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Experience of Early Clinical Exposure Motivates IST MBBS Students

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ABSTRACT In the present setup, the traditional discipline- based curriculum with clinical exposure during the second year of study is being followed. However the students found it difficult to recall important basic concepts during their clinical postings. One of the methods to improve the quality and usefulness of the basic sciences taught to medical students is early clinical exposure (ECE). Hence, the present observational study was carried out in 150 first MBBS students to sensitize them for a clinical setup, to appreciate the finer aspect of human behavior while dealing with patients and motivate them to develop further interest in first year subjects. They were exposed to clinical wards in small group. A prevalidated questionnaire was administered to the students after clinical ward rounds. Feedback indicated that ECE was perceived positively by students and could provide a framework for integration of basic sciences with clinical subjects for the medical students.

INTRODUCTION

In the current scenario of traditional curricula of medical education, it is difficult for the students to recall important basic scientific concepts during their clinical practice. (Ebrahimi S 2012) New methods of didactic instructions have been introduced to improve teaching and make it more practical. Although the present medical education curriculum spends a lot of time on developing the knowledge and skill of the student there is a big gap on strengthening of moral and value based perceptions. The vision 2015 document of the Medical Council of India deals with, in addition to knowledge and skill, development of the sensitivity index of the student within the curriculum incorporating many innovative designs. This would help to establish the cognitive (knowledge); practical (skill); and moral (practice with integrity and respectability) components in professional learning. (Dyrbye LN, 2007)

One such intervention is the concept of early clinical exposure which would help freshmen to overcome their tension and stresses by real clinical situations; so as to motivate them to develop a better insight and awareness to the medical profession.(Sathish kumar S 2007) This exposure could positively influence the attitude of the student towards medical education and help them succeed in medical practice along with social, emotional and professional satisfaction.(Michalec B. 2012)

Objectives:

- 1) To sensitize the student early in their medical education to a clinical setup.
- 2) To make students appreciate the finer aspects of human behavior while dealing with patients.
- 3) To motivate the students to develop interest in first year subjects.

METHODOLOGY

After ethical clearance from the Institutional Ethics Committee of NKP Salve Institute of Medical Sciences, Nagpur, Maharashtra (India), an observational study was conducted. 150 students of first MBBS participated in the study. After a brief description of the responsibilities of a medical doctor towards the patient and the society the students were divided in 15 groups of 10 each under the supervision of a clinical faculty member. A faculty orientation was held to share the objectives of the program so as to minimize subjectivity and increase uniformity. This program consisted of ward rounds for a memorable and meaningful hospital experience in departments of Medicine and Gynecology.

It was intended to make students experience real clinical environment early in their medical education and to sensitize them regarding the happenings in clinical ward, the rules and disciplines to be followed while working in a ward and the challenges in the process of history taking specially the doctor patient communication strategies.

Cooperative patients with uncomplicated medical conditions who consented were selected to be visited by the medical students. At the end of the program, informed consent was taken from the students and a predesigned validated questionnaire as assessed by experts in the field of medical education was administered. Anonymity was maintained.

The questionnaire had both open ended questions which yielded narrative comments and unidirectional bipolar summative Likert scale rating which depicted semi quantitative data. The 5 point Likert scale: 1=strongly disagree, 2=disagree, 3=neither agree or disagree, 4= agree, 5= strongly agree determined the final score for the respondent on the scale and the overall rating of the program. The questionnaire enquired about the experience of health care visit and patient contact and whether it gave the students an insight of their future role as a doctor.

Statistical analysis was done using percentile method.

RESULTS AND DISCUSSION

The new health care delivery system demands that emphasis of medicine needs to be on generalist (rather than specialist) training. The graduates need to have an experience in a variety of settings including hospitals, communities, primary health care, etc. early in their medical training, more so in developing countries. (Michelle Mclean 2004) In our curricula, the artificial divide between the basic medical sciences and clinical medicine may create a seemingly visible gap in the learning graph of the students and this lead us to conduct such a pilot study.

The student participation in the clinical experience was overall much higher than expected. Of the 150 students who visited the wards and underwent the ECE, 138(92%) returned completed questionnaires. 74% students were excited even on the announcement of the visit to the wards and 16% were happy to know about it. (fig: 1) 80% students indicated that their health care visit to the wards was a rewarding worthwhile and effective experience. Of these 60% rated their experience as excellent and 32% as good.(fig: 2)

69% were happy and 26.27% were excited after visiting the ward and knowing about its functioning. 87% students could link ward visit with the preclinical subjects and indicated that it increased their interest and motivated them in learning of basic medical subjects. 98% students felt that ECE will increase their sensitivity towards various disease conditions. Thus, students descriptions of their ECE was filled with enthusiasm and appreciation of their learning experience helping them to perceive that medical education is valuable. This positive impact of ECE on student learning in our study is similar to that of Johnston and Scott (Johnston AK and Scott CS. 1998)

Though the initial idea of conducting an ECE was to make the students aware of interaction of doctors with patients, they realized that team work, feeling of being in a medical institute, practical knowledge and humanistic elements in the practice of medicine was of supreme importance. 61% students were strongly in favour of organizing similar interventions more frequently. It provided the students with important opportunities to enter into the unfamiliar territory of the hospital environment.

Students starting their clinical rotations are usually unable to recall basic concepts. 90% faculties involved in the project opined that ECE will generate more interest towards the preclinical subjects and help the students in correlating better disease states in their clinical postings. Dornan and Bundy (Dornan T and Bundy C. 2004) in their consensus survey also suggested that ECE orient's medical curricula towards social context of practice, eases the transition to clinical environment thus motivating students in their approach towards the patients. Moreover, the survey also impressed upon the fact that theoretical knowledge becomes deeper with strengthening of the behavioral sciences which not only improves the health care system but also reflects on the role of a future clinician as a professional.

It is therefore justified that such interventions must be carried out for sensitizing the students to ECE at the infantile age of medical curriculum even though it is at the cost of taking time away from the already existing schedule of basic sciences and difficulties in arranging such experiences.

Our study also exposed certain challenges that ECE can face at different levels. For example the first challenge is the identification of cooperative departments and patients. Second challenge is motivation of 15 resource persons required from the clinical department.

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Fig 1: Response of students : After announcement of ECE program

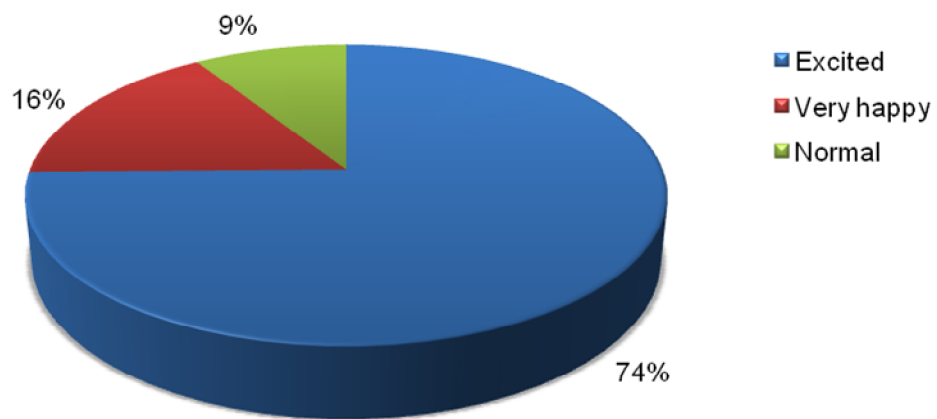


Fig 2: Experience with ECE

