

*Full Length Research Paper*

# **Patients' perception and attitude towards medical students' involvement in patients care at a Nigerian University Teaching Hospital**

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## Abstract

Involvement of medical students in health care prolongs the patients waiting period often experienced at teaching hospitals and it could also generate feelings of insecurity among patients. For these reasons, patients may refuse to be used for medical education purposes. This study determined the overall attitude and perception of patients toward medical students' involvement in their hospital care. It ascertained the factors that contribute to the acceptance / non-acceptance of medical students' involvement in patients care. Finally, it established the relationship between the demographic factors of patients and their attitude towards the involvement of medical students in their care. A descriptive cross sectional study of all adult patients who attended the outpatient clinics of Ear, Nose and Throat (ENT) surgery, General surgery, Internal Medicine, Obstetrics and Gynecology departments of the University of Port Harcourt Teaching Hospital (UPTH). The duration of the study was from December 5th 2011 to December 12th 2011. A sample size of 240 patients was selected from the targeted population and a two stage sampling method was used. A structured, self-administered questionnaire was used to collect from the patients' information relating to their perception and attitude towards the involvement of medical students in their care. Data were entered into a Microsoft Excel worksheet and analyzed using the Statistical Package for the Social Sciences (SPSS) version 16.0. Two hundred and forty questionnaires were distributed in the outpatient clinics of the four selected departments and were duly returned for the study. Respondents were aged between 18 and 67 years. The mean age was 39.30 years while the modal age group was 28-37 years. Seventy-two respondents (30%) were males while 168 (70%) were females. The majority of respondents were Christians 205 (85.4%). Most of the respondents 185 (77.1%) indicated their willingness to allow students participate in their care. The commonest 125 (67.3%) reason they gave was that "their participation was an important learning process for future doctors". There were significant relationships between patients' age, religion and their willingness to accept medical students' participation in their care ( $P < 0.05$ ). There was a high acceptance rate for medical students' involvement in the care delivery among patients. Age and religious affiliation appeared to play a major role on the attitude of the respondents.

**Keywords:** Patient's Perception, Attitude, Medical Students, Patients care, Nigerian Teaching Hospital.

## INTRODUCTION

Best practices in Medicine stipulate that the medical students should be fully equipped with clinical skills to meet up the minimum approved standards before being

declared fit to practice the profession. This is expected to be achieved through attendance, observation and supervised practice in a variety of clinical scenarios which involves interaction with patients in every clinical area. While many medical schools have begun to use standardized patient simulations as part of the educational process, hospitals and clinics often provide

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the only variable opportunity for students to gain practical, clinical experience, where clinical findings are best learned through demonstrations on patients (Abdulghani et al., 2008). Patients contact with the students also provides a platform to learn and practice communication skills which is of maximum benefit to the student (Baker, 1991; Walter et al., 1999).

Medical ethics are unequivocal in their defense of patients' autonomy in medical practice. Patients during consultations with their doctors often get to interact with medical students during the process. These interactions may involve divulging of private information during history taking which may be uncomfortable for the patient and his relatives, as they believe the students are quite inexperienced to handle such information (Bentham et al., 1999). Furthermore, the increasing appearance of students in the hospital has provoked concern about patients' dissatisfaction, particularly during patient care as this is perceived to reduce physicians' time with patients, compromises patients' privacy and confidentiality (Choudhury et al., 2006).

Most previous observational studies have found that trainee involvement has little or no influence on patient satisfaction and suggest that such fears are unjustified. In those cases (where medical students were accepted) the attending physicians might have guided trainees in such a way that the patients accept them as part of the management team without compromising the medical education process. Moreover, the patients' acceptance may be due to their desire to contribute to medical education (Ching et al., 2000).

The practice of clinical medicine especially in surgical specialties, medicine, and obstetrics and gynaecology involves the exposure of some confined anatomical regions of the patient (Hartz and Beal 2000). The intimacy traditionally associated with these anatomical regions as well as the apprehension that attends to their medical states are factors that ill-dispose patients to the involvement of medical students in their care (Howe and Anderson 2003). Also, the patient's willingness and comfort level may be affected by their previous experience with medical students, their understanding of the roles and responsibility of medical students, the nature of their problem, the student's gender and their own educational circumstances (Simons et al., 1995).

In the University of Port Harcourt Teaching Hospital, the back page of the patients' appointment card states that the hospital participates in teaching of medical students, and so alerts the patient to the possibility of having students present while he or she is being seen and thus advises the patient who is likely to be embarrassed by this arrangement to inform the nurses before entering the consultation room.

Although many studies have been done on this subject globally, there is scanty information on this subject in our setting, thus laying a good platform for this study. This study determined patients overall perception and attitude

of medical students' involvement in their hospital care in a Nigerian University Teaching Hospital. It ascertained the factors contributing to the acceptance / non-acceptance of medical students' involvement in patients care and finally, established the relationship between the demographic factors of patients and their attitude towards the involvement of medical students in their care.

