

## Medical Male Students in Obstetrics and Gynecology Clerkship: Are they Guilty?

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### *To the Editor,*

We have read with a great interest the recent article published in Oman medical journal by Nisrin Anfinan, et al.<sup>1</sup> in which the authors address the effective factors on the attitude and perceptions of obstetrics and gynecologic patients toward the involvement of medical students in the evaluation and management of their disease. The gender of the students was the main influencing factor on patient's attitude and perception in this study.

Gynecology and obstetrics clerkship plays an important role in the training of a general physician (GP). Prenatal care, screening maternal problems and status within pregnancy period and evaluation and management of non-obstetrics complaints of women are among the most common situations that both male and female GPs will encountered with in his or her professional career. Therefore, effective education and sufficient clinical experience is mandatory in order to achieve an acceptable level of competency in the field of gynecology and obstetrics.

Unfortunately, as it was well illustrated in the Anfinan's paper, in majority of Middle East countries there are serious limitations in the education and clinical training of medical student particularly male ones. Aside from crowd clinics and excessive amount of students per each patient,<sup>2,3</sup> some other barriers are exist that are mainly due to cultural issues and religious believes which are more highlighted in the gynecology and obstetrics outpatient and inpatient clinics. Patients who present to these clinics usually deny attending of male students during their examination time. The feel of shame is the common reasons for this deny, however, another group of patients believe it is a sin to be examined by a male student. While, the majority of religious leaders in Islamic regions of middle east have permitted the necessary diagnostic and therapeutic interactions

between male physicians and females patients, Patients with more traditional beliefs continue their deny toward involvement of male students in their examination.

It seems that public awareness through the social media can play an important role in order to change the attitude and compliance of these patients. We think that Anfinan's suggestion about replacing patient-student communication with other alternative educational methods is not useful, because no educational tools would be as real as patient-student contact. Instead, our suggestion is public awareness regarding positive attitude of religious leaders about patient-physician contact and the necessity of students' education for achieving more competent future physicians.

### References

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*Sincerely,*

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