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## Opinie studentów VI roku Wydziału Lekarskiego na temat ich procesu kształcenia w Pomorskiej Akademii Medycznej

## Opinions of 6<sup>th</sup> year students of the Faculty of Medicine on the process of their education in Pomeranian Medical University (PMU), Szczecin

### Streszczenie

**Wprowadzenie.** Studia lekarskie mają opinię trudnych i wymagających wielu poświęceń. Doświadczenia zdobyte w ich trakcie wpływają na kształtowanie się sylwetki zawodowej przyszłych lekarzy.

**Cel.** Celem pracy było poznanie opinii studentów kończących VI rok Wydziału Lekarskiego PAM na temat procesu kształcenia oraz wpływu zdobytych doświadczeń na nich samych.

**Materiał i metoda.** Badaniu z użyciem anonimowej ankiety poddano grupę 113 studentów VI roku Wydziału Lekarskiego PAM w roku akademickim 2004/2005.

**Wyniki.** Dla połowy ankietowanych studentów (51%) wyobrażenia o studiach okazały się zgodne z rzeczywistością, nieco mniej (49%) było przeciwnego zdania. Krytyczne uwagi dotyczyły często zbyt małej ilości zajęć praktycznych (problem ten wskazało 29% badanych), a z drugiej strony za dużej ilości teorii (co odnotowało 20% badanych). Najbardziej niezadowolone oczekiwania studentów dotyczyły kontaktu z nauczycielami akademickimi (22% respondentów było z niego niezadowolonych, natomiast 64% było częściowo zadowolonych); następnie zaplecza technicznego uczelni (14% było niezadowolonych, zaś 77% – częściowo zadowolonych). Większość studentów (83%) odnotowała zmiany w nich samych pod wpływem studiów: pozytywne i negatywne. Ze zmian negatywnych najczęściej wymieniane było zwątpienie w ideały dotyczące pracy lekarza (18 wskazań) oraz pesymistyczne i cyniczne nastawienie do przyszłości (13 wskazań). Zmiany pozytywne to najczęściej wzrost otwartości w stosunku do innych (15 wskazań), uzyskanie dojrzałości życiowej (14 wskazań) oraz zdobycie bogatszego spojrzenia na innych ludzi (12 wskazań). Ponad ¼ (28%) respondentów, mając możliwość ponownego wyboru, nie podjęłaby studiów lekarskich.

**Wnioski.** Najistotniejszym czynnikiem wpływającym na niespełnienie oczekiwań dotyczących studiów lekarskich wydaje się być kryzys relacji nauczyciel akademicki – student. Wskazane są dalsze badania i podjęcie działań zmierzających do poprawy sytuacji w zakresie szkolenia przeddyplomowego przyszłych lekarzy.

**Słowa kluczowe:** studenci medycyny, doświadczenia z okresu studiów, oczekiwania dotyczące studiów.

### Summary

**Introduction.** Medical studies have the opinion of being difficult and requiring lots of devotion. Experiences gathered during the studies influence the professional profile of future physicians.

**Aim.** The aim of this work was to learn opinions of the students of the Faculty of Medicine of PMU completing their sixth year of studies on their education process and the impact of gathered experiences on themselves.

**Material and method.** The group of 113 of all 119 students of 6<sup>th</sup> year, the Faculty of Medicine of PMU in the academic year 2004/2005 were anonymously interviewed

**Results.** For the half of the respondents (51%) the vision of the studies appeared to be consistent with the reality, slightly fewer (49%) had the opposite opinion. The critical comments were often related to too little amount of practical classes (29% of the respondents raised this issue) and on the other hand too much theory (according to 20% of the respondents). The most insatiable students' expectations were related to the lack of contact with the academic teachers (22% of the respondents were not satisfied and 64% were partially satisfied), followed by a technical infrastructure (14% were not satisfied and 77% partially satisfied). Most of the students (83%) noticed changes in themselves – both positive and negative. The most common negative changes were: despair in the ideal of the physician's work (18 cases), pessimistic and cynical attitude to the future (13 cases). The most common positive changes were: the increase of the openness on the other (15 cases), reaching personal maturity (14 cases) and gathering a richer look at other people (12 cases). Over ¼ (28%) of the respondents would not take the medical studies if they have a second chance.

