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Patient's interest towards interconnection and social implication with trainer doctor model

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ABSTRACT

OED and the dictionary of the world defines a "doctor" 700 years ago and today as a "teacher". The root word for the word doctor derives from Latin "docere", which means "to teach".
The doctor contributes to educating patients about a number of medical conditions (the patient is experiencing a number of diseases). In essence, the doctor has the role as a teacher. Doctor-patient interaction works on relational models. The physician-trainer paradigm is required to be introduced to improve patient status.
The physician-trainer model is a participatory model that results in achieving the patient's well-being and improving his/her health; the physician uses his or her capacity as a trainer, that is, he has the ability to form and instill adequate conduct for each patient.
In this paper, besides highlighting the appetence for the relationship between the trainer and the patient, we tried to quantify the patient's acceptance of the treatment with/without continuous monitoring of the disease (chronic diseases), the degree of reasonableness in accepting the therapeutic behavior, and lastly how the individual feels the change of his status in the patient.
The study was conducted on a total of 217 subjects (125 female subjects and 92 male subjects). The applied questionnaire contained 18 questions, structured to help us confirm or not the study's objectives.
The results obtained will show us the level of appetite for the trainer-patient relationship.

Keywords: relationship, physician trainer, social implication, treatment, patient

INTRODUCTION

The OED and the World Language Dictionary define "doctor" 700 years ago and today as "professor". It is a strong legacy and a responsibility that doctors must never forget [1].

The root of the word doctor derives from a Latin word "docere", which means "to teach". In this sense, the doctor contributes to the education of patients, regarding a series of medical conditions (diagnosis, treatment possibilities) and has the obligation to contribute to the training of other health professionals. In essence, the doctor has the role of a teacher, both in the form of patient education and in the training of future doctors or qualified medical staff in medical centers) [2].

Patient-physician interaction works based on relational models. After Veatch RM 1972 [3] and Emanuel EJ, Emanuel LL 1992 [4] we meet the following models: the paternalistic (or parental) model, the consumerist model (consumerist or patient autonomy), the participatory model.

The doctor-trainer model has common characteristics with the listed models as well as its own characteristics. It is a participatory model that results in the patient's well-being. In this model, the doctor uses his capacity as a trainer, (the ability to form and instill an appropriate behavior for each patient).

The justification for the need to train the patient by the doctor results from the multitude of roles of

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the doctor as a trainer. The execution by the doctor of these roles in the relationship with the patient contributes to improving the behavior and health of the patient.

The qualities of the doctor-trainer are responsibility, altruism, empathy. We are talking here about patients who are scheduled monthly at the doctor "for a simple formality" – issuing a prescription based on which to purchase the drugs needed to treat a condition. The dual aspect of the relationship is:

- the doctor must not indulge in a "comfortable" relationship, which he has with the patient (that of no longer consulting him and only providing him with the required medical documents)
- the patient must not forget his status and not disregard the meeting with the doctor.

It is necessary to understand each other's position in this equation, and here comes again the role of trainer of the doctor who must succeed in convincing patients that a regular consultation is not just a formality, a routine. The routine has multiple faces; can be a friend or an enemy:

- friend for the doctor – who indulges in the convenient approach to chronic cases
- enemy for the doctor - who becomes unprofessional and risks losing confidence in front of the patient
- friend for the patient - who gets rid of wasting time waiting to meet with the doctor and can give priority to solving the problems in the "internal agenda")
- enemy for the patient - who fails to highlight the positive/negative evolution of the condition.

After Dumitrascu DL 2007 [5] the factors that depend on the doctor in the interrelation with the patient are: sufficient time for consultation, empathy, patience, psychosomatic training, lack of prejudice towards the disease.

In the relationship with the patient, **the doctor-trainer** will be rational in the requests he will address to the patient, both administratively (referral, health card) and from a medical point of view (analyzes, investigations, radiographs). **The patient** will be rational in receiving the doctor's requests, meaning he will understand that these medical principles will lead to finding out the diagnosis, and when there is a definite diagnosis, there is an adequate treatment and therefore a cure. The patient must understand and accept the medical indications in a reasonable way for which certain treatments, investigations are prescribed. At the same time, they must discover their reasonable side and understand that for a certain period of time, they will have to change their behavior, to follow a series of drug treatments.

