

ORIGINAL ARTICLE

Evaluation of the Level of Satisfaction Among Family Physicians of their Undergraduate Dermatology Teaching

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ABSTRACT

Objective: To evaluate teaching and learning among undergraduate dermatology trainees and also to suggest measures for improvement.

Study Design: Cross sectional survey.

Place& Duration of Study: The study was conducted at department of dermatology, Pakistan Railway Hospital Rawalpindi, from July 2011 to Dec 2011.

Materials and Methods: An especially designed Proforma was distributed to family physicians in different cities of Punjab and KPK. Total of 121 doctors were recruited for study and 105 Proforma were analyzed, which were filled by graduates from Pakistani medical schools. The Information was collected regarding different aspects of their undergraduate dermatology training e.g. lectures, duration of dermatology rotation and assessment techniques used in examination. In the second part of the proforma, family physician's satisfaction level has been assessed regarding adequacy of training, availability of resources and clinical exposure. The responses were recorded on Likert scale 1- 5. Their proforma was analyzed using SPSS version 16.

Results: 91% of family physicians disagreed that their Undergraduate dermatology training was adequate regarding duration and content. 85% disagreed that the faculty and infrastructure for dermatology training were adequate in their teaching institution. About 90% of family physicians agreed that more time allocation, early clinical exposure, problem based learning and more question items for dermatology assessments will improve the training of undergraduates.

Conclusion: Majority of the family physicians are dissatisfied with their undergraduate dermatology training. They suggest that more time and resources should be allocated for dermatology undergraduate training.

Key words: Family physicians, Undergraduate dermatology training.

Introduction

The primary aim of any Medical curriculum is to produce medical graduates who are good general practitioners because a major proportion of medical graduates work as family physicians. Dermatological diseases are commonly encountered in day to day practice and account for a high percentage of all diseases dealt with by family physicians.¹ About 10-20% of primary health care consultations are dermatological related.^{2, 3, 4, 5} Even Pediatricians and doctors in emergency may have to encounter skin problems frequently.^{6,7}

Primary care physicians are often unable to recognize the most common and serious dermatoses.⁸ In undergraduate medical course time for learning dermatology and teaching dermatology is limited and inadequate. This inadequacy of undergraduate training in dermatology is well documented.^{9,10,11}

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The present study was planned to evaluate teaching and learning among undergraduate dermatology trainees and also to suggest measures for improvement.

Materials and Methods

An especially designed Proforma was distributed to family physicians in different cities of Punjab and KPK. Total of 121 doctors were recruited for study and 105 Proforma were analyzed, which were filled by graduates from Pakistani medical schools. Almost 90% of them graduated from public sector medical colleges. About half of them had more than ten years of experience as family physicians. The Information was collected regarding different aspects of their undergraduate dermatology training.

In the second part of the proforma, family physician's satisfaction level has been assessed regarding adequacy of undergraduate dermatology training as far as duration & content was concerned. Also analyzed were availability of resources (faculty & infrastructure) for training in the concerned institution and their clinical exposure to dermatology patients during undergraduate

dermatology training. Their response was also recorded regarding suggestions to improve dermatology undergraduate training. The responses were recorded on Likert scale 1- 5.

Results

A total of 121 family physicians were surveyed. Out of them 16 were excluded from the study, because they had graduated from foreign medical schools, so as to evaluate situation in Pakistan. Rests of 105 Performa were analyzed, which were filled by graduates from Pakistani medical schools. Detail of their college affiliations are in Table I.

Table I: Details of colleges from where doctors graduated

<i>Institution</i>	<i>No. of Family Physicians</i>
Rawalpindi Medical College	38
Khyber Medical College	14
Quaid-e-Azam Medical College	13
Islamic International Med College	08
AllamaIqbal Medical College	06
Punjab Medical College	06
Ayoub Medical College	06
King Edward Medical College	05
Nishtar Medical College	03
Army Medical College	03
Dow Medical College	02
JMC	01

