



Original article

Knowledge of medical students on National Health Care System: A French multicentric survey

Connaissances du système de soins : étude multicentrique française auprès des étudiants en médecine

A.-L. Feral-Pierssens^{a,*}, A.-S. Jannot^{b,c,d}

^aEmergency department, European Georges-Pompidou hospital, Assistance publique–Hôpitaux de Paris (AP–HP), Paris, France

^bBiomedical informatics and public health department, European Georges-Pompidou hospital, Assistance publique–Hôpitaux de Paris, Paris, France

^cINSERM UMRS 1138, centre de recherche des cordeliers, 75006 Paris, France

^dUniversité Paris Descartes, Paris, France

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Abstract

Background. – Education on national health care policy and costs is part of our medical curriculum explaining how our health care system works. Our aim was to measure French medical students' knowledge about national health care funding, costs and access and explore association with their educational and personal background.

Methods. – We developed a web-based survey exploring knowledge on national health care funding, access and costs through 19 items and measured success score as the number of correct answers. We also collected students' characteristics and public health training. The survey was sent to undergraduate medical students and residents from five medical universities between July and November 2015.

Results. – A total of 1195 students from 5 medical universities responded to the survey. Most students underestimated the total amount of annual medical expenses, hospitalization costs and the proportion of the general population not benefiting from a complementary insurance. The knowledge score was not associated with medical education level. Three students' characteristics were significantly associated with a better knowledge score: male gender, older age, and underprivileged status.

Conclusion. – Medical students have important gaps in knowledge regarding national health care funding, coverage and costs. This knowledge was not associated with medical education level but with some of the students' personal characteristics. All these results are of great concern and should lead us to discussion and reflection about medical and public health training.

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Keywords: Public health education for professionals; Medical students; Questionnaires and surveys; Health care organization

Résumé

Position du problème. – Les politiques nationales de santé et les modes de financement du système de santé sont des notions abordées au cours du cursus des études médicales permettant d'appréhender ainsi le fonctionnement du système de santé. Notre objectif était de mesurer les connaissances des étudiants en médecine français concernant les modes de financement, les coûts et les modes d'accès aux soins du système de santé français et de les mettre en relation avec la formation reçue ainsi qu'avec des éléments sociodémographiques.

Méthode. – Nous avons élaboré un questionnaire informatisé accessible par Internet explorant les connaissances des modes de financement, des coûts et des modalités d'accès au système de santé. Constitué de 19 items, nous avons mesuré un « score de réussite » correspondant au nombre de bonnes réponses obtenues. Nous avons aussi collecté des informations concernant les caractéristiques sociodémographiques des étudiants ainsi que les détails de leur formation en santé publique. Le questionnaire a été envoyé aux étudiants en médecine et aux internes de 5 facultés de médecine françaises entre juillet et novembre 2015.

* Corresponding author.

E-mail address: anne-laure.feral-pierssens@aphp.fr (A.L. Feral-Pierssens).

Résultats. – Au total, 1195 étudiants de 5 facultés de médecine ont répondu au questionnaire. La majorité des étudiants sous-estimait le coût total des dépenses annuelles de santé, les coûts d'hospitalisation et la proportion de la population générale bénéficiant d'une assurance maladie complémentaire. Le score n'était pas associé au niveau d'étude et de formation reçue. Le fait d'être un homme, d'être plus âgé et d'être le moins précaire était associé à un score de réussite plus élevé.

Conclusion. – Les étudiants en médecine ont d'importantes lacunes en matière de connaissances du système de santé, de son fonctionnement, de ses modes de financement et de son coût. Ces connaissances ne sont pas associées au niveau de formation reçue. Ces résultats doivent nous amener à rediscuter et réfléchir aux modalités d'enseignement de la santé publique auprès des étudiants en médecine.

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Mots clés : Formation en santé publique pour les professionnels ; Étudiants en médecine ; Questionnaires ; Organisation du système de soins

1. Introduction

In France, health care is mostly organized through a wide public health care system. The French State provides almost universal coverage to its population through “Social security” with a uniform comprehensive benefit plan. Government financing of health care expenditures is amongst the highest in Europe (78.2% of total health expenditure in 2014) but private health expenditure through complementary insurance is still high in France (22% of total health expenditure) even though out-of-pocket expenditure is amongst the lowest in Europe (6.3% of total health expenditure) [1]. Out-of-pocket spending is, in fact, heterogeneous in the population and varies also across sectors (higher for medical goods, especially dental or optic prosthesis and lower for hospital care) [2,3]. Public financing of health care expenditures is amongst the highest in Europe and out-of-pocket spending amongst the lowest. Social security is compulsory and covers the resident population; it is mostly financed by employee and employer's contributions but also through a progressive income tax and taxes on wealth and investments [2,4,5]. Despite increasing financial constraints, universal access to health care is guaranteed by law: the Public Health code states that any physician encountering a sick or injured person, or informed of such situation, has the duty to assist that person or to ensure that he/she receives the necessary care [6]. Recently, the national consultative ethics committee reasserted the principle of universal assistance of our health care system [7].

Each citizen builds a personal experience with the health care system involving funding (taxes, insurance premiums), costs, and personal health care expenditures [8,9]. However, health care funding mechanisms and costs are complex subjects and even physicians working within the system are not familiar with all its different aspects, situations and details. That is why education in Public Health offered to medical students during their training aims at increasing students' global knowledge of the National Health Care System, including its organization and financial constraints [10]. In France as in most countries, public health items taught during medical training include national health care funding, costs, and access specificities. In France, this knowledge is assessed through a national examination during the sixth year of medical school.

The literature shows that knowledge about these themes (access to health care, health costs) is weak among both

experienced and junior physicians [8,11]. Most studies describe, at different steps of medical education, knowledge concerning the specific costs of different medical procedures: experienced doctors but also residents, from the first to the last years, all have important gaps. An article comparing pediatricians and their patients' parents mainly showed that knowledge was inaccurate [12]. The same holds for medical staffs in intensive care units and in emergency departments [13,14]. Poor knowledge and little interest for patients' access to care and health care policies have also been denoted [15–18]. To our knowledge, little literature has focused on health care funding system and access to health care details.

Apart from specific education on these subjects, personal characteristics might be associated with different experiences, knowledge and interests in national health care policy. Among personal and socio-demographic characteristics, “socio-economic status” is particularly relevant as it is known to be strongly associated with health and health care utilization [19]. Socioeconomic characteristics might also influence knowledge of the health care system. Other relevant characteristics include gender and age [20]. Some studies have assessed their respective contribution to knowledge of health care costs and funding [15,17,21].

Our study aimed to assess French medical students' knowledge about health care system funding, costs, and access specificities. We focused on deciphering the input of students' characteristics and public health training in these skills through a national web-based survey.

2. Materials and methods

2.1. Survey design

All medical faculties in France were contacted between July and September 2015 to circulate a link to a web-based survey. Five faculties accepted to circulate the link to the questionnaire (Paris Descartes, Créteil, Amiens, Montpellier, Dijon, Angers). They circulated the web-based survey through all their students' mailing lists (both undergraduates and residents except first-year students since the admission rate to the second year is very low in the French medical curriculum). Emails were sent between July and November 2015 and answers were collected by the end of December 2015.

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