Background

Nearly all medical students complete a series of core clerkships such as family medicine, psychiatry, obstetrics / gynecology, surgery, pediatrics, internal medicine and so forth prior to graduation. Most students have a defined educational experience during the third year of medical school that may have a positive or negative impact on their views of their clerks as clinical specialists1-3.

There is, however, an underdeveloped understanding of how clerkships experiences have an impact on student’s perceptions of specialties and potential career choices. It is unclear what attitudinal or affective impact clinical clerkships experiences have on medical student perceptions of internal specialties.

Students arrive at the start of clerkships with preconceived notions, attitudes and affect that may be favorable, neutral, or unfavorable. After the clerkship educational experience, students then leave with an overall impression of the specialty that is influenced by their clinical experiences.

Interactions with house staff and faculty have been shown to have an impact these impressions,1-3 and passion for patient care and interest in teaching can influence medical students’ interests in the specialty such as internal medicine.

Information regarding how the clerkship experience itself influences a student’s impressions of the specialty is sparse. Data are available regarding why students do or do not choose the specialty as a career following the core clerkship, but pre- and post-clerkship student perceptions have not been previously systematically evaluated.4

Results

One-fifth of students (21.5%) selected seven or more adjectives during the initial assessment while nearly one-third (31.6%) selected seven or more adjectives after the clerkship.

There was a significant difference (p<0.05) in frequency for all adjectives selected before and after the clerkship except for “exciting” and “compulsive” (see Table 1). The change was the most frequently selected adjective before the clerkship in the frequency significantly increased (p < .01) at the end of clerkship assessment. The largest increases in frequency before and after the clerkship were “micro-managed” (X² = 41.87, p < .01), “boring” (X² = 37.56, p < .01), “purposeful” (X² = 35.47, p < .01), “involved” (X² = 22.53, p < .01), and “complex” (X² = 20.44, p < .01). Only one adjective (“intimidating”) decreased in frequency after the clerkship experience (p < .01). There was a significant difference (p<.05) in frequency for all adjectives selected increased after the internal medicine clerkship experience suggests a greater intensity or emotional response towards internal medicine compared to before the clerkship. These results indicate an increase in engagement by adjective description as a result of the internal medicine clerkship experience. Therefore, we were able to measure the degree of emotionality or “passion” for internal medicine based on adjective selection which has not been done in other studies of clerkship impact.1-4

That the mean number of adjectives selected increased after the internal medicine clerkship experience suggests a greater intensity or emotional response towards internal medicine compared to before the clerkship. This indicates that students’ perceptions shift towards a more positive evaluation of internal medicine, based on experience of the clerkship, interacting with internal medicine residents and faculty. This positive shift in perceptions and attitudes towards specialty is consistent with findings for other specialties such as family medicine, surgery and general practice.1

Conclusions

In the present study, we found short-term increase in “passion” or positive attitudes towards internal medicine as a result of the clerkship but longitudinal studies are required to determine the staying-power of these increased positive perceptions.

While these findings are provocative and interesting, further research is required to identify specific experiences and pedagogical strategies that have an impact on emotional engagement and perceptions of internal medicine as a specialty, such as during the preclinical curriculum.

References