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Research Article

Knowledge and performance of medical resident students and interns about mouth cancer

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ABSTRACT

Introduction: most of mouth cancers are recognized late and inconsequence. They are an important problem for the public health of people all around the world. Since medical students as the future doctors have an important rule in recognition of mouth cancers quickly, we decided to od a research by the goal of studying the knowledge and performance of medical resident students and interns related to mouth cancer.

Method: this study is descriptive and segmental. The population under study is 50 people of medical resident students and internsin yasuj university of medical science. The tool for collecting data was a 3-part questionnaire. (demo graph and performance)

The analysis of data was done by t-test, correlation coefficient and spss software.

Result:50 medical resident students and interns were investigated in this study. The percentage of knowledge and performance was 56.6 and 53.2, respectively. There was not any meaningful relationship between sexuality and the score of knowledge($p>0.05$).

Conclusion: the knowledge and the performance of investigated students about breast cancer were increased in average which can be increased by using suitable solutions.

INTRODUCTION:

Cancer is one of the largest threats for public health in developed societies and it is a progressing factor in developing societies (1). among cancers mouth and gorge cancers are the sixth prevalent cancers in the world (2). mouth carcinoma in one of the most prevalent cancers and it is one of the 10 prevalent reasons of death all around the world. Mouth cancer is about 4% of all the body cancers in men and it is about 2% in women (3). the out breaking of this illness is reported between 1 to 10 per 100000 people in different countries and it is increased by the age in a way that 98% of cancers in gorge and mouth is occurred in more than 60 years old ills (2). this carcinoma is multi factor and both internal and external factors may influence in creating them.

The smoke of tobacco, alcohol, chancre, the light sun are examples of external factors and dystrophy and anemia, the lack of iron is some of the internal factors which can be alluded. It seems that inheritance does not have an effective and outstanding rule in creating mouth carcinoma (4,5). the sidewalk cell cancer(SCC) has devoted about 94% of malignity of theChamber of our mouth to itself. This malignity's have more prevalence in men compared to women (4). Now, the way to

recognize this lesion is textural sampling and doing histopathologic tests by H&E coloring method (7). Mouth cancer is without any symptom in primary steps and the most usual symptom of this is discomforting which has been reported in 85% of afflicted ills. Hence, the majority of mouth cancers are recognized in advanced steps; when clinical symptoms are appeared because of high spreading of illness. So the presentiment of mouth cancer is not good in most places of the world (8). This can cause a delaying in referring the ill person to the doctor or the dentist. If the doctor or the dentist does not have enough knowledge or ability, recognition and biopsy will be delayed several weeks. Inconsequence, mouth cancer in most of ills is recognized in advanced steps, which shows inattention of medical society to fore cancer and mouth cancer lesions in primary steps. Also, for cancer lesions such as Lecopalica and Eritropalicaare some of the important lesions that because of having no symptom and not to have main physical changes are ignored by the doctors easily and cause serious irremediable reverberations for ills in future (9). Sometimes these lesions will stay in fore cancer step and although they may have been existed in mouth for a long time, nobody pays attention to them (10). Because of a lot of similarities in lesions, it is difficult to recognize the mouth illnesses (11). The mucus of mouth can be affected by the public health of the body also sometimes the symptoms of some of the public illnesses may be appeared inside mouth (12). Concerning the 3000-year-old history about the effect of mouth situation recognition on public health andvice versa and also the relationship between doctors and dentists in recognition and treatment of mouth diseases, having acceptable information about mouth illnesses and a way to treat them the sane as dentists to be able to recognize and treat some of the mouth diseases is needed (13, 14). In medical programs paying attention to the important of mouth and tooth health is insufficient and they are just noticed in clinical examinations. Sometimes the importance of some mouth diseases is that much so if it is not recognized correctly it can cause serious disability or even death for ill person (15). However, our expectation of doctors to recognize the mouth lesions correctly, absolutely must be less than dentists, but doctors must be aware of different mouth lesions and the importance of them because the below rescans. In most of the cases doctors try to tract the mouth recognition was not correct, for sure medical error can have several or sometimes serious reverberation for ills. Cost enforcement, wasting time, having more serious symptom for illness and having more difficulties for treatment, losing the golden opportunity to recognize and treat some lesions, losing the typical microscopic view of lesions in some cases (e.g lichenpalen lesions), imposing inept mental pressure in some cases because of becoming persistent and thinking about patient as an irremediable person and sometime becoming distrustful to medical society are some of the reverberations. Therefore, the goal of this research is investigating the extent of knowledge and performance of medical resident students and interns.

