

Comparative Study of the Awareness Regarding the Medicolegal Reporting of injuries among Medical Students and Residents in Sohag University Hospital

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ABSTRACT

KEYWORDS

Medicolegal Report,
Wounds,
Residents.

The medicolegal report written by physicians must prove the relationship between an injury and an alleged prohibited act. This affects the judges' opinions in criminal cases. This cross-sectional study aims to assess the awareness of resident doctors at Sohag University Hospital about the medicolegal reporting of injuries compared to grade-five medical students. The participants were asked to fill out an online questionnaire that included pictures of seven types of wounds to identify the medical, Arabic term of the wound, causative instrument, legal classification, and expected healing time. One hundred twenty-nine respondents (85 students and 44 residents) were included in this study. The students' group showed significantly higher results compared to the residents' group in three questions: causative instrument of a stab wound, medical term of the lacerated wound, legal type of fracture (p-value: 0.022, 0.026 and 0.007 respectively) While residents' group had better results regards causative instrument of contusion, medical term and recovery time for the fracture (p-value: 0.041, 0.019 and 0.037 respectively). The total score of correct answers for each participant in both groups showed a homogeneous distribution with a mean+ SD of 26.5±3.6 in the students' group and 25.8±3.7 in the residents' group. There was no statistically significant difference between both groups regarding total score (p-value:0.321). In conclusion, although both students and the residents' group had a comparable level of knowledge, this level does not reflect the expected experience among the resident's group. It is recommended to hold frequent workshops to enhance the physicians' medicolegal reporting of injuries.

Introduction

The injury case presented to the emergency department medical officer is a potential medicolegal case. Although the resident's first duty is to stabilize the patient's condition, the medicolegal report of the case

is mandatory (Brahmankar and Sharma, 2017). The physician's role, besides treatment, is to perform a medicolegal report (Agarwal et al., 2008).

The ability of the medical practitioner to correctly report wounds and injuries is a critical issue for all physicians, especially residents. This also includes identifying its legal type and causative instrument, as these reports benefit legal action against the accused personnel (Barek and Haque, 2013).

The recognition of injury and its documentation and medicolegal reporting is a cornerstone in a legal process. The resident who assessed the case should write the findings in a medicolegal report that is

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acceptable and considered necessary evidence in the courts (Lynch, 1995). The report should contain important information about the injury, such as the type of wound, the characters of the causative instrument, and the expected recovery time. Incorrect or deficient information in medicolegal reports may hinder Justice (Madadin et al., 2021).

Aktas et al. (2018) studied the errors in writing medicolegal reports. The most common was a deficiency in reporting the status of patients (80%). This was followed by an undefined wound type (60%). A study was carried out in 2010 to evaluate the cognizance of Ain Shams University Hospitals' house officers of different wounds commonly faced in emergency departments. The results showed that although most respondents could recognize the medical type of wounds, most could not determine the causative instrument or the legal type (Mahmoud and Azab, 2010).

Studying Forensic Medicine is essential and has the potential to upgrade medical knowledge and improve clinical performance. Also, it is a critical subject that focuses on evidence in criminal cases. Physicians, especially residents, should be well-knowledgeable in this field as doctors' responsibilities have grown, and they are now required to have a thorough understanding of forensic medicine (Sharma et al., 2005; Mardikar and Kasulkar, 2015).

Wound recognition and its legal classification are discussed in the forensic medicine curriculum for medical students, but unfortunately, it is rarely discussed in training hospitals (Santucci and Hsiao, 2003).

This study aimed to investigate the ability of surgery and orthopedics resident doctors working in Sohag University hospitals compared to 5th-grade medical students to recognize and mention the essential items for medicolegal reporting of injuries, including

the medical, Arabic, legal term of wounds, healing period and its causative instrument.

