Medical Student Name Tags

Identification or Obfuscation?

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OBJECTIVE: To explore how U.S. medical students doing clinical rotations are physically identified to patients via their name tags, and how patients interpret the educational status conveyed by those name tags.

MEASUREMENTS AND MAIN RESULTS: A letter was sent to the dean of students at all 141 medical school campuses in the United States, requesting a photocopy of the name tag distributed to third-year students on clinical rotations. We then surveyed a convenience sample of 100 general medicine outpatients at the Hospital of the University of Pennsylvania and the Philadelphia Veterans Affairs Medical Center and presented them with examples of four ways medical students were identified on name tags we received: "medical student," "student physician," "student doctor," and "MD student." Patients were then asked to rank these, and three other identifiers ("faculty physician," "resident physician," and "house staff"), from least experienced to most experienced. Patients were told that some of the identifiers might denote the same level of experience. Fifty-three percent of the medical school name tags we received identified the medical student as "medical student," 11% as "student," 6% as "student physician," 2% as "student doctor," and 1% as "MD student." Four percent of name tags had only the student's name, and 18% had only the student's name and university affiliation. Patients thought that the four student descriptors ("medical student," "student physician," "student doctor," and "MD student") on medical student name tags indicated less experience than the other three descriptors. However, of the four student descriptors, patients thought "medical student" indicated less experience than the other three ($p < .0001$).

CONCLUSIONS: There is great variation in how medical schools identify medical students on the name tags used during their clinical rotations. These different ways of identifying medical students are not interpreted as being identical to many patients.

KEY WORDS: medical students; ethics; education; informed consent.

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Moral standards of informed consent hold that patients have the right to refuse to allow medical students to participate in their care.¹ But before patients can choose whether to interact with medical students, they must know who is a medical student, either by introduction or by physical identification via name tags.

Several studies have shown significant variability in hospital and departmental policies regarding how medical students should be verbally introduced to patients.²⁻⁴ In one study,² only 51% of medical schools with policies re-

garding medical student introductions gave students specific instructions to identify themselves as "students"; 2% with policies actually instructed students to introduce themselves as "doctors." Another study showed that medical students frequently introduce themselves the way resident and faculty physicians introduce them to patients.⁵ It is unlikely that a student can graduate from medical school without having been introduced to a patient as "Doctor" at least once. Indeed, in the first season of the popular television show *ER*, a medical student on rotation in the emergency department was frequently introduced as "Doctor Carter." Often, the patients were not informed of his educational status, even as he performed procedures on them.

These studies have focused on verbal introductions. Less attention has been devoted to the physical presentation of medical students to patients via their name tags. Verbal introductions usually take place once; name tags repeatedly reinforce a medical student's status to patients. The name tag is a physical cue that offers patients a reminder of whom they are dealing with, long after the verbal introduction has been forgotten. We conducted a literature search on the BIOETHICS and MEDLINE databases, and searched the bibliography of the articles we identified on medical students and informed consent, and found no empirical studies examining the physical introduction of medical students to patients via their name tags.

In this study, we explore how U.S. medical students doing clinical rotations are physically identified to patients via their name tags, and how patients interpret the educational status conveyed by those name tags.

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METHODS

To collect medical student name tags, we mailed letters to the Student Affairs offices at all 141 allopathic and osteopathic medical school campuses listed by the American Medical Student Association as of March 22, 1995, and asked for a photocopy of the name tag distributed to medical students for use in clinical rotations. Nonresponders were sent a second request. Four name tags were collected directly from students.

To learn what patients thought about the name tags we collected, we interviewed a convenience sample of 100 general medicine outpatients—50 patients at the Hospital of the University of Pennsylvania's medical clinic and 50 at the Philadelphia Veterans Affairs Medical Center. At each location, the clinic's nursing coordinator identified patients who were expected to wait at least 30 minutes for their appointments. During the interview, each patient was presented with a randomly ordered set of seven index cards displaying the following descriptors: "medical student," "student physician," "student doctor," "MD student," "house staff," "resident physician," and "faculty physician." The first four descriptors were taken from medical school name tags we had collected. The other three descriptors were chosen from name tags seen in Philadelphia hospitals. The patients were asked to place these cards in order from the least medically experienced to the most medically experienced. The interviewer assisted those patients unable to read (there were 2 such subjects). Patients were told that some descriptors might refer to equal levels of experience, in which case they should place the cards on top of each other. Once this task was completed, the interviewer recorded the order of the cards, the least experienced equaling 1 and the most experienced equaling 7. In the case of ties, the median rank order was recorded.

Before interviewing the patients, we hypothesized that they would interpret the term "medical student" as indicating less experience than the terms "student physician," "student doctor," and "MD student." To test this hypothesis, we averaged the ranking for "student physician," "student doctor," and "MD student" and compared it with the ranking of "medical student" using Student's paired *t* test. To compare patient's rankings of the various descriptors, we also performed a Student's paired *t* test on each descriptor and the next-closest rank descriptor. The ranking task was the first part of a survey exploring patients' attitudes toward interacting with medical students. Because some patients did not answer all parts of the survey, not all results reported here total 100.