In the doctor-trainer-patient relationship, the doctor's prescriptions will be governed by reason and reasonably framed, and their acceptance by the patient will be based on a reasonable reason. The rational-reasonable relationship works reversibly if the parties reach a consensus and acceptance from both parts.

In this material, in addition to highlighting the interest in the trainer doctor -patient relationship, we tried to quantify the patient's acceptance of treatment with/without permanent monitoring of the condition (chronic diseases), the degree of acceptance of therapeutic behavior and how to which the individual feels change in his status as a patient.

The aim of the study is to identify the patient's interest directed towards the interconnection to the doctor-trainer model.

1. Main objective

- quantifying the level of acceptance of patients regarding the relationship: model of the training doctor

2. Secondary objectives

- acceptance by the patient of the treatment with/without permanent monitoring of the condition.
- the degree of reasonableness in accepting the medical reasons that trace the therapeutic conduct.
- the patient's feeling of the change of his status from an individual to a patient.

MATERIALS AND METHODS

The study was conducted on a number of 217 subjects (125 female subjects and 92 male subjects, divided into 6 age categories: 15-19 years old, 20-29 years old, 30-39 years old, 40-49 years old, 50-59 and over 60 years old), and the period was 1 January - 31 December 2022 (Decision of the Scientific Research Ethics Commission number 1350 of 23.04.2021, completed with the decision number 1708 of 28.04.2022).

Inclusion criterions: subjects attended a doctor's office at least once as patients.

A questionnaire with questions was applied to reflect the identification of the patient's interest directed towards the interconnection with the training doctor model. The applied questionnaire included a number of 18 questions, structured in such a way as to confirm/refute the objectives of the study.

The main objective regarding the quantification of the level of acceptance of the patients regarding the interconnection with the trainer doctor model was evaluated by applying 12 questions structured in 6 pairs. The use of the questions helped us to highlight the patients who remain faithful to the chosen options and the patients who change their previously expressed option.

RESULTS

The study group is not homogeneous (217 subjects, of which 125 were female and 92 were male). There is an increased share of females (57% vs. 43% for males) (Figure 1).

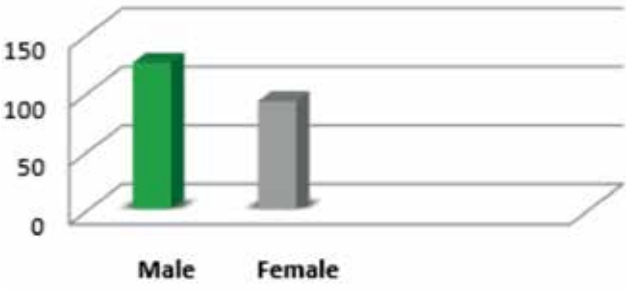

FIGURE 1. Distribution of patients according to gender

The distribution of subjects by gender and age range is as follows (Figure 2):

- **for females**:

– 15-19 years: 3 subjects
– 20-29 years: 30 subjects
– 30-39 years: 29 subjects
– 40-49 years: 30 subjects
– 50-59 years: 20 subjects
– over 60 years: 13 subjects

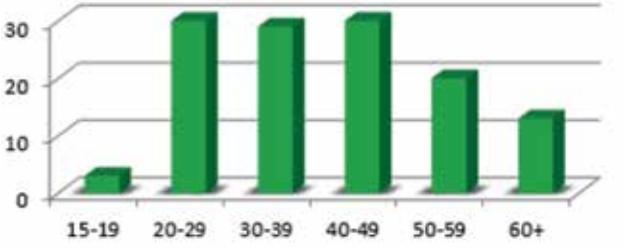

FIGURE 2. Distribution of female patients according to age

- **in males** (Figure 3)

– 15-19 years: 8 subjects
– 20-29 years: 16 subjects
– 30-39 years: 16 subjects
– 40-49 years: 27 subjects
– 50-59 years: 14 subjects
– over 60 years: 11 subjects

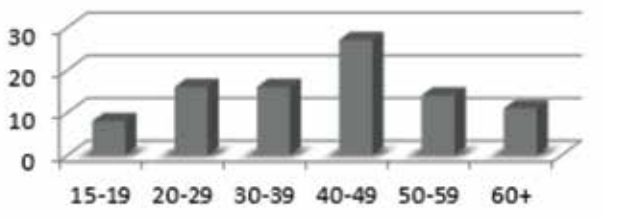

FIGURE 3. Distribution of male patients according to age

The degree of confirmation of the objectives of the questionnaire applied by age category 15-19 years, female (results expressed as a percentage) is represented in Table 1.