## PATIENTS AND METHODS

A descriptive cross sectional study was used to document patient's perception and attitude towards medical students' involvement in their hospital care at UPTH. The duration of the study was from December 5<sup>th</sup> 2011 to December 12<sup>th</sup> 2011. The study sample consisted of all adult patients who attended the outpatient clinics of the Ear, Nose and Throat (ENT) surgery, General surgery, Internal Medicine, Obstetrics and Gynaecology (O and G) departments.

### Sample size

A sample size of 240 patients was selected from the target population. The sample size was derived as follows: A prevalence rate of 85% was assumed for patients who were willing to see medical students during their visits. Prevalence assumed from this was due to the studies done by Abdulghani et al. (2008). Precision, i.e. the margin of sampling error ( $e$ ) to be tolerated was set at 5%, at 95% confidence interval.

Using the following formula:

$$n = \frac{pq}{(e/1.96)^2}$$

Where  $n$  = sample size

$p$  = working prevalence rate 85%

$q$  =  $100 - P = 100 - 15 = 15\%$

$e$  = margin of error to be tolerated at 95% degree of confidence = 5%

$$n = \frac{15 \times 85}{(5/1.96)^2} = 195.92$$

### Adjusting for a non compliance rate of 10%

$$10\% \text{ attrition} = 10 \times \frac{195.9216}{100} = 19.59$$

$$\therefore \text{Adjusted samples size} = 19.59 + 195.92 = 215.51$$

$$\text{Working samples size} = 240 \text{ patients}$$

### Sampling method

A two stage sampling method was used. In the first stage,

a simple random sampling was used to select four departments from all the departments in the hospital. The second stage then involved the use of a systematic, quota sampling method to select the patients in the chosen departments. It was established based on the register obtained from the departments that an average of 100 persons visited the clinics each day. All the departments involved in the study received equal number of questionnaires which were then distributed in the selected clinics. To get our total sample size of 240 patients, 10 respondents were selected on each day from each department thus our sampling interval was derived as follows:

Sampling ratio =  $10/100 = 1:10$ .

For clarity, the first patient to be registered for consultation in the clinic was our first respondent after which every tenth registered patient was then administered the questionnaire. Respondents who were unable to read and write were assisted in filling the questionnaires.

### Study instrument

A well-structured, self-administered questionnaire was generated and used to collect information from the patients relating to their perception and attitude towards the involvement of medical students in their care. The questionnaire was a three-page document and comprised three sections. The first section consisted of the bio-data of the patient, which included age, sex, educational status, and religion among others. The second section focused on patient's past history of contact with medical students in their care and their experiences, while the third section highlighted the patient's attitude to the involvement of medical students in their care (Appendix A). The questionnaire was pretested for modification among resident doctors in UPTH.

### Data analysis

Data were entered into a Microsoft excel worksheet and analyzed using the Statistical Package for the Social Sciences (SPSS) version 16.0. The data were then subjected to descriptive statistics and the information obtained were summarized and presented in tables and charts. Chi square was used to test for the relationship between socio-demographic characteristics of respondents and their willingness to accept students in their care. Level of significance was set at ( $P < 0.05$ ).

### Ethical consideration

Informed consent (written on the front page of the questionnaire) was obtained from the respondents prior

to the administration of the questionnaire. They were assured that their names would not be used and that all information given by them will be kept confidential. Respondents were also free to opt out from the study if they so desired.

## RESULTS

Two hundred and forty questionnaires were distributed in the outpatient clinics of the four selected departments and were all duly returned, reflecting a response rate of 100%.

### Socio-demographic data of respondents

Respondents were aged between 18 and 67 years. The mean age was 39.30 years while the modal age group was 28-37 years (Table 1). Seventy-two respondents (30%) out of the 240 respondents were males while 168 respondents (70%) were females giving M: F ratio of 3:7. Gender distribution in the clinics showed that the surgical outpatient clinic (SOPC) had 26 males and 34 female respondents; ENT outpatient clinic had 18 males and 42 female respondents; Medical outpatient clinic (MOPC) had 28 males and 32 female respondents, while all respondents from the Antenatal clinic (ANC) were females (Table 1).