Methodology

This is a cross-sectional observational study. The Institutional Review Board approved the study protocol (IRB), Faculty of Medicine, Sohag University (Code: Soh-Med-22-02-26). This study included 129 participants (85 students and 44 resident doctors) at Sohag University Hospital. The study involved two groups:

1. Resident doctors of general surgery and orthopedics at Sohag University Hospital.
2. Fifth-grade medical students at the faculty of medicine, Sohag University.

A pilot study was carried out before data collection on 20 participants (10 students and ten residents) who were excluded from the study sample. The participants were asked to fill out an online questionnaire through google Forms and by random snowball sample. The questionnaire provided pictures of seven common types of wounds (Figure 1). These were: abrasion, contusion, laceration, cut, stab, fracture, and firearm inlet wound. It was done to test the contents and validity of the questionnaire sheet and internal consistency. Accordingly, the essential modifications were done, and the final form was developed.

The questions included identifying the essential items for a medicolegal report of wounds, such as medical, Arabic terms of the wound, the expected healing time, legal classification, and the type of causative instrument. The last two questions were excluded in the stab and firearm wounds because it is challenging to predict organ injury from the photos. A total score for each participant was calculated by adding the correct answers for all 31 questions. Each correct answer had one degree.

Statistical analysis

Statistical Package for the Social Sciences (SPSS) version 24 was used. Data were expressed as frequency and percentage. A chi-squared test was used to compare answers between different study groups and

between different types of wounds in each group. The distribution of the participants' total scores in each study group was tested for normality using the Shapiro–Wilk test. An Independent sample t-test was used to compare the mean values of the total score of both groups.

