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 saturation in 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 medical students express concern over quick decision-making in the clinical environment, mature-aged students are "more realistic" due to their "life experience in the workplace." 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." In general, older students had higher expectations, but also a more realistic view of their role in medical education.

Conclusions: Mature-aged students draw 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

Recruitment of Participants

Figures:

Figure 1: Study flowchart.

Interviews

Figures:

Figure 2: Schematic of data collection.

Figure 3: Multiple strategies were utilized to ensure trustworthiness of findings:

- Ethics took form of personal reflection prior to interviewing the participants.
- The interviews were used by these researchers and coded individually following methodology described by Mustakas (1994).
- First level textual analysis was performed on each interview transcript (one researcher created the descriptive codes for nine main categories).
- Structural descriptions of "how" and "what" were then compared for each transcript.
- The three researchers then met to discuss the categories descriptory
tions.
- 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."

Data Analysis

Results

Figures:

Figure 4: Schematics showing the hypothesis we derived from our study: age, work and life experience all shape the expectations and role of mature-aged medical students.

Thematic Analysis

Theme 1: Abundant life experience influences the student's perspective of their role as a medical student on clinical rotations.

Theme 2: Previous work experience shapes expectations of the role as a physician-in-training.

Theme 3: Age plays a role in the students' ability to relate to senior members of the medical team, as well as medical student colleagues.

Summary

Mature-aged medical students may experience the clinical years differently than traditional medical students. This study employed a qualitative research design to determine the experience of mature-aged medical students in the clinical setting. The study also allowed for the comparison of experience of older medical students with their younger, more traditional counterparts.

Three main themes emerged from the research, which may not only aid medical educators in understanding the perceptions of mature-aged students, but also may have implications in admissions, curriculum design, and support initiatives.

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