TABLE 1. Percentage representation of objectives confirmation

Nr. crt. subjects	1	2	3	Total sub/ob
Ob1	50	50	66.67	55.56
Ob2A	100	0	100	66.67
Ob2B	100	100	0	66.67
Ob2C	100	100	0	66.67
Total	87.5	62.5	41.67	63.89

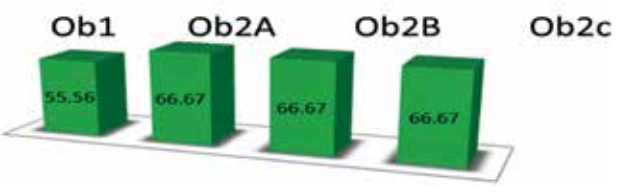

FIGURE 4. Percentage illustration of confirmation of objectives

Degree of confirmation of the objectives of the questionnaire by age category 20-29 years, female.

TABLE 2. Percentage representation of objectives confirmation

Pers	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Ob1	50	50	66.67	66.67	83.33	83.33	66.67	83.33	66.67	83.33	83.33	50	50	83.33	83.33
Ob2A	0	0	0	100	0	100	100	100	100	100	100	0	100	100	100
Ob2B	100	100	100	0	100	100	100	100	0	0	100	100	100	0	100
Ob2C	100	0	100	0	100	0	0	0	100	0	0	0	0	0	0
Total	62.5	37.5	66.67	41.67	70.83	70.83	66.67	70.83	66.67	45.83	70.83	37.5	62.5	45.83	70.83

16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total pers/ob
33.33	50	50	66.67	83.33	66.67	83.33	83.33	33.33	83.33	66.67	66.67	83.33	66.67	100	68.89
0	100	100	100	0	100	0	100	100	100	100	100	100	0	100	70
0	0	100	0	100	100	0	100	100	100	100	0	0	100	0	63.33
0	0	0	0	0	100	0	0	0	0	0	0	0	0	0	16.67
8.33	37.5	62.5	41.67	45.83	91.67	20.83	70.83	58.33	70.83	66.67	41.67	45.83	41.67	50	54.72

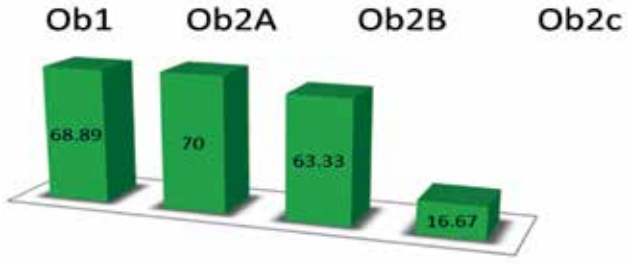

FIGURE 5. Percentage illustration of objectives confirmation

Degree of confirmation of the objectives of the questionnaire by age category 30-39 years, female.

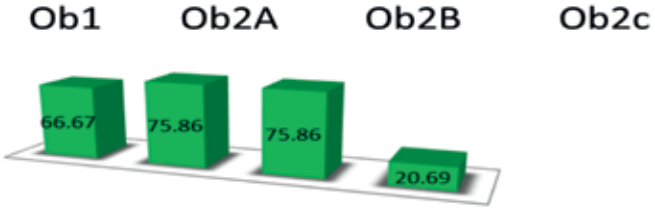

FIGURA 6. Percentage illustration of objectives confirmation

Degree of confirmation of the objectives of the questionnaire by age category 40-49 years, female.

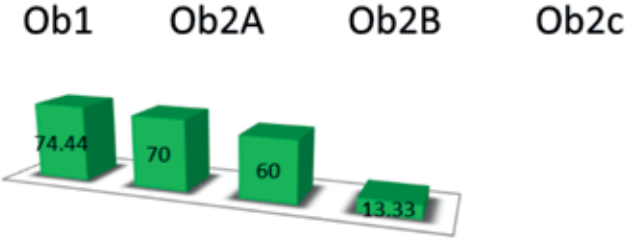

FIGURE 7. Percentage illustration of objectives confirmation

Degree of confirmation of the objectives of the questionnaire by age category 50 - 59 years, female.