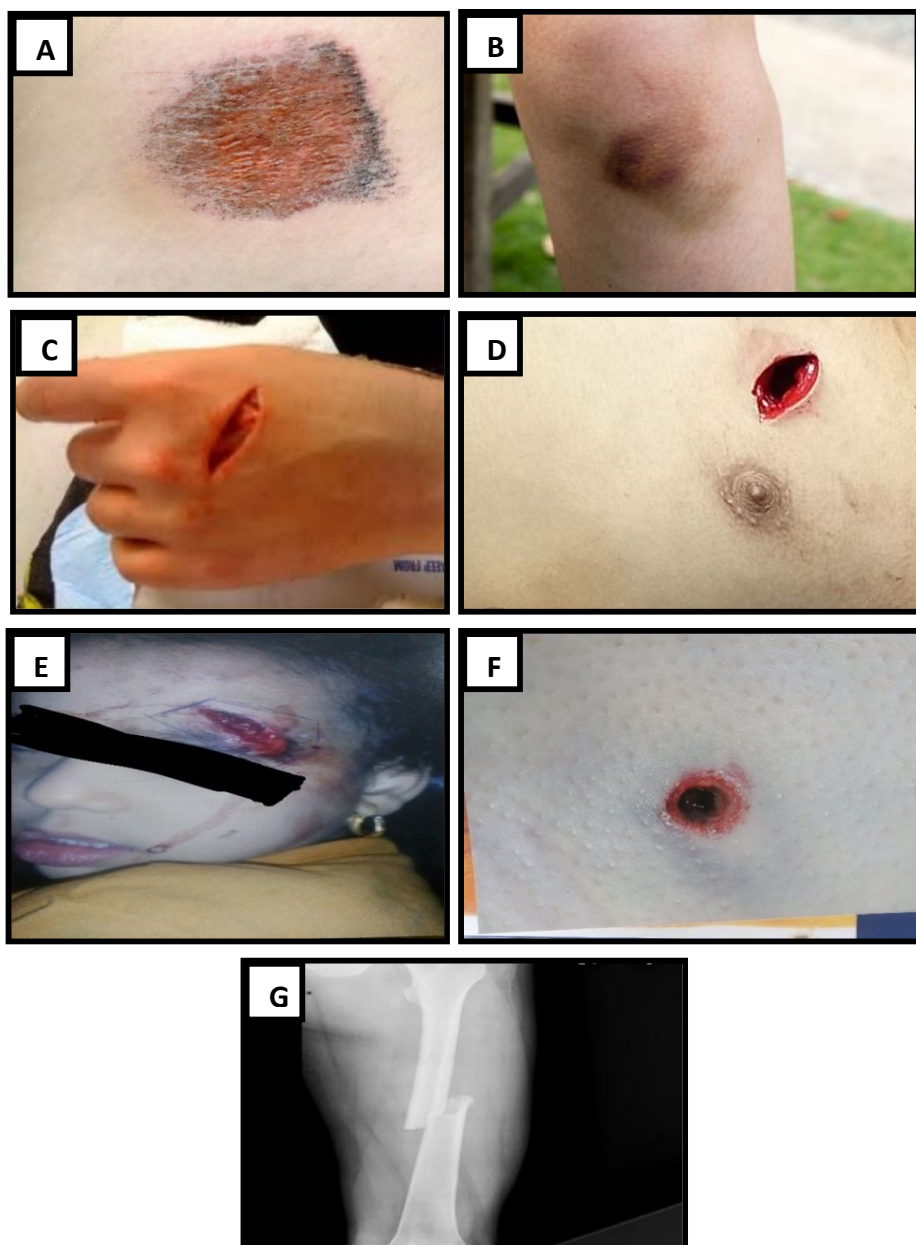


Fig. (1): Showing the seven types of wounds included in the study. A: abrasion, B: contusion, C: cut wound, D: stab wound, E: lacerated wound, F: inlet firearm wound, and G: displaced fracture

Results

In the present study, 129 participants (85 students and 44 resident doctors) at Sohag University Hospital. were asked to fill out an online questionnaire of seven common types of wounds. The questions included identifying the essential items for a medicolegal report of wounds, such as medical, Arabic terms of the wound, the expected healing time, legal classification, and the type of causative instrument.

Regarding the medical term of the wounds (cut wound, abrasion, firearm, stab, contusion, lacerated, fracture), the residents could correctly recognize the medical term of these wounds by a higher percentage of (95.5%, 88.6%, 75%, 95.5%, 81.8%, 72.7%, 93.2%) respectively. Regarding Arabic terms, the residents could identify five types of wounds (cut wound, abrasion, stab wound, contusion, and lacerated wound) with a higher percentage, which is (97.7%, 84.1%, 63.6%, 95.5%, 72.7%,) respectively. However, the results were unacceptable for the remaining two wounds (firearm and fracture). 43.2% of residents only knew the Arabic term for inlet firearm wounds. Many answers involved only firearm injury without mentioning it is an exit or inlet wound, which is critical in the medicolegal report, so it was considered a wrong answer. Few numbers had other answers apart from firearm injury. The answers were more disappointing regards the fracture type. Only 29.5% could mention the Arabic translation of displaced fracture, as shown in table (1).

For the legal classification, the best result was abrasion and contusion, as 95.5% of the resident could recognize the legal term of both wounds. In comparison, the worst results were the lacerated wound, as 29.5% of the residents could recognize the legal term of the lacerated wound. As regards the healing period, 95.5% of the residents could correctly

identify the healing period for both fracture and abrasion. In comparison, only 40.9% of residents could identify the healing period for lacerated wounds, which was a minor percentage.

Finally, the causative instrument-type questions had the worst outcomes. The correct results were 56.8%, 27.3%, 52.3%, 36.4%, 63.6%, 52.3%, and 38.6% for cut wounds, abrasions, firearm wounds, stab wounds, contusion, lacerated wounds, fractures, respectively. Many respondents mentioned examples of the probably used instrument, which needs to be corrected to specify the weapon instead of mentioning the type of the weapon. This may be misleading as it may differ from the one the witnesses reported (Table 1).

As regards the results of grade 5 medical students, as shown in table (1), the medical term of the seven wound types was successfully recognized by most participants as 97.6% of students could correctly identify the medical term of the cut wound which was the highest percentage concerning the medical term. In contrast, the lowest percentage was fracture medical term which only 76.5% of students could recognize. Regarding the Arabic term, 98.8% of students could correctly identify the Arabic term for cut wound, recording the highest percentage, while only 38.8% recognized the Arabic term for firearm wound.

