Original Research Article

ATTITUDE OF FINAL YEAR MEDICAL STUDENTS AND HOUSE OFFICERS TO OTORHINOLARYNGOLOGY SURGERY TRAINING

Abstract:

Background

A good proportion of medical students and house officers will consider specialization in different aspects of medicine following graduation. However, there are still individuals who at this stage are undecided both in the question of specialization as well as on what area to pursue a career in. In a developing and resource-poor country such as our environment where the doctor-patient ratio is very poor, proper distribution of physicians to meet the health demands of the people becomes of utmost importance.

Study design

A descriptive questionnaire-based study

Place and duration

Department of otorhinolaryngology surgery university of Port Harcourt Teaching Hospital between January 2019 and March 2019

Methodology

We distributed semi structured self- administered a questionnaire to all the final year medical students and the house officers of university of port Harcourt and university of port Harcourt teaching hospital. Only the house officers that did a rotation in the ORL surgery department and final year medical students that gave their consent were recruited into the study. Those that did not do a rotation in ORL among the house officers and those that did not give consent were excluded. The data obtained was analyzed using SPSS version 20.0 and results presented in simple statistical tables.

Results

In this study, there was a recovery rate of 82.4% with 70 respondents, 45 males and 25 females with a ratio of 1.8:1. Age range was 20 to 39 years. The age range 25-29 (58.57%) was the highest and least in age 35-39(4.29%). The final year medical students constituted 57.14% of the study population, 60%

(n=42) did not want to specialize; only about 31.43% will like to specialize. while57.14% rated their clinic exposure as excellent, most rated the trainer`s method mainly average. Most; 74.3% will not choose ORL, 14.3% were undecided and only 11.4% will like to specialize in ORL. Main reason for this choice is exposure during clinical rotation and mentorship.

Conclusion

The interest in ORL among medical trainees is poor. Among those interested, exposure during clinical rotation is paramount. Dedication and innovative ideas on the part of teachers and mentors may arouse the interest in this speciality.

Keywords

Otorhinolaryngology, training, specialization, medical students.

Introduction

There is a low doctor-population ratio in Nigeria with funding of health services often done by out of pocket expenses hence there is a need for proper distribution of the health workforce. The choice and preferences of both the medical students and house officers invariably affect the composition of this workforce and therefore could affect the health care policy and planning.

Some of these students already have certain speciality preferences even before the commencement of their medical training .[1] However some as they progress through their training and rotations sometimes do change in their preferences of specialty.[2]The sub-Sahara African region has the lowest doctor-patient ratio of 2.5/10,000 population.[3] In Nigeria, there are 4 doctors per 10,000 patients compared to UK with 30 doctors per 10,000.[4] In terms of medical education, Nigeria has 37 medical schools, 31 fully accredited for undergraduate training while there are 2 colleges for postgraduate training; national postgraduate medical college of Nigeria (NPGMCN) established in 1979 and West African postgraduate medical college comprising of college of physicians and college of surgeons some years earlier.[5]The NPGMC has 52 centers accredited while West African college has 46 centers

accredited for postgraduate training. Owing to the increase globally in the standard of medical practice there is a need for optimizing the training of the doctors through specialization and sub-specialization. The NPGMCN since its inception in 1979 has by the end of 2013 produced about 3286 consultants through residency training out of which 55% belong to the core clinical disciplines; surgery, medicine, pediatrics, obstetrics & gynaecology. Obstetrics &gynaecology has the highest number of consultants (15% of the consultants) while ORL was the least with 2%.[6] It is known that the speciality preferences of the medical students determine the composition of the physician workforce of the nation[7], therefore there is a need to regularly carry out surveys amongst this population so as to tailor these preferences to the health need of the people, hence planning of health services and policy formulations.[8] One of such surveys carried out in 2009 by Fagan through PAFOS (Pan African Federation of Otorhinolaryngological Societies)highlighted the paucity of training facilities and specialized services in sub-Saharan Africa. It was noted from this survey that Nigeria despite the 37 fully accredited medical schools has just 19 centers for ORL training and 4 ORL surgeons qualify annually.[9] some of the factors noted that can affect training in a speciality include , training institution, age, marital status, availability of facilities.[10]

The interest of these students and young doctors in a particular specialty can also be stimulated because of the dedication and innovative teaching styles of the lecturers they meet during their clinical rotations.[11] It is possible that close interactions with these teachers in various specialities who also act as their mentors can influence the choices[11]

Patients and methods

A descriptive study carried out among all the final year medical students in the University of Port Harcourt and House officers in the university of Port Harcourt teaching hospital using a semi-structured self-administered questionnaire from January 2019 to March 2019. Only the house officers that rotated through the ORL surgery department and final year medical students who gave their consents were recruited into the study. Data sought included but not limited to age, sex, decisions on specialization and reasons for the choice, perceptions of ORL and the training. Approval was sought and obtained from the hospital ethical committee. The data were analyzed using IBM SPSS version 20.0 and results were presented in simple statistical tables.

