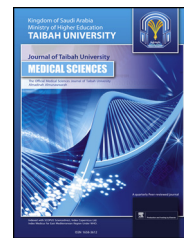




Taibah University
Journal of Taibah University Medical Sciences

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Original Article

Challenges faced by medical students during their first clerkship training: A cross-sectional study from a medical school in the Middle East

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Received 8 January 2018; revised 21 March 2018; accepted 22 March 2018; Available online ■ ■ ■

المخلص

أهداف البحث: يتميز الانتقال من التدريب ما قبل السريري إلى التدريب السريري بعدد من التحديات التي تتراوح بين الأدوار الجديدة، مع ما يرتبط بها من مهام، إلى البيئة غير المألوفة. كان الهدف من هذه الدراسة هو استكشاف الصعوبات التي يواجهها طلاب الطب أثناء الانتقال من التدريب ما قبل السريري إلى التدريب السريري في منطقة الشرق الأوسط.

طرق البحث: أجريت هذه الدراسة المستعرضة على طلاب السنة الرابعة طب في نهاية عامهم التدريبي الأول. حيث أعطي المشاركون استبانة ذاتية التعبئة تحتوي على جوانب مختلفة مما يعتبره الطلاب إعدادا مجهدا إضافة إلى الإشراف السريري.

النتائج: أجاب 63 من بين الـ 89 طالبا (معدل استجابة 71%). وعبر ما يقارب نصف الطلاب (59%) عن قلقهم من بداية تدريبهم السريري، في حين اعتقد 33% أنهم مستعدون لبدء تدريبهم السريري. غالبية الطلاب (81%) أعربوا عن حاجتهم إلى مزيد من الوقت للتكيف مع البيئة الجديدة وأشار 84% إلى أن مقدمة توعية جيدة قبل بدء التدريب السريري ستجعل الانتقال سهلا بالنسبة لهم. كما أبلغ حوالي نصف الطلاب (54%) عن تلقيهم تغذية راجعة أثناء التدريب السريري.

الاستنتاجات: ألقت هذه الدراسة الضوء على الصعوبات التي تواجه طلاب الطب خلال الانتقال من التدريب ما قبل السريري إلى التدريب السريري. هناك حاجة لفرض تدابير لتسهيل الانتقال من خلال التوجيه التوعوي المنظم حول التدريب العملي لكل من الطلاب وأعضاء هيئة التدريس في الأقسام السريرية.

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Peer review under responsibility of Taibah University.



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إضافة إلى ذلك يُنصح بتنظيم ورش عمل لتطوير أعضاء هيئة التدريس حول التغذية الراجعة والإشراف.

الكلمات المفتاحية: التدريب السريري؛ المنهج الطبي؛ السريري؛ قبل السريري؛ برنامج تطوير أعضاء هيئة التدريس

Abstract

Objectives: The transition from preclinical to clinical training is characterized by several challenging experiences ranging from new roles, with their associated tasks, to unfamiliar settings. The aim of this study was to explore the difficulties faced by medical students during the transition from preclinical to clinical training in the Middle East region.

Methods: This cross-sectional study was conducted on fourth-year medical students at the end of their first clerkship. A self-administered questionnaire containing different aspects of students' perceived stress preparation and clinical supervision was administered to the participants.

Results: Of the 89 students, 63 responded (response rate of 71%). Almost half of the students (59%) experienced stress at the beginning of their clinical training, while 33% thought that they were ready to begin their clerkship training. A majority of the students (81%) reported the need for more time to adjust to the new environment, and 84% indicated that a good introduction to the clerkship would make the transition easy for them. About half of the students (54%) reported receiving feedback during their clinical training.

Conclusion: This study highlighted the difficulties faced by medical students during their transition from pre-clinical to clinical training. There is a need to implement measures to ease this transition through a structured orientation about clerkship for both students and clinical faculty. In addition, it is recommended to organize faculty development workshops on feedback and supervision.

