

# Medical students in the perception of patients

Jaqueline Berwanger<sup>1</sup>, Gabriele Denti de Geroni<sup>2</sup>, Elcio Luiz Bonamigo<sup>3</sup>

## Abstract

The objective of this research was to identify the perceptions of patients when treated with student participation. The descriptive and crosscut research was carried out through a questionnaire applied to 200 patients of two Strategies for Family Health units and two outpatient medical specialties. As a result, 98% of patients reported satisfaction to be contributing to medical education, 90% reported receiving more explanations about their disease, 95% received polite, attentive and respectful treatment from students and 97.5% said that students introduced themselves and requested previous consent. It was concluded that most patients are pleased to contribute with teaching and receive further explanation in the presence of students. However, a small percentage reported inadequate approach and dissatisfaction, particularly in the specialties of gynecology and urology, implying the need for the supply of specific guidelines and greater emphasis in the teaching of disciplines concerning the relationship with patients, particularly of Bioethics, by the course coordination and health services.

**Keywords:** Patient satisfaction. Students, Medical. Outpatients. Patient care. Medical care.

## Resumo

### Estudantes de medicina na percepção dos pacientes

O objetivo deste estudo foi identificar a percepção de pacientes quando atendidos na presença de estudantes de medicina. Realizou-se pesquisa descritiva e transversal por meio de questionário aplicado a 200 pacientes de duas unidades da Estratégia de Saúde da Família (ESF) e de duas especialidades ambulatoriais. Como resultado, 98% dos pacientes declararam satisfação em contribuir para o ensino médico, 90% informaram receber mais explicações sobre sua doença, 95% receberam tratamento educado, atencioso e respeitoso e 97,5% afirmaram que os estudantes apresentaram-se e solicitaram consentimento prévio. Concluiu-se que a maioria dos pacientes está satisfeita em colaborar para o ensino e recebe mais explicações quando os estudantes estão presentes. Entretanto, pequena parcela informou abordagem inadequada e insatisfação, sobretudo nas especialidades de ginecologia e urologia, inferindo-se a necessidade de fornecer, por parte da coordenação do curso e dos serviços de saúde, orientações específicas e de dar maior ênfase ao ensino de disciplinas que tratam da relação com os pacientes, sobretudo a bioética.

**Palavras-chave:** Satisfação do paciente. Estudantes de medicina. Pacientes ambulatoriais. Assistência ao paciente. Atendimento médico.

## Resumen

### Estudiantes de medicina en la percepción de pacientes

El objetivo de esta investigación fue identificar la percepción de pacientes tratados con la participación de estudiantes de medicina. Se realizó un estudio descriptivo y transversal mediante un cuestionario aplicado a 200 pacientes de dos unidades de la Estrategia de Salud de la Familia (ESF) y de dos especialidades ambulatorias. Como resultado, el 98% de los pacientes manifestó satisfacción en contribuir con la educación médica, un 90% informó recibir más explicaciones acerca de su enfermedad, el 95% recibió un trato educado, atento y respetuoso y el 97,5% dijo que los estudiantes se presentaron y pidieron consentimiento previo. Se concluyó que la mayoría de los pacientes están dispuestos a contribuir a la enseñanza y reciben más explicaciones cuando los estudiantes están presentes. No obstante, una pequeña proporción reportó un abordaje inadecuado e insatisfacción, sobre todo en las especialidades de ginecología y urología, infiriéndose la necesidad de proveer, por parte de la coordinación de la carrera y de los servicios de salud, orientaciones específicas y de poner un mayor énfasis en la enseñanza de disciplinas que tratan sobre la relación con pacientes, particularmente de bioética.

**Palabras-clave:** Satisfacción del paciente. Estudiantes de medicina. Pacientes ambulatorios. Atención al paciente. Atención médica.

### Aprovação CEP Unoesc 247/2011

1. **Graduada** jaquelineberwanger@yahoo.com.br. 2. **Graduada** gabidegeroni@gmail.com 3. **Doutor** elcio.bonamigo@unoesc.edu.br – Universidade do Oeste de Santa Catarina, Joaçaba/SC, Brasil.

### Correspondência

Elcio Luiz Bonamigo – Rua Francisco Lindner, 310 CEP 89600-000. Joaçaba/SC, Brasil.

Conflito de interesses: Jaqueline Berwanger e Gabriele Denti de Geroni declaram que, quando da elaboração deste trabalho, eram estudantes do curso de medicina pesquisado. Elcio Luiz Bonamigo declara não haver conflito de interesse.