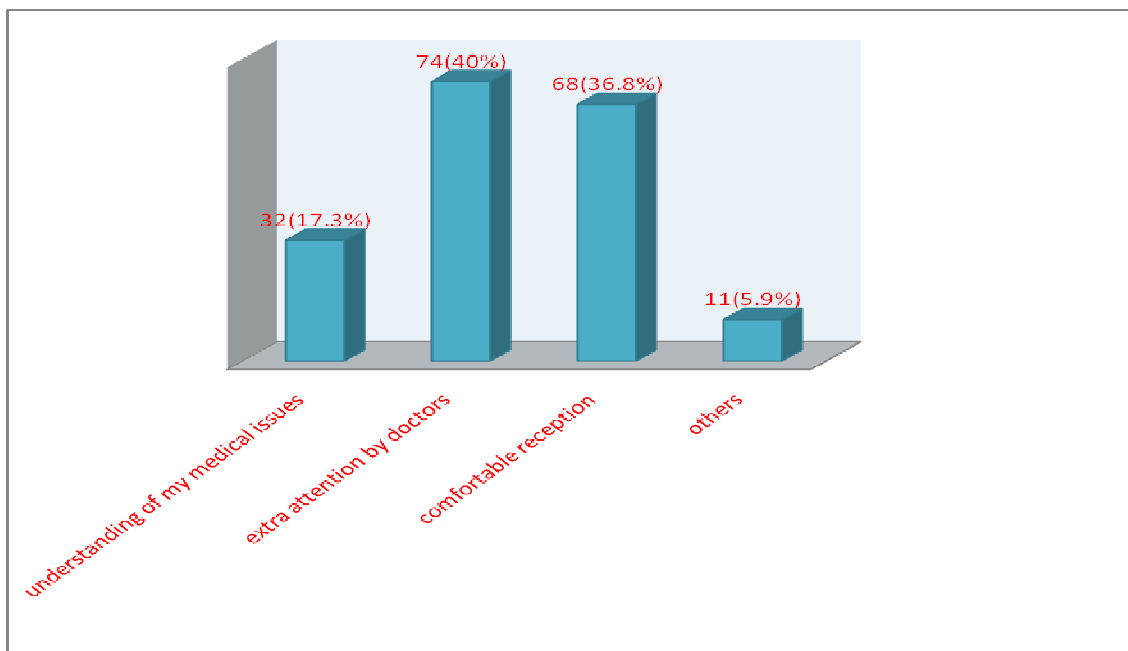
Two hundred and five (85.4%) respondents were Christians; 20 (8.3%) were Muslims, while 15 (6.3%) had other religious affiliations (Table 1). One hundred and thirty one (54.3%) of the respondents had tertiary education; 57 (24.4%) had secondary education; 24 (10%) had primary education, while 28 (11.3%) had no formal education (Table 1). One hundred and eighty six (78%) of the respondents were married; 37 (15.4%) were single; 15 (6.3%) were widowed, while only 2 (0.3%) respondents were divorced (Table 1).

Two hundred and fourteen (89%) respondents stated that they had contact with medical students during their previous visit to the hospital while 26 (10%) respondents never had contact with medical students (Figure 1). Also 185 (86%) respondents of the 214 respondents with a previous history of contact with medical students said they had a positive experience, while 29 (14%) had a negative experience. Thirty two (17.3%) respondents with previous positive experience said it helped them understand their condition better; 74 (40%) believed it made the doctor pay more attention to them; 68 (36.8%) felt more comfortable with the students, while 11 (5.9%) had other reasons (Figure 2).

Of the 29 respondents whose previous contact with medical students affected their management negatively, 5 (17%) said it was because of the students manners; 10 (35%) felt that it made consultation time longer, while 14 (48%) complained that the students were too many

**Table 1.** Socio-demographic data of respondents.

DEMOGRAPHICS	SURGERY (60)	O & G (60)	ENT (60)	MEDICINE (60)	TOTAL 240(%)
<b>AGE (YEARS)</b>					
18-27	6	15	17	7	45 (18.8%)
28-37	10	30	20	12	72 (30%)
38-47	12	13	17	14	56 (23.3%)
48-57	22	2	6	17	47 (19.6%)
58-67	10	0	0	10	20 (8.3%)
<b>RELIGION</b>					
Christianity	53	48	50	54	205 (85.4%)
Muslim	3	8	5	4	20 (8.3%)
Others	4	4	5	2	15 (6.3%)
<b>MARITAL STATUS</b>					
Single	12	0	14	11	37 (15.4%)
Married	45	60	40	41	186 (78%)
Divorced	0	0	2	0	2 (0.3%)
Widowed	3	0	4	8	15 (6.3%)
<b>EDUCATIONAL STATUS</b>					
No formal	6	9	7	6	28 (11.3%)
Primary	8	9	2	5	24 (10%)
Secondary	16	14	14	13	57 (23.4%)
Tertiary	30	28	37	36	131 (53.3%)
<b>GENDER</b>					
Male	24	0	18	28	72 (30%)
Female	34	60	42	32	168 (70%)



**Figure 1.** Reasons why respondents with previous positive contact with medical students approved of their presence during treatment.

