



BRIEF ORIGINAL

Implications of motivation differences in preclinical-clinical transition of dental students: A one-year follow-up study



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Abstract

Background: Patient contact and clinical-based learning have been suggested as positive determinants of student motivation. However, few studies have been conducted on how this impacts dental student motivation. Based on the self-determination theory, this study aims to explore differences in the quality of motivation of dental student transition from preclinical (no previous patient contact) to clinical courses.

Methods: A longitudinal study was conducted with 95 Chilean students who completed the Academic Motivation Scale in two iterations over a one-year period.

Results: Paired *t*-test showed a significant increase in relative autonomous motivation as well as in amotivation.

Discussions: This suggests that while clinical contact supports student self-determination, an abrupt transition might be associated with maladjustment, which could lead to feelings of inadequacy and anxiety. Future research could usefully explore if early and gradual clinical experiences enhance student adaptation to the clinical context, thus increasing relative autonomous motivation and decreasing amotivation in the time.

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PALABRAS CLAVE

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Chile

Implicaciones de diferencias motivacionales en la transición preclínico-clínica de estudiantes de odontología: un estudio longitudinal de un año

Resumen

Antecedentes: El contacto con pacientes y la enseñanza clínica han sido señalados como determinantes positivos de la motivación de estudiantes. Sin embargo, es limitada la evidencia sobre cómo estas variables impactan en la motivación en estudiantes de odontología. Basándonos en la teoría de la autodeterminación, el objetivo de este estudio fue explorar las diferencias motivacionales en la transición preclínica (sin previo contacto con pacientes) a la clínica en estudiantes de odontología.

Métodos: Se realizó un estudio longitudinal en el cual 95 estudiantes chilenos respondieron en 2 ocasiones la Escala de motivación educativa en un período de un año.

Resultados: La prueba t de muestras pareadas mostró, al mismo tiempo, un aumento significativo de motivación autónoma relativa y de amotivación.

Discusiones: Esto sugiere que, mientras el contacto clínico beneficia la autodeterminación de los estudiantes, una transición abrupta puede llevar a estados de inadaptación y ansiedad. Se sugiere que futuras investigaciones exploren si la experiencia clínica temprana beneficiaría la adaptación de estudiantes, aumentando así la motivación autónoma relativa y disminuyendo la amotivación en el tiempo.

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Introduction

Recent research in dental education has suggested a strong association between self-determined forms of motivation and positive outcomes, such as higher self-concept, positive emotions, and deep study motives,¹ with similar findings reported in medical education.² However, few studies have explored which determinants impact students' quality of motivation.

These studies have been conducted following the principles of the self-determination theory of motivation (SDT).³ SDT focuses on quality types of motivation and makes a distinction, from the least to the most self-determined types, between (1) amotivation i.e., lacking the intention to act, (2) controlled motivation (CM) i.e., originating from external sources and aimed at doing something because it leads to a separable outcome, and (3) autonomous motivation (AM) i.e., originating within the individual and engaging in activities because they are interesting, valuable or enjoyable. As reasons for engaging in activities become more self-determined, outcomes become increasingly positive. For a comprehensive review of self-determined motivation in health professions education, we refer the reader to the work of Ten Cate et al.⁴

It has been suggested that supporting students' autonomous forms of motivation might lead to positive educational outcomes, which in turn may encourage students to use a more autonomy-supportive style when relating to patients, and therefore support patients' autonomous motivation towards their healthcare.⁴ However, little attention has been paid in dental education to which variables are likely to influence students to engage in academic activities out of autonomous motivation.

Patient-related factors such as extent of patient responsibility and clinical contact, have been reported to increase students' perceptions of autonomy and relatedness, and

motivation for learning.⁵ This is especially relevant to dental education, where students start treating patients (under tutor supervision) in early years. Traditionally, the transition from preclinical to clinical-based learning has occurred during the third or fourth year, and benefits from this transition have been shown for students' communication skills, self-awareness and socialization.⁶ Additionally, previous research in dental education has supported an even earlier and more gradual transition,⁷ mainly because of the feelings of inadequacy, fear, and anxiety that an abrupt transition may cause at the same time.⁸ This has grown in importance in light of recent findings from a cross-sectional study suggesting that third and fourth year dental students, despite reporting a more autonomous than controlled motivation profile, were at the same time reporting higher amotivation scores than other years of study.¹

A question that rises from this is how clinical contact impacts students' motivation. Therefore, the aim of this study is to explore the differences in students' quality of motivation to engage in academic activities in the transition from preclinical to clinical courses. To the extent of our knowledge, this is the first study to undertake a longitudinal analysis on this topic and thus provides an important opportunity to advance the understanding of motivation and its determinants in dental education.

Methods

We conducted a longitudinal panel design study⁹ at the Dental School of the University San Sebastian in Santiago, Chile. The dental school has a six-year discipline-based undergraduate curriculum, where the first two years comprise basic sciences, progressing to a preclinical third year, and finally to clinical-based fourth, fifth and sixth years.

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