

Table 1 - The laboratory results of 88 suspected patients to pityriasis versicolor and 127 patients to erythrasma, Emam Reza Hospital, Mashhad, Iran, 2003-2004.

Methods	Skin disease		p value
	Pityriasis versicolor n (%)	Erythrasma n (%)	
Wood's light	55 (62.5)	38 (29.9)	0.001
Direct smear	59 (67)	40 (31.5)	0.001

patients with suspected lesions for erythrasma, groin was the most common site. Positive orange-red fluorescence was seen in 38 cases (29.9%), while direct stained smear of 40 cases (31.57%) showed *Corynebacterium minutissimum* (Table 1). Regarding statistical chi-square test, no significant difference was seen between Wood's light and other methods in the diagnosis of PV and erythrasma ($p=0.001$). Pityriasis versicolor is a superficial mycotic disease, which is common in young people. The well recognized sites of involvement in PV are the upper trunk, neck, and upper arms, however flexural lesions are not uncommon.⁵ Erythrasma is another skin disease with intertriginous lesions.⁴ According to our experiments, scrotum was the second highly infected location, while in dermatology text books, scrotal involvement is not common. Although in several studies the value of Wood's light in the diagnosis of several diseases including PV, erythrasma and pigmentary changes of the skin is approved,^{2,5} but in some studies,¹ the diagnostic value of this method is in doubt. In present study the diagnostic value of Wood's light is highly approved. According to Table 1, 55 individuals (62.5%) showed positive fluorescence under Wood's light, while 59 patients (67%) had positive direct smear for Malassezia. However, the difference between the 2 tests is not statistically significant. The following factors may affect the result of wood's light test: 1) the quality of ultraviolet (UV) instrument 2) the amount of room darkness during examination 3) the color of patient's cloths 4) use of topical drug, lotion, spray, shampoo, and so forth prior to the test. 5) the time of last bathing prior to examination. Considering the above statements, the examiner should have a good knowledge and experience of using wood's light. False positive and false negative fluorescence may change the result of examination.^{2,3} According to the experience of the authors, in mixed infections with dermatophytes and *Candida*, Wood's light is not a perfect test. Final and definite diagnosis needs laboratory examination. In the other hand, observing fluorescence does not lead to final diagnosis, as another infection due to dermatophyte or *Candida* may be present, which needs extra inspection and

examination.

In conclusion, the Wood's light test is a valuable method for diagnosis of several superficial mycotic diseases. Physicians and especially dermatologists can use it as a simple and easy diagnostic technique for screening of the patients in their private clinics. In order to avoid false positive results, the physician should have good knowledge of UV positive materials and UV light wavelength. The physician should always think about the possibility of mixed infection.

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From the Department of Dermatology (Maleki), and the Department of Mycology (Fata), Emam Reza Hospital, Mashhad, Iran. Address correspondence and reprint requests to Dr. Masood Maleki, Associate Professor, Department of Dermatology, Emam Reza Medical School, Mashhad, Iran. Tel: +98 (511) 8525312. E-mail: m-maleki@mums.ac.ir

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Students' perceptions of their undergraduate medical education

Serpil Aydin, MD, Fusun Yaris, MD, PhD,
Melih E. Sahin, MD, Cahit Ozer, MD,
Esber Ozkomur, MD.

Around the world, there is a continuing debate on medical education.¹ In the 1980s, it was stated that "the aim of medical education is to produce doctors who will promote the health of all people..."² The Turkish Medical Association concurs that this aim is not being met in Turkey despite some changes in our medical education.³ After the 6-year basic medical education, Turkish medical graduates deal with patients in primary care settings without any postgraduate education. The total population of this group is around 30,000 and

they are called "practitioners." If a Turkish medical student prefers to be a specialist, the student has to succeed in a national examination after graduation. Currently, other than "practitioners", there are approximately 1,300 family medicine specialists, and 700 family medicine residents in Turkey, who are working in primary care settings as well as secondary and tertiary care hospitals. Other specialty groups tend to work in secondary or tertiary care hospitals or in the private sector. As practical sessions in primary care settings take only a little part in medical education, graduates tend to achieve hospital specialty. Students who are exposed to the community can alter their career choices; however, even with increased contact, the majority of the students want to enter hospital-based specialties.⁴ Community-based teaching can make some differences, and curriculum style has an influence on the attitudes of medical students.⁵ For an effective curriculum for our future doctors, their priorities, needs, and abilities have to be determined.⁶ Due to these possibilities, our main aim was to understand the opinions of our students on medical education with regard to primary care, family medicine, and specialty preferences. Our secondary aims were to determine if the family medicine rotation or lectures had any effect on their opinions and to find out if there was a difference between military medical students with the others, since military medical school graduates are employed by the Turkish Army immediately after their graduation.