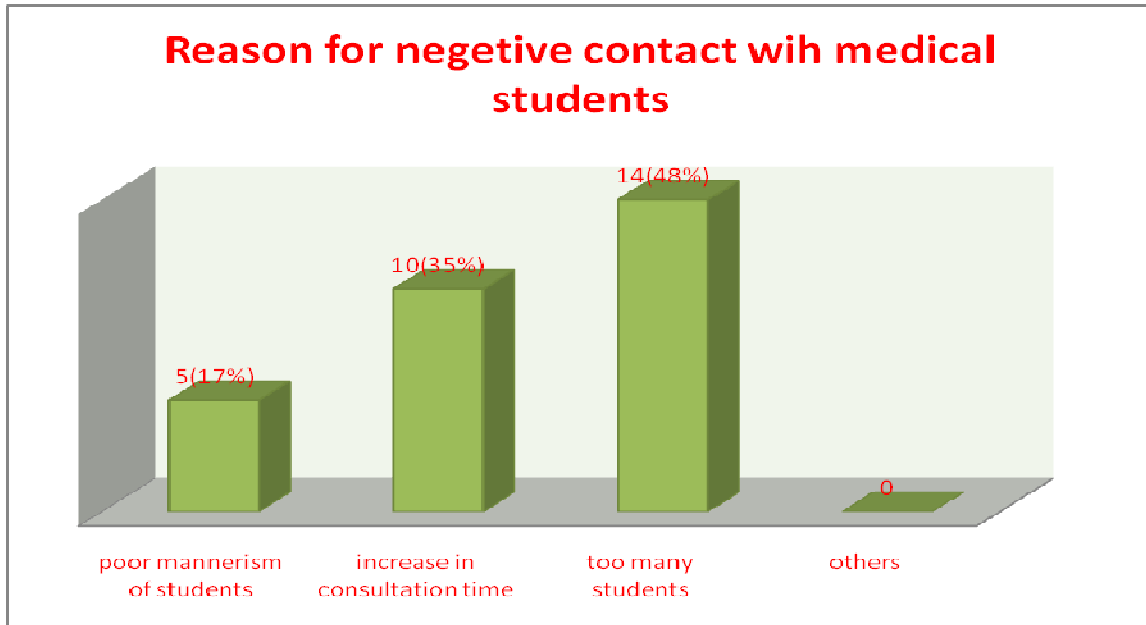


Figure 2. reasons for previous unpleasant experience with medical students.

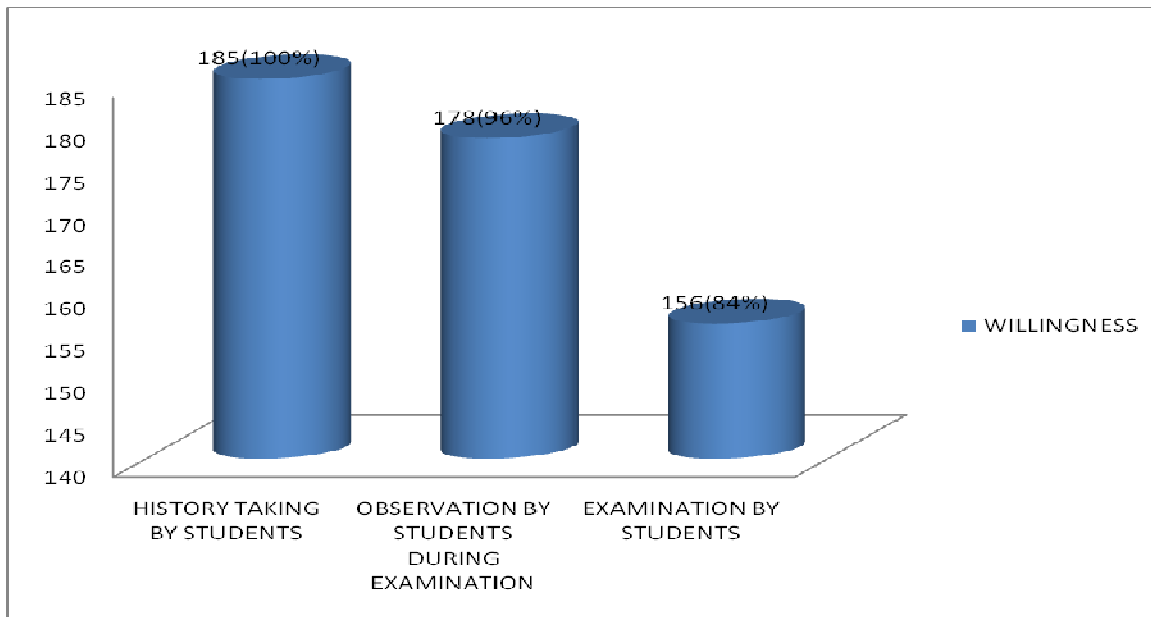


Figure 3. Respondents willingness to allow students participation in different aspects of their care.

(Figure 3).

