

Student Expectations of Medical School and the Ripple Effect

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Abstract: The aim of this paper is to provide some important insights into freshmen student expectations of study at a medical university and suggest some possible approaches to facilitate the overall improvement of the students' study skills to enabling them to become more effective learners in their future medical careers.

Key words: student expectations, ripple effect, study survey, freshmen behavior

Introduction

Medical students commence their university studies with a unique combination of attributes, abilities and strengths; the fact that they have successfully passed the entrance examination while hundreds of other candidates did not is testimony to this. However, one thing many freshmen entering university have in common is a number of ill-conceived ideas about what attending university means (O'Dowd, 1996). Students' expectations upon entering medical school greatly impact on their performance in class and subsequent efforts to learn what is being taught. Of course, how much effort each student is willing to invest in their learning processes depends primarily on their attitude; if they have a poor attitude at the outset, they see no reason to make much effort and quickly fall into bad habits. I refer to this as the "ripple effect" because just as when a stone thrown into a pond breaks the water's surface and creates ripples which run to the pond's edge, so too do student expectations and actions have repercussions which radiate far beyond the initial time frame. Some of these ripples are indeed powerful and have far-reaching consequences. What is therefore needed is a clearer understanding of student expectations, what their motivations are, the learning skills they bring with them to university, and what they need to develop to be able to fulfill their goal of becoming a competent physician.

You can lead a horse to water but you can't make it drink. Anon

Medical students in Japan should be more motivated than many of their counterparts in regular universities because their future career path as a medical professional is clearly in front of them from their first day on campus. Even so, it is indeed discouraging for teachers to see medical students who seem to lack any type of motivation. Such students continually procrastinate, absent themselves from classes, prefer club activities to doing study, drink too much, regard their teachers as "boring" or that class work is "useless", and generally do too little too late. It is also common that although their study load is greater than in many

other types of programs, some students have a somewhat casual approach to semester coursework, seeming to “save themselves” for high-pressured cramming just before examinations. The modern medical curriculum is clearly far removed from such an approach, emphasizing a greater variety of learning situations and skills development than students have been exposed to prior to entering university (O’Dowd, 2003). The students’ greatest weakness is that they don’t seem to realize that cramming for examinations is no longer the best way to acquire and build the medical knowledge necessary to be successful in the future.

Much of my previous action research has centered on student behaviors in the classroom: in particular, student autonomy (1999), learning strategies (2003, 2004), motivation (1996) and phobias (1997). In each case, I was looking to achieve a better understanding of student behaviors in order to be able to help them make better progress in their studies. One particular inspiration came from the work of David Nunan (1989) who espoused the need to expand our understanding of the individually-differentiated nature of students’ learning processes. Nunan theorized that mismatches often occur because students have different agendas and focal points of interest from their teachers as well as from other students. Now, after three years teaching in Hamamatsu University School of Medicine, I feel there is an urgent need to expand this paradigm by taking a step back to examine freshmen student expectations of study at the medical university in order to better understand their motivation (or lack of it) and how the ripples of those expectations have impacted on their performance in their first year of study. By doing so, it may be possible to find the right motivational buttons to push earlier in their course of medical study and encourage freshmen to make the necessary strategic investment in their studies to build a more successful future.

Classroom Research

The initial research step for this study was to conduct a survey of first year medical students. The student survey instrument (Appendix 1) was written in English and distributed to two classes of freshmen. The students were asked to think about nine open-ended questions and to write their replies either in Japanese or English; most of the medical students replied in English. A total of 51 survey forms were returned from the two classes in the second semester of 2005.

Results

Here are the summarized results of the responses.

1. Is study at university fun or difficult?

FUN: 23.5% Difficult: 51% Both: 15.7% Not interesting: 2%

2. Is study at university different from how you thought it would be?

YES: 82.4% **NO: 17.6%**

Responses:

I thought I would study more medical things. 13.7%

I thought it is more fun. 7.8%

So busy.

Study at university is different from study at high school.

I thought study at university is more technical.

It is more basic than I thought.

It is dull.

Most teachers are not good at teaching, so students can't understand their lecture.

I thought I would play more.

3. What is a student's role?

Study. 49%

To study hard and to enjoy student life. 27.5%

To enjoy student life. 9.8%

To play. 6%

Play, play, play, study, play, play.....

To get knowledge for our future as doctors. 4.6%

I think students need to communicate with various groups of people.

Students should keep school's traditions.