Patients have contributed to medical teaching since the beginning of medicine. Great masters have transmitted their knowledge around the diseased or in outpatient clinics. The observation of the behavior of teachers during appointments and the direct contact with patients provides students essential opportunities for their scientific and humanistic development.

In their majority, patients usually take the presence of medical students naturally during their consultations. However, would there be a difference of perception between the service given by the physician alone and that with the participation of medical students? Moreover, in the perspective of patients, would the behavior of students be appropriate in these cases?

It is estimated that the presence of students during the consultation tends to reduce the privacy of the patient, possibly causing discomfort and embarrassment in the disclosure of information. On the other hand, the participation of students could mean the delivery of more detailed information to the patient, bringing additional benefits to the understanding of their disease and better orientation on the treatment.

Studies on this theme are not frequent in the literature. The present study sought to assess the perception of patients on the presence of medical students in ambulatory care of a medical school and of two units of the Estratégia de Saúde da Família (Family Health Strategy - ESF), as well as to identify occasional problems and to propose solutions.

## Methods

This is a descriptive and crosscut study, performed during the course of Trabalho de Conclusão de Curso (TCC I, TCC II and TCC III, Graduation Project I, II and II), taught in the 8th, 9th and 10th semesters of the medical school course of the Universidade do Oeste de Santa Catarina (University of West Santa Catarina - Unoesc), in which 200 patients were randomly selected, being 50 of each of two units of ESF in the municipalities of Joaçaba and Herval d'Oeste, both located in the State of Santa Catarina, Brazil, and 50 in each of the ambulatory care centers for gynecology and urology of the Ambulatório Médico Universitário (University Medical Ambulatory Clinic, AMU) of Joaçaba.

The selected ESF in both municipalities were the ones that regularly had medical students in health care and both provide general, not specialized

care. A inclusion of the AMU, which has specialized ambulatory clinics was due to the need to consider patients of two specialties that deal with the most private parts of the body, gynecology and urology, with the aim to investigate if their perceptions on the presence of students during medical care would show differences. The patients of the AMU had been forwarded by several institutions, including the ESF included in this study.

The survey was performed using a questionnaire with 3 social-demographic questions and 11 specific questions, structured and in the Likert scale. It was carried out between the months of February and August 2012. The perception variables indicated as answers to the questions were: "Definitely yes", "Probably yes", "Probably not" and "Definitely not"; or "Totally agree", "Agree", "Disagree", and "Totally disagree". For the reference of quantity the alternatives used were: "Usually", "Sometimes", "Rarely" and "Never". The topics of the questions were chosen with basis on the problems most frequently found in literature reviews. The structure of the questions for each type of perception was based on the guidelines presented in the book "How to design questionnaires"<sup>1</sup>.

The questionnaire was applied randomly by two of authors to patients in the research places, during routine ambulatory care, after explaining the objectives of the research, agreement to participate and signing of the term of free informed consent. The average time to answer the questionnaire was of approximately 12 minutes.

Answers were analyzed after the first week of data collection and, there being no problem as to the understanding of the questionnaire by the participants, the survey was carried out as planned. Data were stored in Microsoft Office Excel 2007. The test of analysis of variance (ANOVA), Tukey test and G test were performed through the software package BioEstat<sup>5</sup>.

## Results

As to the age, 40 patients (20%) were between 18 and 30 years old; 38 of them (19%) were between 31 and 40 years old; 41 interviewees (20.5%) were between 41 and 50 years old; 40 (20%) were between 51 and 60 years old; and 41 (20.5%) were 61 years old or older. Concerning gender, 128 participants (64%) were women and 72 (36%) were men.

Concerning schooling, 9 patients (4.5%) were illiterate; 88 (44%) had not completed elementary

school; 29 (14.5%) had finished elementary school; 21 (10.5%) had not completed high school; 35 (17.5%) had finished high school; 10 (5%) had incomplete college studies; 5 (2.5%) had completed college, and 3 (1.5%) had some type of post-college study. Through the analysis of variance and, later, by the application of the Tukey test, it was observed that the predominant schooling among surveyed patients was basic education with a history of incomplete elementary studies ( $p < 0.05$ ).

As to marital status, 114 (57%) participants were married; 32 (16%) were single; 29 (14.5%) were in stable relationships; 11 (5.5%) were divorced, and 14 (7%) were widows or widowers.