Concerning the legal term of the wound, abrasion and contusion showed a higher percentage of correct answers with 98.8% of total students, while lacerated wounds showed a minor percentage with 30.6%. Regarding the expected healing time, the percentage of correct answers was 96,6% for the abrasions. The same legal term, lacerated wound, showed a minor percentage of correct answers concerning the healing period by 38.8.

The results of the causative instrument-type questions were unsatisfactory for all wound types. Correct answers were 23.5%, 41.2%, 44.7%, 50.6%, 57.6%, 63.5%, and 68.2% for fracture, abrasion, contusion, lacerated wound, stab wound, cut wound, and firearm wound, respectively. Again, some respondents mentioned examples of the instrument used instead of stating the type of the instrument.

Regarding comparative analysis between the two groups' correct answers, the students' group showed a higher percentage of correct answers with a statistically significant difference for the stab wound's causative instrument, the lacerated wound's medical name, and the legal classification of the fracture (p-value: 0.022, 0.026, and 0.007, respectively). However, the residents' group showed a statistically significant higher

percentage of correct answers about a causative instrument of contusion and the medical name and recovery time for the fracture (p-value: 0.041, 0.019, and 0.037, respectively). Regarding other answers, the students showed a higher percentage of correct answers than residents, but the relationship did not reach the significance level (Table 1).

The total score of correct answers for each participant in both groups showed a homogeneous distribution with a mean[±] SD of 26.5[±]3.6 in the students' group and 25.8[±]3.7 in the residents' group. There was no statistically significant difference between the answers in both groups regarding total score (p-value = 0.321), as illustrated in (Table 2; Figures 2 and 3).

Table (1): The difference between students and residents regarding their knowledge about wound types and classification using the Chi-Square test.

Respondents Questions		Students (n=85)	Residents (n=44)	Total (n=129)	p-value
1-Cut Wound					
Medical term	Correct	83 (97.6%)	42 (95.5%)	125 (96.9%)	.496
	Incorrect	2 (2.4%)	2 (4.5%)	4 (3.1%)	
Arabic term	Correct	84 (98.8%)	43 (97.7%)	127 (98.4%)	.633
	Incorrect	1 (1.2%)	1 (2.3%)	2 (1.6%)	
Legal term	Correct	71 (83.5%)	36 (81.8%)	107 (82.9%)	.806
	Incorrect	14 (16.5%)	8 (18.2%)	22 (17.1%)	
Instrument type	Correct	54 (63.5%)	25 (56.8%)	79 (61.2%)	.458
	Incorrect	31 (36.5%)	19 (43.2%)	50 (38.8%)	
Healing period	Correct	69 (81.2%)	33 (75.0%)	102 (79.1%)	.414
	Incorrect	16 (18.8%)	11 (25.0%)	27 (20.9%)	
2-Abrasion					
Medical term	Correct	73 (85.9%)	39 (88.6%)	112 (86.8%)	.661
	Incorrect	12 (14.1%)	5 (11.4%)	17 (13.2%)	
Arabic term	Correct	66 (77.6%)	37 (84.1%)	103 (79.8%)	.387
	Incorrect	19 (22.4%)	7 (15.9%)	26 (20.2%)	
Legal term	Correct	84 (98.8%)	42 (95.5%)	126 (97.7%)	.229
	Incorrect	1 (1.2%)	2 (4.5%)	3 (2.3%)	
Instrument type	Correct	35 (41.2%)	12 (27.3%)	47 (36.4%)	.120
	Incorrect	50 (58.8%)	32 (72.7%)	82 (63.6%)	
Healing period	Correct	82 (96.5%)	42 (95.5%)	124 (96.1%)	.777
	Incorrect	3 (3.5%)	2 (4.5%)	5 (3.9%)	