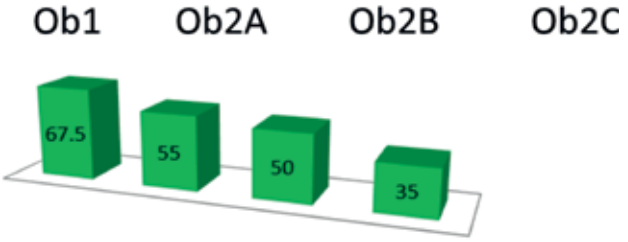

CHART 8. Percentage illustration of objectives confirmation

Degree of confirmation of the objectives by age category 60+ years, female.

TABLE 3. Percentage representation of objectives confirmation

Pers	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Ob1	33.33	16.67	66.67	83.33	83.33	66.67	83.33	83.33	83.33	50	66.67	83.33	33.33	83.33	83.33
Ob2A	100	100	100	0	100	100	100	100	0	0	100	100	0	100	100
Ob2B	100	100	0	100	100	100	100	100	0	100	100	100	100	100	100
Ob2C	0	0	0	100	0	0	0	0	100	0	0	100	0	100	0
Total	58.33	54.17	41.67	70.83	70.83	66.67	70.83	70.83	45.83	37.5	66.67	95.83	33.33	95.83	70.83

16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total pers/ ob
66.67	16.67	66.67	83.33	33.33	66.67	66.67	83.33	83.33	83.33	83.33	83.33	83.33	33.33	0	66.67
100	0	0	100	100	100	100	100	100	100	100	100	100	0	0	75.86
0	100	0	100	0	100	100	100	100	100	100	0	100	0	0	75.86
100	100	0	0	0	0	0	0	0	0	0	0	0	0	0	20.69
66.67	54.17	16.67	70.83	33.33	66.67	66.67	70.83	70.83	70.83	70.83	45.83	70.83	8.33	0	59.77

TABLE 4. Percentage representation of objectives confirmation

Pers	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Ob1	66.67	83.33	66.67	83.33	83.33	83.33	66.67	66.67	83.33	83.33	83.33	83.33	83.33	66.67	100
Ob2A	100	100	0	100	100	100	100	0	100	0	100	0	100	0	0
Ob2B	100	100	100	100	100	100	100	0	0	0	0	100	0	100	100
Ob2C	0	100	0	0	0	0	0	0	0	100	0	0	0	10	100
Total	66.67	95.83	41.67	70.83	70.83	70.83	66.67	16.67	45.83	45.83	45.83	45.83	45.83	41.67	75

16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total pers/ ob
50	50	83.33	83.33	83.33	83.33	83.33	50	66.67	83.33	66.67	83.33	83.33	66.67	33.33	74.44
100	100	100	100	100	100	100	100	100	100	100	0	100	0	0	70
100	0	0	0	100	0	100	0	100	100	100	0	0	100	100	60
0	0	100	0	0	0	0	0	0	0	0	0	0	0	0	13.33
62.5	37.5	70.83	45.83	70.83	45.83	70.83	37.5	66.67	70.83	66.67	20.83	45.83	41.67	33.33	54.44

TABLE 5. Percentage representation of objectives confirmation

Pers	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Total pers/ob
Ob1	83.33	66.67	50	83.33	66.67	83.33	100	50	50	50	100	83.33	33.33	83.33	50	50	66.67	83.33	33.33	83.33	67.5
Ob2A	100	0	0	100	0	100	100	0	100	100	100	100	0	100	100	100	0	0	0	0	55
Ob2B	100	0	0	0	0	100	100	100	0	100	100	100	0	100	0	0	0	100	100	0	50
Ob2C	100	0	0	0	0	100	100	0	0	0	100	100	0	100	0	0	0	100	0	0	35
Total	95.83	16.67	12.5	45.83	16.67	95.83	100	37.5	37.5	62.5	100	95.83	8.33	95.83	37.5	37.5	16.67	70.83	33.33	20.83	51.87

