

Profile and Career Decisions of First Year Medical Students Studying at a College Located in western India

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Abstract:


Introduction: The attitude of the students and the reasons for choosing a career, medicine in particular are of importance as input for educators to create a medical graduate. **Objectives :** To get an account of medical students' reasons for choosing medicine and to document qualities of a good doctor as perceived by them. **Method:** Cross-sectional study was conducted through self-administered & semi-structured questionnaire in August 2019, at a government run Medical College of India to a batch of 200 students. **Results :** Majority of students were involved in some kind of sports. Honesty, good communication skills, desire to serve humanity, patience were qualities of good doctor quoted by majority of them while compassion, empathy, clinical acumen was mentioned by less than half of them. Majority of them listed self-interest or passion as the predominant reason to choose medicine as a career. A fifth of the students mentioned influence of Family or Parents as reasons to join the course. **Conclusion :** Compassion, empathy, Clinical acumen as qualities of a good doctor was mentioned by less than half of them. During the one month foundation program and professionalism modules the areas identified can be stressed upon.

Keywords: Career Choices, Leisure Activities, Medical Schools, Physician's Role

Introduction:

Medical profession is one of the most highly rated professions due to the fact that it offers prospects of a financially as well as a socially satisfying career. The attitude of the students and the reasons for choosing a particular career are of great importance for policy makers around the world.^[1,2] The students have a number of career choices and it becomes difficult for them to choose a particular career when they are unsure. They are selected through an all-India entrance test in the form of National Eligibility cum Entrance Test (NEET), after successful completion of twelve years of schooling. NEET is MCQ based test offered in twelve Indian

languages. This involves four and half years of study in a medical college followed by one year of internship. Upon completion of Undergraduate degree, one is expected to be a competent primary care physician. Medical profession requires hard work; endure lengthier periods of training both at undergraduate and postgraduate level, compromise personal and family time and dedication for lifelong learning. It is observed that many students in India prefer a career in medicine because of parental pressure and might be in need of counselling/support sessions. The present study was conducted to get an account of their reasons for choosing medicine; to document qualities of a good doctor as

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perceived by them; and to document their perceived health at the time of data collection.

Method:

A month-long foundation program^[3] commenced on 1st of August 2019, at a government run Medical College located in western India. A batch of 200 students; 56 (28%) females and 144 (72%) males, from all medium of instructions, took admission to the first professional course of MBBS, through an all-India entrance test in the form of National Eligibility cum Entrance Test (NEET), after successful completion of twelve years of schooling. This is a cross-sectional study conducted through a self-administered & semi- structured questionnaire. The same was designed and pilot tested that identified student's socioeconomic background, reasons for choosing medicine, qualities of a good doctor as perceived by them and to document their perceived health at the time of interview. The data was entered in MS excel 2016 and descriptive statistics viz; percentages (%) and Mean were applied. Prior approval from the nodal officer of the foundation program was obtained. An informed verbal consent was obtained from the students and the inclusion was voluntary/participatory.

Results:

Out of the 200 students who took admission, 180 (90 %) were present to fill the questionnaire. The mean age of students was 17.59 ± 0.65 years (95% Confidence Interval (CI); 16.29-18.89). Around

56.67% belonged to a joint family system, two from broken family, one did not answer and the rest were from nuclear family. Only 42.7% replied to their medium of instruction of which 85% were from English medium. Students from vernacular language (Hindi or Gujarati) did not reply to this question. Seventy-three percent of them resided in hostels, 20% were from the city and rest took a rented living. Mean Monthly Income (N=169) of the family was Rs. 35762 (Range; 1,000 - 6,00,000, Median; 20000, No answer= 11). In almost half of the students, father (60%) or mother (50%) had college education. 23% fathers and 10% mothers were professional degree holders. It was also noted that in 8.66% students, either father or mother was a doctor, in 5.5% both parents and in 2% other family member was a doctor. None of the study subject was married.

Addictions and Health Status : To the question on addiction, 15 % did not reply. Of those who replied only one confessed of smoking cigarettes, three other forms of tobacco (padiki) and the rest replied in negative. Of those who (123) could recall their heights measured in past one year; the mean height was 167.95 ± 11 cms (95% CI; 145.95-189.95). And of those who (167) could recall their weights measured in past one year; the mean weight was 60.17 ± 13.41 Kgs (95% CI; 33.35- 86.99). Two thirds (122) could calculate their Body Mass Index (BMI) after explanation and Mean BMI was 21.40 ± 4 (95% CI; 13.40-29.40). The mean Hb of those who responded (82) and was conducted within past two