Results

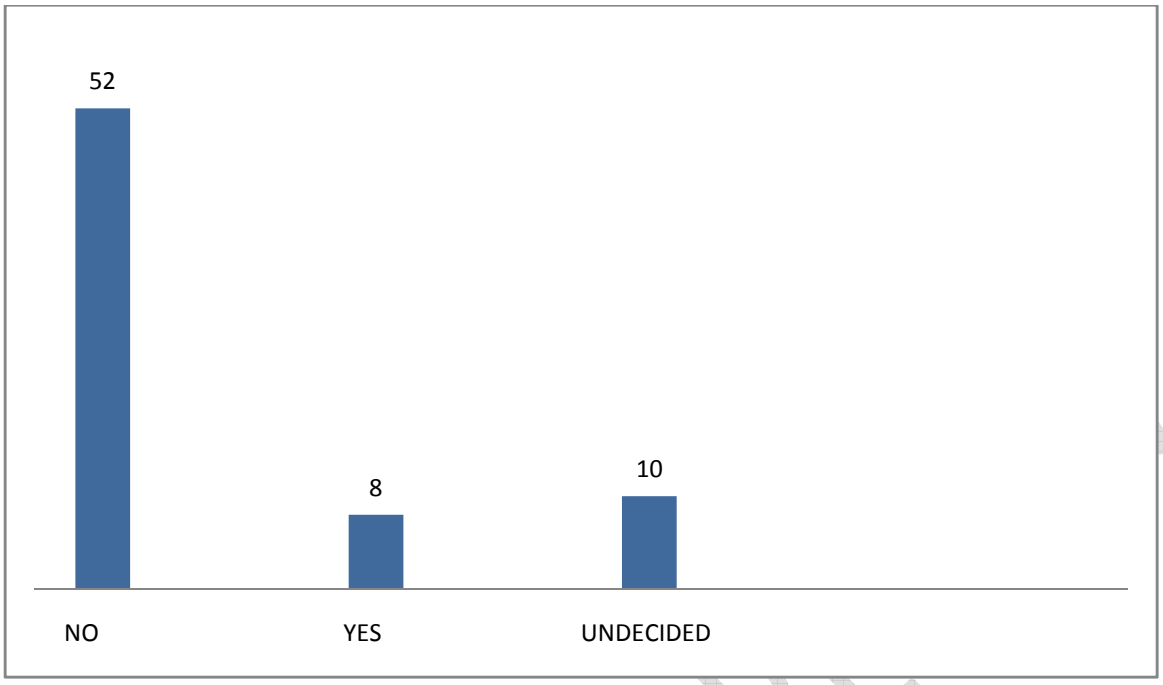
Out of the 85 individuals that met the inclusion criteria, only 70 responded. This gave a response rate of 82.4%. There were 45 males and 25 females with a ratio of 1.8:1. The age ranged from 20 to 39 years. Majority of the respondents were in the age range 25-29 (58.57%) and least in age 35-39(4.29%) see

table1. The final year medical students constituted 57.14% of the study population and about 60% (n=42) did not want to specialize while only about 31.43% would like to specialize. Most assessed their exposure during rotation especially in the clinic to be excellent 57.14% while the rating of the trainer`s method was mainly average.(table 2) ORL will not be the choice of specialization for majority of the respondents;(74.3%)while 14.3% were undecided about it and only 11.4% will like to choose ORL as a speciality (figure 1).

Table 1: demographic characteristics of the study population

Variables (N=70)	Frequency	Percentage(%)
Age		
20-24	19	27.14
25-29	41	58.57
30-34	7	10.0
35-39	3	4.29
sex		
Male	45	64.29
Female	25	35.71
Level of training		
Final year medical students	40	57.14
House officers	30	42.86

FIGURE 1: Choice of ORL



Among those that will like to specialize in ORL, exposure to the speciality during their clinical rotation and posting was the main reason for this choice while mentorship from the teachers as a reason was seen in 25%. None of the respondents will choose ORL due to financial rewards. Table 3

Table 2: Training characteristics

Variables	Frequency	Percentage(%)
CHOOSING TO SPECIALIZE		
Yes	22	31.43
No	42	60.0
Undecided	6	8.57
ASSESSMENT OF EXPOSURE		
Clinic		
Average	10	14.29
Good	20	28.57
Excellent	40	57.14
Theatre		
Average	55	78.57
Good	10	14.29
Excellent	5	7.14
In-patient management		
Average	48	68.57
Good	16	22.86
Excellent	6	8.57
RELATIONSHIP WITH TRAINERS(MENTORSHIP)		
Cordial	25	35.71
Good	25	35.71
Excellent	20	28.57
TRAINER`S METHOD OF TRAINING		
Poor	5	7.14
Average	35	50.0
Good	20	28.57
Excellent	10	14.29