M**ethod:**this study was descriptive and segmental with the population under study 50 people of medical resident students and interns in yasuj university of medical science. The study was done statistically. Data for this research are collected by a 3-part questionnaire (one part contains Demograph questions, performance knowledge). The validity of the questionnaire was evaluated by investigating of context validity and its perpetuity by calculating α-Cronbachcoefficient. The analysis of data was done by t-test and Pearson correlation coefficient and spss software results.

RESULT:

Data illustratedthat the age group of samples was between 24-30 years old and 65.6% of there had positive answer to the knowledge questions about mouth cancer (table No.1).

Table No 1: distribution of abundance about the way of investigated students answering about mouth cancer.

Knowledge questions	correct numbers	incorrect numbers	I don't know numbers
The most prevernal clinical view	33	17	-

for mouth cancer is unrestorable wound			
Prosthetics by weak coincidence can be on etiologic factor for mouth cancer.	18	10	22
For a mouth wound, thefirst step isbiopsy sampling.	43	7	-
Low intake of vegetables and iron deficiency is effective in developing oral cancer	17	20	13
Mouth SCC always is related to the radiograph changes.	42	5	3
Pain frequently is the most prevalent clinical finding (adenoid cystic carcinoma).	38	12	-
SCC is the most prevalent oral cavity cancer	37	13	-
The most prevalent place for mouth cancer except for lip is floor of the mouth.	34	15	1
The primary mouth cancer often is created by a small,painlessred area.	24	9	17
Erythroplakia most of the time with Dysplasia or ISCC.	43	3	4

56.5% of samples had positive attitude and 52.15% of samples had positive performance about mouth cancer (table No.2).

Table No(2) Distribution of abundance about the way of investigated students answering to the attitude and performance.

Performance question	yes	no
Is the time of recognition about mouth vital and is it effective in success of treatment?	20	30
Can doctors be the first person to recognize mouth cancer?	42	8
Can doctors be helpful incentive for ills about leaving the dangerous habits such as cigar, alcohol and so on?	43	7
Is the usual examination about mouth cancer necessary for people who are more than 40 years old	19	31
Is leaving dangerous habits necessary and useful even after recognizing mouth cancer?	30	20
Do you do usual experiments about mouth cancer for all people who are more than 40 years old?	24	26
Do you do usual experiments about mouth cancer for in danger people?	26	24
DO you do neck lymph nodes experiments?	31	19
DO you have enough ability about neck lymph nodes and mouth experiments?	13	17
Would you like to take part in course which is about mouth cancer?	18	32

34 members of samples were women and 16 members were men and there was not any meaning full relationship between sexuality and the scare of knowledge and attitude and performance($p>.05$)

Knowledge and performance of interns were more than medical resident students, but they did not have enough meaning full difference statistically ($p>.05$). Pearson correlation coefficient showed that there is a relationship between the number of ills referring and Mouth consideringand also between internship and students' knowledge which means students who

had mouth investigating in more number of ills had more knowledge (rs= -128, p<.05)

DISCUSSION:

by the information which we are dealing with the average percentage of knowledge scare has been determined as 56.6. The average performance present is 53.2 which has been reported in medium level. Being aware of the prevalent age affection to mouth cancer, the prevalent place, clinical sights, etiologic factors and diagnosis and treating ways are the simple scientific subjects which interns must knowledge by continuous studying about new scientific resources update their information (16).Considering to increasing outbreak of mouth cancer and changes in Iran population, programming to do and following up mouth cancer experiment protocol in order to encourage doctors and dentists and reduce existing problems is vital. One of the background factors to measure doctors' and dentist's performance is the level of their knowledge aboutDentists in this .mouth cancer of5study are 10.

The result Clovis et.al showed that awareness of samples is at the average step (18) and the awareness of samples in Yellowitz studies was in low level (19). The awareness of both studies was in lower level compared our research. In our research 48% of sampels have none the primary mouth cancer as small red painless lesion which is similar to Nicotera et.al studies that 42.8% of people under study have none these symptoms (20).

Carcinoma of cancer calls (SCC) is the most prevalent oral cavity cancer and it consists more than 90% of mouth cancers (21). In this study 86% of samples knew SCC as the most prevalent malignancy in oral cavity, while in Nicotera's studies 53.1% of people were aware of this subject.

According to Neville et.al studies, cigar and alcohol are important factors in mouth cancer which decreasing and breaking there can be effective in treating this disease (21). The samples of our study also has the same opinion and most of their believed that they must not use cigar and alcohol to prevent treat mouth cancer.

32% of students in this study were aware of danger because of using less amount of vegetables and a look of iron in creating mouth cancer. these findings are similar to Colella study that smallratio if dentists were aware of this danger (22).

The students' performance about mouth cancer in this research was similar to Davdian et.al studies. This performance similarity can be the same as knowledge about mouth cancer in two groups (23).

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