Female student DREEMS at Jazan medical school of Saudi Arabia

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To cite this article: Tabinda Hasan & Puneet Gupta (2013) Female student DREEMS at Jazan medical school of Saudi Arabia, Medical Teacher, 35:2, 172-173, DOI: 10.3109/0142159X.2012.737066

To link to this article: https://doi.org/10.3109/0142159X.2012.737066

Published online: 08 Nov 2012.

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Personal and professional growth through community service

Dear Sir

Students pursue medical careers to help others and engage in community outreach. Community service experiences are associated with improved academic performance, critical thinking, leadership, and conflict resolution, enhanced knowledge and acceptance of different races and cultures, greater understanding of the nation’s social problems and increased commitment to future community service (Astin & Sax 1998). The importance of gaining community awareness and understanding the social determinates of health were emphasized by the Liaison Committee on Medical Education’s 2007 requirement for medical student service-learning opportunities that combine community service with reflection. Although many studies have described formal curricula meeting this requirement, less has been described regarding the benefits of service with nonprofit community organizations addressing local needs.

Direct community involvement through a broad array of community organizations can enhance the breadth of medical student education and provide incredibly rewarding experiences. These opportunities provide insights into hardships faced by many people similar to future patients, including unemployment, poverty, poor education, homelessness, food insecurity, and access to transportation and health care.

Organizations, like the Incentive Mentoring Program (IMP 2012) provide invaluable service opportunities for medical students at the Johns Hopkins University School of Medicine (JHUSOM). IMP pairs JHUSOM student mentors with underprivileged, under-performing high school students confronting significant challenges including poor academic performance, learning disabilities, suspension and/or absenteeism, and multiple psychosocial challenges such as extreme poverty, homelessness, substance abuse, depression, and/or having an incarcerated or deceased parent(s)/guardian(s). Service opportunities are not part of medical school formal curricula.

In IMP, mentors teach students about academics, social and professional skills, and guide them through successful college matriculation. In return, high school students teach mentors about their lives, community and hardships they face.

In addition to required service-learning opportunities, medical students can benefit greatly from volunteering with local community organizations. Through hands-on experiences, they become invested in the community and develop greater understanding of social determinates of health. As a result, medical students develop greater cultural competence, improved mutual trust, empathy for patients, and provision of better overall medical care.

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References


Dear Sir

Learning environment significantly impacts student’s academic success. Not only ‘what’ is being taught; but also ‘when’, ‘where’ and ‘how’ it is being taught affects students learning behaviour, sense of well being and achievement of educational objectives (Roff et al. 1997). Recently, Jazan University of Saudi Arabia reformed its curriculum from traditional to integrated, problem-based. In 2010, an ‘All-female’ medical section enrolled its first batch of students. Based on the concerns regarding ‘new curriculum changes’ in a ‘newly established college’ against the backdrop of an ongoing Quality Assurance and Accreditation program, we wished to objectively assess educational environment standards as perceived by our female medical students. 76 students were administered the Dundee Ready Education Environment Measure (Roff et al. 1997) during 2011. The mean score was 96.57/200 (Learning – 20.54, Teaching – 24.63, Academic – 16.25, Atmosphere – 20.61, Social – 14.54; poorest scores were for Learning and Atmosphere and best scores were for Teaching domains).

While no consensus exists on an ‘ideal DREEM score’; our scores are lower than most institutions and indicate definite pedagogical lapses; India, Sri Lanka, Trinidad, Nepal, Nigeria, and UK scored 107, 108, 110, 130, 118 and 139, respectively (Abraham et al. 2008). Interestingly, Sri Lanka, Nepalese and Indian medical schools had higher scores, notwithstanding the restricted economy of these ‘resource-limited’ nations which managed to create sound pedagogical environments despite being ‘not-at-par’ with Saudi affluent logistics in the higher education sector. Surely, ‘factors beyond facilities’ frame learning climates. Human resources matter more than material amenities in creating conducive environments and ‘young institutions’ like ours need to focus on their ‘person’ power and ‘policies’ to achieve desirable standards.

Item-wise analysis indicated that students were stressed, with poor social/academic perceptions and low confidence.
levels. Teachers were viewed as knowledgeable but authoritarian. Learning atmosphere did not adequately support or motivate students. Uncertainty of learning objectives and superfluous, dogmatic teaching was a general problem. Stress, tiredness, apathy and boredom apparently stem from an overburdened system trying to cover ‘too much in too little a time’ in the background of insufficient interpersonal cohesion amongst an increasingly heterogeneous community of scholars truncated into expatriate and indigenous populations that typify Saudi medical education.

Core-content mapping, collaborative teaching models, counselling, social skills and professional development programs could enhance teamwork, positive interdependence and mutual accountability, which may eventually contribute towards making better doctors. Considering current Saudi educational trends with federal emphasis on ‘women in higher education’, diagnostic inventories like DREEM can provide noteworthy findings to ensure quality in learning environments and uniformity in standards for females.

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References

Clinical skills examination as part of the Taiwan National Medical Licensing Examination

Dear Sir
Boursicot et al. (2011) stated ‘The current situation in relation to performance assessment and national regulatory standards are that Canada, China and Japan have established national licensing examinations and the USA has national assessment for entry into postgraduate training. Several other countries are exploring the use of national licensing examinations e.g. Korea, Indonesia and Switzerland.’ Although Taiwan was not mentioned in their article, passing the Clinical Skills Test (CST) will be a prerequisite for taking the Step II Test of the Taiwan National Medical Licensing Examination (NMLE) starting in 2013.

Since 1968, Taiwanese medical graduates have been required to pass the NMLE in order to obtain a license for independent medical practice. The NMLE assesses extent of knowledge in a written format, leaving, however, the need to assess graduates’ clinical competencies unmet. As OSCEs were adopted by every medical school in Taiwan for several years (Huang et al. 2007), a national CST was then judged ready to be proposed. In 2009, the Taiwan Ministry of Examination announced that passing a performance-based national CST before graduation would be one of the requirements for taking the NMLE Step II Test from 2013.

In 2011 and 2012, a national trial for the CST, conducted by the OSCE Committee of the Taiwan Association of Medical Education, was successfully completed in four (2011) and six (2012) days over two consecutive weekends. On both occasions, the CST was composed of eight stations of clinical encounters with standardized patients and four stations of procedural skills. The borderline regression method was adopted for standard setting. The pass rates in 2011 and 2012 were 97.31% and 95.63%, respectively. Feedback from raters, standardized patients and students was collected for quality improvement. We look forward to the successful implementation of this requirement for all Taiwanese medical graduates next year.

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References

Implications of gender differences in motivation among medical students

Dear Sir
Female medical students have been known to outperform male medical students in their academic GPAs. But their motivation, learning strategies, effort and performance have