A student's role is to listen silently

4. What do you think about your own study progress?

good: 40%

Very slow: 9.8%

Not Good: 7.8%

Not Bad: 7.8

Bad : 5.9%

Need to study more: 15.7%

“Good” sub-total= 47.8%

“Not Good” sub-total= 39.2%

No answer: 3.9 %

Only studied before tests: 3.9%

I didn't study: 3.9% (I didn't study even if I had tests the next day.)

5. How much time do you spend studying each day?

None: 25.5%

less than one hour: 31.4%

1 hour: 23.5%

1-2 hours: 3.9%

2 hours: 15.7%

6. Is this time enough?

YES: 37.3%

NO: 62.7%

How much is enough?

Nothing is enough for me. 2%

No Response: 45.1%

1 hour: 13.7%

1-2 hours: 17.6%

More than 2 hours: 21.6%

7. How much time do you think you need to study every day?

I think we don't have to everyday: 3.9%

less than one hour: 5.9%

1 hour: 25.5%

1-2 hours: 19.6%

more than 2 hours: 37.3%

more than now: 5.9%

No response: 2%

Comment: I need to study hard for tests.

8. Do you think you can improve the way you study?

YES: 60.8%

NO: 29.4%

No response: 9.8%

“Yes” responses: Need more study time (19.6%), Need more motivation (17.6%)

I can't understand the adequate way to study yet, so I need to improve the way I study.

“No” responses:

Because I want to enjoy my school life.

I'm very busy with club activity.

I have no idea how to study everyday.

Time is too limited.

I can't because the way I study is not bad.

I don't want to study.

9. What should the university provide to help your study?

Cheaper and more nutritious lunch. 15.7%

Cleaner classrooms. 9.8%

Air-conditioning. 9.8%

More & newer books, CDs, DVDs in library.

Increase the student-teacher contact time.

I think we need more information about study.

Access to tutorial rooms to study with friends.

More fantastic teachers.

No examinations.

More computer access.

Discussion

The first question asked the students how they felt about their new life at university, that is, if it was “fun or difficult”. A total of 66.7% responded it was “difficult”. When I asked some students why they thought it was difficult, reasons included too many classes, hefty coursework loads, busy club activity demands, and making new friends and socializing in an unfamiliar environment.

The second question directly asked if their expectations of university had been realized, to which 82.4%

responded that it was different from their initial expectations. Several students had expected to study medical courses from their first semester rather than the common liberal arts and sciences programs. In addition, the comment that “study at university is different from study at high school”, e.g. from spoon-feeding to lecture and note-taking style, when combined with “most teachers are not good at teaching, so students can’t understand their lecture” shows that students are having some difficulty making the transition from high school to university. Of course, there are also the students (9.8%) who find university is not the “playground” they had been expecting.

When asked what they thought a student's role at medical school is, 76.5% responded that “study” was primary. Some students (15.8%) responded that, after having been successful in entering the medical school, they were now entitled to “enjoy student life” and “play” as their reward for their previous efforts.

Responding to question four on what they thought about their own study progress, more medical students were satisfied (47.8%) with their study progress in the first semester than were dissatisfied (39.2%). These dissatisfied freshmen, who were previously used to being at the academic top of their high school classes, have felt the cold wind of their new reality as they are now being ranked and graded against other academic students and were no longer scoring “A” grades as easily as before. In addition, 7.8% of medical students answered that they only studied before a test or didn’t study at all.

A very surprising result from question five as to how much time they spent studying each day was that first year medical students spent very little time studying. A quarter of first year medical students reported doing no study each day. And when asked whether the time they spent studying was enough, just over a third responded it was enough while 62.7% said it wasn’t enough. When asked how much was enough, 45.1% of medical students didn’t respond. More medical students thought one to two hours was enough (31.3%), while only 21.6% replied two or more hours. In addition, the responses to question seven again showed first year medical students believed they didn’t need to study much outside of class hours, with just over one-third responding that two or more hours is needed. The response of one student, “I need to study hard for tests”, reveals an extremely short-term view of studying to become a doctor. That is, rather than studying to acquire knowledge and skills to become competent physicians, their sole immediate goal is studying to pass tests.