Keywords: Clerkship training; Clinical; Faculty development program; Medical curriculum; Preclinical

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Q4 Introduction

Traditionally, medical education programs present learners with three major transitions.¹ The first arises when learners transfer from preclinical to clinical training. The second occurs as graduate medical students start to care for patients as junior doctors or specialist trainees. The third ensues as specialist trainees who complete their training and work independently. Each of these transitions is characterized by several challenging experiences, ranging from new roles with their associated tasks, to unfamiliar settings and colleagues.¹

During the first transition, medical students encounter a shift from learning through lectures in a classroom setting to learning from real patients' issues in a clinical setting.² This new educational environment has been described as "the first truly immersive educational experience during which the majority of learning is vocational and self-directed".² It offers unique learning opportunities for students, through which they participate in workplace activities related to the medical profession.³ Unlike the preclinical years, learning often needs to be at a faster pace, constant, and self-directed.² It requires students to be capable of self-reflection, recognize gaps in their knowledge and skills, and seek information to close these gaps.² Nonetheless, students reported that they were not well prepared for this transition.⁴⁻⁷ A feeling of unpreparedness exacerbates students' stress and anxiety as they start their clinical training^{3,5} both of which impede the transition and hinder learning and participation in clinical activities.³

Shift in the educational environment, pedagogical strategies, and assessment methods have been reported to be sources of stress for new clerks.^{3-6,8} Furthermore, the change in role from student to part of the professional healthcare team⁹ creates considerable challenges mixed with uncertainty and abstruseness.^{1,5,8} Students' uncertainty often resulted from not knowing what was expected from them in the new clinical setting, and not being able to apply what they had learned during their preclinical years

to patients' problems.^{4-7,10-12} Moreover, the considerable variation in approaches towards patient care by different clinical mentors aggravated their sense of uncertainty.^{5,6} Evidence suggests that stress and uncertainty negatively impact students' cognitive function and learning.²

In the clinical learning environment, medical students are also faced with a variety of other difficulties, such as increased workload, insufficient time to study,^{4-7,11,13} dealing with seriously ill patients,¹² and limited feedback and supervision from clinical mentors.¹⁴ All these factors may contribute to students' dissatisfaction, increase their anxiety and distress, and at times lead to a burnout.^{15,16} Thus, medical educators and educational leaderships advocate the scrutiny of this crucial juncture in medical students' learning, identify obstacles that hinder their learning and generate approaches to facilitate and ease their transition.¹

Most studies addressing the difficulties faced by medical students during the transitional phase of their educational journey were conducted primarily in North America and Europe,^{2,3} with limited information from studies in the Middle East. This study investigated the challenges experienced by medical students as they start their clinical training in the context of the Middle East, in the Gulf Region. The study was part of a project undertaken by the College of Medicine-University of Sharjah (COM-UOS) to improve teaching and learning in the clerkship phase. The aim of this study was to identify difficulties faced by medical students during the transition to the clerkship phase and to provide recommendations to improve the planning and preparation for this critical transition.

Materials and Methods

This study was conducted at COM-UOS, where the curriculum has three phases. The foundation year, a pre-clerkship phase, adopts the integrated system-based approach through Problem-Based Learning (PBL); and basic, clinical, and behavioral sciences are integrated horizontally and vertically throughout the curriculum. In this cross-sectional study, data were collected through a written self-reported questionnaire presented to students in their fourth year, the start of the clerkship phase (No. 89). The study was conducted after students had finished their first 10-week clerkship rotation.

A validated questionnaire was adapted from a similar study conducted by Maastricht University.⁴ The original questionnaire was reviewed and tailored to the local context after discussion among the researchers and subsequently with the faculty of the Clinical Sciences Department; it was then tested in a pilot study. The pilot testing of the questionnaire was conducted with 10 students in the clerkship phase.

The original questionnaire from Maastricht included the following categories: professional socialization; workload; patient contact; knowledge, knowledge application, and skills; and learning and education. Our final questionnaire was composed of 63 items distributed into the following 11

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