

Original article

## MEDICAL STUDENTS AND THE ACCEPTANCE BY PSYCHIATRIC PATIENTS

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### Abstract

**Introduction** Psychiatric interviewing skills with real psychiatric patients are important for medical students. There are many factors regarding the patient acceptance being interviewed by students.

**Objective** To investigate the acceptance of fifth-year medical students by psychiatric patients with variety of diagnoses who came for mental health care service at a university hospital in Chiang Mai, Thailand.

**Method** A cross-sectional 3-month survey was conducted with regard to the patient attitude, satisfaction and acceptance of being interviewed by medical students. Information associated with language used and general appearance such as appearance, were explored.

**Results** Among 197 participants, satisfaction with the interview by medical students was 72.0%. Willingness to accept further interviews was 78.2%. Having an opportunity to contribute themselves for medical education was the main reason that the patients allowed the students to interview (76.6%).

**Conclusion** The acceptance for interview by fifth-year medical students was high. Culture had influences on language used and general appearance of medical students. **Chiang Mai Med Bull 2005;44(4):147-153.**

**Keywords:** medical students, psychiatry, patients, interview, acceptance

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With regard to the Psychiatric Clerkship at the Department of Psychiatry, Faculty of Medicine, Chiang Mai University,<sup>(1)</sup> psychiatric interviewing skills are required of fifth-year

medical students. Thus, it is inevitable that medical students become involved in medical care. Besides receiving treatment on a regular basis, some patients take part in the teach-

ing process by allowing themselves to be interviewed by medical students. There are many factors concerning the patients' acceptance, e.g. the patients' internal factor, the performance of medical students, etc. Several studies regarding patient acceptance of medical students have been carried out in obstetric-gynecologic,<sup>(2,3)</sup> family medicine<sup>(4)</sup> and general surgery<sup>(5)</sup> settings. However, no data regarding psychiatric patients was found. In addition, a study that addressed this issue in Thailand had not been conducted.

Thus, the authors investigated psychiatric outpatient acceptance of medical students, in terms of their views on student performance and errors during the interview. Moreover, as germane to culture, the appropriate language used and personal issues, such as appearance, were also observed.

### Method

This research was conducted as a cross-sectional 3-month survey. As a sampling method, we used convenience sampling because all patients were recruited with regular ones, who were registered on the day of medical student presence at a psychiatric OPD in Chiang Mai, Thailand. In a pre-study, the questionnaire was tested by 50 patients to measure its reliability, which turned out to be internally consistent ( $\alpha=0.86$ ). The structured questionnaire used in this study was composed in 3 parts; demographic data including psychiatric illness, satisfaction and preferences on interviewing skills, and the general appearance of fifth-year medical students rotating at the unit. In cases of visual or reading disability, a research assistant helped read through the questions. All patients were in lucid remission stage.

### Statistical analysis

Demographic data such as gender, diagnosis, occupation, level of education, etc. were reported in proportion. Mean age and standard deviation were calculated. Data regarding the participants' satisfaction, and attitudes on medical student capabilities and the general appearance were reported in proportion as a percentage. The relationship between these variables and the patients' acceptance of medical students were calculated by using non-parametric statistics. The Chi-square test was used with a 95% confidence interval. The SPSS version 9.01 was used for all statistical analysis.

### Results

Four hundred and nine patients registered at the OPD during the 3-month period. One hundred and ninety seven (48.2%) cases participated in this study, whereas the other 212 did not; some refused and some were too ill to be recruited. The mean age was  $39.2\pm 12.8$  years, ranging from 16-75 years. Education was pooled at secondary school and undergraduate level equally at 31.5%. Four participants (2.0%) had no formal education, 20.8% went to primary school, 7.0% achieved a diploma, 2.0% were postgraduate, and the rest had other forms of education. Two-thirds were employed, with 26.9% having occupations, whereby they earned regular monthly incomes, 22.3% had temporary jobs, and 20.3% had their own business. The majority of diagnoses (29.4%) were anxiety or other neurotic disorders, 26.4% were psychotic patients, 22.3% were depressed, and the rest were diagnosed with substance related, bipolar, and adjustment disorders, etc.