Figure 1: Students' involvement in Leisure Time Activity

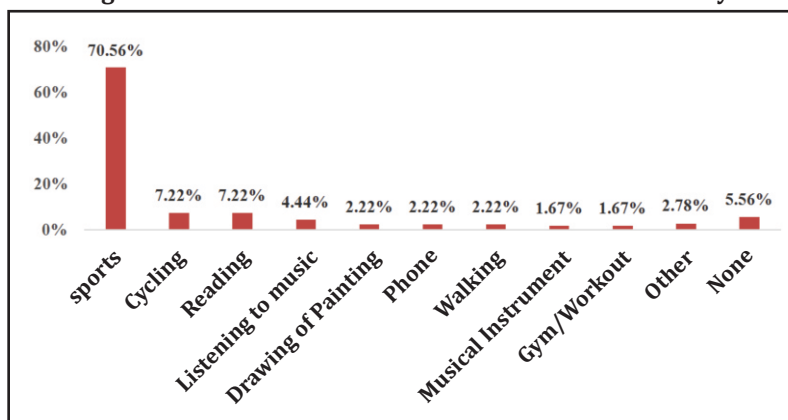
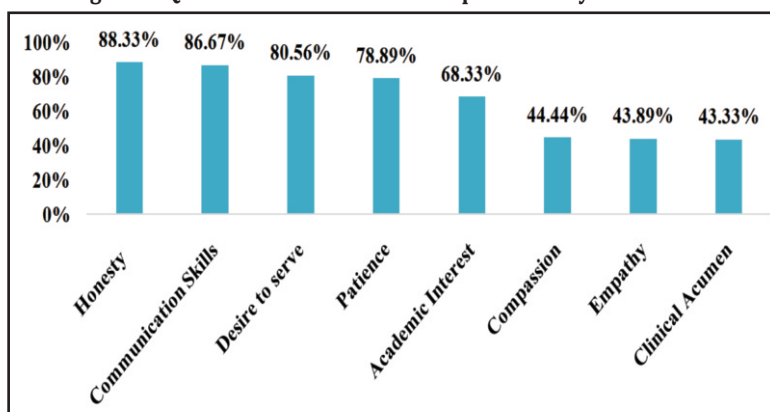


Figure 2: Qualities of a Good Doctor as perceived by the Students



years was 13.12 ± 2 (95% CI; 9.12-17.12). Almost eighty-nine percent of them perceived their current health status to be good, 10.5% did not answer and one of them perceived it to be bad.

Majority of the students (70.5%) were involved in some kind of sports during their leisure time. 7.2% of each took to cycling and reading. Listening to music and other ways of leisure time activities are shown in Figure 1. It was found that 5.5% were not interested in any leisure time activity.

Table 1: Reasons for choosing Medicine as a career option

Reason for Choosing Medicine (Multiple Answer)	N (%)
Self Interest or Passion	137 (76.11%)
Service to Community	53 (29.44%)
Influence of Family or Parents	35 (19.44%)
Research opportunities	35 (19.44%)
Earning potential	31 (17.22%)
Prestige	30 (16.67%)
Financial Security	25 (13.89%)
Doctor - Patient relationship	23 (12.78%)
Intellectual Stimulation and challenge	19 (10.56%)
Influence of Role Model	16 (8.89%)
Availability of training opportunities	12 (6.67%)
Ability to pursue non- work- related interests	8 (4.44%)
Influence of a mentor	7 (3.89%)
Teaching opportunities	7 (3.89%)
Workload Flexibility or Predictability	6 (3.33%)
Others	3 (1.67%)

Honesty, good communication skills, desires to serve the humanity, patience were qualities of a good doctor as quoted by majority of the students. Other qualities mentioned were; academic interest, compassion, empathy and clinical acumen as shown in Figure 2.

Majority of the students listed self-interest or passion as the predominant/primary reason to choose medicine as a career. One third of them mentioned service to community, followed by influence of family or parents, research opportunities, earning potential, prestige, financial security and others as shown in Table 1.

Discussion :

The most common reason of opting for medical profession was self- interest or passion in the present study, a finding similar to study by Rani et al^[4] from India where passion was the major motivational factor for choosing medical profession as career. Lal et al in India^[5], Harth et al^[6] in Australia, Razali et al^[7] in Malaysia and Perara et al^[8] in Sri Lanka also found similar reasons for entering medical school in their study. In studies from India by Lal et al^[5] and Tiwari et al^[9] main reason for joining medical career was the interest in service to humanity whereas in the present study in majority of the students it was self-interest or passion followed by service to the community. A fifth of the students were influenced by parents or family that determined their career choice, similar findings are quoted by Lal et al.^[5] In a qualitative study by Wouters et al^[10] conducted in dutch high school students pursuing a medical career pertained to autonomous motivation (interest in

science and helping people), but controlled motivation (e.g. parental pressure, prestige) was also mentioned, a finding similar to current study.

Present study is one of its kind where we also explored self-perceived opinion related to health and leisure time activities. Majority of the students (70.5%) were involved in some kind of sports during their leisure time, pursued varied interest and recalled their height, weight and Hb level. The foundation Program in the Graduate Medical Regulations, 2018 (GMR)^[3] has explicitly incorporated sports as one of the six modules viz; Orientation, Skills, Community orientation, Professionalism & ethics, Enhancement of language, computer skills, Sports and Extracurricular activities.

The study also tried to enlist qualities of a good doctor as part of professional attitude where honesty, good communication skills, desire to serve the humanity, patience were as quoted by majority of the students. The Graduate Medical Regulations, 2018 (GMR) mentions one of the roles of an "Indian Medical Graduate" (IMG) as; communicator.^[11] In order to ensure that training is in alignment with the goals and competencies, Medical Council of India (MCI) has designed a structured longitudinal programme on attitude, ethics and communication in form of AETCOM module.^[12]

Conclusion :

A fifth of the students mentioned influence of Family or Parents as reasons to join the course. Honesty, good communication skills, desire to serve humanity, patience were qualities of good doctor quoted by majority of them while compassion, empathy, clinical acumen was mentioned by less than half of them. Majority of them listed self-interest or passion as the predominant reason to choose medicine as a career. During the one month foundation program and professionalism modules the areas identified can be stressed upon.

Recommendations : A follow-up study of the same cohort after final MBBS exam (four & half years) on perceptions, performance and health status of the same students can be taken up.

Limitations :

One of the limitations of this study is that it evaluated single medical school, which may not represent the "Indian Medical Graduate" as a whole. The data is based on recall; hence some sort of biases could not be minimized. Therefore, caution should of course be exercised in extrapolating results to all students in all medical schools.

Declaration :

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Conflict of Interest: Nil

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