Of the total participants, 196 (98%) stated they were pleased to contribute to the learning of medical students, of which 148 (74%) answered “*Definitely pleased*” and 48 (24%), “*Probably*”. However, 4 (2%) stated they were not pleased, 3 of which (1.5% of the total) answered “*Probably*” e 1 (0.5%), “*Definitely not pleased*”.

It was found that 86 participants from the ESF (86%) answered they they received more explanations about their condition with the presence of students during the appointment, while 14 (14%) disagreed with the statement. In the AMU, 94 participants (94%) agreed and 6 (6%) disagreed. In total 180 (90%) agreed and 20 (10%) disagreed (Table 1).

**Table 1.** Perception of patients as to receiving more explanations about their condition with the participation of medical students during the appointment

Answers of participants	ESF n (%)	AMU n (%)	All n (%)
Totally agree	45 (45)	56 (56)	101 (50,5)
Agree	41 (41)	38 (38)	79 (39,5)
Disagree	13 (13)	5 (5)	18 (9)
Totally disagree	1 (1)	1 (1)	2 (1)
<b>Total</b>	<b>100 (100)</b>	<b>100 (100)</b>	<b>200 (100)</b>

Facing the statement on the polite, thoughtful and respectful attitude demonstrated by medical students during the appointment, 95 patients of

the ESF (95%) and 100% of the patients of the AMU agreed. In total, 195 patients (97.5%) agreed and 5 (2.5%) disagreed (Table 2).

**Table 2.** Perception of patients as to the politeness, thoughtfulness and respect of medical students during the appointment

Responses from participants	ESF n (%)	AMU n (%)	All n (%)
Totally agree	67 (67)	79 (79)	146 (73)
Agree	28 (28)	21 (21)	49 (24,5)
Disagree	0 (0)	0 (0)	0 (0)
Totally disagree	5 (5)	0 (0)	5 (2,5)
<b>Total</b>	<b>100 (100)</b>	<b>100 (100)</b>	<b>200 (100)</b>

About feeling uncomfortable or embarrassed with the presence of medical students during appointments to the point of not communicating a symptom about their own disease, 135 participants (66.5%) answered “*Never*”; 26 (13%) “*Rarely*”; 33 (16.5%) “*Sometimes*”, and 6 (3%),

“*Usually*” (Table 3). There was statistical correlation for the Joaçaba ESF ( $p < 0.05$ ) and in the gynecology specialty in the AMU ( $p < 0.05$ ). There was no statistical correlation in the ESF of Herval d’Oeste ( $p > 0.05$ ) or in the specialty or urology in the AMU ( $p > 0.05$ ).

**Table 3.** Discomfort, embarrassment and the lack of communication of symptoms due to the presence of medical students during appointment

Frequency	ESF Joaçaba*	ESF Herval d'Oeste**	AMU Gynecology*	AMU Urology**	All
	n (%)	n (%)	n (%)	n (%)	n (%)
Usually	1 (2)	3 (6)	1 (2)	1 (2)	6 (3)
Sometimes	9 (18)	13 (26)	7 (14)	4 (8)	33 (16,5)
Rarely	6 (12)	9 (18)	6 (12)	5 (10)	26 (13)
Never	34 (68)	25 (50)	36 (72)	40 (80)	135 (66,5)
<b>Total</b>	<b>50 (100)</b>	<b>50 (100)</b>	<b>50 (100)</b>	<b>50 (100)</b>	<b>200 (100)</b>

\*p < 0,05. \*\*p > 0,05.

When asked if there was any episode of disrespect or impoliteness by students present in the appointment, 7 patients of the ESF (7%) and 4 of the AMU (4%) answered affirmatively, but the results did not show statistical difference in relation to the different health care units ( $p > 0.05$ ).

In case the reason for the appointment were gynecological, urological or any other related to private parts of the body, half of the patients of the ESF units and 29 specialties of the AMU (29%) agreed that they would feel troubled by the presence of students. In total, 79 (39.5%) agreed that the presence of students can inhibit them, of which 24 (12%) answered "Definitely" and 50 (25%) answered "Probably"; however, 121 (60.5%) disagreed, of which 51 (25.5%) answered "Probably" and 70 (35%) answered "Definitely".

About the concern to disclose some private problem due to the possibility of secrecy breach by the students, 41 patients (20.5%) agreed and 158 (79.5%) disagreed. Of the total, 173 (86.5%) agreed that the medical students introduced themselves and asked for previous consent to perform the proceeding; however, 27 (13.5%) disagreed.