30 doctors had experience of working as family physicians ranging from one to five years. 21 were working for last six to ten years. 29 had experience from eleven to fifteen years. Seventeen of them had experience of sixteen to twenty years and 12 had more than twenty years of duration for working as family physician. 81% had 6-15 dermatology lectures during their undergraduate training and about 7% had no lectures at all. 83% had 2 weeks duration of dermatology ward rotation during their undergraduate training and about 9% had no dermatology ward rotation. 65% had no log books maintained for dermatology clinical cases. 68% responded that they had no dermatology ward test. In the rest, even if it was planned, it had no impact on final assessment. Final dermatology assessment was done as part of medicine and only theory part was included in all of the institutions 46% of family physicians reported that they examine 6 – 10 % of dermatology patients in their daily practice. 28% family physicians said that about 5% of their total

consultations are dermatology patients. 20% family physicians responded that 11-15% of their patients are of dermatology and 6% examine more than 15% dermatology patients in day to day practice. When all of this data is collected, an average of 10.23% of patients present to family physicians with dermatology related problems. In response to the question, was their Undergraduate dermatology training adequate regarding duration and content, 91% of family physicians disagreed and out of these 54% strongly disagreed. Only 5% agreed with the statement, 4% neither agreed nor disagreed.

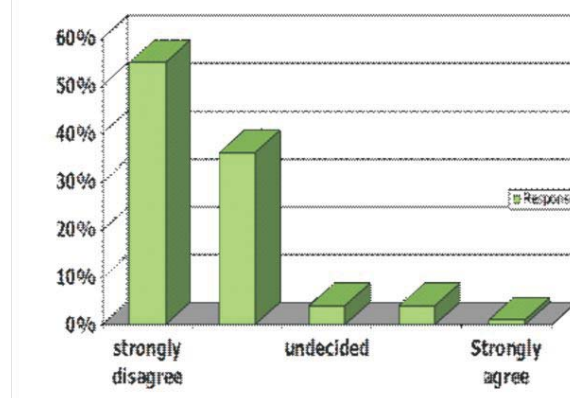


Fig 1: Was undergraduate dermatology training adequate regarding duration & content)?

85% disagreed that the faculty and infrastructure for dermatology training were adequate in their teaching institution. None of them strongly agreed with the statement, only 6% somewhat agreed

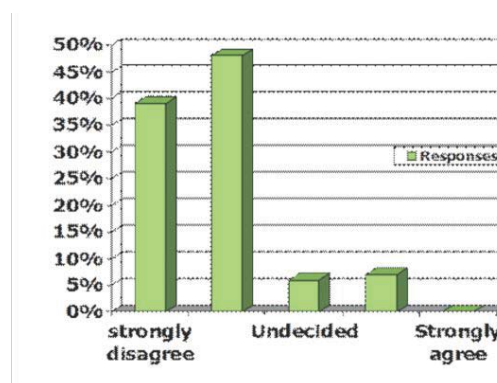


Fig 2: Were the resources for dermatology training (Faculty & infrastructure) adequate in their Teaching institution

Similarly 89% disagreed that they had the opportunity of sufficient exposure to dermatology patients. 6% agreed and 5% neither agreed nor disagreed with this statement

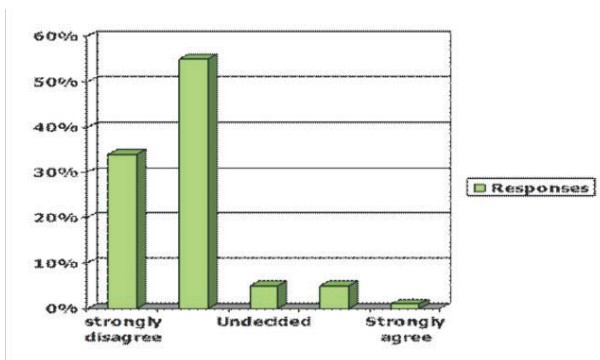


Fig 3: Was Clinical exposure to dermatology patients sufficient?

