

Are final-year medical students satisfied with placement-based training in Obstetrics and Gynaecology?

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Introduction

As part of the undergraduate medical education, final-year medical students have to undergo a placement-based training in obstetrics and gynaecology for six weeks in different hospitals across the region. The number of medical students placed at each hospital at one time, depends on size of the hospital, teaching facilities available within the hospital and the university regulations applicable for that region. Although this training programme is well structured and clearly illustrated in the module handbook, there is lack of uniformity in terms of training received at different hospitals. Consequently, the students' satisfaction level with training in obstetrics and gynaecology varies substantially depending on which hospital they were placed in. A low satisfaction rate in training may in future, result in less number of trainees being interested in obstetrics and gynaecology as students' satisfaction has long been associated with their future career commitment. Teaching faculties should be concerned with these students' low satisfaction rate as an outcome of the educational process (Ziaee *et al.*, 2004).

Literature on students' satisfaction with clinical training in obstetrics and gynaecology is limited. A validated questionnaire was designed to assess the medical student's satisfaction with clinical training in obstetrics and gynaecology.

Objective

The objective of this study was to evaluate final-year medical students' satisfaction with placement-based training in obstetrics and gynaecology during their placement at various hospitals across the region.

Method

The study was carried out between June 2004 and May 2005, at the medical education unit of a university in the UK. All final-year medical students (n=122) were given a questionnaire to assess their satisfaction with clinical education and training in obstetrics and gynaecology during their placement at hospitals (named as A-K to maintain anonymity) across the region. Eighty seven students (71%) from the eleven hospitals (hospital-A to hospital-K) returned the questionnaire. Each question generated a closed response. Students were required to respond to each question on a 5-point Likert scale.

Each response in this study was allocated a score as follows:

Strongly dissatisfied/very poor	= -2
Dissatisfied/poor	= -1
Neither disagree/nor agree	= 0
Satisfied/good	= 1
Strongly satisfied/very good	= 2

The scores were totaled for each question and expressed as percentage of the possible maximum score (maximum= 100, minimum= -100)

Results

The principle findings of the study are summarised in table 1.

Eighty seven final-year medical students from eleven hospitals across the region were included in this study. There were 31 responses from the main teaching and tertiary hospital of the region alone, and between 2 and 8 responses from each of the other 10 hospitals included. The mean age of the students was 23 years (22-28 years) and 57% (50/87) were males.

Table 1 : Satisfaction rates (in percentage) with various components of teaching

Components assessed	Hospitals										
	A	B	C	D	E	F	G	H	I	J	K
Satisfaction of the medical students with teaching provided in the unit	64	42	78	32	48	64	50	50	100	86	-10
The teachers' awareness of medical students' learning needs	50	24	44	40	-10	12	36	76	72	70	-36
The approachability of teachers	78	24	80	80	60	62	50	50	100	86	10
Satisfaction with 'access to patients' for completion of case histories'	62	56	20	34	55	26	38	76	84	62	18
The satisfaction with assessment by teachers of three basic competencies including pelvic examination, abdominal examination and history taking of students	2	52	30	40	42	44	18	68	66	38	24
Satisfaction with "theme patient" small group teaching sessions	22	38	24	60	40	44	18	50	16	48	-20
Satisfaction with 'level of feedback by teachers on students' progress'	44	9	35	11	50	19	18	50	48	24	-35
Availability of recommended reading material in the trust library	39	20	37	68	40	45	-15	69	38	-25	45
Access to IT facilities	28	25	62	40	35	76	38	50	64	42	65
Satisfaction with the module as a whole	56	40	62	30	50	50	37	76	64	75	-15

Overall satisfaction with clinical training in obstetrics and gynaecology was 53.81%.

In hospital-I, the satisfaction of the medical students with teaching achieved scores of 100%. However, in more than half of the hospitals (6 out of 11), scoring in this area was 50% or even less, with one hospital (hospital-K), scoring negatively (-10%). In three out of eleven hospitals, the teachers' awareness of medical students' learning needs was scored above 60%, and in six hospitals scoring in this area ranged between 10 and 50%. In the remaining two hospitals, the awareness of teachers' of students learning needs was scored at minus 10% and minus 36%.

The approachability of teachers was the most highly scored overall. This achieved a score of 60% or above in seven out of eleven hospitals. The lowest score in this area was 10%, for hospital-K.

With regard to satisfaction with 'access to patients' for completion of case histories', six out of eleven hospitals scored greater than 50%. No hospital scored negatively to this question.

The satisfaction with assessment by teachers of three basic competencies including pelvic examination, abdominal examination and history taking was ranked at above 60% in two of the eleven

hospitals, and between 30 and 60% in eight other hospitals. The lowest score was approximately 2% in hospital-A.

Regarding responses to satisfaction with "theme patient" small group teaching sessions, ten of the eleven hospitals scored 50% or less, with hospital-K scoring negatively at minus 20%. The highest satisfaction score in this area was 60% for hospital-D.

Responses to 'level of feedback by teachers on students' progress' scored between 40 and 50% in four hospitals. In another four of the eleven hospitals, scoring in this area was less than 20%, with the lowest scoring of approximately minus 35% achieved by hospital-K.

Two hospitals scored above 60% and seven hospitals scored between 20 and 50% for availability of reading material in the trust library. In two hospitals, hospital-G and hospital-J, there was an overall negative score of around minus 15% and minus 25% respectively to this question.