The vast majority of participants had had regular follow ups with the unit for more than

one year. In most cases, patients were seen on a monthly basis. However, 47.7% were seen less frequently, while the remaining participants were seen more often. Sixty-one subjects (31.0%) had been regular patients of psychiatrists or residents at the department, and had not been interviewed by medical students. The other 136 cases (69.0%) had had the experience of being interviewed by students at least once.

One hundred and fifty-one participants (76.6%) reported that the main reason for deciding whether they were interviewed or not by medical students was their 'willingness to devote themselves for learning'. Other reasons cited were 'being encouraged by department staff or relatives', as well as a belief that they might see a doctor sooner. Most of the participants (90.9%) realized that the objective of the interview by students was to assist with student learning.

With regard to the capabilities of the students, the patients expressed their opinions as shown in Table 1. One hundred and sixteen patients (85.3%), who had been interviewed by medical students, reported that even though the students were interviewing for learning practice, they still fully participated by providing as much history as they could. Only 1.5% reported that they did not disclose all of their

**Table 1.** Capability of medical students in the interview

Capability	Number of cases (percent)
History taking	152 (77.2)
Mental status examination	108 (54.8)
Counselling or psychotherapy	98 (49.8)
Physical examination	76 (38.6)
Diagnosis	44 (22.3)
Prescribing medication	16 (8.1)
Total	197 (100.0)

background information. Each patient, however, was asked to comment on up to 3 errors, which medical students might have committed in their interviews. Sixty-two percent of participants viewed no error in interviewing. The rest discovered some areas of error such as redundancy of questioning, and an apathetic approach to the interview. The data is illustrated in Table 2.

Concerning language communication, more than half (52.3%) of the patients preferred central Thai, whereas, around a quarter of them felt more at ease communicating in a northern dialect. In terms of greeting, 45.7% of male students preferred to use the term 'mo' (a Thai word, meaning 'doctor or doc'), while 41.1% chose 'phom' (a formal Thai word, meaning 'I' for men). Likewise, 48.2% of female students preferred calling themselves 'mo'. In the context of central Thai, the level of education did not appear to be a factor regarding preference of greeting ( $p=0.049$ ).

In the case of patient preference regarding greeting by students, 'khun...followed by name' ('khun' is a neutral Thai pronoun, close to Mr. or Ms., but not gender related) was

**Table 2.** Errors made by medical students in the interview

Errors	Number of cases (percent)
No error	84 (61.8)
Redundancy of questioning	37 (27.2)
Apathetic approach to the interview	33 (24.3)
Use of jargon	28 (20.6)
Demonstrated lack of desire to help	27 (19.9)
Showed non-sensical knowledge	23 (16.9)
Not taking their role seriously	12 (8.8)
Answering phone	10 (7.4)
Lack of courtesy	4 (2.9)
Inappropriate grooming	3 (2.2)
Total	136 (100.0)

most (42.1%) preferred. The participants' age did not appear to be a factor regarding the preference, except in the group age over 60, who favoured being addressed in kinship terms followed by their names ( $p < 0.001$ ).

Regarding the general appearance of male students, patients preferred them to have short hair styles with natural colours (65.5% and 74.1%). Student uniform was by far the most preferred attire, with 58.4% of participants choosing medical student gowns, while jeans were not chosen at all. Formal men's dress shoes were favoured (76.1%).

For female students, 68.5% had no preference regarding the students' length of hair. However, only 2.0% preferred them having very short hair like men. Natural hair colour was favoured (71.6%). Nearly half of the participants (44.2% and 2.0%) preferred female students to wear ponytails or braids (not hung down). The vast majority of subjects were indifferent with respect to female students wearing makeup, and only around a quarter felt that make up should not be worn while on duty. With regard to attire, the student uniform was preferred, which was consistent with the male students. More than half (52.8%) were receptive to females wearing long skirts and 49.7% disliked them wearing trousers on duty. Sixty point four percent of participants preferred female medical students to wear medical student gowns, as was the case with their male counterparts. Eighty-nine patients (45.2%) reported their preference for female medical students to wear formal dress-shoes over sports wear or open-toed sandals (2.5% and 0.5%). In the case of wearing jewelry, 96.4% of participants preferred male students to wear a wrist watch, as well as 94.6% for females. A small number of patients accepted students of both genders wearing anklet (1.0

and 2.5% in males and females, respectively). Male students with earrings were accepted by only 2.5% of participants.

