IN PRACTICE

Patients' attitudes to the presence of medical students in a genitourinary medicine clinic: a cross sectional survey

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Sex Transm Infect 2006;**82**:52–54. doi: 10.1136/sti.2005.016758

Objectives: It is recommended that medical students learn how to take a sexual history and gain experience in genital examination, but patients' reluctance may make this difficult to achieve, especially for male students.

Methods: We performed a survey of 250 male and 250 female patients attending a genitourinary medicine (GUM) clinic to determine their attitudes towards the involvement of medical students during their visit. Data were collected on the patients' age, ethnic origin, parity, number of visits to the clinic, and the sex of the student.

Results: 92.8% of women and 79.2% of men participated. Younger women and men, those visiting the clinic for the first time, and women with no children were less likely to accept a student of either sex to take their history or observe their examination. Women were less likely than men to accept students of either sex to take their sexual history or be present during their examination, but were more likely than men to accept only same sex students.

Conclusions: There was a high level of acceptability for the involvement of medical students; only 12.5% of women and 15% of men declined any medical student participation. Older women with children, and older men, were more likely to accept a student of either sex for all parts of the consultation. This information can be used to enhance the experience of male and female students and to minimise distress for those patients who are less likely to accept the presence of a medical student.

Learning how to take a sexual history is important in undergraduate medical education, requiring good communication skills and attitudes.¹ However, conflict can arise between the educational requirements of medical students and the needs of the patients. Modern healthcare consumers are active participants in choosing their care, leading to difficulty in training students if patients decline their involvement. Studies of patients' attitudes towards the presence of medical students in general outpatient clinics^{2–3} and gynaecology clinics^{4–5} have suggested that some students, especially male, face problems gaining experience in genital examinations.^{4–6} This may lead them to avoid choosing careers in specialties concerned with women's health.⁶

Patients attending genitourinary medicine (GUM) clinics are often vulnerable. They are asked personal questions and may be diagnosed as having a sexually transmitted infection, with its associated stigma. This may result in a low acceptance for medical students' involvement in their consultation and examination. We therefore surveyed men and women attending a GUM clinic to ascertain their attitudes towards medical students' involvement in their consultation and examination, and to see if these were

influenced by factors such as age, ethnic origin, parity, number of previous visits, and gender of the student.

METHODS

We performed a cross sectional survey of consecutive new or re-registered male and female patients attending the department of genitourinary medicine in July 2003. The local research ethics committee had approved the study. Two hundred and fifty eligible male and female patients were handed a simple, anonymous, questionnaire to complete. They chose the statements that most closely represented their preferences regarding the presence of medical students during their clinic visit. They were also asked details of their age, ethnicity, parity, and number of visits to a GUM clinic.

The questionnaires were analysed for the proportions of male and female patients who would allow medical students to take their history and be present during their examination. We examined whether their age, ethnicity, parity, number of previous clinic visits, and sex of the student, influenced patients' attitudes to the involvement of medical students. Statistical analysis was by odds ratios and χ^2 test.

RESULTS

Questionnaires were returned by 232 (92.8%) women and 198 (79.2%) men. Some responses had been left unanswered; only completed answers were used in the analysis. The mean age was 25.8 years for women and 28.8 years for men; 86% of men and women were white.

Table 1 shows the responses of the female patients; 14% and 38% declined to have any student take their history or be present during the examination respectively. Women under 30 years were less likely to agree to a student of either sex observing their examination (OR 0.33; 95% CI 0.17 to 0.64) than those who were older. If agreeing to have a student take the history, these younger women were more likely than older women to choose a medical student of the same sex (OR 2.15; 95% CI 1.03 to 4.54).

The numbers of women from non-white groups were too small to draw any significant conclusions. However 50% of black African women agreed to male and female students for the whole consultation compared to 30% of white women, but all Indian women declined male students for the history and examination.

It was the first visit to a GUM clinic for 63% of women. Those with previous visits were more likely to agree to a student of either sex taking their history (OR 1.92; 95% CI 1.06 to 3.48) and being present during the examination (OR 1.94; 95% CI 1.05 to 3.62) than those visiting for the first time. A large number of women failed to answer the questions on number of children. This could be because they had no children so left the answer blank; however, the questionnaire did ask them to specify "none" if they had no children. However, women with children were more likely to agree to a student of either sex taking their history and observing their examination than women without children.

Table 1 Responses of female patients to questions "I would agree to a student doctor asking me questions" and "I would agree to a student doctor being present during my examination"

Females' responses		Yes to male and female students (%)	Yes to female students only (%)	Yes to male students only (%)	No to all students (%)	Denominator
Student asking questions, all responses		126 (54.3)	73 (31.5)	1 (0.4)	32 (13.8)	232
Age range	<20-29	84 (51.2)	58 (35.4)	1 (0.6)	21 (12.8)	164
	30-40+	41 (64.1)	13 (20.3)	0	10 (15.6)	64
No of visits to a GUM clinic	1	70 (49.3)	48 (33.8)	1 (0.7)	23 (16.2)	142
	2+	54 (65.1)	21 (25.3)	0	8 (9.6)	83
No of children	0	74 (55.2)	39 (29.1)	1 (0.8)	20 (14.9)	134
	1+	32 (71.1)	9 (20)	0	4 (8.9)	45
Student being present during examination, all responses		70 (30.2)	74 (31.9)	1 (0.4)	87 (37.5)	232
Age range	<20-29	39 (23.8)	52 (31.7)	0	73 (44.5)	164
	30-40+	31 (48.4)	20 (31.3)	1 (1.6)	12 (18.7)	64
No of visits to a GUM clinic	1	36 (25.3)	41 (28.9)	0	65 (45.8)	142
	2+	33 (39.8)	29 (34.9)	1 (1.2)	20 (24.1)	83
No of children	0	40 (29.8)	38 (28.4)	0	56 (41.8)	134
	1+	20 (44.5)	15 (33.3)	1 (2.2)	9 (20)	45

Table 2 shows the responses of the male patients; 19% and 32% declined to have any student take their history or be present during the examination respectively. Men under 30 years were less likely to agree to have a student of either sex observe their examination (OR 0.49; 95% CI 0.26 to 0.94) than those who were older. White men were more likely to allow both male and female students to take their history (OR 2.71; 95% CI 1.08 to 6.80) than the other ethnic groups combined.

