

Kelly Yang¹, Andrew S. Kao¹, Jessica Zhao¹, Nathan Sim¹, Matthew Bautista¹, Emily Chow¹, Ronald Thomas², Jocelyn Ang^{1,2,3}

¹Wayne State University School of Medicine, ²Central Michigan University School of Medicine, ³Children's Hospital of Michigan

BACKGROUND

- Limited understanding of hepatitis B virus (HBV) disease transmission contributes to fear of close contact and stigmatizes affected individuals.¹
- Stigma directed towards a person living with HBV reduces willingness to access healthcare services, leading to delayed screening and treatment.^{2,3}
- To reduce negative assumptions around HBV infection, there is a need to increase knowledge on routes of HBV transmission among medical students.
- Medical students at Wayne State University School of Medicine (WSUSOM) learn about HBV and liver pathophysiology during their second year of medical school, and normal human function during their first year.
- By comparing pre- and post-seminar surveys between first- and second-year medical students, we aim to assess the impact of educational seminars and second-year pathology curriculum on medical students' HBV-related knowledge and attitudes.

METHODS

- 24 first-year (M1) and 16 second-year (M2) medical students at WSUSOM attended a one hour virtual HBV seminar and completed a pre-seminar survey.
- The survey consisted of questions derived from previous studies on basic HBV knowledge and attitudes of medical students.^{4,5}
- The seminar consisted of thirty minutes of didactics from an HBV research scientist from University of Michigan Health System followed by case studies in randomly assigned breakout rooms.
- Participants reconvened to discuss case studies and completed a post-seminar survey similar to the pre-seminar survey.

PRELIMINARY RESULTS

Hepatitis B can be spread from person to person by sharing a toothbrush or razor with an infected person.

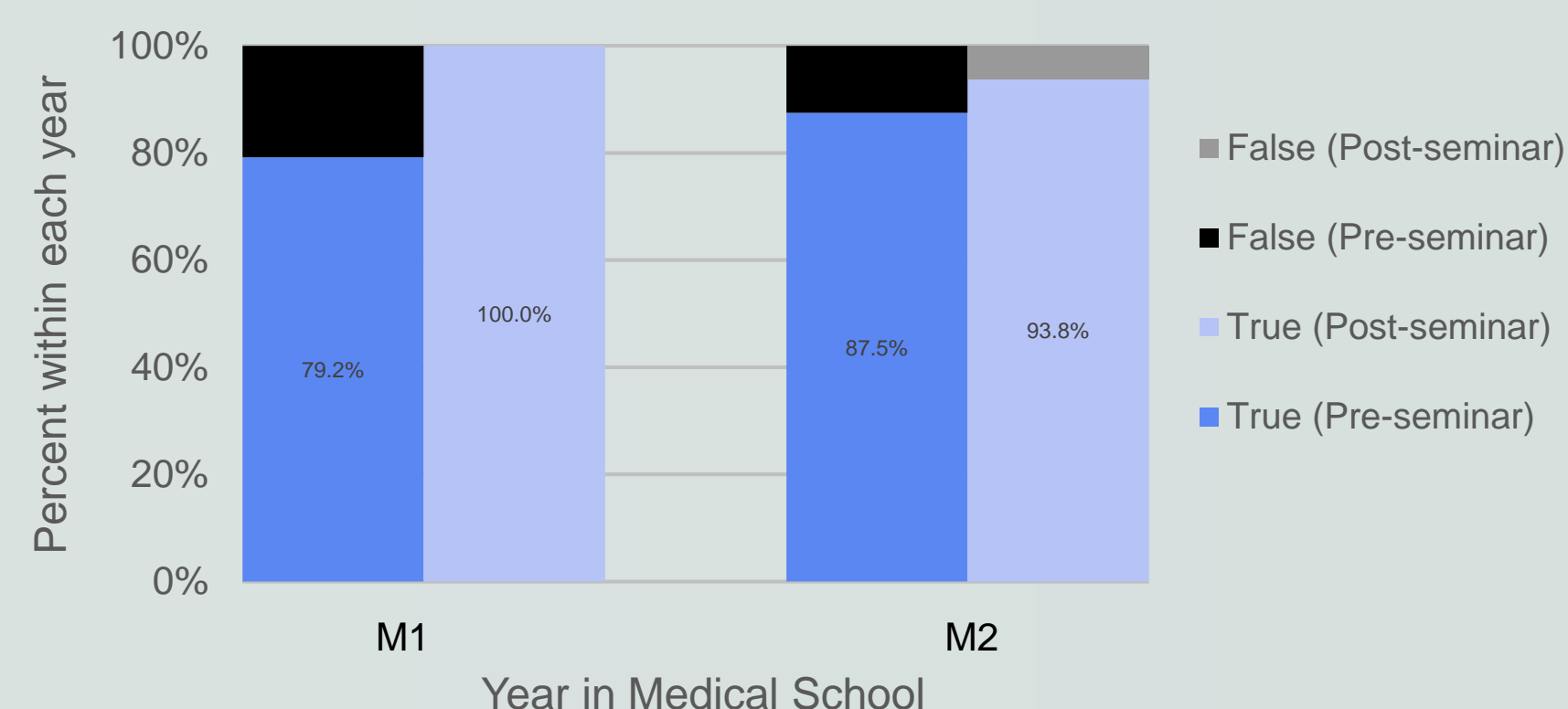


Figure 1. Comparison of percentage of students within each class selecting true or false for an HBV transmission statement in pre- and post-seminar surveys.