Table 3: Reasons for choice of ORL

Variables (N=8)	frequency	Percentage (%)
Exposure during rotation	3	37.5
Mentorship	2	25
Uncommon specialty	1	12.5
Personal interest	1	12.5
Financial reward	0	0
Grasp of head and neck anatomy	1	12.5

Discussion

In this study there is a response rate of 82.4% which is lower than the 86.7% and 97.4% obtained by Ossai et al and Adoga et al respectively.[12],[13] There is a male preponderance observed which is in tandem with some other studies [13] however, Rosenberg et al in their 2011 survey had 27.4% increase in females. [14] Adoga had a male to female ratio of 4.7:1,[13] In this study it was 1.8:1, despite an apparent increase in the females in the medical schools, the males still dominate.[15]

In this study, majority of the respondents were in the age range of 25-29 agreeing with the study by Ossai et al but differs from 30-34 range obtained by Adoga et al, possibly because the latter`s study was on those who were already residents in the ORL training.[12],[13] It has also been observed that the age of commencement of specialization differs in different nations and it is relevant since it could determine how easily others such as friends and family can influence the making of choice of specialty.[16]

The percentage of those that will like to pursue specialist medical education was only 31.43% while 60% will not want to specialize. In a similar study, the percentage of those choosing not to specialize was just 10.5% while 89.5% will like to specialize.[12]This finding is out of tune with the global trend amongst students which is to pursue specialist medical education after graduation[16] At this level of their education, 8.57% were still undecided concerning specialization and this included a few of the house officers. The present economic state of the nation could play a role in this decision. There is difficulty in getting placement for residency training and poor remuneration warranting a continuous exodus of medical doctors in search of greener pastures outside the nation. It is also possible that some at this stage may not have decided perhaps because they had no career guidance which could have helped in this area. Also, aside from those undecided about whether to specialize or not, even among those that would like to specialize, 14.3% were not sure about which area to specialize in. it was also observed by other researchers.[17] This percentage is higher when compared with the study by Ossai et al that had 11.2%.[12] This finding could still be due to lack of formal career counselling of these medical students. Generally, in Africa, career counselling amongst medical students do not seem to be formalized or

integrated into the curriculum.[16],[18] There is, therefore, need to emphasize institutionalization of career guidance especially at just before the final year of these students. Some other studies have rightly earmarked this stage of training as appropriate to institute career guidance so as to help them choose specialization[19]

Amongst the 70 respondents studied, only 8(11.4%) will like to pursue ORL as a speciality. This score is still low but compared with a previous study with 0.2% there appears to be an improvement even though they studied a larger population.[12] Most of the medical students, when left to make a choice, will rather choose from any of the core specialities; surgery, paediatrics, obstetrics and gynaecology, internal medicine. [20] This choice was seen typically in the number of consultants produced by both West African colleges of physicians/surgeons and the National postgraduate medical college. These colleges conduct fellowship exams that produce consultants twice a year; April-May and September-October. In 2017 October examination, West African colleges produced a total number of 175 consultants while the national college in the same year November had 131. Out of this total of 306 consultants, ORL produced only 4(1.31%) specialists.[21],[22],[23] This may give credence to the fact that the specialty preference of the medical students determine the composition of the physician's work force.[7] it could appear as though the various training centres prioritize some specialities over others resulting in disparity in the number of consultants produced.[24] This disparity begins right from the entry point of residency. Residency training is divided into senior and junior aspects and assessment is based on three examinations, the screening or entry point exam called the Primaries. This primary examination is more like a screening or the starting point of residency training, the second one is the Part 1 fellowship/membership exams while the final one is the Part two fellowship exams. It is, therefore, the number of entries at the primary level that will ultimately determine the number of specialists that are produced knowing that majority will eventually pass the Part 2 fellowship examination or exit midstream after passing the Part 1 membership exams.[22] Majority of the students tend to opt for the core specialities of medicine as stated above. For instance, September 2017 primaries examination of National postgraduate medical college produced 629 out of which ORL made up 1.75% of this while a speciality such as obstetrics&gynaecology made up 14.15% of this pass. Therefore the need to kindle the interest of these students and house officers in ORL cannot be overemphasized. In the study by Fagan et al that involved 18 countries including Nigeria, the number of ORL surgeons compared to UK is below the 0.1 mark, for Nigeria it is about 0.05 per 100,000 people.[9] In Nigeria with a population of about 130 million, there are only 70 ORL surgeons when you compare this to another African country; South Africa with 48 million population and 200 ORL surgeons and ratio of 0.47 per 100,000 people[9], Nigeria is obviously way below the mark. In this study only 11.4% are ready to choose ORL as their speciality laying credence to the result of the above survey. A number of surgeons who qualify annually as at 2009 is about 4.[9] A repeat survey similar to that of Fagan in 2017 showed an apparent increase of 43% in the specialists when all the countries are put together, however, the population increase of 23% was also noted therefore when this apparent increase is considered per 100,000 of the population, there was actually a decrease in some countries.[25] Nigeria in 2009, had 70 ORL surgeons but in 2015 the number increased to 140 but with per 100,000 ratio, it is 0.076, increased but still below the 0.1 mark. Judging from the 2017 ORL fellowship examination result which produced only 4 specialists, it does not seem to have increased much since then.

