



A Response to “Patient’s Perceptions and Attitudes Towards Medical Student’s Involvement in Their Healthcare at a Teaching Hospital in Jordan: A Cross Sectional Study” [Response to Letter]

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Dear editor

We thank Lam and Kelly for their interest and comment of our paper.

We appreciate the feedback provided regarding the use of a cross-sectional survey design in our study. While we acknowledge the limitations of this approach in establishing causality, we would like to defend our choice of methodology. Based on the literature Cross-sectional study design is the most relevant design when assessing the prevalence of a phenomena or the attitudes and knowledge among patients.¹⁻³ Cross-sectional studies can also be employed for analytical purposes and for testing associations without making causal inferences. They are generally inexpensive and easy to conduct for providing preliminary evidence prior to planning more advanced studies in the future. Our primary objective was to identify associations between patient demographics and their acceptance of medical students’ interactions between them, which a cross-sectional survey design is well-suited to achieve. Moreover, the cross-sectional design allowed us to gather a snapshot² of patients’ perceptions and attitudes at a specific point in time, which is essential for understanding the current state of medical student-patient interactions in the clinical setting. While we agree that serial cross-sectional surveys could provide valuable information on changes in population attitudes over time, this was beyond the scope of this initial study. In future studies, we may consider employing serial cross-sectional surveys to monitor the impact of any implemented changes or interventions. We hope this clarifies our rationale for using a cross-sectional survey design and highlights its effectiveness in addressing our research objectives.

While we understand the potential benefits of categorizing procedures based on their invasiveness, we opted for a broader approach in this particular study. Our primary objective was to gain a general understanding of patients’ perceptions and attitudes towards medical students, rather than focusing on specific procedures. By examining overall approval and acceptance rates, we aimed to identify trends that could help inform future improvements in medical education. Differentiating between procedures would have added complexity to the analysis and could have detracted from this main goal. That being said, we agree that further investigation into patients’ reluctance to allow medical students to perform specific procedures is warranted.

While we acknowledge the potential for bias in having medical students collecting the data, however, we would like to provide some context and rationale for our decision. Our decision to include medical students was motivated by the practical constraints of the study. Medical students were readily available and familiar with the environment, which facilitated the data collection process. To reduce interviewer bias, we trained medical students thoroughly. Furthermore, this implementation research contributed to building the capacity of our medical students in implementing all the steps of



medical research. The students who collected the data were in their basic medical sciences training years. They did not wear white lab coats or introduce themselves to the patients as medical students. Although this research did not receive any funding, still, even if we had the financial resources, it is difficult to recruit senior researchers to collect data from the crowded waiting rooms of a teaching hospital and we would've ended up hiring and training research assistants from the same age group of our medical students who collected the data in this research. We used systemic random sampling in this study, in which we approached the subjects to be included in the sample based on a systematic rule, using a fixed interval. This is a probability sampling method where all subjects in the targeted population have equal chances to be selected in the sample.^{4,5} The choice of approaching every third patient was made to strike a balance between obtaining a sufficient sample size and efficiently managing the data collection process. It is a probability sampling method that provides a level of representativeness and ensured that patients from various backgrounds and demographic groups are included. We appreciate the feedback and will consider these suggestions for refining our data collection methods in future research.

Disclosure

The authors report no conflicts of interest in this communication.

References

1. Wang X, Cheng Z. Cross-sectional studies: strengths, weaknesses, and recommendations. *Chest*. 2020;158(1):S65–S71. [PMID: 32658654]. doi:10.1016/j.chest.2020.03.012
2. Levin KA. Study design III: cross-sectional studies. *Evidence Based Dent*. 2006;7(1):24–25. [PMID: 16557257]. doi:10.1038/sj.ebd.6400375
3. Kesmodel US. Cross-sectional studies - what are they good for? *Acta obstet gynecol scand*. *Acta Obstet Gynecol Scand*. 2018;97(4):388–393. PMID: 29453895. doi:10.1111/aogs.13331
4. Elfil M, Negida A. Sampling methods in clinical research; an educational review. *Emergency*. 2017;5(1):52.
5. Daniel J. *Sampling Essentials: Practical Guidelines for Making Sampling Choices*. Sage Publications; 2011. Available from: https://books.google.jo/books?hl=en&id=rshyAwAAQBAJ&oi=fnd&pg=PP1&dq=P+Sampling+P+Guidelines+MS+Choices+T+Oaks+CHAPTER+5+C+hoosing+the+T+type+of+2012+125+174+&ots=UR_r6xm-87&sig=t8gE5Qikt4FSlSZBCFPXN_kZO1A&redir_esc=y#v=onepage&q&f=false. Accessed April 21, 2023.

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