Respondents Questions		Students (n=85)	Residents (n=44)	Total (n=129)	p-value
3-Firearm					
Medical term	Correct	73 (85.9%)	33 (75.0%)	106 (82.2%)	.126
	Incorrect	12 (14.1%)	11 (25.0%)	23 (17.8%)	
Arabic term	Correct	33 (38.8%)	19 (43.2%)	52 (40.3%)	.632
	Incorrect	52 (61.2%)	25 (56.8%)	77 (59.7%)	
Instrument type	Correct	58 (68.2%)	23 (52.3%)	81 (62.8%)	.075
	Incorrect	27 (31.8%)	21 (47.7%)	48 (37.2%)	
4-Stab					
Medical term	Correct	79 (92.9%)	42 (95.5%)	121 (93.8%)	.575
	Incorrect	6 (7.1%)	2 (4.5%)	8 (6.2%)	
Arabic term	Correct	65 (76.5%)	28 (63.6%)	93 (72.1%)	.123
	Incorrect	20 (23.5%)	16 (36.4%)	36 (27.9%)	
Instrument type	Correct	49 (57.6%)	16 (36.4%)	65 (50.4%)	.022*
	Incorrect	36 (42.4%)	28 (63.6%)	64 (49.6%)	
5-Contusion					
Medical term	Correct	76 (89.4%)	36 (81.8%)	112 (86.8%)	.227
	Incorrect	9 (10.6%)	8 (18.2%)	17 (13.2%)	
Arabic term	Correct	72 (84.7%)	42 (95.5%)	114 (88.4%)	.071
	Incorrect	13 (15.3%)	2 (4.5%)	15 (11.6%)	
Legal term	Correct	84 (98.8%)	42 (95.5%)	126 (97.7%)	.229
	Incorrect	1 (1.2%)	2 (4.5%)	3 (2.3%)	
Instrument type	Correct	38 (44.7%)	28 (63.6%)	66 (51.2%)	.041*
	Incorrect	47 (55.3%)	16 (36.4%)	63 (48.8%)	
Healing period	Correct	79 (92.9%)	40 (90.9%)	119 (92.2%)	.682
	Incorrect	6 (7.1%)	4 (9.1%)	10 (7.8%)	
6-Lacerated					
Medical term	Correct	75 (88.2%)	32 (72.7%)	107 (82.9%)	.026*
	Incorrect	10 (11.8%)	12 (27.3%)	22 (17.1%)	
Arabic term	Correct	59 (69.4%)	32 (72.7%)	91 (70.5%)	.695
	Incorrect	26 (30.6%)	12 (27.3%)	38 (29.5%)	
Legal term	Correct	26 (30.6%)	13 (29.5%)	39 (30.2%)	.903
	Incorrect	59 (69.4%)	31 (70.5%)	90 (69.8%)	
Instrument type	Correct	43 (50.6%)	23 (52.3%)	66 (51.2%)	.856
	Incorrect	42 (49.4%)	21 (47.7%)	63 (48.8%)	
Healing period	Correct	33 (38.8%)	18 (40.9%)	51 (39.5%)	.818
	Incorrect	52 (61.2%)	26 (59.1%)	78 (60.5%)	
7- Fracture					
Medical term	Correct	65 (76.5%)	41 (93.2%)	106 (82.2%)	.019*
	Incorrect	20 (23.5%)	3 (6.8%)	23 (17.8%)	
Arabic term	Correct	40 (47.1%)	13 (29.5%)	53 (41.1%)	.055
	Incorrect	45 (52.9%)	31 (70.5%)	76 (58.9%)	
Legal term	Correct	72 (84.7%)	28 (63.6%)	100 (77.5%)	.007*
	Incorrect	13 (15.3%)	16 (36.4%)	29 (22.5%)	
Instrument type	Correct	20 (23.5%)	17 (38.6%)	37 (28.7%)	.072
	Incorrect	65 (76.5%)	27 (61.4%)	92 (71.3%)	
Healing period	Correct	70 (82.4%)	42 (95.5%)	112 (86.8%)	.037*
	Incorrect	15 (17.6%)	2 (4.5%)	17 (13.2%)	

n: number, *Statistically significant when p-value <0.05

Table (2): Showing the difference in the mean of the total score between the residents and students groups using a T-test.