When asked about the possibility they would feel more at ease during the consultation without the presence of students, at the Joaçaba ESF, 27 patients (54%) agreed and 23 (46%) disagreed; at the Herval d'Oeste ESF unit, 26 (52%) agreed e 24 (48%) disagreed. At the AMU, 19 patients of the gynecology ambulatory clinic (38%) agreed and 31 (62%) disagreed, and 17 patients of the urology ambulatory clinic (34%) agreed and 33 (66%) disagreed. The di-

fferences in answers were not statistically significant in relation to the places: at the Joaçaba ESF unit, we obtained  $p > 0.05$ ; in Herval d'Oeste,  $p > 0.05$ . The same happened in the specialties of gynecology ( $p > 0.05$ ) and urology ( $p > 0.05$ ) of the AMU.

About the delay in the appointment when medical students are present, 92 patients (46%) answered that they are never bothered and 108 (54%) answered that they are bothered. Of the latter, 14 (7%) answered to be bothered "Usually"; 57 (28.5%), "Sometimes", and 37 (18.5%), "Rarely".

The feelings caused by the presence of students during appointments were also surveyed and the results were that 38 patients (19%) felt at ease; 103 (51%) felt tranquil, and 29 (14%) considered the appointment an opportunity to talk about personal problems. On the other hand, 17 participants (9%) felt not at ease; 4 (2%) felt untranquil; 6 (3%) felt embarrassed, and 1 (0.5%) felt troubled. Only 2 (1%) spontaneously reported another feeling during the consultation, one being contentment and the other was discomfort (in this for being a gynecological consultation). Statistically, there was no significant difference among the answers in relation to the health care units of the appointments ( $p > 0.05$ ).

## Discussion

The happiness of patients to contribute to the learning of medical students was almost unanimous (98%). This result is in accordance with what was found in other studies<sup>2,3</sup>, in which patients also felt

at ease in the presence of students and showed personal commitment with their training.

The interaction between students and patients is essential for medical training, and students must also be aware of the value of this relationship. According to a study<sup>4</sup> performed with 25 students in the 12<sup>th</sup> semester of a medical school in the south of Brazil, 68% of them agreed that the practical learning takes place during appointments, extra-curricular internships and during the internship period, which shows the recognition by the surveyed of the value of the patient for medical teaching. In the same study, 84% of the students declared that learning also takes place through observation of teachers, residents and classmates seen as role models. The technical learning obtained since the first years of medical school, with the inclusion of the patient in teaching, contributes effectively to the integration of the different disciplines, as well as to a better understanding of students concerning their studies<sup>5</sup>.

Most patients agreed that they get more information about their condition when there are students in the consultation. In the general context, the good interaction between students and patients make possible a more thoughtful assistance, providing more ease in identifying complaints, better adhesion to medical orientation, fewer complaints against the physician and higher satisfaction with the service<sup>4</sup>. It is inferred, thus, that this improvement in the quality of assistance to patients results in the following factors: higher availability of time for the examination; more thorough explanations during the discussion about the disease between the teacher and the students; the possibility for the patient to solve doubts and to get additional information from students about his/her disease.

Another factor that influences the acceptance of students by the patient during the consultation is the small number of appointments in the teaching environment, allowing for a longer time for examination. A study performed in the United States in 2003<sup>3</sup> found that only 28.9% of the patients reported not receiving more attention with the presence of medical students. In comparison, in the present study, this number was lower, ranging from 6% in the AMU to 15% in the ESF units, which evidences that, for the majority, this form of assistance is more thorough and thoughtful. This aspect shows the importance of improving information and attention to patients during routine appointments performed by physicians also without the presence of students.

Few patients of the AMU reported episodes of unthoughtfulness, disrespect or impoliteness by

students; however, when asked about being troubled or embarrassed due to their presence during the consultation, 36% of the participants answered "Usually" or "Sometimes". This shows the need to provide specific orientation to students on the obligation to respect the patient's will and the need to obtain their consent at the beginning of the appointment, in order to fulfill the bioethical principles of autonomy and non-maleficence. Privacy, psychico-emotional well-being and comfort of the patient are rights stated in the *Carta dos Direitos dos Usuários da Saúde* ("Bill of rights of the users of health services")<sup>6</sup> in Brazil, calling for a reflexion on the convenience of limiting the presence of students during certain clinical proceedings.

