

Students' Input on Preparing a Weekly Calendar of Individual Students in the Breast Surgery Clinical Clerkship

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Background; Until 2018, the Breast and Endocrine surgery had no student calendar. A questionnaire survey was conducted on how students felt by creating a weekly schedule of individual students from 2019.

Method: 6th-year elective courses, targeted at students who selected Breast and Endocrine surgery clinical clerkship. The schedule clarifies the contents of the training as follows; outpatient visits, small group study (preparation for graduation and national exams including mammography reading), simulator training, and surgery. The questionnaire adopted an anonymous five-point evaluation method (5; I think very much; 4; Somewhat I think; 3; Normal; 2; Somewhat I don't think; 1; I don't think), and provided a free text box. The following seven questions were asked; A. I was able to send a good training, B. I was useful for studying national and graduation exams, C. Time constraints were appropriate, D. I could fully experience surgery, E. Appropriately experienced outpatients, F. Assignments (presented at conference) appropriate, G. I was interested in Breast and Endocrine surgery.

Results: Average values were A. 4.7, B. 4.9, C. 4.6, D. 4.9, E. 4.8, F. 4.7, G. 4.7. However, C and F received low ratings of 1 and 2. In the free text box, there were favorable opinions such as the fact that it was good to prepare for the national examination and that reading mammography was helpful. Conversely, there were some negative opinions, such as a time spent outpatient was too long, a difference in enthusiasm among the instructors, and a hope to see more at the first visit and to cope with the procedure.

Discussion: Preparing a weekly calendar of individual students generally yielded satisfactory results, but also highlighted the potential for future improvements in clinical clerkship.

Key words: clinical clerkship, Breast and Endocrine surgery, students' calendar

INTRODUCTION

The definition of participatory practice states that students "participate in a medical team and learn the basic parts of the physician's professional knowledge, thinking, and attitude while sharing the medical practice as a member." It is therefore important to give students a certain role to foster a sense of responsibility and of ownership and to motivate them to study [1]. Up to 2018, students taking part in the clinical clerkship for breast and endocrine surgery participated in the morning rounds, in surgeries as an assistants, and completed their training at the end of the operation. As the responsible doctor's written weekly schedule includes patients' personal details, this schedule could not be given to students due to the need for personal information protection. Therefore, students participated in random training sessions without knowing what kind of training they would be doing on a given day. In this study, we created a weekly schedule for individual students and conducted a questionnaire survey to determine how students feel about the weekly schedule.

METHOD

The participatory practice course is intended for students taking part in the sixth year elective course, breast and endocrine surgery clinical clerkship. The schedule (Fig. 1) clearly shows outpatient visits, small group study times (preparation for graduation and national exams, including mammography reading), simulator training, and surgery, and the contents of the training were shown. The questionnaire uses a five-point Likert scale — with 5: Agree very much; 4: Somewhat agree; 3: Neutral; 2: Somewhat disagree; 1: Disagree — and answers are provided by checking a check box. A free text field was also provided. Question items were as follows: A. I received good training, B. The schedule was useful for studying for national and graduation exams, C. Time constraints were appropriate, D. I could fully experience surgery, E. I appropriately experienced working with outpatients, F. Assignments (presented at conference) were appropriate, G. I was interested in breast and endocrine surgery (Fig. 2).

	2019.04.01	2019.04.02	2019.04.03	2019.04.04	2019.04.05
Student 1	AM Operating Room 1	Outpatient booth 1	Operating Room 2	Outpatient booth 1	Operating Room 2
	PM	Outpatient booth 1	Operating Room 2		Operating Room 2
Student 2	AM Operating Room 2	Outpatient booth 2	Outpatient booth 1	Operating Room 1	Outpatient booth 2
	PM	Outpatient booth 2	Outpatient booth 1		Outpatient booth 2
Student 3	AM Outpatientbooth 1	Operating Room 1	Outpatient booth 2	Operating Room 2	Operating Room 1
	PM	Operating Room 1	Outpatient booth 2		Operating Room 1
Student 4	AM Outpatientbooth 2	Operating Room 2	Operating Room 1	Outpatient booth 2	Outpatient booth 1
	PM	Operating Room 2	Operating Room 1		Outpatient booth 1
Event	14:00 US training		16:00 Conference	15:00 MMG reading	16:00 Cruz

Fig. 1 Weekly calendar for individual students. Ultrasound (US) training: Learning techniques of cytology and core needle biopsy using a breast phantom under ultrasound guidance; Conference: give a presentation on the following week's surgical cases at a conference; MMG read: Reading typical mammography; Cruz: A small group lecture on past questions of the national examination.

Questionnaire for Breast and Endocrine surgery clinical clerkship

2019

Thank you for taking part in the training. Please fill out the questionnaire below after the training. The purpose of this questionnaire is to create a better training system. The questionnaire is anonymous and not related to your grade, so please complete it appropriately.

