

## Letter to the Editor

# The impact of surgical clinical placements on medical student's career preferences

Sir,

One of the most important decisions that medical students will have to make is to choose a career specialty which will affect the rest of their lives. This decision is influenced by many factors related to gender, personality, desired work life balance, mentorship and experiences from clinical placements.

Clinical placement is an arrangement in which a medical student is present in an environment that provides healthcare or related services to patients or the public. When that involves a surgical firm, students are actively involved in outpatient clinics, ward rounds, clinical examinations, history taking and operating theatre.

Historically, surgery has been considered a highly respected, prestigious profession and there has been competition to enter surgical training. Even though, there has been a lack of interest of general surgery training programmes. There are many reasons explaining this trend among students such as lifestyle issues, likelihood of litigation, absence of role models, lack of undergraduate exposure and gender issues.

Ek and colleagues have reported that a bad experience with a senior surgeon was one of the most common reasons for a disinterest in the specialty. Evans and Sarani reported that length of training and poor lifestyle as reasons to choose a field other than surgery. Coffeng et al have reported a positive association between the nature of the clerkship and the sixth year internship preference among male students suggesting that the first clinical placement can affect later specialty preference.

The impact also of recent reconfigurations in the national training system has affected undergraduates in general and has led to shorter periods attached to surgical units, with a greater emphasis on teaching in the community.

- Are these issues new or is it only now that these matters conflict with the needs of our future doctors?
- What is the current role of medical schools?
- How can surgeons improve the quality of a surgical clinical placement?

Surgery and surgical teaching for many, equals with the physical procedure of operating. However, surgical teaching and surgical placement is much more global. Students should be able to learn the generic skills of

taking history from surgical patients, performing clinical examinations and ordering relevant investigations. Students should be able to work on their communication skills and learn how to explain complex procedures and prognosis. Students should also be taught the knowledge of the indications of different procedures, the skill of careful patient selection, the limitations of surgery as well as its curative value. Following the operation where digestion and strengthening of knowledge can be established students should have the opportunity to learn about post-operative complications and their management. Multidisciplinary meetings which are currently central in all National Health System Trusts can provide for the students a rich teaching environment in the decision making and familiarity with complex and challenging patients.

Medical schools and surgeons responsible for surgical placements and teaching should promote learner centred and problem oriented approaches to learning which aim to produce doctors equipped with learning skills that will promote continuous medical education.

One other key is that requires development is teaching the teachers and tutors-surgeons. Surgeons should recognize students as adults' learners. Medical schools and NHS trusts should support teaching among surgeons and try to identify individuals who are willing to spend time in teaching. This time should be protected and honored for the students benefit.

A well preserved and continuous partnership should be developed among surgeons and medical schools focusing on what is taught, what is learnt, updating curriculum, promoting motivation and continuous feedback. Surgeons should be encouraged to take on roles as clinical advisors and mentors. They should also be actively reminded of their eminent status as influential role models to the students who are attached with them. Surgeons should take part on educational committees who meet regularly and discuss proposed changes and improvements of the teaching process. Research should be offered to the students and those interested should be treated as an equal member of the research team.

Overall to reinforce student's engagement and wiliness to learn, the rewards and opportunities that a surgical career may offer should be emphasized to students throughout

their surgical placement. The challenge lies among all parties involved in teaching. From the surgeon's perspective as a tutor and responsible of surgical clinical placement enthusiasm in teaching is the key element with continuous improvement of teaching skills. This will ultimately create the infrastructure and will promote the values and ethos of surgery that will objectively influence the decision of career preference of a medical student.

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