86% disagreed that their training in dermatology was according to the need of their primary health care practice. Only 7% agreed and 7% neither agreed nor disagreed

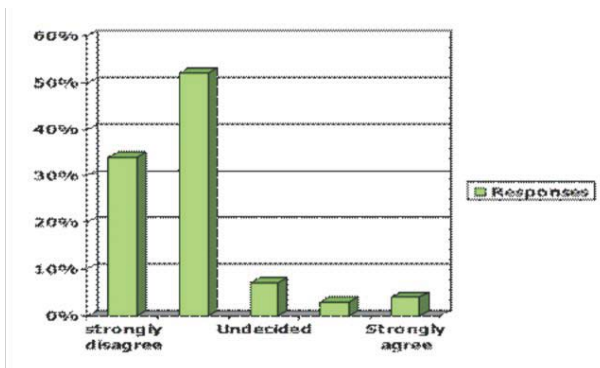


Fig 4: Was Training in dermatology according to the need of primary health care?

In response to the suggestion that more time should be allocated for dermatology training 89% agreed and out of them 27% strongly agreed. None strongly disagree, only 2% disagreed. 93% family physicians believed that early clinical exposure to dermatology will improve the training of undergraduates. Only 3% disagreed. 92% of family physicians thought that problem based learning can improve dermatology teaching. Only one disagreed. 89% were in favor of more question items for dermatology assessments. Only 3% disagreed and 8% neither agreed nor disagreed. Except 4% of family physicians all believed that refresher courses in dermatology be introduced for them.

Discussion

Dermatology is probably a specialty in which undergraduate exposure is insufficient outside Pakistan also. Davies et al. conducted a study in UK among 30 medical schools, which aimed to carry out

an audit of the content of the core curriculum in each UK medical school against the recommendations for a core undergraduate dermatology curriculum (the criteria) published by the British Association of Dermatologists to gather evidence for developing the learning and teaching of dermatology. Their data suggest that some students have little exposure to dermatology.¹²

A survey conducted in India covering seven dermatology departments in medical colleges regarding the undergraduate dermatology teaching concluded that in many medical colleges the learning objectives of the Medical council of India with regard to dermatology were not being fulfilled. This study also shows the insufficiency of undergraduate dermatology training.¹⁰ In Pakistan when calculated a family physician on average see 10.23 % dermatology patients of their total daily patients. Different studies mention dermatology related workload of family physicians ranging 5- 20%. This is a lot of workload for a busy clinician, which should drive more emphasis on undergraduate dermatology regarding duration, content, infrastructure and assessment. The results in our study show that a vast majority of family physicians are dissatisfied with their undergraduate dermatology training. Under current prevailing medical education in Pakistan essential clinical skills such as taking a dermatological history and examining the skin were included in the curricula of most, but not all, medical schools.¹³ Another study by McCleskey et al. surveyed 109 medical schools in the United States and concluded that "Dermatology educators expect medical students to learn diagnose or treat common skin diseases, but little time is designated for this in most medical schools. The aggregate opinions of dermatology educators may be used to prioritize future curricula".¹⁴ Traditionally, medical students are trained in an algorithmic manner, to focus on excluding serious but rare diseases by conceptualizing diagnoses through a process of exclusion based on systematic and technological investigation of an extensive list of potential diagnoses applicable to the patient's presenting symptoms and signs.¹⁵ Students are not often exposed to common diseases. It is advisable during basic medical training that students should be exposed to primary healthcare, disease, and

decision-making processes early in their training.¹⁶ In Pakistan any medical graduate can practice as family physician. Whereas in countries with developed healthcare system they have to undergo a training program for a couple of years to do so.⁸ Family physician who is trained and experienced in primary care, is more prepared to cope with medical problems.^{17,18} In countries that are not primary care oriented, the discipline of FM/GP may be less developed because this is not a career option for medical graduates.¹⁹ We recommend that during basic medical training students should be exposed to primary healthcare, disease, and decision-making processes early in their training.^{16,20} There is a lack of information regarding the dermatology learning needs of primary care physicians and residents.¹² So there is a need for research in this area in Pakistan.

Conclusion

It can be concluded from this study that most family physicians are of the opinion that undergraduate dermatology training and resources are not adequate in training institutes. More time should be given for dermatology in undergraduate dermatology training and refresher courses should be arranged for family physicians.

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