TABLE 6. Percentage representation of objectives confirmation

Pers	1	2	3	4	5	6	7	8	9	10	11	12	13	Total pers/ob
Ob1	83.33	50	50	33.33	83.33	66.67	66.67	50	100	66.67	66.67	83.33	83.33	67.95
Ob2A	100	0	100	100	100	0	0	0	100	100	100	100	0	61.54
Ob2B	0	0	0	0	100	0	0	0	100	100	100	100	100	46.15
Ob2C	0	100	0	0	0	0	100	0	100	0	0	0	0	23.08
Total	45.83	37.5	37.5	33.33	70.83	16.67	41.67	12.5	100	66.67	66.67	70.83	45.83	49.68

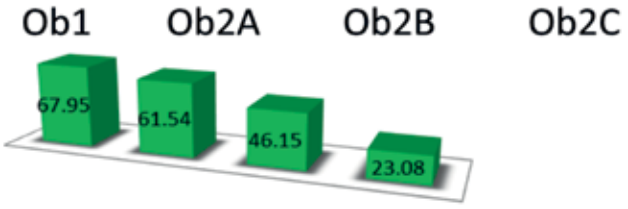

FIGURE 9. Percentage illustration of objectives confirmation

Degree of confirmation of the objectives of the questionnaire by age category 15-19 years, male.

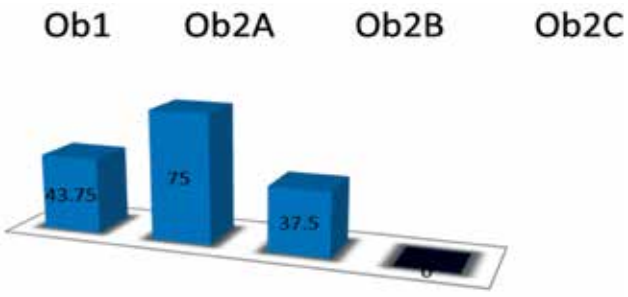

FIGURE 10. Percentage illustration of objectives confirmation

Degree of confirmation of the objectives of the questionnaire by age category 20-29 years, male.

TABLE 7. Percentage representation of objectives confirmation

Pers	1	2	3	4	5	6	7	8	Total pers/ob
Ob1	66.67	0	33.33	16.67	50	50	50	83.33	43.75
Ob2A	100	100	0	100	0	100	100	100	75
Ob2B	100	0	0	0	100	0	0	100	37.5
Ob2C	0	0	0	0	0	0	0	0	0
Total	66.67	25	8.33	29.17	37.5	37.5	37.5	70.83	39.06

TABLE 8. Percentage representation of objectives confirmation

Pers	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total pers/ob
Ob1	83.33	83.33	50	66.67	83.33	50	66.67	83.33	83.33	83.33	83.33	66.67	66.67	83.33	83.33	33.33	71.87
Ob2A	0	100	100	0	100	100	100	100	100	100	100	100	0	100	100	100	81.25
Ob2B	0	0	0	100	100	0	100	100	100	100	100	100	100	100	0	0	62.5
Ob2C	0	0	0	100	0	0	0	0	0	0	100	0	0	0	0	0	12.5
Total	20.83	45.83	37.5	66.67	70.83	37.5	66.67	70.83	70.83	70.83	95.83	66.67	41.67	70.83	45.83	33.33	57.03

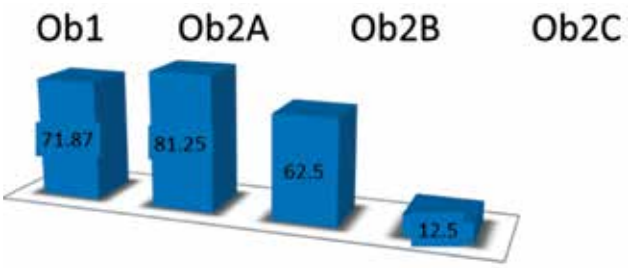

FIGURE 11. Percentage illustration of objectives confirmation

Degree of confirmation of the objectives of the questionnaire by age category 30-39 years, male.

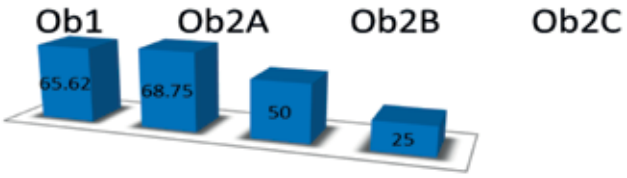

FIGURE 12. Percentage illustration of objectives confirmation

Degree of confirmation of the objectives of the questionnaire by age category 40-49 years, male.