	Students	Residents	p-value (independent t-test)
Mean	22.47	21.80	0.321
SD	3.604	3.739	
Minimum	12	14	
Maximum	30	28	
Normality testing	.426 (normally distributed)	.124 (normally distributed)	

SD: standard deviation

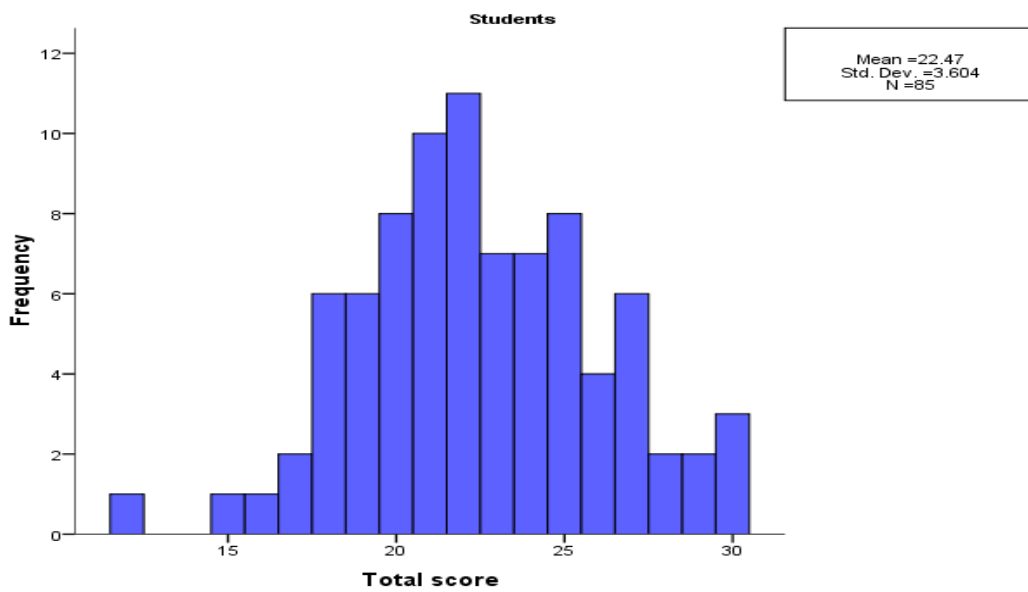


Fig. (2): The frequencies and distribution of students' total scores of the 31 questions.

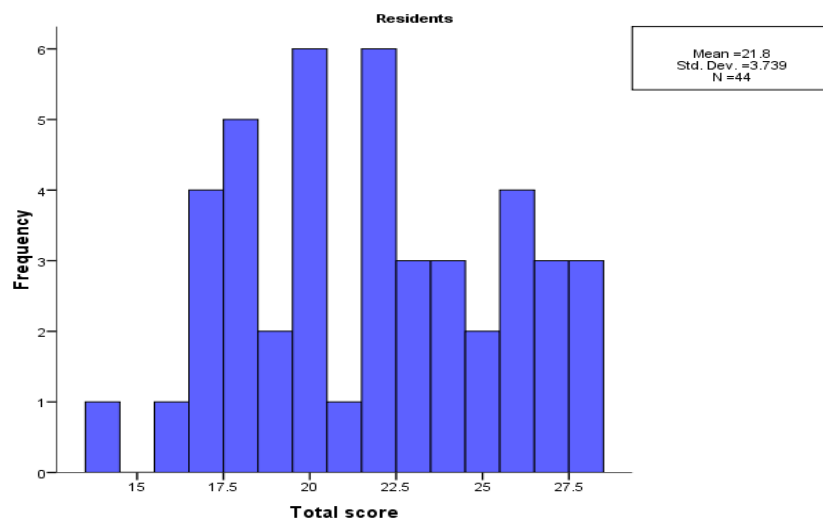


Fig. (3): The frequency and distribution of residents' total scores on the 31 questions.