Four schools, located in 4 different regions of Turkey took part in this study. Edirne Trakya University (ETU) uses classical teaching methods, both Isparta Suleyman Demirel University (ISDU), and Trabzon Karadeniz Technical University (TKTU) use integrated methods, and Gulhane Military Medical Academy (GMMA), as it has different properties, we classified it as military. At ETU and TKTU, the Family Medicine Departments took part in the curricula, while the others did not use it during the study period. In October and November 2001, an anonymous questionnaire, consisting of 13 open- and closed-ended questions was developed and distributed to the fourth and fifth-year students in our medical schools. The study was based on oral informed consent. The fourth and fifth year students were chosen as they have the theoretical and practical basis of medicine as it is taught in Turkey. Students who were absent were excluded in the study. The answers for the open-ended questions were categorized. We evaluated the data according to school, class, gender, and the curricula containing family medicine programs.

Fisher's exact and independent samples t-tests and ANOVA were used for the statistical analysis.

Table 1 - Students according to the term and educational system.

Term	Educational system			Total
	Integrated	Classical	Military	
4th	84	71	40	195
5th	102	60	81	243
Total	186	131	121	438

If a statistically significant difference was determined, Tukey test was used. Statistically significance was defined as $p < 0.05$.

During the study period, 596 out of a total of 621 students in the fourth and fifth term of these 4 schools received questionnaires. Four hundred and eighty-two agreed to participate in the study, and 438 (70.5% of the entire group) completed the questionnaires. The mean age was 22.8 ± 0.1 (19-29). The students, according to the educational methods are shown in **Table 1**.

The students generally stated that the practitioners were not clinically efficient (76.5%), but the rate was the highest in GMMA (90.1%). The difference was statistically significant ($p < 0.001$). Three hundred and seventy students stated that the community could not efficiently benefit from primary health care services, and there was statistical significance between TKTU and GMMA ($p < 0.05$). The TKTU students were more optimistic regarding the efficiency of services. Suggestions for enhancing the benefit from primary health care services generally resulted in "educating the community," however, students from the military school suggested "to improve the primary care teams and equipment" mostly, which was statistically significant ($p < 0.05$). Three hundred and twenty-seven students (especially fifth year) thought that their medical education was not sufficient for working in primary care settings. Student attending the military school and those employing classical methods were more cynical about this issue. Students of the latter suggested "more practical training sessions," while military students suggested "bedside education." A total of 260 students preferred family medicine sessions to be included as part of their undergraduate medical education, especially during the internship, and this desire was more common among military students. Although 370 (84.5%) students stated that being successful in the national "medical specialization exam" was not a requirement for "being a good physician" (mostly among fifth year and military students), 91.1% of the whole students would like to specialize. The

reasons for specialization were "community's lack of confidence in practitioners" and "self improvement." The answer of "self improvement" was common among girls. The first reason was the leading answer among the fifth year students. More students from TKTU, compared with the other schools, stated that they preferred to work in primary care without specialization. Students mostly preferred to specialize in hospital-based specialties such as internal medicine and obstetrics and gynecology. The major reasons for these preferences were "financial" and "personal interest." The first one was common among boys, while the second one was common among girls. The latter was also more common in TKTU. Only 84 students (19.1%) of the whole group prefer to specialize in family medicine and this preference was less in military school. If they were policy makers, 85 of the students would have established "an efficient referral system," but military students suggested "to change the health care system" more than the others, and TKTU students suggested, "implementing family medicine applications" more than the others. As the Family Medicine Department at TKTU takes more active role in the medical curriculum, this could have affected the answers. If they were curriculum makers, they preferred "to increase the portion of practical sessions in the curriculum," and "to diminish the number of medical schools and contingent."

Considering the results, we can say that our students felt unprepared to work in primary care after graduation, and many preferred to attend hospital-based specialties. The opportunity of military medical school graduates to be employed by the Turkish Army as soon as they graduate seems not to diminish the future anxiety. Students from the schools using integrated methods were found to be more optimistic for their future and working in

primary care, especially from the school in which, the Family Medicine Department is playing a large part in the curriculum.

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From the Department of Family Medicine (Aydin), Adnan Menderes University School of Medicine, Aydin, Department of Family Medicine (Yaris), Mayis University School of Medicine, Samsun, Department of Family Medicine (Sahin), Trakya University School of Medicine, Edirne, Department of Family Medicine (Ozer), Mustafa Kemal University School of Medicine, Hatay and the Department of Family Medicine (Ozkomur), Gulhane Military School of Medicine, Ankara, Turkey. Address correspondence and reprint requests to Dr. Serpil Aydin, Assistant Professor, Adnan Menderes University School of Medicine, PK 112 09000, Aydin, Turkey. Tel. +90 (532) 6360277. Fax. +90 (256) 2146594. E-mail: serpilaydin@e-kolay.net

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