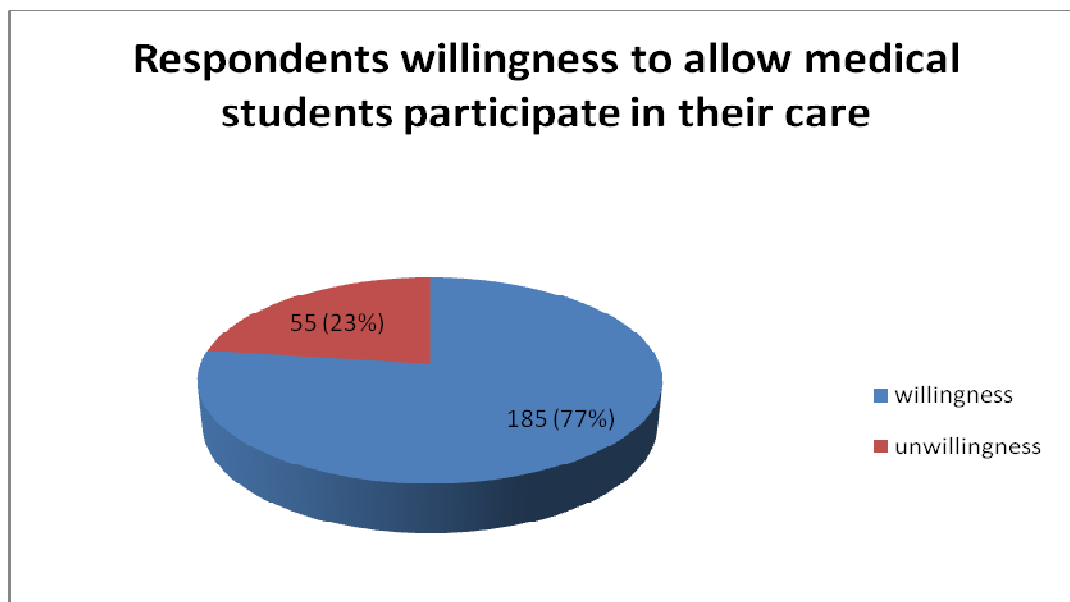
**Patients’ perception and attitude towards medical students in the clinics**

One hundred and eighty five (77.1%) of respondents indicated their willingness to allow students participate in their care, while 55 (22.9%) of respondents indicated

their unwillingness to allow students participation (Figure 4).

**Relationship between socio-demographic characteristics of respondents and their willingness to accept students in their care**

There was no significant relationship between the clinic



**Figure 4.** Respondents willingness to allow students participate in their care.

the patients attended and their willingness to allow medical students participation in their care ( $P > 0.05$ ). Thus the willingness of respondents to accept medical students in their care was not affected by the clinic they attended (Table 2).

Concerning the age of respondents there was a significant relationship between their age and their willingness to accept medical students' participation in their care ( $P < 0.05$ ). Therefore, the willingness of respondents to accept medical students in their care was affected by the age of respondents. Our result showed that those aged between 58-67 years (91.7%) were more willing to allow students participation in their care when compared to those between 18-27 years (60.5%) (Table 2).

As regards the religion of respondents, there was a significant relationship between their religion and their willingness to accept medical students participation in their care ( $P < 0.05$ ). Therefore the willingness of respondents to accept medical students in their care was affected by the religion of the respondents. Our result showed that Christians (78%) were more willing to allow students participation in their care compared to Muslims (40%) (Table 2).

In relation to the educational status of the respondents there was no significant relationship between their educational status and their willingness to allow medical students participation in their care ( $P > 0.05$ ). Thus the willingness of respondents to accept medical students in their care was not affected by the highest level of education they attained (Table 2).

Concerning the gender, there was no significant relationship between the gender of the respondents and their willingness to allow medical students participation in

their care ( $P > 0.05$ ). Thus the willingness of respondents to accept medical students in their care was not affected by the gender of the respondents (Table 2).

Finally the marital status shows that there was no significant relationship between the marital status of the respondents and their willingness to allow medical students participation in their care ( $P > 0.05$ ). Thus the willingness of respondents to accept medical students in their care was not affected by their marital status (Table 2).

#### **Respondents' reasons for rejection of medical students in their care**

Of the 55 respondents that were unwilling to allow medical students participation in their care; 6 (10.4%) did so because their past experience with medical students was unfavourable; 11 (20.6%) said that they had concerns for their privacy; 26 (46.3%) did so because they felt uncomfortable when the medical students were around; while 12 (22.7%) did so because they don't have confidence in medical students (Table 3).

#### **Respondents' reasons for accepting medical students in their care**

Among the 185 respondents that indicated willingness to permit medical students participation in their care; 27 (15.2%) did so because they felt it was immaterial who attends to them provided they are qualified to do so; 33 (17.5%) did so because it helped them understand their condition better, while 125 (67.3%) did so because it was

