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Orientation program to MBBS course at a missionary run medical college in Kerala: analysis of students' feedback

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ABSTRACT

Background: Orientation programs help medical students to tide over many difficulties faced during their transition to a new study environment. Therefore, it is important that it be conducted well covering all essential aspects.

Methods: The present study assesses the feedback of a three-day orientation program given to 100 students who attained admission to MBBS in 2016. The program was organized and conducted by the management and the Medical Education unit. The sessions included lectures, small group assignments, observations and group activities. A semi structured Questionnaire was used to gather the feedback.

Results: All of the 100 students (67 female and 33 male students. Median age19 years.) attended. Considering the overall rating of the orientation programme, 40% opined it to be excellent, 50% very good, 7% good and 3 % satisfactory.

Conclusions: Through this orientation program, the students were able to understand that leadership quality, team work and good communication skills are needed to be an efficient doctor. Physical work and shadowing of the patients were two innovative and well appreciated sessions. It is evident through the feedback of the students that such orientation programmes are beneficial to them.

Keywords: First year MBBS, Feedback, Orientation program

INTRODUCTION

Oxford dictionary defines orientation as a person's basic attitude, belief or feelings in relation to a particular subject or issue. An orientation at induction facilitates effective outcome of any program. Medical courses are not an exception.

Transition from the safe zone of an over protected life and spoon fed learning to an independent life and self-learning is stressful to students. A medical student may have to face more stress than other professional students. Students face difficulty in time management, stress reduction and coping with studies and examinations. Colleges and universities worldwide develop and implement students' orientation programs.¹

The selection process in India is changing in recent past as NEET started bringing in students on merit basis only.² Medical council of India in its proposed Regulations of graduate medical education 2012 and 'Vision 2015' envisage a foundation course which focuses on behavioral competency, familiarizing campus environment, learning techniques, and stress-coping strategies.³⁻⁵ Baseline information derived from students' feedback will enable revisions to make orientation programs more effective. It was in this context that the present study was undertaken.

Objectives was to study the feedback from students of a three day orientation course conducted at the time of admission for the first year MBBS, 2016 batch in our college.

METHODS

Under the guidance of the Medical Education Unit of Jubilee Mission Medical College, a three-day orientation program from October 3rd to 5th 2016 was conducted for the incoming first year MBBS batch of 2016 admissions. The planning of the program had started 2 months prior to the arrival of the students. The orientation started with an ice breaking session since the students were new to each other and also to the campus. The topics were arranged in such a manner that on the first day the focus was on a general introduction to the vision of a missionary run medical college to get the students focus on a broad social sense of commitment to the society and service to the poor. A birds eye view on who a good doctor must be was elaborated through living examples of in-house faculty. The second day programme aimed to nourish them with a holistic approach to medicine and to help them to see the medical profession as a divine responsibility.

The last day of orientation focused on the curriculum through which a medical student must go through and development of soft skills required to excel in it. The students were made to build upon their Communication skills through observing doctor-patient interaction. To understand the practical difficulties of patients they were made to shadow the patients and to go through a phase of light manual labour. Teachers of various departments, members of Medical Education Unit (MEU) and managers from administration formed the program faculty. The sessions included lectures, small group assignments, observations and group activities (Appendix 1).

A semi structured questionnaire was used to gather feedback response from students. It had four open-ended and 16 closed-ended questions. Of the 16 close ended questions, one had five sub questions to be answered in a

three-point Likert scale while another had to be answered in a six point Likert scale. A 45-day gap was kept between the orientation programme and its assessment. This was done so as to ensure that the students would be able to give a fair report regarding whether the program was effective on a practical basis. Participation in the study was on a voluntary basis. A ten-minute briefing was given regarding the purpose of the study and on how to fill it. Sufficient time was given to fill the questionnaire. Doubts regarding the questions were clarified. It was seen that the response sheets were kept anonymous. The data obtained from the open-ended questions helped to get a qualitative assessment from the students. The collected data was entered into M S excel and analyzed using SPSS version 16. The results are presented in tables.

RESULTS

All 100 students attended the three-day orientation programme. It included 67 female and 33 male students. Their median age was 19 years. Feedback responses were received from all the 100 students. Considering the overall rating of the orientation programme 40% opined it to be excellent, 50% very good, 7% good and 3% satisfactory.

For most of the close ended questions which dealt with topics like understanding, learning, relevance, usefulness etc. (Table 1) majority of the students had given a positive response. The least number of positive responses were for questions related to appreciation of difference between secondary school and college (Item 6) and relief of anxiety experienced due to transition to college (Item 8). Ambiguous responses ranged from 0-6 in number. Maximum ambiguity was for the question regarding adjustment to campus life (Item 10). Only a few students gave a negative or ambiguous rating on the topics directly related to medical education (Table 2).

Table 1: Various close ended questions and the student responses.

Question	Yes	No	Ambiguous
How important was it to be with family at the beginning	99	1	0
Communication received prior to orientation was effective	92	6	2
Have better understanding of education system, curriculum, examination system regulations, MCI	98	1	1
Orientation and introduction to various departments was very helpful	97	3	0
Understood vision and mission of institution	99	1	0
Learned difference between secondary school and college	89	6	5
Content was relevant to my transition to college	95	2	3
Now i feel less anxious about my transition to college	77	19	4
Was able to meet other students and had group feeling and was able to work well in group.	95	4	1
Now i have a better understanding of moving to a campus	91	3	6
Have better understanding of hostel policies	94	1	5
Have a better understanding of how to have a successful course	92	8	0
Made me feel excited about my choice in selecting this course	94	6	0
I understand the social commitment of a doctor	98	1	1

Table 2: Feedback of students on various sessions related to medical education.