Nearly half the subjects (46.2%), including those who had not been interviewed, admitted that the main advantage of their cooperation was the chance to devote themselves for the benefit of the students. Approximately one third (35.0%) felt relaxed during the interview process, and 13.2% were able to give details of their history or have cathartic experiences in the session.

Generally speaking, 72.0% of the patients expressed having had positive experiences with student interviewers, 15.4% were very satisfied and 56.6% were satisfied, while 20.6% had a neutral attitude. Overall, 78.2% of participants were willing to be interviewed again by medical students, 26.0% would not allow the students to conduct the interviews, and the rest were not certain.

Age group, gender, level of education, diagnosis and occupation did not significantly correlate with who would or would not allow students to interview. However, factors, which did affect the patients' willingness to allow students to share their circumstance, were their inner desire to contribute themselves to student learning ( $p = 0.008$ ), and a higher satisfaction rate of interviews with students ( $p = 0.000$ ).

## Discussion

The authors did not study each diagnostic group separately, due to the small sample size, nor did they use measurements to define the patients who were in the remission stage. Instead, they used information on the active diagnosis specified on OPD cards by a previous psychiatrist.

Overall, a great majority of patients at the

unit were satisfied and would allow medical students to interview them again. In most cases, patients realized the role of medical students as learners. They understood that university hospitals are training centres. Moreover, they showed altruism in their desire to help students gain more skills through greater exposure with real patients. Nearly half of participants viewed some errors in the students's interview, which were relevant to the authors' observation. However, the patients seemed to recognize these errors less than the authors did. This may be attributed more to their poor academic experience than their mental derailments. These results are consistent with several other studies. Bentham J, *et al.*<sup>(2)</sup> studied patient acceptance of consultations with fifth year medical students prior to seeing general practitioners in six general practice teaching surgeries. They found that from the patients who accepted the program, 98,0% reported no disadvantage, 35,0% experienced advantages, and 98,0% would see a student again. Rizk DE, *et al.*<sup>(3)</sup> found an acceptance rate of medical students of 87,1% and Ching SL<sup>(4)</sup> 81,4-89,1%, from obstetric and gynecologic patients, respectively. In the latter study, the main reason given for allowing students to participate was the patients' contribution towards training future physicians to the highest standard of health care, which is consistent with the findings of this study. Devera-Sales A, *et al.*<sup>(5)</sup> reported a research involving 735 family medicine patients, and their opinions on the participation of medical students during their consultations. Most patients expressed a willingness to have students involved in their care again, and perceived it as beneficial.

The patients of this study did not focus on the students' ability to diagnose correctly or prescribe medication for them. They were

primarily concerned with accuracy in history taking, testing mental status, and providing counselling or psychotherapy. This was, perhaps, due partly to the understanding of the students' role, in a setting where they neither wrote anything in the patients' registry nor prescribed any drugs by themselves, as these are solely the physicians' responsibility. Moreover, they may have realized that the students' time was limited, owing to the short rotation (1 month) in psychiatry. Patients were able to recognize the difference between medical students, psychiatry residents, and staff psychiatrists by virtue of their skill level.

Another noteworthy point was patient expectations on the competency of medical students for 'counselling or psychotherapy'. The patients' comments showed their positive attitude toward the students as part of the care team. They disclosed their personal problems to students in much the same way as they would to qualified psychiatrists. After doing that, the patients would feel in a fragile state of vulnerability and may therefore, have expectations that the students would provide them with some sort of counselling or psychotherapy, as residents or therapists do. This issue is of interest to the authors of this study. In medical school, emphasis is placed on accurate diagnosing techniques and early case management, while psychotherapy is not compulsorily promoted until residency or fellowship training. Generally, general practitioners are able to diagnose and prescribe medication for their patients. If they find patients in need of psychotherapy or counselling, they would be expected to refer them to specialists. How the authors perceived the patients' request for counselling or psychotherapy in this study made it clear that the need for both issues should be more cultivated in medical students,

especially at the practical level of supportive psychotherapy.

Although most participants reported virtually no student errors, one third reported experiencing some. Hence, a one month period for the rotation at the Department of Psychiatry may not be long enough for the students to learn and perform as professionals. However, most errors are skill related and can therefore be eventually improved.

With respect to language, the participants were more comfortable conversing in a central Thai dialect. The patients with a lower education were more relaxed having conversations in their local dialect. This is problematic in that some students are unable to communicate in the local dialect.

