unrestricted, non-commercial use, distribution and reproduction in any medium, provided the work is properly cited.