It was noted in a study by Burch et al that career plans of medical students in Africa rarely aligns with the manpower needs of the health sector of the region.[26] This was reflected as well in the above survey. In Nigeria for instance, there is no regular assessment of the personnel needs in the health sector and therefore no projections in this area to plan proper health policies and programs. There is need therefore to tailor the choices of these young doctors to meet the national health needs. The trainers have a great role to play in this regard. In this study, majority of the respondents, more than 50%, have very good relationship with the trainers, therefore, affording them adequate opportunity to influence them appropriately. However, the respondents' rating of the ORL trainer`s method was deemed average by 50% .while only 21.43% rated it excellent. Therefore, there is a need to work at improving the training of these students possible by employing more innovative methods during the short time of their exposure to ORL. Most found their exposure to ORL in the clinic to be excellent, possible due to the practical patient-doctor experience and they can see and learn directly from the patients and not just the textbooks. The theatre exposure was rated lowest obviously because the surgeries are on the head and neck hence operation is on a small space therefore without provision of audiovisuals or streaming on the screens there will be limited appreciation on the part of the trainees. Few had the opportunity of having a hands-on exposure on some minor procedures, generally, however, many rated their ORL training as good.

In this study, the majority decided to choose ORL because of their exposure to the speciality during their rotation; 37.5%. Incidentally, in Nigerian medical education, ORL is ranked among the special postings in surgery, usually done towards the end of senior surgery posting for the medical students while the house officers may or may not be posted to ORL during their rotation in surgery. This could mean that the exposure during the clinical rotation gave them a better understanding of the speciality. In contrast, Adoga et al found personal interest to be the highest reason among residents 89.5%, [13] while in the study by Ossai et al this ranked second; 19.7%,[12] it was the third commonest reason with 12.5% in the present study. The exposure to the specialty both for the final year medical students and the house officers is very short. The medical student does only 2months of rotation while the house officers except they are posted to this specialty, will not have any further exposure, unlike other major specialties where they have to compulsorily pass through during their internship. This may explain why majority do not choose ORL as their area of specialization.

Role of mentorship ranked as the second-highest reason for a choice in ORL with25%. This shows that there is a need for even more intentional and deliberate effort at mentoring and encouragement on the part of the teachers. In a similar study, it was found that dedication of the trainers to these trainees during the clinical exposure can help to make their choice in a particular specialty.[27] It is of note that the understanding of the complex anatomy of the head and neck was a reason in another 12.5%. So also the speciality being rare was a reason in 12.5%. It is interesting to note that none of the respondents that were ready to make a choice for ORL was going to do it because of financial rewards. ORL surgery was therefore not deemed to be very lucrative among these trainees.

It is therefore highlighted from this study that there is a paucity of interest in ORL among the final year medical students and house officers and a lot is required on the part of trainers to kindle and build interest in this specialty.

Limitation

The studied population was small and it was based on one institution. There is room therefore for a study that should be wider involving students from other institutions and other regions.

Only those among the house officers that did a rotation in ORL were recruited while those that didn't were excluded, there could be some among this last group that may have decided to specialize in ORL.

Conclusion

Very few medical students and newly graduated doctors are interested in ORL. The highest reason for pursuing a specialization in ORL is clinical exposure.

There is therefore need to use better methods in training, be more innovative with these trainees during their clinical exposure to the specialty. Mentor them more so as to change their perspective of the specialty for the better.

Ethical approval and consent:

Only the house officers that did rotation in the ORL surgery department and final year medical students that gave their consent were recruited into the study. Those that did not do a rotation in ORL among the house officers and those that did not give consent were excluded

Approval was sought and obtained from the hospital ethical committee. The data was analyzed using IBM SPSS version 20.0 and results were presented in simple statistical tables.

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