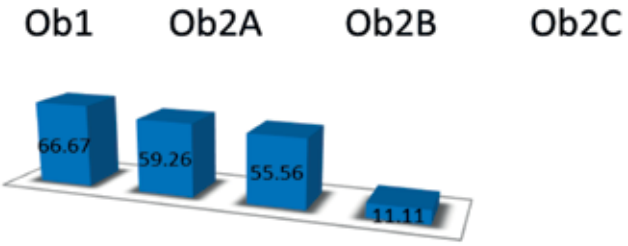

FIGURE 13. Percentage illustration of objectives confirmation

Degree of confirmation of the objectives of the questionnaire by age category 50-59 years, male.

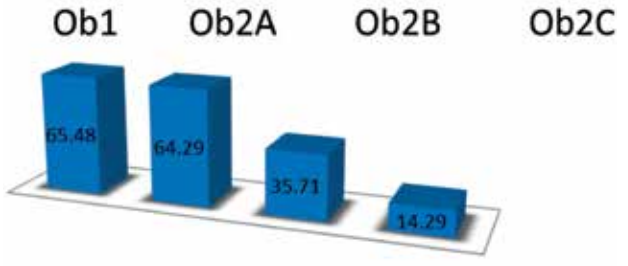

FIGURE 14. Percentage illustration of objectives confirmation

Degree of confirmation of the objectives of the questionnaire by age category 60+ years, male.

TABLE 9. Percentage representation of objectives confirmation

Pers	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total pers/ob
Ob1	83.33	83.33	33.33	50	50	66.67	83.33	83.33	66.67	50	50	66.67	66.67	83.33	50	83.33	65.62
Ob2A	100	100	0	100	0	100	100	0	100	100	100	100	0	0	100	100	68.75
Ob2B	100	100	100	100	0	100	100	100	0	0	0	100	0	0	0	0	50
Ob2C	0	100	0	100	0	0	100	0	0	0	0	100	0	0	0	0	25
Total	70.83	95.83	33.33	87.5	12.5	66.67	95.83	45.83	41.67	37.5	37.5	91.67	16.67	20.83	37.5	45.83	52.34

TABLE 10. Percentage representation of objectives confirmation

Pers	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	Total pers/ob
Ob1	50	33.33	100	50	100	66.67	100	50	16.67	66.67	83.33	33.33	83.33	83.33	50	50	83.33	66.67	66.67	83.33	66.67	66.67	83.33	83.33	50	50	83.33	66.67
Ob2A	100	100	100	0	100	100	0	0	0	100	100	0	100	0	100	0	0	100	0	100	0	100	100	100	0	100	100	59.26
Ob2B	100	100	100	100	100	0	0	0	0	0	100	0	0	100	100	0	0	100	0	0	100	100	100	100	0	100	100	55.56
Ob2C	0	0	0	0	0	0	100	0	0	0	0	0	0	0	0	0	0	0	0	0	100	0	0	0	0	0	100	11.11
Total	62.5	58.33	75	37.5	75	41.67	50	12.5	4.17	41.67	70.83	8.33	45.83	45.83	62.5	12.5	20.83	66.67	16.67	45.83	66.67	66.67	70.83	70.83	12.5	62.5	95.83	48.15

TABLE 11. Percentage representation of objectives confirmation

Pers	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Total pers/ob
Ob1	50	50	50	50	33.33	100	50	100	66.67	83.33	83.33	66.67	83.33	50	65.48
Ob2A	100	0	0	100	0	100	0	100	100	100	100	100	100	0	64.29
Ob2B	0	0	100	0	100	0	0	100	0	0	0	100	100	0	35.71
Ob2C	0	0	0	0	0	100	0	100	0	0	0	0	0	0	14.29
Total	37.5	12.5	37.5	37.5	33.33	75	12.5	100	41.67	45.83	45.83	66.67	70.83	12.5	44.94

TABLE 12. Percentage representation of objectives confirmation

Pers	1	2	3	4	5	6	7	8	9	10	11	Total pers/ob
Ob1	50	83.33	66.67	66.67	66.67	50	33.33	33.33	83.33	83.33	83.33	63.64
Ob2A	0	100	0	100	100	0	0	0	100	0	100	45.45
Ob2B	0	100	0	0	0	0	100	100	100	100	0	45.45
Ob2C	0	0	0	0	0	0	0	0	0	0	0	0
Total	12.5	70.83	16.67	41.67	41.67	12.5	33.33	33.33	70.83	45.83	45.83	38.64