The acceptance of medical students during the appointment vary according to the patient's age, social class and ethnic group<sup>7</sup>. Young, well-informed patients with few comorbidities tend to feel less embarrassed. On the other hand, the elder population, with less schooling and several comorbidities tends to be less receptive to consultations with the presence of students. The groups with the larger number of participants were above 50 years of age and incomplete elementary studies, and this aspect may have contributed for a relatively important fraction of these referred trouble or embarrassment. However, it is estimated that a respectful attitude along with prior clarification on the part of students from the start of their activities would fulfill the bioethical principles of autonomy and non-maleficence, as well as would contribute to the increase of confidence of patients.

Nearly all patients reported that the attitude of the students was appropriate, with 5% of the students of the ESF units and none at the AMU disagreeing with this. As to the behavior, 7% of the patients of the ESF units and 4% of the AMU reported disrespect, unthoughtfulness or impoliteness by students. Although the undesirable behavior happens in small number, as it is reported for a minority of students, an effort is necessary in order to totally eliminate it.

As to the possibility of the patient not communicating some complaint for fear of breach of secrecy by the student, 20% answered that this concern occurs "usually" or sometimes, with no statistically significant difference between the places studied. This lack of confidence must be solved through prior clarification which clearly assure the respect to the privacy of the patient. About this, a study of 2003<sup>3</sup> on the perception of patients of the dermatological clinic about the participation of medical students in

consultations found a little lower values of lack of confidence, as 90% of the patients declared not to be troubled by disclosing personal information in the presence of students. This difference in results may arise from the place of the disease in the body of the patient, which is usually less private in dermatology, as well as from a more or less clarifying and respectful stance by students, especially in relation to the guarantee of secrecy. Such conjecture is corroborated by a recent study performed in Pará, in which only 37.4% of the students declare they received guidance on medical secrecy<sup>8</sup>.

When asked if the presence of students during the appointment would trouble them in the case of an urological or gynecological consultation, half of the patients of the ESF units answered affirmatively while in the AMU, which treats cases of gynecology and urology, these answers corresponded to 29%. This result, although apparently paradoxical for the lower discomfort shown by AMU patients, may be explained by the previous knowledge of patients about the nature of the service provided in that place, that is, specialized care with the participation of medical students. Since most ESF units do not have the participation of students and do not usually have the necessary infrastructure and gynecology and urology specialists, it is presumed that the introduction of students in these health care units may generate annoyance or discomfort.

In the Joaçaba ESF Unit and in the gynecology specialty of the AMU, there was significant statistical correlation ( $p < 0,05$ ) showing that in these places the discomfort is more intense. To illustrate this result, a patient spontaneously referred her discomfort in having a gynecological consultation with the presence of students. In the cases when the patient has shown his/her discomfort, the responsible physician must consider the rights of this patient and the possibility of dismissing students during the appointment. This is because, even in a place also dedicated to teaching, the benefit to the patient is a fundamental ethical principle of the medical practice.

For 86.5% of the participants in this study, students presented themselves previously and asked for consent to perform the proceedings. However, 13.5% disagreed, meaning that there was no previous identification or request of consent by the students. A study performed at the hospital of the Universidade Federal da Paraíba (Federal University of Paraíba)<sup>9</sup> found a much less favorable result, as 50% of the interviewees answered they were not requested consent. By taking this politeness and truthful stance in the beginning of the appoint-

ment, the student earns more easily the confidence of the patient. It is emphasized – repeatedly – that previous orientation to students on this aspect is indispensable by the ones responsible for teaching.

When asked about the possibility of having the appointment without the presence of students and if this would make the patient more at ease, 44.5% agreed with the statement, but the result did not show statistical significance among the places studied ( $p > 0.05$ ). According to a study performed at the “Hospital das Clínicas da Universidade Federal de Minas Gerais” (Clinical Hospital of the Federal University of Minas Gerais, HC-UFGM)<sup>10</sup> with 131 patients, 69.5% did not mind being treated by students and 49.2% considered their own participation in the learning of future physicians important, in consonance with the findings of the present study. The study with dermatology patients mentioned above<sup>3</sup> found even more favorable results, as 94.2% of the patients valued the interaction with students and 99% did not demand exclusive service by the physician. In general, patients feel at ease to discuss their personal problems with medical students and are aware of the benefit of their personal contribution to the training of future physicians<sup>11</sup>.

Another aspect studied was the longer duration of appointments with the participation of students, considering the time past from their arrival at the health care unit to their final release. Over half of the patients answered that the longer duration of the appointment troubles them. A study at the “Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo” (Clinical Hospital of the University of São Paulo Medical School, HC-FMUSP) in 2001<sup>12</sup> estimated that the total time for the medical appointment in a service with the presence of medical students lasted, on average, 123 minutes, being a cause of complaints by the patients, in opposition of the positive aspects of the service. Such fact points to the need to adopt measures in order to rationalize the waiting time in services that count with students, mainly with the scheduling the arrival of the patient closer to the time of the appointment, greater agility in the consultation and the release right after the end of the procedures.