- Analysis will consist of comparing first- and second-year pre-seminar responses to determine baseline knowledge and attitudes for each class (Figure 1).
- Pre- and post-seminar responses will be compared within each year to assess the seminar's efficacy on improving HBV knowledge and attitudes (Figure 2).
- First- and second-year post-survey results will be compared to measure the knowledge and attitudes achieved after the seminar.

I have concerns in shaking hands or hugging a person infected with Hepatitis B infection.

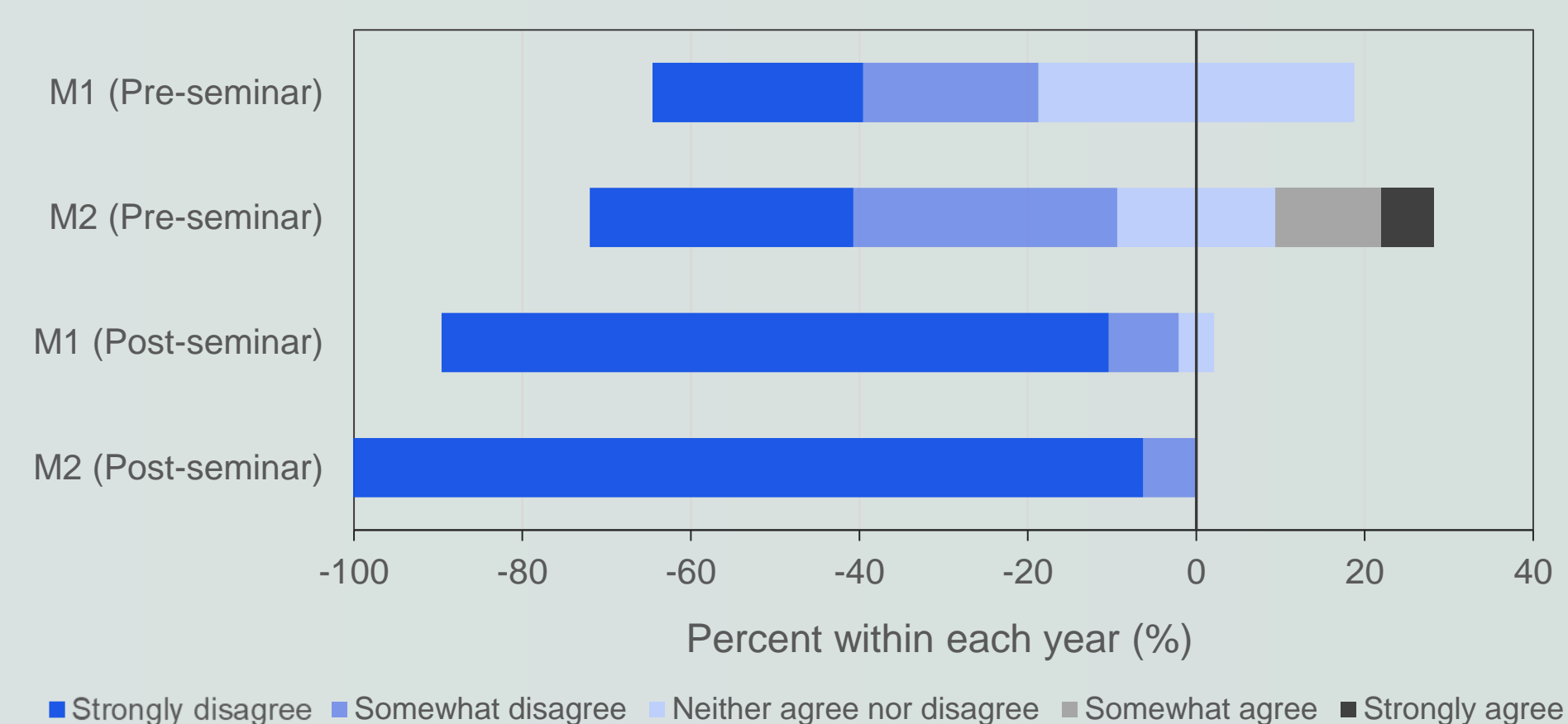


Figure 2. Comparison of pre- and post-seminar Likert scale responses within each class to a statement assessing attitudes toward HBV infection.

CONCLUSIONS

- Improvement in HBV-related knowledge and attitudes after the seminar will demonstrate the efficacy of virtual seminars.
- While baseline knowledge may be greater among second-year students, similar pre-seminar attitude responses to people infected with HBV among both classes may suggest stigmatizing attitudes toward people infected with HBV.
- This will emphasize the importance of continued education on HBV or other bloodborne pathogens beyond preclinical years to decrease possible preconceived notions towards patients with infectious diseases.
- Future studies may assess HBV knowledge and attitudes of clinical-year medical students compared to pre-clinical year medical students.

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