**Conclusions.** The crisis of the relation academic teacher – student appears to be the most important factor influencing the lack of fulfillment of the expectations with the medical studies. Further studies and actions are recommended to heal the process of undergraduate education of future doctors.

**Key words:** medical students, experiences during the studies, expectations on the studies.

## INTRODUCTION

Medical studies have the opinion of being difficult and requiring lots of devotion. Considerable load with theoretical classes combined with the need to use this knowledge in relations with patients requires significant stress resistance and the ability of empathic and humane approach. The experiences gathered during six years of studies have a significant impact on forming the professional profile of future physicians.

## AIM

The aim of this work was to learn the experiences of the sixth year students of the Faculty of Medicine of PMU within the period of their studies. It was also important to learn the changes noticed by students in themselves caused by the impact of their medical studies.

## MATERIAL AND METHOD

The group of 113 among 119 sixth year students of the Faculty of Medicine of PMU in Szczecin, who in spring of 2005 were just about to graduate, have been interviewed with the anonymous questionnaire. The questionnaire contained 23 questions of which nine were the open questions, in two the respondent was asked to rank selected answers according to their preferences, and the other 12 were single-choice questions. The questions in the questionnaire covered earlier experiences related with studying, the circumstances of taking the studies at the Medical Academy, confrontation of the vision of the studies with the reality, and the changes which the respondents noticed in themselves as a result of studying.

## RESULTS

### 1. Description of the examined group

113 of 119 sixth year students of the Faculty of Medicine of PMU in academic year 2004/2005 replied to the questionnaire, what makes response rate 95%. The examined group consisted of 72 women (63.7%) and 41 men (36.3%). The average age was  $x=25.66$  years ( $SD\pm 1.17$ ), the oldest respondent was 30 and the youngest was 24 years old. Most of the respondents – 86 (76.1%) – have been admitted at the first attempt, 22 (19.5%) respondents passed the entry exam at the second attempt, and 5 (4.4%) attempted the entry exam more than twice.

27 (23.9%) respondents had earlier experience in taking up the entry exam for other than medical studies, and 11 of them actually took the studies in the other area. Most often they were natural science areas: biology (6 persons), biotechnology (4 persons), chemistry (3 persons). Single respondents attempted to get the medical profession taking the studies in physiotherapy, health science, veterinary and medical analytics. Two of the respondents attempted the entry exam in the humanities: psychology and arts.

Five of the respondents before their studies took the volunteer work, but none of them had the prior experience with the work in the hospital.

In presentation of results we used quotations coming from 24 questionnaires.

### 2. Confronting the vision of the studies with the reality

Taking the studies led to confronting the vision of the studies with the reality. For 58 (51.3%) respondents the vision of the studies appeared to be consistent with reality, and 45 (48.7%) were of the opposite opinion. The critical comments were most often related to the disproportion between too high number of theoretical classes and memorization noticed by 23 (20.4%) respondents and too low number of practical classes noticed by 33 (29.2%) students. Chosen statements illustrating this problem were for example: *“I did not expect that huge amount of theoretical knowledge (often needless)”*, or concise *“too much theory, too little practice”*. Among those who were not disappointed with the reality there was an interesting statement which summarized this problem: *“I knew that I would still learn to practically use obtained knowledge”*.

The next question was about the degree of meeting the expectations related to the technical infrastructure (labs and their equipment, teaching aids), contact with the lecturers and assistants and contact with other students. Only 16 (14.3%) respondents stated that the technical infrastructure met their expectations, 87 (77.7%) were only partially satisfied, and 9 (8.0%) declared the total lack of meeting expectations in this matter. Some of the critical statements of the latter are: *“the equipment is obsolete – for example reanimation phantoms, difficult access to the corpses on anatomy”*, *“the labs and the aids are old, often broken”*, *“sometimes we learn using many years old equipment (for example on physiology)”*, or *“some departments are dramatically under-financed”*.

