The Experience of Non-Traditional Medical Students in the Clinical Setting

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Abstract

Purpose: To understand the experience of mature-aged medical students on clinical rotations.

Background/Theoretical Framework: Although the mean age of first-year medical students is 24, an increasing number of "mature-aged" students, defined as over age 30, are entering medical school. Most studies of mature-aged medical students have examined academic performance using quantitative research design [1, 2]. Few studies have employed qualitative methodology to determine the experience of mature-aged medical students, especially in the clinical setting.

Methods: A recruitment e-mail was sent to all medical students enrolled in clinical rotations; first responders were interviewed until sufficient emerging themes was achieved. Interviews were conducted and recorded in a private office setting, then transcribed into a Word document. Five mature-aged students and four traditional students were interviewed. Using methodology for qualitative research described by Mustakas (1994), the investigators individually coded the transcripts to identify emerging themes [3]. Coded themes underwent peer review, with triangulation of data collection, to determine main themes.

Results: Three main themes emerged from our study. First, abundant life experience influences students’ perception of their role on clinical rotations. A mature student explained, “having kids… being married and divorced… helps in connecting with patients.” Previous work experience shapes expectations as a physician-in-training. While traditional students note that mature students tend to be “intimidated,” mature students desire to “take the initiative.” Age plays a role in the students’ ability to relate to senior team members, as well as medical student colleagues. Traditional students note that mature students are “more realistic” due to their “life experience in the workplace.”

Conclusion: Mature-aged students drawn upon previous life experience, which shapes role expectations, as well as medical team dynamics. These differences may have implications in training the growing number of mature-aged medical students. A larger scale qualitative study including multiple medical school sites is being developed.

REFERENCES


Interviews

Data Analysis

Figure 3: Multiple strategies were utilized to ensure trustworthiness of findings:
• Echoed took form of personal reflection prior to interviewing the participants
• The interviews were used by these researches and coded individually following methodology described by Mustakas (1994).
• First level textual analysis was performed on each interview transcript (one researcher generated the dominant 19 main categories
• Structural descriptions of “how” and “what” were then compiled for each transcript
• The three researchers then met to discuss the categories/descriptions
• The categories were then analyzed and clustered into three main emergent themes
• For confirmation of our analysis, the entire data set was imported into the qualitative analysis software package, “NVivo”

Results

• When discussing their role as a medical student, mature-aged students readily cited past experience, drawing upon personal life events, (i.e., having kids, being married and divorced) which help in connecting with patients. Mature students noted that their prior experiences have influenced their role on clinical rotations. A mature student explained, “having kids… being married and divorced… helps in connecting with patients.”

Figure 4: Schematics showing the hypothesis we derived from our study:

Theme 1: Abundant life experience influences the students’ perception of their role on clinical rotations. Mature-aged students have a more realistic view of their role in medical education.

Theme 2: Previous life experience shapes expectations as a physician-in-training. While traditional medical students express concern over quick decision-making in the clinical environment, mature-aged students look forward to taking initiatives in medical situations.

Theme 3: Students with prior work experience prefer “learning by doing,” jumping into patient interactions without hesitation and viewing every encounter as a learning experience, without regard to perfect performance.

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