Please check the appropriate box to answer the following questions:

Question Items	Evaluation				
	Agree very much	Somewhat agree	Neutral	Somewhat disagree	Disagree
A. I received good training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. The schedule was useful for studying national and graduation exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Time constraints were appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. I could fully experience surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Appropriately experienced working with outpatients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Assignments (presented at conference) were appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. I was interested in Breast and Endocrine surgery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have something to add, please fill in the free text field below.

The survey is concluded.

This form is strictly confidential and will not be used for any purpose other than for future training.

Fig. 2 Questionnaire for Breast and Endocrine surgery clinical clerkship

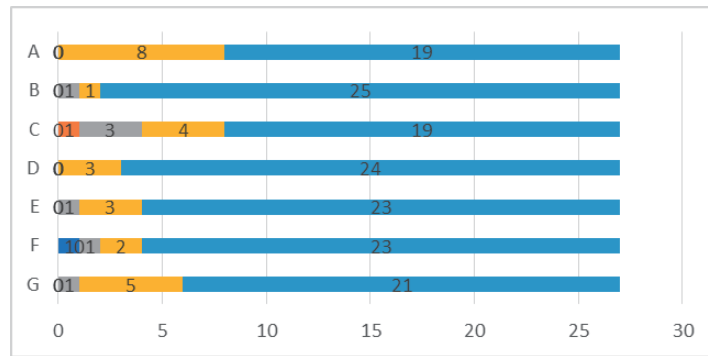


Fig. 3 Questionnaire results.

The horizontal axis is as follows: from the right, 5: Agree very much; 4: Somewhat agree; 3: Neutral; 2: Somewhat disagree; 1: Disagree

The vertical axis is as follows: from the top, A. I received good training, B. The schedule was useful for studying national and graduation exams, C. Time constraints were appropriate, D. I could fully experience surgery, E. Appropriately experienced working with outpatients, F. Assignments (presented at conference) are appropriate, G. I was interested in Breast and Endocrine surgery.

RESULTS

Completed questionnaires were obtained from 27 students. The average values were: A. 4.7, B. 4.9, C. 4.6, D. 4.9, E. 4.8, F. 4.7, and G. 4.7 (Fig. 3). For items C and F, there were low ratings of 1 or 2.

In the free text box, there were opinions ranging from “it was good to be able to prepare for the national examination” and “it was helpful to experience reading a mammography,” to “too much time was spent with outpatients” and “there were differences in enthusiasm between the consulting doctors.” Certain impressions were observed concerning the students’ preferences, such as wanting to consult or wanting to attend treatment.

DISCUSSION

To enhance clinical clerkship, it was necessary to provide an environment where students can prepare for their practical training. Until 2018, no weekly schedule was provided, meaning that students were unable to prepare. By preparing the weekly schedule for students this time, it may have been possible to obtain some degree of student satisfaction.

Even if a registered questionnaire indicates that it would not influence students’ grades, answers are often not provided honestly and realistically, as students always consider the effect on themselves of answering questionnaires. In this survey, we wanted to determine students’ true opinions, which is why we introduced the anonymous method. There were no concerns about personal identification by handwriting, because the questions were only checkbox items.

Regarding what was described in the free text field, the national examination preparation and mammography reading practice were highly evaluated. These will therefore continue in the future. Conversely, the students felt that the outpatient clinic hours were too long, probably because they often attended along with a senior doctor. The students were often given a rough presentation explanations on the current therapy by the senior physician between one consultation and the next. However, during busy times with high numbers of patients, senior doctors have no time to explain

treatments to students, meaning that it is merely a visit type clinical training.

Regarding outpatient surgical procedures, the majority of patients getting breast and endocrine surgery are women, and the surgery is often on a particularly delicate area. Therefore, student visits have not been allowed thus far. However, the current clinical clerkship essentials include examination of the breasts [2]; therefore, it was thought that active intervention would be required in the future.

Considering the difference in enthusiasm for education among the instructing doctors, it is probable that some of the instructing doctors did not know what kind of treatment the student doctor could provide, as described above. In the future, instructing doctors will be informed of all the necessary activities, including the required items for student doctors. Referring to students’ opinion that they wanted to see more first visits, the first visits were often handled by young medical staff members and senior residents, and it seemed that the resident could not afford the time to guide the students. However, according to roof tile education, senior doctors should educate young doctors, and young doctors should educate student doctors. In the future, the institution will actively introduce roof tile education and build a style in which student doctors oversee the first consultation [3]. We should also repeat our reflections in order to build a better education system. We are currently conducting new trial; “Trial of introduction of 360 degree evaluation in clinical clerkship of the fifth grade in Breast and Endocrine surgery (Permission number: 19R-280)” and will compare the results of this study.

CONCLUSION

Preparing a weekly calendar for individual students, the questionnaires were generally yielded a high score, and it may have been possible to obtain some degree of student satisfaction. Moreover, the points in need of improvement in clinical clerkship were highlighted. Referring to the results of this study, the teaching policy will be revised based on the above points of improvement and the survey on students concerning the educational system for clinical clerkship will be

continued, as we always strive to provide better clinical clerkship.

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CONFLICT OF INTERESTS

All procedures used in this research were approved by the Ethical Committee of Tokai University school of Medicine (Permission number: 19R328).

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