It was the first visit to a GUM clinic for 65% of men. Those with previous visits were more likely to agree to a student of either sex taking their history (OR 1.87; 95% CI 0.88 to 3.99) and observe the examination (OR 2.15; 95% CI 1.11 to 4.18) than those on their first visit.

Comparing male and female patients, females were significantly less likely to agree to a student of either sex taking their history (OR 0.50; 95% CI 0.33 to 0.76), or observing their examination (OR 0.35; 95% CI 0.23 to 0.53). Females were more likely than males to choose a student of the same sex to take their history (OR 5.17; 95% CI 2.80 to 9.66), or observe their examination (OR 4.14; 95% CI 2.35 to 7.37). There was no significant difference in the proportions of men and women who declined to have students take their history or observe their examination.

Only 29 (12.5%) women and 30 (15%) men declined medical student participation in any part of their consultation or examination. Younger nulliparous women were more likely to request a same sex student or decline all student participation. Older women with children, and older men, were more likely to accept a student of either sex for all parts of the consultation.

DISCUSSION

Concerns have been raised that medical students, especially male, may face difficulties in gaining sufficient training in female genital examinations.^{4,6} Our survey has shown that patients attending a GUM clinic have a high level of acceptance for the involvement of medical students during their clinic visit; less than one in six patients declining to have any students for any part of the consultation. However, female patients were more willing to allow female students than males in all parts of the consultation, especially the examination. Male students could expect to be excluded from nearly half of female history taking and 70% of female genital examinations, and female students from 27% of male history taking and almost half of male genital examinations. Older women with children were more likely to agree to the presence of male students, supporting the findings of a

Table 2 Responses of male patients to questions "I would agree to a student doctor asking me questions" and "I would agree to a student doctor being present during my examination"

Males' responses		Yes to male and female students (%)	Yes to female students only (%)	Yes to male students only (%)	No to all students (%)	Denominator
Student asking questions, all responses		139 (70.5)	4 (2.0)	16 (8.1)	38 (19.3)	197
Age range	<20-29	87 (68.5)	1 (0.8)	11 (8.7)	28 (22)	127
	30-40+	51 (73.9)	3 (4.4)	5 (7.2)	10 (14.5)	69
No of visits to a GUM clinic	1	83 (66.9)	1 (0.8)	13 (10.5)	27 (21.8)	124
	2+	53 (79.1)	3 (4.5)	2 (3)	9 (13.4)	67
Student being present during examination, all responses		109 (55.3)	5 (2.5)	20 (10.2)	63 (32.0)	197
Age range	<20-29	63 (49.6)	3 (2.4)	15 (11.8)	46 (36.2)	127
	30-40+	46 (66.7)	2 (2.9)	5 (7.2)	16 (23.2)	69
No of visits to a GUM clinic	1	61 (48.8)	2 (1.6)	15 (12)	47 (37.6)	125
	2+	45 (67.2)	2 (3)	5 (7.4)	15 (22.4)	67

similar study in a gynaecology clinic,⁴ and older males to the presence of female students.

We will now use this information in the clinic setting by directing medical student involvement to the patients who are more likely to accept student presence. This will enhance the experience of both male and female students as they will gain more exposure to sexual history taking and genital examination, and it will reduce the negative effect of persistent patient refusal to their presence. It will also minimise distress for patients as we can avoid approaching those who are less likely to accept. We must also consider other teaching models such as pelvic models to learn examination techniques and swab taking, and role play exercises to teach sexual history taking.⁷

CONTRIBUTORS

Both authors conceived and designed the study; SS collected the data and JDW performed the data analysis. Both authors wrote the paper and are guarantors.

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Source of funding: none.

Conflict of interest: none.

Ethical approval: The Leeds Teaching Hospitals NHS Trust Local Research Ethics Committee at The General Infirmary at Leeds gave approval of the study.

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Accepted for publication 6 July 2005

REFERENCES

- 1 **General Medical Council**. *Tomorrow's doctors*. London: GMC, 1993.
- 2 **Bishop F**, Matthews F, Probert C. Patients' views on how to run hospital outpatient clinics. *J R Soc Med* 1991;**84**:212-13.
- 3 **Simons R**, Imboden E, Mattel J. Patient attitudes toward medical student participation in a general internal medicine clinic. *J Gen Intern Med* 1995;**10**:251-4.
- 4 **O'Flynn N**, Rymer J. Women's attitudes to the sex of medical students in a gynaecology clinic: cross sectional survey. *BMJ* 2002;**325**:683-4.
- 5 **Ching SL**, Gates EA, Robertson PA. Factors influencing obstetric and gynecologic patients' decisions toward medical student involvement in the outpatient setting. *Am J Obstet Gynecol* 2000;**182**:1429-32.
- 6 **Higham J**, Steer PJ. Gender gap in undergraduate experience and performance in obstetrics and gynaecology: analysis of clinical experience logs. *BMJ* 2004;**328**:142-3.
- 7 **Henderson P**, Johnson MH. Assisting medical students to conduct empathic conversations with patients from a sexual medicine clinic. *Sex Transm Infect* 2002;**78**:246-249.