

KAP study about Digital rectal examination (DRE) among undergraduate medical students

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Abstract:

Aims: To assess the basic knowledge, Attitude and Practice of Digital Rectal Examination in Medical students.

Methods: The questionarie was prepared and distributed to medical students in final year MBBS in 7 medical college in Mangalore .There were 455 participants . The students who had been in all the clinical postings were included in the study .Yes or No response was obtained and analysed. Score was expressed in percentage based on the appropriate answers obtained.

Results: The Knowledge, attitude and practice scores were 31.8 %,19.27% and 33 .9 respectively.

Conclusion: The procedure and significance of Digital rectal examination has to be taught and emphasised in the undergraduate medical school.

I. Introduction

Digital examination in an important physical examination without which clinical examination is incomplete.It gives a immense information if the findings are present and consistent and also to rule out conditions in arriving a provisional diagnosis .It involves not only rectum perse but als Genito urinary system , including the prostate , and indirect information regarding utereus and other adnexal structures. Further at the same time a neurological examination of sensation ,tone and reflexes can be carried out. Any obvious growth or deposits gives valuble information preceded by proctoscopy.Many benign and malignant diseas of anorectal region can be seen ,felt and assessed and amenable to imaging as well as tissue diagnosis .It is a part of sceening in CA prostate .It is a known fact that DRE is done by surgeons , gastroenterologists but often neglected by general practitioners and physicians though all of them underwent training in surgical specialities as an undergraduate. In this study we try to examine the knowledge ,attitude and practice of DRE in medical students .

II. Methods

The questionarie was prepared and distributed to medical students in final year MBBS in 7 medical college in Mangalore .There were 455 participants . The students who had been in all the clinical postings were included in the study .Yes or No response was obtained and analysed. The questions were later categorised in to knowledge group ,attitude group and Practice group.Score was expressed in percentage based on the appropriate answers obtained.A negative score was taken for inappropriate answers as detectd from the correct sore. A zero score was given for the unattempted questions.

III. Results

Knowledge:

Can pelvic abscess be detected?	206
Can spincter tone be assessed	163
Can P/R help in difficult Foley catheterisation	116
I have seen the procedure being done or demonstrated	266
Can u diagnose BPH by DRE -	292
Can u grade BPH by DRE -	230
Can u detect CA prostate by DRE -	272
Will ur DRE affect PSA levels	323
Can u detect Fistulas ,sinuses -	356
Do u feel it can be done in all painful conditions.	124
Will DRE help in neurological examination .	109
Have u heard about TRUS.	321
Can MRI be done rectally .	94
Do u feel rectal imaging can replace DRE .	141
Would u defer DRE in case of fecal impaction ?	310

In spite of better access to web and tutorials the knowledge levels were not satisfactory regarding the aims and procedure of DRE. Knowledge of DRE regarding ability to diagnose ,grade BPH ,other pelvic and perineal pathologies and transrectal imaging modalities was 31.8 percent .Still many feel that rectal imaging can replace MRI. However one had to do and experience the haptic feed back which no imaging can give.Just like auscultation, percussion, vocal fremitus – the various aspects done for the same respiratory system DRE is an unavoidable component of clinical examination.

Attitude:

Do u feel u need to do it only in internship	227
Do u feel DRE can be learnt in anesthetised patients under supervision -	114
Should Postings in Urology ,Gastroenterology and GI surgery be included as a part of UG teaching Programme to focus on clinical examination (DRE).	243
Do u think ur DRE will help in promoting Robotic surgery -	190
Do u feel DRE is more important in males than females -	241
Do u think it is mandatory as part of routine clinical examination	279
Do u think it will be necessary only in surgical/gyec examination.	316
Should physicians and GPs do PR routinely.	226
Do u feel DRE needs to be done only if the situation demands.	323
Do u feel just because DRE was not done many cases or life years are missed ? 136	
Would u recommend or teach to your juniors ?	162
Does it sound awkward to do DRE inspite of the benefits ?	278
Will u refer ur patient to a surgeon for DRE always.	174
Do u feel or recommend DRE to be taught in a mannequin.	256
Would DRE be included in part of Practical Examination.	220

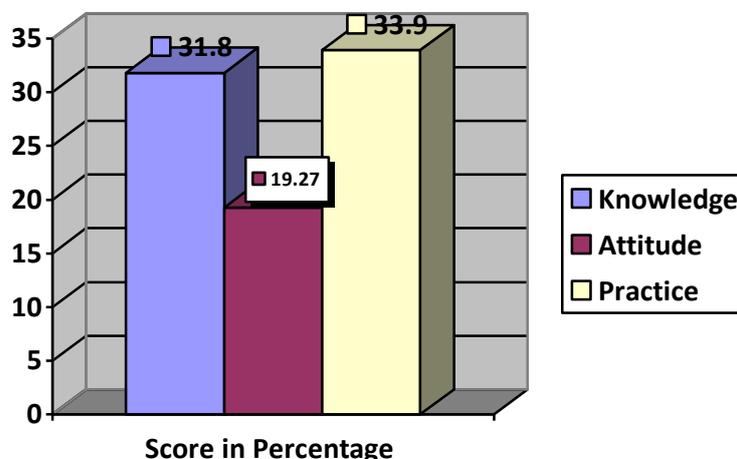
Attitude to learn and to do did differ in spite of oppurtunities if it were available to do the procedure. Still many consider it as an awkward process that very much prevents acquaintance with the findings. Attitude translates in to practice . Still there is a thought that DRE falls in surgeons domain even though the procedure is mentioned in Medicine clinical methods .If given an option Practice with maniquine shall remove the awkwardness still there are many below in the iceberg.

Practice :

Have u done DRE	192
Are u well versed with the procedure.	156
Have u detected/Felt any malignant conditions by DRE -	110
Have seen /heard /recommend tutorial videos of DRE -	160

Of the 455 only 156 had performed DRE atleast once which holds to 27 percent . 156 are confident of the procedure learned by mentoring watching demonstration videos and tutorials .110 of 455 were able detect pathology. The overall practice score was 33.99 percent

IV. Discussion



Only Knowledge alone is not sufficient as finally merits depends on right attitude that drives and applies the knowledge in to practice.Just because the DRE was not done many cases of CA rectum can be missed at the curable time and present late .Also ca postate screened by PSA can be missed if a small nodule is

not palpated. Without substantiating the lower GI symptoms with DRE will end up in missing and delaying the diagnosis. Often we see patients with Ca rectum presenting at an advanced stage being treated for constipation or altered bowel habits or haemorrhoids for months together by a general practitioner. It could have been avoided if little attention and time had been spared for DRE. With the advancements in Robotic surgery the complex pelvic surgeries have become with better oncological outcome. What is important is early detection to get the patient on table for the best outcome but if it's missed and not detected early it's already late forever. The proper procedure of DRE, its significance has to be inculcated in Undergraduate teaching. With lower score on Attitude in spite of better knowledge affects the practice significantly. Effective mentoring, motivation, explaining the significance and implications not just for the purpose of exam plays a very important role by the faculty.

V. Conclusion

The knowledge and Attitude in learning and practicing DRE needs to be step up at the UG medical education to bring implementation in the clinical practice. The responsibility of the Peer medical professionals, Professors in clinical specialties is pivotal in realisation of this very important procedure, its advantages and its repercussions. The gifted hands are not the only ones who operate.