EDITORIAL

Transition in Medical Education: Student Support Matters

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Transition to higher education is a well-researched topic with a focus on first year's experiences. In medical education, each year brings an entirely new experience, and transition never ceases. Additionally, medical education in Pakistan is an undergraduate degree and the entrants are young high school leavers. The learning environment is different from what they have experienced earlier, irrespective of which high school they have attended. This is a huge learning curve and requires adaptation at personal level. The changes that incoming students go through are called transitions and require consistent support. Hussey and Smith (2010) have identified the process of transition in terms of various domains¹. These include transitions in:

- a. Knowledge, understanding, and skills
- b. Autonomy
- c. Approaches to learning
- d. Social and cultural integration
- e. Self-concept

On the other hand, Gale and Parker (2012) have identified transition levels based on stages of learning i.e. induction, development, and becoming². Both classifications can be applied to medical students and assist institutions to provide adequate student support.

In 2023, Pakistan Medical and Dental Council (PM&DC) released accreditation standards³. This document identifies thirteen standards in the student section including student support.

Reflecting further on the scenario in Pakistan, the following areas also require intense support from institutions.

Language Proficiency

English is not the first language spoken at home in Pakistan. Therefore, many students specially from rural areas struggle as all textbooks are in English. A pretest

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at the time of induction can identify the level of English with right intervention at right time. This is important if the institution employs small group learning as students with limited English may not participate and their assessment will be affected.

First-generation Students

With the current literacy level in Pakistan, many medical students entering the schools are First-generation students who are change agents in their own areas. There is no published research in Pakistan, but this is an area of discussion and a holistic model from admission to graduation is recommended rather than relying on the individual's grit and resilience⁴.

International Students

International students do enter medical schools in Pakistan, but they mainly belong to families of overseas Pakistanis. Their needs are different as they face cultural challenges. Their families are also investing huge amount in their education which places extra pressure to perform well and is a cause of stress.

Special Needs

PM&DC has not included accommodation for students with special needs in the list of essential criteria, but it is crucial to allow for inclusion and accessibility. No educational institution should be licensed if adequate facilities for students with special needs are not available. These facilities should not be restricted only to students with physical needs but learning disabilities should also be accounted for with special accommodation provided as and when required.

Transition to medical school is stressful. A medical education unit can be instrumental in developing longitudinal support, but it requires resource allocation both physical and human. Mentoring has a role to play but it will not work with existing workload for the faculty. Simultaneously, with the changing interests and evolving field of medicine, students cannot be expected to stay with one mentor across the years. The needs are different at various stages, for example, a mentor in early years can help in identifying the learning strategies, time management, and integration, while the mentor in clinical years may have a different role. PM&DC has laid down some principles, but it requires more work and input from all stakeholders. A coordinated and structured programme will ensure the success, well-being and professional identity formation of medical students and institutions have an ethical obligation to provide that support. There is also paucity of research in this area in Pakistan and educators may provide evidence-based information as to what exactly works within our setting.

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REFERENCES

- 1. Hussey T, Smith P. Transitions in higher education. Innov in Edu & Teaching Int.2010;47(2):155-164. https://doi.org/10.1080/14703291003718893.
- 2. Gail T. Parker S. Navigating change: a typology of student transition in higher education, Studies in Higher Educ,2012;39:5, 734-753, doi: 10.1080/03075079.2012.721351.
- Pakistan Medical and Dental Council. National Accreditation Framework. Accessed 4th June 2024 https://pmdc.pk/Publication/Standards page 14.
- 4. Havemann C, Mason HRC, Russel RG, et al. Challenges facing first-generation college graduates in medical school: a qualitative analysis.? JAMA Netw Open. 2023;6(12):e2347528. doi:10.1001/ jamanetworkopen.2023.47528