

Preference of medical students in clinical year

Nadia M. Fida, MBCh, ABP.

Education is defined as the development of all of one's power, body and mind, which is enhanced when the process is initiated and owned by the learner.¹ Previous studies on performance of the medical student emphasized on factors such as premedical academics, maturity, familial background and support, and personal experiences with illness.² These were taken from the teacher's view of education and conduct. However, this study was based on the student's opinion on the curriculum, system, and examinations.

Using an open ended questionnaire, which was distributed to the medical students in the clinical years at the College of Medicine, King Abdul-Aziz University, Jeddah, Kingdom of Saudi Arabia during the academic year 2002-2003. The questionnaire addressed the preference of students in their medical year and suggested solutions.

In the clinical year, medical students feel that the curriculum offered is huge and the division and time allocated to the main courses such as Pediatric, Obstetric, Surgery and Medicine are not suitable and short. Some of the lecturers give different reference books for the same subject. The students view that different committee examines different students which

they feel is not justified as difficult cases vary between student committees for clinical examination. Some professors are lack of methods of communication skills. During rounds, the students concluded that the internship is not ideally performed in the department. Solutions to the comments are shown in **Table 1**. A well-aligned curriculum has a consistent focus on curricular goals, teaching or learning activities and assessment.³ "A number of medical schools adopt a fully integrated curriculum"⁴ The Head of the Department should be informed regarding any cancelled lecture so it can be re-scheduled. Fifth year students complain of inappropriate grading due to different examiners in the committee and different cases. Each department should rationale and define grading system (what is excellent, very good, and failure). The college will start to apply Objective Structure Clinical Examination (OSCE). It is more widely used for assessment of performance in United States of America and Canada. This will over come bias of different examiners. Konje et al⁵ reported that OSCE may not be the best way of evaluating medical student's clinical competence.

In conclusion, the future health of a country depends on the youth (medical students) of the country. Students should be part of the school curriculum. This is why we must begin with the analysis of the need of the students as they must identify the professional role they will assume after completing their training. The curriculum should constitute clear objectives relevant to their needs. The corner stone of medical education should be a role model teacher, active and involves students, continuously revised curriculum, appropriate examinations and a competent graduate physician.

Table 1 - Solution to the difficulty faced by the students in the 3 clinical years according to the curriculum, examination and teachers.

Categories	4th	5th	6th
Curriculum	Less lecture more practical	Timetable should be organized Subjects should not be divided over the 3 clinical years	They prefer block system Increase clinical teaching Lecture should be substituted by a small study group (tutorials)
Examination	More time should be planned for review before finals	Students should be evaluated and examined fairly	Continuous assessment for student evaluation
Teacher	Doctors should have specific office hours to see students	Students should have feedback on test More communication between students and lecturer	More involvement of the student during the rounds The students prefer to be divided into smaller groups and a consultant to be responsible for each group

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From the Department of Pediatrics, King Abdul-Aziz University Hospital, Jeddah, Kingdom of Saudi Arabia. Address correspondence and reprint requests to Dr. Nadia M. Fida, Department of Pediatrics, King Abdul-Aziz University Hospital, PO Box 80215, Jeddah 21589, Kingdom of Saudi Arabia. Tel. +966 (2) 6408327. Fax. +966 (2) 6403975. E-mail: nadiafida@hotmail.com

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