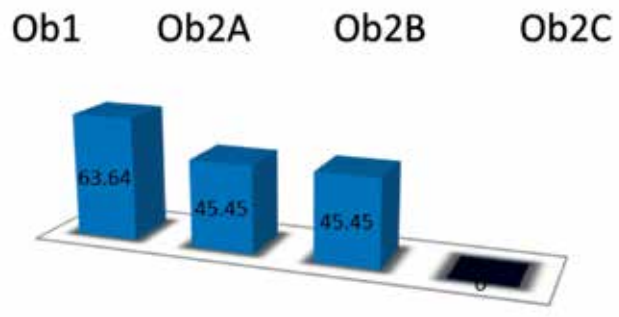

FIGURE 15. Percentage illustration of objectives confirmation

These results determined us to note the following aspects:

- **Age category 15-19 years**, female, confirms, in proportion of 55.56%, the main objective (quantification of the level of acceptance of patients regarding the interconnection trainer doctor model) and confirms, in proportion of 66.67%, the objective 2A – secondary (acceptance by the patient of the treatment with/without permanent monitoring of the disease), 2B and 2C – secondary.
- **Age category 20-29 years**, female, confirms 70% of objective 2A – secondary, 63.33% of objective 2B – secondary and 16.67% of objective 2C – secondary. And confirms in proportion of 66.67% the objective 1 – main: the level of acceptance of the patients regarding the interconnection trainer doctor model and confirms in proportion of 75.86% the objective 2A – secondary, and 2B. This age category confirms in proportion of 20.69% the 2C – secondary objective (the patient's feeling of the change of the status from the individual to the patient).
- **Age category 30-39 years**, female, confirms 75,86% of objective 2A – secondary, 75,86% of objective 2B – secondary and 20,69% of objective 2C – secondary. And confirms in proportion of 66.67% the objective 1 – main: the level of acceptance of the patients regarding the interconnection trainer doctor model.
- **Age category 40-49 years**, female confirms in proportion of 74.44% objective 1 – main (quantification of the level of acceptance of patients regarding the interconnection trainer doctor model), in proportion of 70% objective 2A – secondary This category confirms 60% of objective 2B – secondary and 13.33% of objective 2C – secondary.
- **Age category 50-59 years**, female, confirms 67.50% of objective 1 – primary, 55% of objective 2A – secondary, 50% of objective 2B – secondary and 35% of objective 2C -
- **Age category over 60,** female, confirms 67.95% of objective 1 – primary, 61.54% of objective 2A – secondary, 46.15% of objective 2B – secondary and proportion of 23.08% 2C objective – secondary
- **Age category 15-19 years**, male 43.75% confirms objective 1 – primary, 75% confirms objective 2A – secondary, 37.5% confirms objective 2B – secondary and does not confirm objective 2C – secondary
- **Age category 20-29 years**, male confirms in proportion of 71.87% objective 1 – primary, in proportion of 81.25% objective 2A – secondary, in proportion of 62.5% objective 2B – secondary and in proportion of 12.5% secondary 2C objective.
- **Age category 30-39 years**, male, confirms 65.62% of objective 1 – primary, 68.75% of objective 2A – secondary, 50% of objective 2B – secondary and 25% 2C objective, secondary.
- **Age category 40-49 years**, male, confirms in proportion of 66.67% objective 1 – main, in proportion of 59.26% objective 2A – secondary, in pro-

portion of 55.56% objective 2B – secondary and in proportion of 11.11% objective 2C – secondary.

- **Age category 50-59 years**, male, confirms 65.48% of objective 1 – primary, 64.29% of objective 2A – secondary, 35.71% of objective 2B – secondary and proportional of 14.29% secondary 2C objective.
- **Age category over 60 years**, male, confirms 63.64% of objective 1 – primary, 45.45% of objective 2A – secondary, 45.45% of objective 2B – secondary and does not confirm objective 2C – secondary.