Access to IT facilities was available to medical students in all hospitals. However, the accessibility score was greater than 60% in only four of the eleven hospitals. In the other seven hospitals, scoring ranged between 25 and 50%.

Satisfaction with the module as a whole was scored approximately 60-75% in four hospitals, 30-60% in six hospitals and -15% in one hospital (hospital-K).

Regarding individual hospitals, hospital-I obtained the highest score with 100% satisfaction in two areas, 60-85% in 5 areas, and approximately 10-50% across the remaining 3 categories (no negative scores). Hospital-H also scored highly, achieving 50% or more in each of the 10 categories. The poorest scores were from hospital-K, which scored negatively in five of the ten areas, and achieved scores less than 25% in three other areas.

Discussion

The study clearly shows that there is a marked variation in levels of satisfaction among final year medical students in terms of clinical training in obstetrics and gynaecology received in different hospitals across the region. The overall satisfaction

of the students in this series was 53.8%. Ziaee *et al.* (2001) conducted almost similar study with 250 medical students at Tehran University of Medical Sciences and reported a nearly similar (58%) satisfaction rate. They classified their training into three broad categories and assessed satisfaction separately for the three groups including outpatient (52%), bedside (52%) and theoretical teaching (70.8%). This study, however, assessed the satisfaction in ten different components as shown in the results. In no component questioned was there a consistent score amongst the eleven hospitals of greater than 50% and if the lowest-scoring two hospitals are excluded from each question, only one of the ten categories, (approachability of teachers) reaches this consistency (50%).

Placement-based competency assessment of students' practical skills including abdominal examination, pelvic examination and history taking is designed to assess students' underpinning knowledge of obstetrics and gynaecology. This also ensures that students have the clinical competencies required for this specialty. In this series, overall satisfaction with assessment by teachers of these competencies in students was 37%, which is lower than the corresponding figure (48.8%) in another study by Ziaee *et al.* (2004). Wanggren *et al.* (2005) in their study used so-called professional patients to teach gynaecological examination to medical students. They found that these "teaching sessions reduced stress and anxiety; the students were relieved, calmer and more secure after the training. It is strongly recommended that this type of programme with professional patients should be used for teaching gynaecological examination techniques to medical students." Abraham (1995) in his study considered several options to teach vaginal and speculum examination in medical curricula. His study revealed, "the option of student volunteers was a least preferred method but was cited by 5% of students. Over 25% of the female students considered volunteering for vaginal examination a 'possibility' if they were examined by a student of the same sex."

Teaching faculty in the universities is under constant pressure to adapt to changes in the health care system as well as maintaining excellence in delivering education. Regular assessment of

students' satisfaction with teaching is therefore essential. Grime *et al.* (2005) have shown that "it is possible to enhance students' perception of the value of a teaching session in the light of student-based evaluation." Medical students' satisfaction with training in particular subject is positively associated with later professional attitudes; career commitment and retention (Shelly & Webb, 1986; Cherniss, 1991). Dunn *et al.* (2004) have shown that "students' satisfaction with their third-year clerkship improved with a structured programme and increased faculty involvement." Moreover, the outcome of the students' satisfaction has both immediate and long-term consequences. For example if final-year medical students are not adequately satisfied with placement-based training in obstetrics and gynaecology, they are less likely to choose this as their specialty in future. The low satisfaction rate in various components in some of the hospitals across the region, identified in the current study should be taken seriously and addressed appropriately to prevent possible significant impact in the future to this specialty.

Conclusion

The study shows that the teaching is not standardised in all the hospitals across the region. The agenda of the university does not always meet the agenda of the different health professionals in the trusts. Final-year-students' low satisfaction rate with training in obstetrics and gynaecology in some hospitals, may, in future, reduce the number of trainees, even further, in this specialty. A student-centred guideline about training in obstetrics and gynaecology should be formulated and regular audit should be in done to make sure that this guideline on training is followed uniformly in all hospitals across the region.

Limitations

The questionnaire for assessing students' satisfaction was not tested for reliability.

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References

- Abraham, S. (1995) Vaginal and speculum examination in medical curricula, *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 35(1), pp. 56-60.
- Cherniss, C. (1991) Career commitment in human service professional: a biographical study, *Human relations*, 44, pp. 419-437.
- Dunn, T.S., Wolf, D., Beuler, J. & Coddington, C.C. (2004) Increasing recruitment of quality students to obstetrics and gynaecology: impact of a structured clerkship. *Obstetrics and Gynaecology*, 103(2), pp. 339-341.
- Grime, P., Williams, S. & Nicholson, S. (2005) Medical students' evaluation of a teaching session in occupational medicine: the value of a workplace visit. *Occupational Medicine*, 56(2), pp. 110-114.
- Shelly, R.K. & Webb, M.G. (1986) Does clinical clerkship alter students' attitudes to a career choice of psychiatry? *Medical Education*, 20, pp. 330-334.
- Wanggren, K., Petterson, G., Csemiczky, G. & Gemzell-Danielsson, K. (2005) Teaching medical students gynaecological examination using professional patients - evaluation of students' skills and feelings. *Medical Teacher*, 27(2), pp. 130-135.
- Ziaee, V., Ahmadinejad, Z. & Moravedji, A.R. (2004) An evaluation on medical students' satisfaction with clinical education and its effective factors. *Medical Education Online*, 9, p. 8.