In order to expand this study, patients were asked about other feelings in relation to the presence of students in the appointments. The majority reported positive feelings of tranquility, comfort and the opportunity to talk. A portion, however, mentioned discomfort, untranquillity and embarrassment, showing the need of the course coordination and the responsible physician and/or preceptor to help

improve the posture of students and, thus, reduce the negative feelings of patients.

Students get involved in embarrassing situations, either caused by the teacher or by the patients<sup>13</sup>. In the first case, the inadequate conduct of the physician responsible in post-abortion care, recriminating the patient, constitutes a negative example for the student. As to the second case, occasionally, the student, sensitive to the suffering of the patient, tries to solve problems beyond his competency or gets involved only because family members called his/her attention – examples that give a measure of the complexity of this interaction. As pointed by the literature<sup>14</sup>, the psycho-analytic theory of Balint may contribute to the development of emotional intelligence of the student and of competencies that favor the good student-patient relationship in medical school.

The way the teachers relate to the students, trying to treat them by their names is similar to the relationship they keep with their patients, which influences positively in the construction of the good student-patient interaction. The learning of medicine through observation and practice was already adopted by the Iad Greek masters, as personally reported by the philosopher Plato<sup>15</sup>. However, the recent change in medical teaching, with the introduction of patient care from the beginning of the course has increased the need for teachers to be constructive examples for the scientific and humanistic training of students.

The practice performed by students in the health system as well as the incentive to contact with patients and the inclusion of communicational abilities in the teaching of medicine converge to the improvement of the relationship with patients<sup>16</sup>. A fundamental aspect for the humanistic training of students was the insertion of bioethics in medical teaching. The good relationship with patients depends not only on the personal traits of students but also on the development of communication activities and the acquisition of knowledge about the rights of patients offered in the context of bioethics. Moreover, the consciousness of having a social role in the appointment leads students to identify with the community and contributes to the development of the very sense of citizenship<sup>17</sup>.

In this context, the recent appreciation of patient autonomy has encouraged shared decision making, which assumes a teaching focused on the needs of patients<sup>18</sup>. In turn, the acquisition of communicational abilities during medical school is

increasing in medical training, with the introduction of new strategies<sup>19</sup>. Communication is fundamental in human relationships so that, in order to fulfill the curricular guidelines established by Resolution 4/2001 of the CNE/CES (Conselho Nacional de Educação, Câmara de Educação Superior – “National Council of Education, Higher Education Chamber”) <sup>20</sup>, medical schools included subjects with the aim to develop and foster this ability in the student in their curricula. This way, it is estimated that the measure, besides contributing to the improvement of the communicative ability during medical school, will also improve the quality of the student-patient relationship.

Besides, students must be sensitized for the humanization of patient care, avoiding the fascination with technology<sup>21</sup>. Movies enshrined by the public, such as “The Doctor”<sup>22</sup> and “Wit”<sup>23</sup>, dramatized scenes that made some not recommended conducts of medical students during patient care in teaching environments widely known, signaling to the need of greater awareness of the ones responsible to the introduction of measures to prevent such behaviors. In the present study, the presence of flaws of conduct in students was evident. These, although rare, implied some difficulties in the student-patient-relationship, indicating the urgent need for orientation by the course coordination and/or by preceptor physicians. In this context, the convenience of preventive measures, through a broad approach of the theme in disciplines dealing with the relationship with patients in preparatory stages to ambulatory clinical practice – especially during the teaching of bioethics –, so that these conducts are not repeated with the future patients of the institution. In consonance with the recommendations of the present study, the AMU has recently approved a norm<sup>24</sup> with orientation to students about the need of attention and “extreme” respect in dealing with patients.

## Final Considerations

Most patients reported to have received more information about their disease when medical students were present in the appointment and were pleased to contribute to medical teaching.

According to participants, most students behaved in a polite, respectful and thoughtful manner during appointments, and a small portion reported episodes of disrespect and impoliteness, as well as discomfort, untranquillity, embarrassment and

being troubled, which contributed to the omission of information on private matters in the presence of students. Moreover, part of the patients reported lack of prior identification and/or of request for consent by students during the approach.