**Table 2.** Socio-demographic characteristics of respondents and their willingness to accept students in their care.

Socio-Demographics characteristics	Willingness of respondents, N=240 (%)		Test of significance		Remark
	Yes N=185 (77.1%)	No, N=55 (22.9%)	X <sup>2</sup> value	P value	
<b>Clinic attended</b>					
Medicine	47 (78.3)	13 (21.7)	1.392	0.707	Not significant
Surgery	45 (75)	15 (25)			
O&G	44 (73.3)	16 (26.7)			
ENT	49 (81.7)	11 (18.3)			
<b>Age (years)</b>					
18-27	26 (60.5)	17 (39.5)	10.125	0.038	Significant
28-37	51 (75)	17 (25)			
38-47	44 (83)	9 (17)			
48-57	42 (80.8)	10 (19.2)			
58-67	22 (91.7)	2 (8.3)			
<b>Religion</b>					
Christianity	161 (78)	39 (22)	29.349	0.000	Significant
Muslim	8 (40)	12 (60)			
Others	11 (73)	4 (27)			
<b>Educational status</b>					
No formal	19 (67.6)	9 (32.4)	6.626	0.085	Not significant
Primary	17 (71.8)	7 (28.2)			
Secondary	46 (80.30)	11 (19.7)			
Secondary	103 (79.5)	28 (20.5)			
Tertiary	-	-			
<b>Gender</b>					
Male	59 (81.9)	13 (18.1)	1.211	0.271	Not significant
Female	126 (75)	42 (25)			
<b>Marital status</b>					
Single	23 (62.3)	14 (37.7)	6.044	0.109	Not significant
Married	145 (78)	45 (22)			
Divorced	2 (100)	-			
Widowed	15 (100)	-			

**Table 3.** Respondents reasons for rejecting medical students' participation in their care.

REASONS	SURGERY	O & G	ENT	MEDICINE	TOTAL
1. Unfavorable past experience	1	2	2	1	6 (11%)
2. I have concerns about my privacy	1	4	3	3	11 (20%)
3. I feel uncomfortable when they are around	10	8	5	3	26 (47%)
4. I have no confidence in the students	3	2	1	6	12(22%)

an important learning process for future doctors (Table 4).

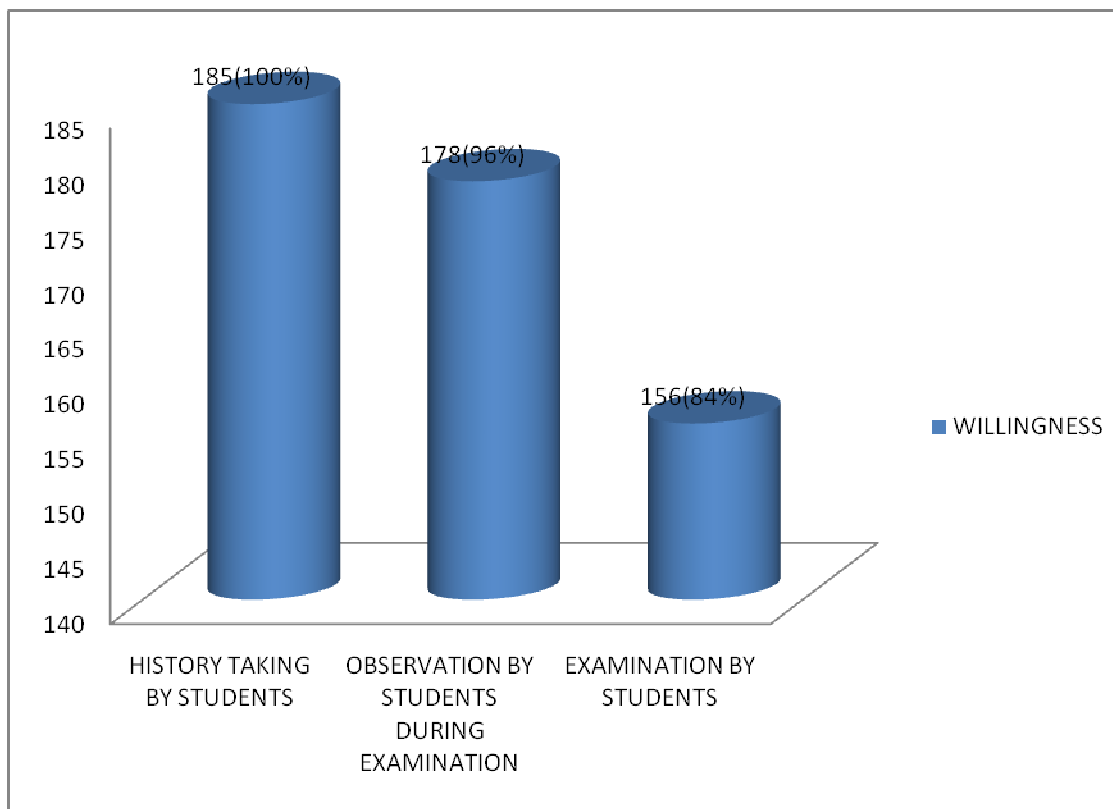
#### Willingness to allow medical student involvement in the different levels of their care

Respondents who allowed medical students participation

in their care were asked to indicate their gender preferences for medical student's involvement in different aspects of their care which included history taking, observation during examinations by the doctor, and examinations carried out by the students themselves. All 185 respondents who were willing to allow medical students participation in their care also indicated that they

**Table 4.** Reasons for accepting medical students involvement in their care.

REASONS	SURGERY	O & G	ENT	MEDICINE	TOTAL
1. It is immaterial who attends to me	6	8	9	4	27 (15%)
2. It is an important learning process for future doctor	30	26	34	35	125 (68%)
3. It helps me understand my condition better	9	10	6	8	33 (17%)



**Figure 5.** Respondents willingness to allow students participation in different aspects of their care.

would allow medical students take history from them giving a 100% acceptance to history taking; 178 (96.2%) respondents indicated that they will allow students to observe proceedings while the doctor is examining, while 156 (84.3%) of the respondents were willing to allow medical students perform an examination on them (Figure 5).

