

The attitude of medical students towards otorhinolaryngology

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Abstract

Background: Otorhinolaryngology is under-represented in most undergraduate curricula. This work aims to determine the interest and attitude of medical students towards otorhinolaryngology both as a contribution to medical practice and as a specialty.

Methods: A questionnaire based cross-sectional study in which validated questionnaires were administered to medical students who have gone through postings in otorhinolaryngology eliciting information regarding demographic data and attitude towards the specialty and postgraduate career choices.

Results: One hundred and fifty six students aged 20 to 34 years (mean=25.4; SD= +/-2.3) were studied (constituting 113 males and 43 females with a male to female ratio of 2.6:1). Seventy-eight (50%) students found otolaryngology interesting as a course with 8 (5.5%) students opting to specialize in it comprising 2 (1.3%) as second career choice and 6 (4.2%) as third career choice while 49 (31.6%) were

still undecided.

One hundred and nineteen (76.3%) students agreed their postings were beneficial to their training with 68 (43.6%) agreeing the present mode of teaching otorhinolaryngology was adequate.

Conclusion: Medical students find otorhinolaryngology beneficial to their training but would not opt for it as a postgraduate career choice. Efforts should be made to improve the current mode of undergraduate otorhinolaryngology training to improve its interest amongst medical students invariably improving the number of otorhinolaryngologists in Nigeria.

Keywords: Otorhinolaryngology; Medical students; Attitudes; Jos

Highland Med Res J 2014;14(1):28-30

Introduction

The method of teaching medicine has changed little despite the increase in the complexities of modern day medical care¹. The teaching of Otorhinolaryngology (ORL) has assumed a low priority in the crowded undergraduate curriculum. The duration of undergraduate ORL postings varies from one medical school to the other but rarely longer than 4 weeks even though most medical students become General Practitioners (GP) and about 30% of a GP's work is related to ORL, Head and Neck complaints². ORL was removed from the curriculum of the 29 medical schools in the United Kingdom in the past as it was deemed irrelevant to general medical practice. However, a survey amongst junior doctors by Sharma et al in 2006 revealed 90 percent felt their undergraduate ORL teaching was directly beneficial to working in the Accident and Emergency department³.

In Jos, Nigeria, undergraduate ORL teaching is

lumped up in postings with Ophthalmology, Anesthesia and Psychiatry termed as specialist or 'minor' postings in the 5th year of medical school. The contact by each student with each of these postings is 4 weeks. During this posting, the students are taught ORL during ward rounds, clinic sessions, in the operating room in addition to the formal lectures given within this 4-week period.

One of the factors that informs medical students' decision on the choice of postgraduate specialization is the degree of exposure to courses which forms their core undergraduate medical training and also exposure to role models in a particular clinical field⁴⁻⁷. This work sets to find out the attitude of medical students in the University of Jos towards ORL teaching and if they felt this was adequate enough to consider a career in this field.

Materials and Methods

A descriptive cross-sectional study was conducted by administering questionnaires to medical students of the Faculty of Medical Sciences, University of Jos on the last day of their four weeks postings in ORL. This was done after obtaining informed consent from the students and clearance for the study from the Ethical Clearance committee of the Jos University Teaching Hospital.

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These questionnaires sought to find the students' age, gender, year of study, their ORL undergraduate experiences and their likely postgraduate career choices. Data was analyzed using EPI-info database and statistics software version 3.3.5.

Results

One hundred and sixty questionnaires were administered of which 156 were returned. The response rate was 97.5%.

Students aged between 25 and 34 years (mean= 25.4 years; SD= \pm 2.3) were studied constituting 113 (72.4%) males and 43 (27.6%) females giving a male to female ratio of 2.6:1.

Seventy-eight (50%) students found otolaryngology interesting as a course with 2 (1.3%) opting to specialize in it as second career choice and 6 (4.2%) as third career choice while 49 (31.6%) are still undecided.

Sixty-eight (43.6%) students agreed present mode of teaching ORL is adequate; 59 (37.8%) disagreed; 29 (18.6%) were undecided and 109 (70%) indicated facilities for ORL teaching needed improvement. One hundred and nineteen (76.3%) students were of the opinion that ORL had been beneficial to their undergraduate training while 10 (6.4%) disagreed.

Twenty-four (15.4%) students felt ORL was difficult to understand and 84 (53.8%) agreed the timing for ORL postings was adequate; 58 (37.2%) disagreed and 44 (28.2%) students recommended extension of the posting time.