DISCUSSIONS

Each questionnaire applied separately to each age category has at the end a percentage of arithmetic average, representing the receptivity of the subjects to complete the questionnaires for the purpose of statistical processing of the objectives. The following aspects are noted, differentiated by age and sex:

In the age category 15-19 years, female, we found that the acceptance of the interconnection trainer doctor model exceeds the average. Confirmation of the other three secondary objectives was quantified by obtaining three identical percentage values that exceed the average. This relationship in adolescent girls is generated by sources external to the individual, the entourage and represent the desires of others to what they should do or what it should look like. The satisfaction that the individual anticipates from an external motivational factor will convince him to persist in accomplishing that task even if a problem arises or if the action performed will not be very pleasant [6,7].

In the category of age 20-29 years, female, we found that the acceptance of the type of interconnection trainer doctor model exceeds the average. Subjects in this category perceive acceptance of treatment with permanent monitoring of the condition in a percentage that exceeds the average and accept the medical reasons that trace the therapeutic conduct in a slightly lower percentage; the change of the status of an individual in that of a patient is slightly felt. In this period social psychology makes a strong difference between self and other. Communication psychology offers an interpersonal relationships pattern including 5 stages for coming together and 5 stages for coming apart [8].

In the age category 30-39 years, female, we found that the acceptance of the type of interconnection trainer doctor model exceeds the average. Subjects in this category perceive the acceptance of treatment with permanent monitoring of the disease in a percentage equal to that of acceptance of the medical reason that traces the therapeutic conduct (percentage that exceeds the average); the change of the status of an individual in that of a patient is slightly felt.

In the age category 40-49 years, female, we found that the acceptance of the interconnection trainer doctor model exceeds the average. Subjects in this category perceive acceptance of treatment with permanent monitoring of the condition in a percentage that exceeds the average and accept the medical reasons that trace the therapeutic conduct in a slightly lower percentage; the change of the status of an individual in that of a patient is slightly felt. Other studies in the literature [9,10] consider that the model of trainer doctor is more easily accepted and understood by women, in a cognitive and emotional maximum, thus because women accept more easily the idea of learning new aspects and modeling their health conduct.

In the age category 50-59 years, female, we found that the acceptance of the interconnection trainer doctor model exceeds the average. Subjects in this category perceive acceptance of treatment with permanent monitoring of the disease in a percentage that exceeds the average, and the change in the status from an individual to a patient is felt in a higher percentage than in all other categories except the first (15-19 years).

In the age category 60+ years, female, we found that the acceptance of the interconnection trainer doctor model exceeds the average. Subjects in this category perceive acceptance of treatment with permanent monitoring of the condition in a percentage that exceeds the average and accept the medical reasons that trace the therapeutic conduct in a lower than average percentage.

In the age category 20-29 years, male, we found that the acceptance of the interconnection trainer doctor model is above average. Subjects in this category perceive acceptance of treatment with permanent monitoring of the condition in a percentage that significantly exceeds the average; the change in the status from an individual to a patient is slightly felt. The results of other similar studies have shown that in males, in this age segment, there are constant concerns about medical sectors in which subjective opinions have a significant influence [11].

In the age category 30-39 years, male, we found that the acceptance of the interconnection trainer doctor model exceeds the average, in a lower percentage than the previous category. Subjects in this category perceive the acceptance of treatment with permanent monitoring of the disease in a percentage that exceeds the average, the change in the status from an individual into a patient is felt twice more than in the previous category [12].

In the age category 40-49 years, male, we found that the acceptance of the interconnection trainer doctor model exceeds the average. Subjects in this category perceive the acceptance of treatment with permanent monitoring of the disease in a percent-

age that slightly exceeds the average and accept medical reasons because of the fear of serious diseases [13].

CONCLUSIONS

1. Improving the patient's behavior is related to the ability of each doctor to promote and enhance their knowledge and skills and the social communication.

2. Female subjects confirmed to have a greater interest in completing the study questionnaires (the difference being almost 10%).

3. Female subjects are more reasonable in accepting the medical reasons that trace the therapeutic conduct, compared to male subjects, at all age groups and feel a greater effect caused by change in their status (from individual to patient).

4. Acceptance of treatment with permanent monitoring of the disease in the case of chronic diseases is awarded as a percentage by the age categories 15-19, 20-29 and 50-59 years of male sex, and by the age categories 30-39, 40-49 and 60 + of female sex.

5. The interconnection trainer doctor model finds subjects of both sexes who prefer it in a percentage that exceeds the average. This element designed to give optimism to promoting this type of relationship.

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