**Respondents history of previous contact with medical students/willingness to allow medical students participate in their care**

Most 214 (89%) of the respondents gave a history of previous contact with medical students and most 18 (77%) of them were willing to allow medical students

participate in their care

**DISCUSSION**

The results of our study showed that most patients generally have a positive perception and attitude toward medical students' participation in their care. Studies done by Abdulghani et al. (2008) in Riyadh, Saudi Arabia on patients attitude towards medical students and Ching et al. (2000) working among patients attending their obstetrics consultations in the United States, both documented similar high acceptance rates. Besides, Devera-Sales et al. (1999) found that 90% of patients were happy for medical students to be involved in their clinical encounter. Furthermore, Fortier et al. (2006) in



their study concluded that the information about medical students which was embedded in their survey positively influenced one in six unwilling patients to reconsider and accept medical students as part of their health care team.

Similarly, the results of Cooke et al. (1996) and Price et al. (2008) supported the above findings. These results are positive and certainly augur well for the future of medical teaching. However, there are some pertinent issues to consider before generalizing these findings to the patient population. Although the majority of patients in most cases seem to be happy with student participation, this frequently depends on certain conditions (Hartz and Beal, 2000). These conditions may be based on the student's age, gender, or stage of training.

The rate of acceptance of medical students' involvement from this study is therefore comparable to the rates observed in some other parts of the world even though our rates were slightly less. There was no conclusive evidence why this trend exists, but the commonest reason buttressed by the respondents (68%) in this study was that they feel it is an important learning process for future doctors.

Patients' unwillingness to allow student participation in their care in the various clinics was slightly more with the Obstetrics and Gynaecology department compared with the other 3 departments. The reason for this slight disparity in the ante-natal clinic can be attributed to the desire for privacy during examination of their genitalia as a greater number of respondents who refused students participation did so because they wanted their privacy (Grasby and Quinlivan, 2001). Ching et al. (2000) also found out in their study that the commonest factor contributing to refusal of medical students by patients was the desire for protection of patient's privacy.

Concerning the age of respondents there was a significant relationship between their age and their willingness to accept medical students' participation in their care ( $P < 0.05$ ). The age of the respondents appear to be an important factor in determining the acceptance of medical students in their care (King et al., 1992). Our study showed that the older respondents were more willing to allow medical students involvement in their care and this slightly decreased as the age of the respondents decreased. The reason for this disparity is not clear, although younger respondents who refused medical students participation did so because they felt uncomfortable when medical students were around. We were unable to determine whether the age of the patient on its own is a stand-alone contributing factor, or whether it is modified by other factors.

As regards the religion of respondents, there was a significant relationship between their religion and their willingness to accept medical students' participation in their care ( $P < 0.05$ ). Religious beliefs and predisposition may be a key factor in determining how patients react to the issue of medical students' participation in health care delivery. Most Muslim respondents interviewed, indicated

their unwillingness to allow medical students participation. This is in sharp contrast to respondents who were Christians; a high percentage of them were willing to allow medical students.

Furthermore, we observed that there was a slight and gradual increase in the percentage of respondents willing to accept medical students' involvement in their care as their educational level increases. This result is supported by the findings of Abdulghani et al. (2008) suggesting that education is an important factor in determining patient attitudes towards medical students.

We also observed that there was no significant relationship between the gender of the respondents and their willingness to allow medical students participation in their care in this study ( $P > 0.05$ ). Besides, there was no significant relationship between the marital statuses of the patients and their willingness to allow medical students participation in their care as well.

However, our study revealed a gradual decline in the number of respondents who agreed to students' participation in their care as the extent of care got more invasive. This finding is in agreement with the result of Haffling and Hakansson (2008).

## CONCLUSION

There was a high acceptance rate for medical students' involvement in the care delivery among patients. Age and religious affiliation appeared to play a major role on the attitude of the respondents. The major reason for non-acceptance was feelings of embarrassment or discomfort. This research has painted a positive picture regarding the future of medical education in Nigeria.

## RECOMMENDATIONS

For sustainability and improvement in the future of clinical training and better patient-student relationship, the following are recommended:

1. There should be future research aimed at improving and promoting patient-student relationship in medical care irrespective of the patient age and religious differences.
2. Hospitals should seek ways of educating the less educated patients about the educational goals of the medical students in order to ensure that the patients cooperate with the students.
3. Every health facility should seek ways to eradicate the factors that contribute to patients' embarrassment during their hospital care.