Ten (6.4%) students said ORL contributes little to medical training while 14 (9%) felt individuals specializing in ORL are running away from core medical practice.

Eighteen (11.5%) students were of the opinion that ORL specialists were unsatisfied with their jobs while 62 (40%) were undecided on this matter. Fourteen (9%) felt the societal level of awareness of the existence of the specialty is inadequate and 136 (87.2%) recommend the number of ORL specialists in Nigeria needed to be improved upon (Table 1).

Table 1: Medical Students' decisions on adequacy of ORL teaching mode, improvement in posting time and number of ORL specialists

	Agree	Disagree	Undecided
Adequacy of teaching mode	43%	19%	38%
Improved posting time	53.8%	37.2%	9%
Improved number of ORL specialists	87%	4%	9%

Discussion

Despite the broad scope of ORL it is grossly under-represented in the undergraduate curricula^{8,9}. In the UK, there is dissatisfaction with the undergraduate and postgraduate training in ORL¹⁰. These may be pointers to the very few medical practitioners who show interest in this specialty.

Half of the medical students in our study found ORL an interesting undergraduate course and beneficial to their training as doctors but a very few were willing to specialize in this field. None of our students chose ORL as a first postgraduate career choice signifying the lack of interest in ORL. The explanation for this is three pronged;

1. Inadequate exposure time for undergraduate ORL training.
2. Inadequate facilities required for the teaching of ORL at the undergraduate level.
3. The general misconception of ORL as a specialty.

The undergraduate teaching of ORL has 2 goals- foremost is the firm grasping of basic principles, recognition and treatment of common ORL disorders, initial management of Otorhinolaryngology, Head and Neck Surgery (ORL-HNS) emergencies and recognizing the indication for a specialist referral. Secondly, is to provide sufficient exposure to the specialty to assist in the future career planning for medical students⁸. There have been various suggestions for the improvement of ORL undergraduate teaching such as the reduction in the time spent by medical students in the operating room in favor of more time in the outpatient clinics to improve on practical skills⁹. However, in a study by Lee et al in 2005, medical students perceived attending ORL theater sessions was beneficial to their training¹⁰. Students should be encouraged to practice using available equipment such as endoscopes. They should be allowed to view each other's tympanic membranes, nasal cavities and larynx. Other practical procedures like nasal packing, nasal cautery, foreign body removal especially from the ears and nasal cavities and ear syringing should be taught the students.

There are those who advocate dedicating more time for lectures at the detriment of practical exposure and those who recommend that the lecture schedule not be changed. Achieving these is even more difficult because of the limited time allocated for postings in ORL. In our institution where 3 other postings are lumped up with ORL and students are preoccupied with learning these other specialties, there may be a problem as to motivating the students to developing an interest in ORL or any of the other specialties lumped together in postings.

The students preferring a postgraduate career in specialties they have more exposure time with as noted in our study.

The designation "minor" postings could be responsible for some of our students believing ORL contributes very little to medical training. This nomenclature should be changed and the term "specialists" postings used.

The students can be exposed to an introductory session of ORL in their first year in the clinical, devoting two weeks for this purpose and slightly adjusting the timing for the other postings especially the basic sciences without extending the medical school calendar.

Another option for ORL teaching may be to postpone it until a more clinically relevant time like in the final year of medical school.

A regular evaluation and the standardization of the ORL curriculum in Nigeria is key as this will help encourage the students' motivation towards the specialty and in the long term improve the ORL health care delivery system.

Teaching ORL is unachievable in the absence of the right facilities for teaching. Only few centers in Nigeria have state of the art ORL equipment for practice and teaching. A large percentage of the students in our study (70%) recommended an improvement in the facilities available for teaching ORL. The availability of facilities like flexible endoscopes, microscopes for otoscopy etc. in the clinics would not only improve health care delivery but also help to make the teaching of ORL optimally effective in order to motivate the students into choosing ORL as a future specialty. The availability of these facilities is the responsibility of government and well-meaning organizations. It behooves government therefore to ensure adequate funding and equipping of our teaching hospitals for proper undergraduate ORL teaching and

the provision of qualitative health care to the populace.

Conclusion

This study reveals that medical students find otorhinolaryngology beneficial to their undergraduate training but would not opt for it as a postgraduate career choice. Therefore, we are of the opinion that improving the undergraduate medical curriculum to favor the optimally effective teaching of ORL with education on the role of the Otolaryngologist in the health care delivery system will help safeguard the future of this specialty.

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