Most students agreed they needed to improve the ways they studies (60.8%). Medical students claimed they needed more study time (19.6%) and more motivation (17.6%). This is surprising as medical students, having been very successful at passing the medical school entrance examination, should naturally be better at study time management and have greater motivation. It would thus appear that after being successful in passing the entrance examination, many students entering the medical school failed to maintain their high motivation to study and relaxed their efforts even though the study burden placed on them from the first semester is heavy. Indeed, 29.4% of medical students replied they wanted to “enjoy univer-

sity life” and were “busy with club activities” and they “didn’t want to study”; in addition, some students replied they saw no need to improve their study habits as “the way I study is not bad” which is to say that they believed cramming for exams was the most successful way to pass even though I have continually emphasized that cramming does not result in actual learning and knowledge acquisition. It seems that passing exams is enough “success” for them.

In the final question, what they thought they needed from the university to help their studies, medical students were more interested in better facilities befitting their new status as medical students even though they paid cheaper annual university tuition fees than the majority of regular university students; the top three requests were for “cheaper and more nutritious lunch”, “air conditioning” and “cleaner classrooms”.

Overall, the picture presented here is one of mismatched expectations and some confusion. As semesters pass, most students will adapt their expectations to the realities and pressures applied to them as they progress through the medical curriculum. However, ripples of discontent will still abound which present dangers to some students.

Ripples that rock the boat

Freshmen behaviors create ripples whether they realize it or not. And the ripples that emanate outwards from their behaviors influence everyone else in some way. These behaviors are usually first recognized by other students and their teachers. And freshmen with bad behaviors are particularly powerful influences. Such behaviors include continually procrastinating with their study during the semester, absenting themselves from classes without reasonable cause, preferring club activities to doing homework or due reports, drinking too much and too often, regarding their teachers as “boring” or that class work is “useless”, copying the work of other students or “borrowing” class notebooks, and generally doing too little too late. These behaviors influence other students through the ripple effect, creating either followers or confusion as to what students can actually “get away with” and still get passing grades. Teachers are often at a loss as to how to deal with such students as laxity in applying university rules is more often seen as the less combative road to take with both the students and the Administration. However, the following section will outline some steps that can be taken to nip such problems in the bud and set freshmen students on the right path.

The whole art of teaching is only the art of awakening the natural curiosity of young minds for the purpose of satisfying it afterwards. Anatole France

I believe that teachers need to confront freshmen expectations at the earliest possible time to facilitate the overall improvement of the students' study habits and skills to enable them to become more effective learners as they embark on their medical studies. An ideal place to start would be the freshmen’s orientation held in April before classes commence. As part of their orientation, I propose that freshmen be given the opportunity to discuss their expectations with teachers and learn about the expectations of the teachers

and university administration. By addressing these matters up front and openly, some early disappointments, misunderstandings, and generally starting out on the wrong foot may be avoided.

In addition, freshmen need some time to examine their current approaches to study and to explore other study skills and learning strategies. My second proposal is to run a “study skills” session at the freshmen orientation. Such a session would cover the following points:

- recognizing their need to engage in real learning, not just to pass tests,
- using study skills to expand their knowledge base and acquire new knowledge,
- exploring additional learning strategies and opportunities,
- not ceasing to make an effort once they enter university,
- prioritizing the various activities they wish to pursue at university (e.g. club activities and part-time jobs),
- gaining tangible pleasure or satisfaction from their pursuit of knowledge. (O’Dowd,2004).

Creating student awareness of these aspects of university study would not be without some benefit to most students.

Finally, as many freshmen entering the medical school expect to immediately start medical studies, my third proposal is to include a first aid course in the first semester program. Such a course would provide some practical knowledge and experience for the students as well as giving them a practical qualification, a first aid certificate, as a tangible benefit. Indeed, it is rather peculiar that medical students, after three years of study, currently have no knowledge of first aid. Of course, the English language program I have developed for my students (freshmen through to fourth year students) is based on medical English and doctor-patient communication, and I believe it has been relatively successful in satisfying most students’ thirst for medical topics. Even so, I am always looking for new ways to engage my students’ interests and provide opportunities for their continuing personal growth and development as medical professionals.

Conclusion

Student choices, preferences and behaviors have their roots in numerous personal expectations and environmental factors over which the university educator may exercise no control at all. Nevertheless, it is important that all students be made aware at the earliest possible opportunity that their behaviors towards their studies do have consequences, both favorable and unfavorable, that ripple far beyond their first days on campus. For just as universities are constantly required to adapt to a changing environment, so too must students entering universities adapt as only the students themselves can redefine their own role in their learning process. This may be an uncomfortable truth for some students, especially those who may need to change their expectations the most, but the ripples of their actions will have an impact. The danger is that those ripples could multiply to create a tsunami capable of swamping their future if they do not quickly adapt to act like the medical professional universities are striving to produce.

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