Discussion

Injury pattern recognition, interpretation, reporting requirements, and injury documentation are all essential aspects of a forensic evaluation, but they are rarely discussed in training hospitals (Santucci and Hsiao, 2003). The ability to recognize and interpret wounds and injuries is an essential issue that all practicing medical graduates should be aware of (Jones, 2003).

This study investigated the participants' ability to express wound type in Arabic, which is an essential skill for Egyptian and Arabic physicians to write a medicolegal report that the court and other authorities can understand. Most participants (residents and students) were aware of the medical term and types of all mentioned wounds. Most recognized the Arabic term for five wound types (abrasion, contusion, cut wound, lacerated wound, and stab wound). However, poor knowledge was reported regarding the Arabic term for inlet firearm wounds and the Arabic term for displaced fracture. This emphasizes the importance of recognizing this item in forensic medicine teaching labs, as it is a critical component of medicolegal reports.

Another cross-sectional study investigated the awareness of Egyptian house officer doctors regarding wound medical and Arabic terms for different wound types. The study reported that most respondents could express wound types in Arabic, which is consistent with the current research results. However, the most misexpressed word in Arabic is contused wound (Mahmoud and Azab, 2010).

Selbst et al. (1992) reported that investigators and courts frequently complain that medical reports are of poor quality, contain highly technical language, are incorrectly structured, or fail to address the

issues necessary for the fact-finding process. An earlier review of 100 medical records from patients who presented to a Level I trauma center in California found that documentation was poor, improper, or insufficient in 70% of cases and that potential evidence was improperly secured, incorrectly documented, or inadvertently discarded in 38% of cases (Carmona and Prince, 1989).

The present research results reported that most respondents were aware of medicolegal reporting, especially for the legal classification and the expected healing period of all wound types except for the lacerated wound. Milroy and Ruddy (1997) stated that injuries are commonly misdescribed as significantly cut wounds, which are represented as contused wounds consistent with the results of the present study. The decrease in teaching medicolegal proceedings to medical graduates to correctly determine wounds has been described in detail (Jones, 2003).

In contrast to the results of the present research, Jones (2003) stated that final-year medical students and doctors working in a London teaching hospital's Department of Surgery students were unable to correctly identify common wounds because they lacked confidence in their ability to correctly identify wounds and injuries using the correct terminology.

This study found that the participants could not identify the causative instrument of each wound type, with the worst scores regarding abrasions and stab wounds and higher scores for cut wounds and contusions. Mahmoud and Azab (2010) also reported that some participants who identified the wound type did not identify the causative instrument but mentioned examples of the instruments that can cause such illustrated wound type. This was also noticed in the current study by most participants.

The present study demonstrated that students have more awareness than residents regarding wound types and classification, with statistically significant differences between the two groups regarding the stab wound's causative instrument type, the lacerated wound's medical term, and the legal classification of the fracture. On the other hand, the residents' group had a statistically significant higher percentage of correct answers regarding the causative instrument type of contusion, the medical term, and fracture healing time.

Rao and Hari (2016) compared trainee doctors to postgraduate students and found that both groups needed adequate knowledge of the medicolegal aspects. Jones (2003) also reported that doctors and students of all grades could not fully identify wounds and injuries in the correct terminology.

Although the total score of correct answers for all questions (31 questions) in the questionnaire for both groups showed a homogeneous distribution, there was no statistically significant difference between the answers in both groups regarding the total score. However, the medicolegal report is vital to the administration of Justice; incorrect information is unacceptable, especially for residents.

This study could be beneficial to researchers and medical educators. Medical educators could encourage early exposure to forensic medicine in the medical education curriculum to increase medical students' awareness. Society is becoming more violent and adversarial. Junior doctors are exposed to wounds and injuries, and according to this survey, they need to be equipped to identify some common wounds correctly. Essential clinical forensic medicine should be included in undergraduate and postgraduate medical curricula. This is to encourage junior doctors to feel confident in describing the injuries they are facing daily and avoid unnecessary

problems later on when they are called to account in court.