Meeting the expectations related with the contact with the lecturers and assistants was declared only by 16 (13.3%) respondents, 72 (64.3%) were only partially satisfied with the contacts with the teaching personnel, and 25 (22.4%) students noted the total lack of meeting the expectations in this matter. The lack of required involvement of lecturers and assistants appeared to be one of the negative comments mentioned often – by 31 (27.4%) respondents. The following statements were mentioned most often: *“careless approach of some assistants to students”*, *“reluctance to share their experiences”*. One of the female students explains such attitude of the teachers in the following way: *“large number of assistants simply did not have a time to take us up during the clinical classes because of their duties as the physician in charge”*. An objection from one of the female students can be the summary of this topic: *“I thought that the assistants would want to teach us but we are often left alone, we get the knowledge only from books”*.

Another negative remarks from students was treating them with despise by the teachers, often with no respect, what was noted by 11 (9.7%) respondents. The representative statements illustrating this problem are for example: *“the teachers humiliate the students and swagger showing know much more than us”*, *“lecturers, assistants treat the students ... as a necessary evil”* and a little facetiously: *“on cardiology the assistants a kind of ran away from students”*. One of the female students noticed that *“the gap between the lecturer, assistant and students does not enable gathering any knowledge from the former”*. The same student also noticed the lack of respect of assistants for the patients: *“I still thought that they will teach me the attitude to the patient, keep up my love to people and the idea of bringing help, and I am disappointed here. Most teachers teach the subjective treating of the patient”*.

and counting for points, money and time". This problem illustrates another female respondents in a meaningful way: "I was sure that lecturers are willing to share their experience, not only the knowledge from books, that they would want to help us, all that for future patients' good ... it is different".

Meeting the expectations in respect with contacts with other students was reported almost the half – 55 (49.1%) respondents. Over a half declared partially (44 respondents – 39.3%) or total lack (13 respondents – 11.6%) of meeting the expectations in this matter. The main reason was the lack of time caused by very large number of classes what was noted by 30 respondents.

As a summary of the above problems the following statement can be quoted: "I expected that the studies would be more humane".

The data illustrating the degree of meeting the expectations in respect with selected aspects of studying are shown in Table 1.

**TABLE 1. Degree of meeting respondents' expectations in respect with the selected aspects of studying (N=112).**

Meeting students' expectations in respect to:	Yes		Partially		No	
	n	%	n	%	n	%
Technical infrastructure	16	14.3	87	77.7	9	8.0
Contact with lecturers and assistants	15	13.3	72	64.3	25	22.4
Contact with other students	55	49.1	44	39.3	13	11.6

**3. Change in perceiving oneself, others and reality**

The respondents were asked if taking the studies at the Medical Academy changed somehow the way they perceived themselves, other people or reality. The majority, as many as 93 (82.3%) respondents answered positive to this question, 18 (15.9%) did not feel any change, and 2 (1.8%) did not state in this matter. These changes can be classified as positive and negative. Among the positive changes the most often pointed were: the increase in the openness to the other (15 cases), reaching personal maturity and independence by keeping a distance to oneself and ones problems, in confrontation with other people's problems (14 cases), getting richer look at other people by noticing patients in them and realizing "frailty of life" (12 cases). Nine respondents noticed a change in the hierarchy of values accepting health as the most important value in human life, six pointed the increase of empathy, four experienced the increase of life optimism, and three noticed the improvement in planning abilities and organisation of work.

Among the negative changes the respondents the most often pointed: despair in the ideals related to the ethos of the physician's work (18 persons). Statements illustrating this change are for example: "I became less sensitive to people because these studies do not teach humanity", "I am less sensitive to other's harm", "Ideals of nobleness, the will to bring disinterested help to other do not often have a possibility of realisation in such materialized and calculated reality", "I got very disappointed by the people working in this profession and eventual reasons which drive them. I thought that the human counts, not a career, relationships." and "the

lack of conformity, cooperation and kindness among people from in this academy and profession".