## LIMITATIONS

This study had some limitations. The data were based on

responses to a subjective, self-administered questionnaire which was completed in the presence of the medical students, which might have biased responses in favour of students. Besides, the study was focused on single point opinion and the patients were expected to recall past and present experiences while filling the questionnaires. Perhaps, this may not reflect the true picture of their past experiences. Lastly, the literacy level of the patient could affect the study since the questionnaires were self-administered, not all illiterate patients may seek for help while filling the questionnaires.

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**APPENDIX A****Questionnaire on Patients' perception and attitude towards medical students' involvement in patients care at a Nigerian University Teaching Hospital**

Good day Sir/Madam, please kindly answer the following questions about medical students involvement in your hospital care. This questionnaire is about how you feel about the medical students' involvement in the management of your illness. Your opinion will greatly help to improve your care and the training of future doctors in this hospital. It will take only 10 minutes of your time and participation is voluntary.

Please select the answer that is most appropriate to you. Where necessary, please provide details as requested. Your co-operation in filling the questionnaire as sincerely as possible will be highly appreciated as it will further broaden the frontiers of knowledge and could also help promote effective medical service delivery. Please note that by filling this form, you have given your consent to be part of this study, and the filled form shall stand in lieu of a letter of consent. All the information you will provide herein will remain strictly confidential and will be used only for academic purposes.

**SECTION ONE: SOCIO-DEMOGRAPHIC DATA**

1. Age: \_\_\_\_\_
2. Sex: i. Male                      ii. Female
3. Religion: i. Christian          ii. Muslim          iii. others
4. Educational status: i. No formal education          ii. primary education          iii. Secondary education          iv. Tertiary education and above
5. Occupation: -----
6. Marital status: i. Single          ii. married          iii. Divorced          iv. widowed
7. Clinic attended i. medicine          ii. Surgery          iii. ENT, iv obstetrics and gynaecology

**SECTION TWO: HISTORY OF CONTACT WITH MEDICAL STUDENTS**

- 8 Have you ever come in contact with a medical student during your visit/admission in the hospital? i. Yes          ii, No
9. If yes, what did the medical student do for you? i. Asked me questions only          ii. Observed doctors examine me  
iii. Examined me by him/herself          iv. others specify
- 10 What was the gender of the medical student that you came in contact with? i Male          ii. Female          iii both
- 11 Which gender of medical student will you prefer? i. male          ii. Female          iii. Both iv. Undecided
- 12 Why would you prefer a particular gender? \_\_\_\_\_
13. When examined by a student, how did you feel? i. I felt confident about the examination          ii. The examination was useless and a waste of time          iii. The examination made me uncomfortable          iv. I cannot explain
14. Did anyone seek your consent before the participation of the student in your management? i. Yes          ii. No
15. If yes, who did it? i The student          ii The doctor          iii others specify
16. How would you rate the medical student's attitude? i. Student was confident          ii. Student was incoherent and less confident          iii. Cannot ascertain          iv. others specify \_\_\_\_\_
17. How did your previous contact with the medical student affect your management? i. Positively          ii. Negatively          iii. Undecided
18. If positive how?
  - i. It helped me understand my health issues better
  - ii. It made the doctor pay more attention to me
  - iii. Their reception made me feel comfortable
  - iv. Others (please specify) \_\_\_\_\_
19. If negative why?
  - i The medical students' manner of approach was poor
  - ii The medical students made consultation time longer
  - iii The students were too many
  - iv. Others (please specify) \_\_\_\_\_
20. What did you not like about the experience?  
\_\_\_\_\_

**SECTION THREE: ATTITUDE TO EXTENT OF CURRENT/FUTURE MEDICAL STUDENTS INVOLVEMENT**

21. Would you like to have medical students participate in your current/future medical care? i. Yes ii. No iii. undecided
22. If yes, why would you accept the involvement of medical students in your medical care?
- It is immaterial who attends to me provided they are qualified to do so
  - It is an important learning process for future doctors
  - It helps me understand my condition better
  - Others (specify) \_\_\_\_\_
23. If no why would you reject them?
- My Past experience with medical student was unfavourable
  - I have concerns about my privacy
  - I feel uncomfortable when the medical students are around
  - I don't have confidence in medical students
  - others (please specify) \_\_\_\_\_
24. Would you answer questions about your personal medical history posed by medical students during your medical visits? i. Yes ii. No
25. If yes, what medical students would you prefer to do the questioning?
- Male
  - Female
  - any
  - undecided
26. Would you allow a medical student observe proceedings while you are being examined by your doctor? i. Yes ii. No
27. If yes, what gender would you allow?
- Male only
  - Female only
  - any sex
  - undecided
28. Would you allow a medical student to examine your genitalia?
- Yes
  - No
  - undecided
29. If yes, what gender would you prefer?
- Males
  - females
  - any
  - undecided
30. If no why not? \_\_\_\_\_
31. Give suggestions on how to improve patients –medical students' relationship
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