We conclude that the perception of most patients relative to the behavior of students during

health care service was broadly positive. However, the identification of some problems suggests the need to provide specific guidance on the patient-student relationship by the ones responsible for teaching and for the health services, and that of emphasizing this aspect in the teaching of related subjects, especially bioethics.

## References

1. Vieira S. Como elaborar questionários. São Paulo: Atlas; 2009.
2. Beca JP, Browne LF, Valdebenito HC, Bataszew VA, Martínez MJ. Relación estudiante-enfermo: visión del paciente. *Rev Méd Chile*. 2006;134(8):955-9.
3. Townsend B, Marks JG, Mauger DT, Miller JJ. Patients' attitudes toward medical student participation in a dermatology clinic. *J Am Acad Dermatol*. 2003;49(4):709-11.
4. Grossemann S, Stoll C. O ensino-aprendizagem da relação médico-paciente: estudo de caso com estudantes do último semestre do curso de medicina. *Rev Bras Educ Med*. 2008;32(3):301-8.
5. Benedetto MA, Janaudis MA, Leoto RF, González-Blasco P. Pacientes, residentes y estudiantes descubriendo la medicina familiar. *Arc Med Fam*. 2006;8(1):9-17.
6. Ministério da Saúde. Carta de Direitos dos Usuários da Saúde. 3ª ed. Brasília: Ministério da Saúde; 2011.
7. Barros PS, Falcone EMO, Pinho VD. Avaliação da empatia médica na percepção de médicos e pacientes em contextos público e privado de saúde. *Arq Ciênc Saúde*. 2011;18(1):36-43.
8. Yamaki VN, Teixeira RKC, Oliveira JPS, Yasojima EY, Silva JAC. Sigilo e confidencialidade na relação médico-paciente: conhecimento e opinião ética do estudante de medicina. *Rev. bioét. (Impr.)*. 2014;22(1):176-81.
9. Sousa-Muñoz RL, Ronconi DE, Ramalho CO, Andrade MR, Silva APF, Pereira GCB *et al*. Opinión de los pacientes sobre su participación en la enseñanza práctica de medicina en un hospital universitario de Brasil. *Educ Med*. 2011;14(1):35-7.
10. Gerken IB, Andrade CS, Lopes FB, Ribeiro MMF. Conhecimento e opinião de pacientes sobre prática docente-assistencial. *Rev Bras Educ Med*. 2013;37(1):66-71.
11. Wald DA, Yeh K, Ander DS, Fisher J, Kruus LK, Manthey DE *et al*. Patient perceptions of medical students involved in their health care: how much do first impressions count? *Ann Emerg Med*. 2007;50(3):S16-7.
12. Kiyohara LY, Kayano LK, Kobayashi ML, Alessi MS, Yamamoto MU, Yunes-Filho PR *et al*. The patient-physician interactions as seen by undergraduate medical students. *São Paulo Med J*. 2001;119(3):97-100.
13. Trindade LMDF, Vieira MJ. O aluno de medicina e estratégias de enfrentamento no atendimento ao paciente. *Rev Bras Educ Med*. 2013;37(2):167-77.
14. Gonzalez RF, Branco R. Reflexões sobre o processo ensino-aprendizagem da relação médico-paciente. *Rev. bioét. (Impr.)*. 2012;20(2):244-54.
15. Platão. *As Leis: incluindo Epinomis*. 2ª ed. São Paulo: Edipro; 2010.
16. Stock FS, Sisson MC, Grossemann S. Percepção de estudantes de medicina sobre aprendizagem da relação médico-paciente após mudança curricular. *Rev Bras Educ Med*. 2012;36(1):5-13.
17. Silva J, Leão HMC, Pereira ACAC. Ensino de bioética na graduação de medicina: relato de experiência. *Rev. bioét. (Impr.)*. 2013;21(2):338-43.
18. Blank D. A propósito de cenários e atores: de que peça estamos falando? Uma luz diferente sobre o cenário da prática dos médicos em formação. *Rev Bras Educ Med*. 2006;30(1):27-31.
19. Bonamigo EL, Destefani AS. A dramatização como estratégia de ensino da comunicação de más notícias ao paciente durante a graduação médica. *Rev. bioét. (Impr.)*. 2010;18(3):725-42.
20. Conselho Nacional de Educação. Resolução CNE/CES nº 4, de 7 de novembro de 2001. Institui diretrizes curriculares nacionais do curso de graduação em medicina. *Diário Oficial da União*. 9 nov; Seção 1, p. 38.
21. Batista NA, Silva SHA. *O professor de medicina*. São Paulo: Loyola; 2002.
22. *Um golpe do destino*. Atores: Randa Haines, diretora. William Hurt, Christine Lahti, Elizabeth Perkins, Mandy Patinkin, Adam Arkin, Wendy Crewson. EUA: Studio Touchstone Pictures, 1991. 1 filme (1h39min).
23. *Uma lição de vida*. Atores: Mike Nichols, diretor. Emma Thompson, Christopher Lloyd, Eileen Atkins. Eua: Avenue Pictures Productions, 2001. 1 filme (1h39min).
24. Universidade do Oeste de Santa Catarina. Normas para utilização do Ambulatório Médico Universitário (AMU). Joaçaba, SC: Unoesc; 2015.