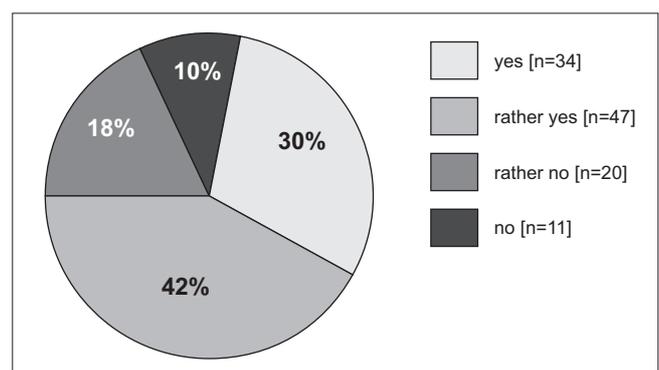
Another frequently observed was the change of attitude to life to more pessimistic and cynical (13 cases). Statements illustrating this attitude are for example: "I have better seen what is the drama of health service" and "I have not expected such low salaries for work and attacks by media and society on the physician profession".

Specific categories of described changes together with number of respondents for them are shown in Table 2.

**TABLE 2. Changes noticed by the respondents after six years of medical studies.**

Categories of changes described by the respondents	Number of respondents N
<b>Positive:</b>	
• increase in openness to the other	15
• reaching personal maturity (also independence) by obtaining distance to oneself and one's problems	14
• getting richer look at people – noticing them as patients and awaking the "frailty of life"	12
• change in the hierarchy of values – putting health in the first place	9
• increase in empathy – understanding the situation of ill patient, noticing their suffering (pain)	6
• increase in optimism in life	4
• better planning and organisation of work	3
<b>Negative:</b>	
• despair in ideals in respect with physicians and their work	18
• life pessimism and cynicism related with the future	13
• lack of time for one's interests, meetings with people	7
• closing on the problems of other people	2

At the end the respondents were asked if, having specific experiences gathered during their studies and the ability of the second choice, they would decide to take the studies at the Medical Academy again. The students who would take the studies again formed a majority (answers "yes" or "rather yes" – 72%), and the students who regret their decision formed ¼ of the examined (answers "no", "rather no" – 28%). Detailed data are shown in Figure 1.



**FIGURE 1. Impact of gathered experiences on possible willingness to take again the studies at the Medical University (N=112).**

## DISCUSSION

In Polish medical bibliography within 1990-2009 two reports have been found in which the opinions of sixth year students on the experiences and expectations related with the medical studies were examined [1, 2]. One of them was related to the students completing their studies at the Pomeranian Medical University in Szczecin and, despite the published results come from 18-23 years back, the problems pointed by the respondents are similar to those raised now. In subsequent stages of study which took place in 1986-89 and 1989-91 81.6% and 78% of the respondents respectively assessed the programme of studies as not preparing to independent work. The reason for this was the disproportion between too high amount of theory and memorization and relatively fewer amount of practical classes. Besides, during practical classes case studies were often demonstrated not more desirable regular work of assistant and student with the sick [1].

The lack of meeting the expectations of most of respondents in respect with contact with lecturers/assistants and quoted student statements show the crisis in relation lecturer-student. The second report "Patterns of healthy personality, healthy behaviour and healthy teaching" based on research led in 1992 refers to this issue. The sixth year students at that time defined the personal pattern of physician-teachers in the following way: *"They should be patient, tolerant, disinterested and their actions should be effective and useful. They cannot be careerists nor the persons crawling to the other. (...) should have the knowledge and the skill to pass it to students. Their behaviour should be estimable and reliable and give the ability to follow"*. However, only three out of 20 examined were able to give examples from their own experience of physicians-teachers who would fit the pattern quoted earlier [2]. There is known view in ethics that direct relation with the physician who would meet the conditions of this pattern influences students the best [3]. The problem of lack of patterns was brought up years ago by Władysław Biegański and, as the results of the current studies show, the words of this distinguished moral philosopher and physician are still up-to-date: *"Where a physician is to get the ethical ideals from? As a medical student in clinics and hospitals they only see idolatrous reverence for knowledge, erudition and interesting cases; as a physician they meet practically ruthless run for money, envy and struggle for survival. In these conditions even the hottest heart must cool down"*. [4].

In literature we can find numerous examples of the influence which tutors and assistants may have on their students. Due to their own behaviour they serve as samples for role modeling among the students of Medicine [5].