Question	Yes	No	Ambiguous
Have better understanding of education system, curriculum, examination system regulations, MCI	98	1	1
Orientation and introduction to various departments was very helpful	97	3	0
Understood vision and mission of institution	99	1	0

Table 3: Students' feedback on improvement of their understanding on important domains through the orientation program.

Topics	To a great extent	To some extent	Not at all
Spirituality and ethics	68%	31%	1%
Learning in medical education	53%	47%	
Time management	23%	71%	6%
Team work	74%	25%	1%
Basic life support and first aid	36%	63%	1%
Leadership skills	31%	66%	3%

Table 4: List of topics that students requested for inclusion.

Topics	No. of requests for this topic
Method of Studying-	
How to prioritize topics and how to prepare for exams	14
Method of reading and learning textbooks	14
Difference in method of learning from +2 to MBBS	
Sharing of senior students regarding-	
Overall experience in 1 st year	
Tips on how to study	
Tips on how to prepare for exams	8
Problems faced by them in first year and how they overcame it.	
Pitfalls to watch out for, during 1st year	
Extracurricular activities - how they took part in it and balanced studies along with it.	
Time management and how to finish studying daily portions	7
Methods of Stress management	6
Extracurricular activities in college, Entertainment, Hobbies, Fun	
How to write exams-method of writing answers, how to score marks	5
Qualities of a typical doctor-How to be a good doctor	
How should a doctor behave in public	5
Communication skills of a doctor- with patients with colleages	3
Things that ideal doctors must not do but many do-Vices in medical practition	
Doctors' experiences, problems faced by them and how they overcame it.	5
Basic ethicates-How to be a good student, ideal student-teacher communication	4
Which textbooks to follow.	3
Post Graduate entrance preparation, Higher studies	3
Research oriented study, Advancement in medicine	2

However, there were varying responses in feedback received regarding different domains covered. Most of them reported much benefit from topics related to team work, spirituality and ethics, while least benefit was shown from topics on time management, leadership skills and basic life support and first aid (Table 3).

There were suggestions from students regarding topics for which they still required further clarification (Table 4). These mainly included study methodology- method of reading and learning text books, prioritization of topics etc. They found their learning methods in school to be very different from that which was required at college.

First year experiences of senior students, stress and time management, job opportunities abroad, knowing about available facilities in the hospital were among other topics they wanted to know about. One student even requested for observing a surgery to overcome fear of blood.

DISCUSSION

Various medical colleges all over India and abroad conduct orientation programs for the new arrivals at medical school. This is done with the intention of acclimatizing students to a college environment and familiarizing them to the different teaching-learning methods. Not many studies reported give a detailed assessment of these orientation programs. The present study attempts to make a proper assessment of the orientation program based on students' feedback and compare it with other previous studies.

The present study was on understanding, learning, relevance and usefulness of the topics covered. It was a cross sectional evaluation. The study from Nepal was on the knowledge, attitude and perception of the students and had a pre and post-test format.⁶ A study from Hyderabad also focused on whether the students could understand the topics and whether they felt it possible to implement. The assessment was a long term one.⁷ Faculty's perspectives were also taken into consideration in a study conducted in Punjab.⁸

The overall rating of the program by students was comparable with other reported Indian studies. Around 80% to 90% of the students approached the orientation programs positively and opined benefit.

Presence of family members during the intake was uniformly appreciated by students. The presence of parents was shown to be of great importance for student support. They can be partnered with, to develop a mechanism for continued relationship.

Two of our programs were innovative and unique. Direct observation of doctor patient communication in the out patient department and shadowing of the patient while they were in the hospital was one of them. That gave students an opportunity to experience the difficulties faced by the patients. They mentioned that they understood the importance of keen observation, listening and empathy of a doctor.

The 98% of the students had given positive feedback regarding engagement in physical work. Through this session they were able to understand the dignity of labour and team work. Working alongside the manual labourers, they were able to understand the difficulties faced by them and how to communicate with them. Students reported they understood aspects like dedication and leadership quality.

More and more students secure seats after repeated attempts at the entrance exams, thereby making the admitted students a heterogeneous group in terms of age, maturity level and learning efficiency. High entrance scores were not correlated with final MBBS marks. 9,10 There is a fast-growing female representation among Kerala medicos. 11 All these complex issues were not addressed in the present orientation program. The hidden curriculum also was not taken into consideration. 12 Practical aspects of time management, study methods; stress management, seniors' experiences and other demanding topics were also not included.

CONCLUSION

The transition from school to college environment is an area where many students experience hardship to cope with. The orientation program helped those from different backgrounds to cope up with challenges of the MBBS course. They understood that leadership quality, team work and good communication skills are essential components of becoming an efficient student. The feedback from the orientation program gave insight on the areas where students struggled much. Through seeking what other topics the students required clarification upon, the lacunae in the orientation program were understood, giving room for further improvement in coming years. Students had much appreciation for the orientation program and most findings pointed to its key importance in the medical field.

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