**Participation of the authors**

Elcio Luiz Bonamigo is responsible for the conception, design, supervision, elaboration and review of the article. Gabriele Denti de Geroni and Jaqueline Berwanger participated in the conception of the project, the collection of data, and in the elaboration and review of the article.



## Annex

### Questionnaire for data collection

1. What is your age?
  - From 18 to 30 years
  - From 31 to 40 years
  - From 41 to 50 years
  - From 51 to 60 years
  - Over 61 years
2. Schooling:
  - Illiterate
  - Incomplete Elementary School
  - Complete Elementary School
  - Incomplete High School
  - Complete High School
  - Incomplete College
  - Complete College
  - Post-College
3. Marital status:
  - Single
  - Stable relationship
  - Married
  - Divorced
  - Widow/Widower
4. Are you being cared:
  - at the University Medical Ambulatory Clinic (Ambulatório Médico Universitário - AMU)
  - at the Family Health Strategy Unit (Estratégia de Saúde da Família - ESF) of Joaçaba
  - at the Family Health Strategy Unit (Estratégia de Saúde da Família - ESF) of Herval d'Oeste (ESF)
5. Are you pleased to be contributing to the learning of medical students?
  - Definitely yes
  - Probably yes
  - Probably not
  - Definitely not
6. During the medical consultation, do you feel troubled or embarrassed with the presence of medical students in the office, not communicating symptom(s) about your condition?
  - Usually
  - Sometimes
  - Rarely
  - Never
7. When medical students are present at the consultation, you get more explanations about your condition.
  - Totally agree
  - Agree
  - Disagree
  - Totally disagree
8. During the consultation with the medical student, he/she was always polite, thoughtful and respectful to you.
  - Totally agree
  - Agree
  - Disagree
  - Totally disagree
9. Was there any occasion in which the student present to the consultation showed disrespect or impoliteness to you?
  - Usually
  - Sometimes
  - Rarely
  - Never
10. If your problem were gynecological, urological or of another type located in a private part of your body, would you feel more troubled with the presence of medical student(s) during the consultation?
  - Definitely yes
  - Probably yes
  - Probably not
  - Definitely not
11. You are afraid of revealing a private problem during a consultation with the presence of students because they can tell other people.
  - Totally agree
  - Agree
  - Disagree
  - Totally disagree
12. Medical students who participated in your consultation introduced themselves as medical students and asked for your consent to perform the examination.
  - Totally agree
  - Agree
  - Disagree
  - Totally disagree
13. If you could chose to be cared for without the participation of students would you feel more at ease during the consultation?
  - Definitely yes
  - Probably yes
  - Probably not
  - Definitely not

14. Which word or phrase best defines your feeling during the consultation in a medical office when there are medical students present?

- Comfortable
- Tranquil
- An opportunity to talk about my problems
- Uncomfortable
- Untranquil
- Embarrassed
- Troubled
- I have other feeling(s). Which?.....

The following questions (15 and 16) are directed towards AMU patients.

15. Service at the University Medical Ambulatory Clinic (Ambulatório Médico Universitário - AMU) is better than at the Family Health Strategy Unit (Estratégia de Saúde da Família - ESF) in my neighborhood.

- Totally agree
- Agree

- Disagree
- Totally disagree
- I am not being cared for at the AMU

16. In case you agreed with the statement of the previous question, to what reason do you attribute the better service of the University Medical Ambulatory Clinic (Ambulatório Médico Universitário – AMU) in relation to the Family Health Strategy Unit (Estratégia de Saúde da Família - ESF) in your neighborhood? (You may mark more than one answer).

- Larger number of students present at the consultations at the AMU
- I receive more information about my condition at the AMU
- The presence of specialist physician at the AMU
- I haven't had the opportunity to consult in both places
- Another reason. Which?.....
- I am not being cared for at the AMU