In research carried among the fourth year students of Medicine in Northern Ohio Universities College of Medicine, which analysed the development of personality traits such as: sympathy, altruism and respect for a patient, equally large groups of people who were questioned (27 people in each group) stated the positive changes (enforcement of qualities mentioned above) as well as negative changes (cynicism, bitterness, superficiality, impatience, arrogance) during their clinical education, which was connected with role modeling [6]. In our research the number of students who declare positive changes was bigger (63) than the number of those who claim negative changes (40). Among the

positive changes there appeared: reaching personal maturity, increased openness to other people, gathering richer look at people, realizing "frailty of life" and the empathic attitude showing up. Unfortunately many students also gave the negative changes which we displayed in *Results*. It seems that their reasons come out of their current mode and programme of studies and the crisis of relationship lecturer-student.

It is significant that the total of 28% of the respondents asked if having the current experiences they would take the medical studies again answered "no" (10%) or "rather no" (18%). These results are close to those obtained by Patryn et al. who got the negative answer to the similar question by 21% of sixth year students of medicine in Lublin [7]. It can be seen that these values are considerably higher than in case of students who were asked at the beginning of their studies. In the study led one year before among the students completing their first year of studies at the Faculty of Medicine of PMU, to the same question 3.2% of the respondents answered negative ("no" – 0.8% and "rather not" – 2.4%) [8]. It suggests that the process of discouragement follows during the studies.

Taking the above issues into consideration a question about possible ways of healing this situation appears. According to the experienced teachers the ultimate aim of teaching should be to form at the university an efficient physician with scientific and human attitude [9]. Perhaps an effective solution would be to introduce teaching students in small groups defined according to the skills and personal features. Time and intensity of teaching would be adjusted to group's abilities and the programme would only act as a frame. Such group would learn independently and would pass individual and group practical classes under double management – permanent tutor and specialists from different areas acting in integrated manner [10]. Perhaps such organization of medical studies would allow existence of proper relation academic teacher – student (similar to relation master-pupil), would prevent discouragement the studies and would be consistent with students' expectations.

## CONCLUSIONS

1. The crisis of the relation academic teacher – student appears to be the most important factor influencing the lack of fulfillment of the expectations with the medical studies
2. Further studies and actions are recommended to heal the process of undergraduate education of future doctors.

## REFERENCES

1. Koziellec T, Drybańska-Kalita A. Ocena przygotowania w okresie studiów do zawodu i przyszłej pracy na podstawie pięcioletnich badań ankietowych studentów VI roku Wydziału Lekarskiego PAM. Zdr Publ. 1994;105(5):157-61.
2. Naumiuk R. Studia medyczne a zdrowie psychiczne (Sprawozdanie z konferencji naukowej). In: Higiena psychiczna dla studentów medycyny. Warszawa; 1993. p. 116-32.
3. Brzeziński T. Etyka lekarska. Warszawa: PZWL; 2002. p. 4.
4. Biegański W. Myśli i aforyzmy o sztuce lekarskiej. Konin; 1997. p. 23-4.
5. Weissmann PF, Branch WT, Gracey CF, Haidet P, Frankel LM. Role modeling humanistic behavior: Learning bedside manner from the experts. Acad Med. 2006;81(7):661-7.

6. Wear D, Zarconi J. Can compassion be taught? Let's ask our students. *J Gen Intern Med.* 2007;23(7):948-53.
7. Patryn R, Sak J, Kołodziejczyk B, Kiciński P, Marczewski K. Czy etyka jest istotna w procesie podejmowania decyzji w medycynie? Analiza przekonań studentów Wydziału Lekarskiego. In: Suchorzewska J, Olejniczak M, editors. *Nauczanie etyki na uczelniach medycznych.* Gdańsk; 2007. p. 154-7.
8. Gąsiorowski J, Radlińska I, Odej M, Kładna A. Samoocena doświadczeń i oczekiwań studentów I roku Wydziału Lekarskiego PAM w przededniu wstąpienia Polski do UE, część II. *Zdr Publ.* 2008;118(3):305-8.
9. Tatoń J, Czech A, Szczelik-Kumala Z. Nowe określenie celów nauczania w studiach medycznych. *Med Metab.* 2005;9(3):84-92.
10. Tatoń J, Czech A. Nasi studenci medycyny zasługują na głęboką reformę studiów lekarskich: oczekiwane zmiany w ujmowaniu dydaktyki na wydziałach lekarskich. *Med Dydakt Wychow.* 2008;40(4):28-31.

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