Conclusion

The present study was an honest attempt to assess students' and residents' awareness of various aspects of medicolegal issues. This study demonstrated that most participants knew the medical term of all mentioned wounds. Most recognized the Arabic term of five wound types except for the Arabic term inlet firearm wound and the Arabic term displaced fracture. Most respondents knew the legal classification and the expected healing time of all wound types except for the lacerated wound.

The current research reported poor awareness regarding the causative instrument type of each wound, with the worst scores for abrasions and stabbed wounds and higher scores for cut wounds and contusions. Students were more knowledgeable than residents about the stab wound's causative instrument, the lacerated wound's medical name, and the legal classification of the fracture. On the other hand, the residents' group had higher knowledge levels regarding the causative instrument of contusion and the medical name, and fracture recovery time.

Regarding the total score of correct answers, both groups showed a homogeneous distribution with no statistically significant difference between the answers.

Recommendations

Hold frequent workshops to monitor and enhance the residents' medicolegal reporting of injuries. Moreover, I know how to write a medicolegal report.

Conflict Of Interest:

All authors confirm that there is no organizational support for the present work. Moreover, there are no financial connections with organizations that may be interested in the current work submitted.

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دراسة مقارنة لمستوى الوعي حول التوصيف الطبي القانوني للإصابات بين طلاب الطب والاطباء المقيمين بمستشفى سوهاج الجامعي

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يعتبر عدم قدرة الأطباء على وصف الجروح والإصابات الطبية ذات الأهمية القانونية بشكل صحيح من أهم المشكلات التي تواجه تطبيق القانون بصفة عادلة. هذه الدراسة هي دراسة مقطعية أجريت على طلاب الفرقة الخامسة والأطباء المقيمين في الجراحة العامة وجراحة العظام في مستشفى سوهاج الجامعي لتقييم قدرتهم على تحديد أنواع وتصنيفات الجروح المختلفة ونوع الأداة المستخدمة في حدوث الجرح ومدة العلاج. أجريت هذه الدراسة على ١٢٩ مشارك ما بين طالب وطبيب مقيم. اختلفت النتائج بشكل كبير بين المجموعتين الخاضعتين للدراسة حيث أظهرت مجموعة الطلاب نتائج أعلى بشكل ملحوظ مقارنة بمجموعة المقيمين في ٣ أسئلة: الأداة المسببة للجرح الطعني، والاسم الطبي للجرح الرضوي، والتصنيف القانوني للكسر (القيمة الاحتمالية: ٠,٠٢٢، ٠,٠٢٦ و ٠,٠٠٧ على التوالي). بينما أظهرت مجموعة الأطباء المقيمين نتائج أفضل فيما يتعلق بالأداة المسببة للكدمة والاسم الطبي والمدة المتوقعة للشفاء في حالة الكسر (القيمة الاحتمالية: ٠,٠٤١، ٠,٠١٩ و ٠,٠٣٧ على التوالي). ومع ذلك، لم يكن هناك فرق ذو دلالة إحصائية بين المجموعتين فيما يتعلق بالدرجات الكلية لمجموع الإجابات الصحيحة لكل الأسئلة عن كل الجروح (القيمة الاحتمالية = ٠,٣٢١). على الرغم من أن المجموع الكلي للإجابات الصحيحة أظهرت توزيعاً طبيعياً في كلا المجموعتين تحت الدراسة، إلا أنه غير مقبول من الأطباء المقيمين الخطأ في كتابة التقارير الطبية لأن ذلك قد يؤدي إلى تضليل العدالة. لذلك توصي الدراسة بعقد ورش عمل متكررة للأطباء المقيمين حول التوصيف الطبي القانوني للإصابات وكيفية كتابة التقارير الطبية.