Another aspect of language worthy of mention is the cultural issue of seniority and its influence on the various pronouns used. Greeting people with 'khun...followed by name' reflects courtesy, modesty, and respect regardless of gender, level of education and occupation, and thereby represents a proper therapist - patient relationship. Nevertheless, older participants preferred kinship terms followed by their names. The authors perceived this to be acceptable according to Thai culture. Hence, students should ask patients how they would like to be addressed before beginning each interview. It is noted that no participants favored being greeted as 'rao' (a very informal Thai pronoun, which is regarded as impolite when applied in a clinical setting, as it has disdainful implications). From observation, it is not uncommon for some new students to use this word when addressing a patient with whom they are speaking. Yet, complaints from patients have not been reported. This reflects a transference of authority to the medical students despite a possible 20 year age differ-

ence, and an awareness that complaining may cause tension in their relationship. This information revealed the patients' true feelings regarding this issue.

Although one's dress may be perceived as a private issue or an individual right, medical students are expected to dress themselves appropriately. Regardless of global trends, a 'doctor' should be more concerned about being polite and respectful, than making a fashion statement.

The main reasons that influenced the patients' decision to allow medical students to participate were internal factors, i.e. willingness to contribute themselves to learning, and the satisfaction gained during previous interviews with students. These results were consistent with the above studies. Demographic data, however, did not associate with the acceptance, which contrasted with the findings of Rizk *et al.*<sup>(2)</sup> Participants who had been working with medical students tended to accept the participation.<sup>(2)</sup>

## Conclusion

From this study, most psychiatric patients, like patients in other settings, highly rated and accepted medical student participation or interviewing. They were willing to devote themselves for the experience and learning of future doctors. Patient satisfaction after being interviewed by students was also high. The questionnaires allowed us to understand their expectations of medical students, such as the need for emotional responsiveness. In addition, culture played an important role in the communication process. Appropriate language used, as well as grooming or appearance were very important. Thus, situations where medical students may learn from real patients in a actual medical environment should occur

more frequently and therefore be promoted.

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## นักเรียนแพทย์และการยอมรับจากผู้ป่วยจิตเวช

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### บทคัดย่อ

**บทนำ** การสัมภาษณ์ผู้ป่วยจิตเวชเป็นทักษะที่จำเป็นสำหรับนักศึกษาแพทย์ มีหลายปัจจัยที่มีผลต่อการยอมรับของผู้ป่วยที่มีต่อการสัมภาษณ์โดยนักศึกษา

**วัตถุประสงค์** เพื่อศึกษาการยอมรับของผู้ป่วยที่มีต่อนักศึกษาแพทย์ชั้นปีที่ 5 ที่ขึ้นฝึกงานในแผนกผู้ป่วยนอก ณ โรงพยาบาลประจำมหาวิทยาลัยเชียงใหม่

**วิธีการศึกษา** มีการสำรวจความคิดเห็นของผู้ป่วยที่มารับบริการ ณ แผนกผู้ป่วยนอกในระยะ 3 เดือนเกี่ยวกับทัศนคติ ความพึงพอใจและการยอมรับการสัมภาษณ์โดยนักศึกษาแพทย์ รวมถึงการใช้ภาษาและภาพลักษณ์ภายนอกของนักศึกษาดวย

**ผลการศึกษา** ในจำนวน 197 รายที่ตอบแบบสอบถาม พบว่าร้อยละ 72.0 พึงพอใจในการให้นักศึกษาสัมภาษณ์ร้อยละ 78.2 เต็มใจให้นักศึกษาสัมภาษณ์ในอนาคตร้อยละ 76.6 ให้เหตุผลในการอนุญาตให้นักศึกษาสัมภาษณ์ว่าเป็นการอุทิศตัวเองเพื่อการเรียนรู้ของนักศึกษา

**สรุป** ผู้ป่วยจิตเวชมีการยอมรับนักศึกษาแพทย์สูง วัฒนธรรมด้านภาษาและภาพลักษณ์ภายนอกมีอิทธิพลต่อการยอมรับของผู้ป่วย *เชียงใหม่เวชสาร* 2548;44(4):147-153.

**คำสำคัญ:** นักศึกษาแพทย์ จิตเวชศาสตร์ ผู้ป่วย การสัมภาษณ์ การยอมรับ