RESULTS

We received 110 name tags from 141 medical school campuses (78% response rate). All 110 name tags had space for the medical student's name. Of the name tags, 53% identified the student as "medical student," 11% as "student," 6% as "student physician," and 2% as "student

doctor." Four percent had the student's name without any other identifying information, while 18% had the student's name and university affiliation, e.g., "John Doe, University of X." Five percent of the name tags were classified as "other." This category included a variety of descriptors that implied student standing such as "MS3," "Medicine 1995," and "Class of 1997." Of note, one name tag used the descriptor "MD Student," and another name tag had, in large type, the letters "MD" in a box titled, and in much smaller type, "Prog."

We approached 106 patients in order to complete our 100 interviews, for an enrollment rate of 94%. The average age of patients interviewed was 58 years (SD 15 years) with a mean of 12 years of education (SD 3 years). Fifty-four percent of patients were African American, 26% white, and 20% other. Fifty-eight percent of subjects were male.

The results of the rank ordering of name tag descriptors by patients are shown in Table 1. In general, patients recognized that the four descriptors found on medical student name tags identified persons with less experience than "house staff," "resident physician," or "faculty physician." However, the four medical school descriptors were not interpreted as indicating the same level of experience. Rather, patients on average ranked "medical student" as indicating less experience than "student doctor," "student physician," and "MD student" ($p < .001$). To illustrate the significance of this difference, 51 patients ranked "medical student" and "student doctor" as indicating equal levels of experience, 34 thought "student doctors" were more experienced, and only 15 thought "medical students" were more experienced than "student doctors."

DISCUSSION

We found large variability in how medical schools physically identify medical students to patients via their name tags. Furthermore, we found that a convenience sample of general medicine outpatients did not interpret the name tag descriptors as indicating the same level of experience, but thought "medical student" indicated less experience than several other descriptors used in medical student name tags.

Table 1. Patients' Ranking of Experience Level Indicated by Medical Student Name Tag Descriptors

Descriptors	Rank-Order*	SD	p Value†
Medical student	2.7	1.1	<.001
Student doctor	3.2	1.2	.924
MD student	3.2	1.4	.637
Student physician	3.3	1.1	.038
House staff	4.0	2.5	<.001
Resident physician	5.6	1.2	.103
Faculty physician	5.9	1.2	—

*Small numbers denote the perception of less experience.

†Signifies the p value of a Student's paired *t* test of the ranking of this descriptor with the descriptor immediately below it on the table.

Clearly, many of the name tags we collected did not provide enough information for patients to know the educational status of medical students, such as those including only the student's name or the student's name and university affiliation. However, it is less clear whether other name tags adequately inform patients about students' educational status. At first glance, descriptors like "medical student," "student physician," "student doctor," and "MD student" seem to be equally accurate ways of identifying medical students. However, the patients we interviewed did not interpret these terms as indicating equal levels of experience. Rather, they thought that "medical students" were less experienced than the others.

To emphasize students' lack of experience to patients, and to make it more difficult for physicians or medical students to verbally introduce students as "doctors" or "physicians," we think name tags ought to refer to students as "medical students." Some may disagree, for fear that patients will refuse to interact with medical students if they understand the student's lack of experience. Indeed, 2 years ago when a Philadelphia medical school changed its name tags to include the words "medical student," the students complained that this would increase the number of patients refusing to interact with them. However, these concerns are probably overstated. In one study, a majority of women surveyed said that they would allow medical students to learn pelvic examinations on them as long as they were asked.⁶ In another study, a majority of patients said they would allow their lumbar puncture to be done by a medical student trying one for the first time.⁷ Moreover, although concerns about patients' refusal to interact with medical students are probably overstated, even if they were not overstated, patients would still have the moral right¹ and legal right,⁸ to refuse to interact with medical students. If some patients do not want to participate in medical student education, medical students will have to learn with other patients.

Our study has several limitations. First, we did not receive name tags from every U.S. medical school. It is possible that nonresponding schools had different types of name tags than responders. Second, we did not interview a representative sample of patients seen in U.S. teaching hospitals.

Despite these limitations, this study reveals great variation in how medical schools identify students on the name tags used during their clinical rotations. These different ways of identifying medical students are not interpreted as being identical by many patients. Rather, some ways of referring to medical students suggest higher levels of experience than does the term "medical student." Significant benefits can result from honestly informing patients about the educational needs of medical students. An informed patient may derive great satisfaction from knowingly interacting with and possibly teaching a medical student about his or her illness and physical condition.⁹ The opportunity to influence the next generation of physicians may have healing powers of its own. Thus, name tags should emphasize the inexperience of the student, thereby making clear to patients that the students are not physicians.

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