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Original Article

Medical Students Concerns and Apprehensions in their transition from Preclinical to Clinical Phase - A Cross-sectional observational study

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ABSTRACT

Background: Transitions in medical education are emotionally, psychologically and socially dynamic which may affect learning. Students transitioning from preclinical to clinical training may experience negative consequences. So, the study was planned with the aim to explore the difficulties faced by medical students during the transition.

Aims: To identify the major concerns and fears of students during the transition period from phase I to II and to analyse medical student's preparedness for clinical training using a three-dimensional, socio cognitive, theory-based model of preparedness.

Material & Methods: A cross-sectional study was conducted in June 2025 for duration of one month. All fourth semester undergraduate medical students were recruited into this survey. Keng Yin Loh's questionnaire was used to collect data from the students. The student's concerns were categorized into 3 major domains like academic domain, social domain and psychological fear domains. The questionnaire was distributed to all the medical students and they were given two weeks to complete the questionnaire.

Results: Students' own perception of their academic domains, perceived that they are unable to manage time well (51%), feeling incompetent (50%), were the main complaints among the majority of them. In the perception of their social life, majority of them felt that they have good social support from friends and having decent accommodation except for provision of food. The psychological fears students encountered were: Fear of harming patient, followed by fear of making mistakes, and contracting infectious disease.

Conclusions: Clinical incompetence and lack of time management are the student's major concerns which further lead to psychological distress such as fear of making mistakes, fear of harming patients and fear of contracting infectious disease. These can be resurrected by implementing early clinical exposure in MBBS Phase I and strengthening the tutor-tutee system/ mentorship programs.

Keywords: *Fear, Medical Education, Mentorship, Preparedness.*

INTRODUCTION

According to Medical Council of India (MCI), MBBS Curriculum has been divided into III Phases. I Phase comprising of Anatomy, Physiology & Biochemistry, II Phase comprising of Pathology, Microbiology, Pharmacology along with clinical training postings and III Phase comprising of Community medicine, Forensic medicine and Clinical subjects.

Transitions in medical education are emotionally, psychologically and socially dynamic which may affect learning (Keng Yin Loh, 2008). Students transitioning from preclinical to clinical training may experience negative consequences (Bosch,

2017). So, the study was planned with the aim to explore the difficulties faced by medical students during the transition from preclinical to clinical training in our medical college.

OBJECTIVES

a) To identify the major concerns and fears of students during the transition period from phase I to II.
b) To analyse medical student's preparedness for clinical training using a three-dimensional, socio cognitive, theory-based model of preparedness.

MATERIAL & METHODS

An observational cross-sectional study was conducted in June 2025 for duration of one month. All fourth semester undergraduate medical students were recruited into this survey. Keng Yin Loh's (2008) questionnaire was used to collect data from the students. The student's concerns were categorized into 3 major domains like academic domain, social domain and psychological fear domains. The questionnaire was distributed to all the medical students and they were given two weeks to complete the questionnaire.

Data Management and analysis:

The questionnaire papers were verified and entered at home and then merged into one device. Categorical variables were described by frequencies and percentages. The analysis was conducted using Statistical Package of Social Sciences (SPSS).

Ethical considerations:

Our study was conducted in accordance with the ethical standards of the ICMR. A verbal consent was obtained from all the participants after a prior orientation regarding the objectives and benefits of the project. Participants then read, understood and answered the questions accordingly. They have been told that they have all rights to participate and their information will be kept anonymous and confidential. The study ethical clearance was obtained from Institutional Ethical Committee.

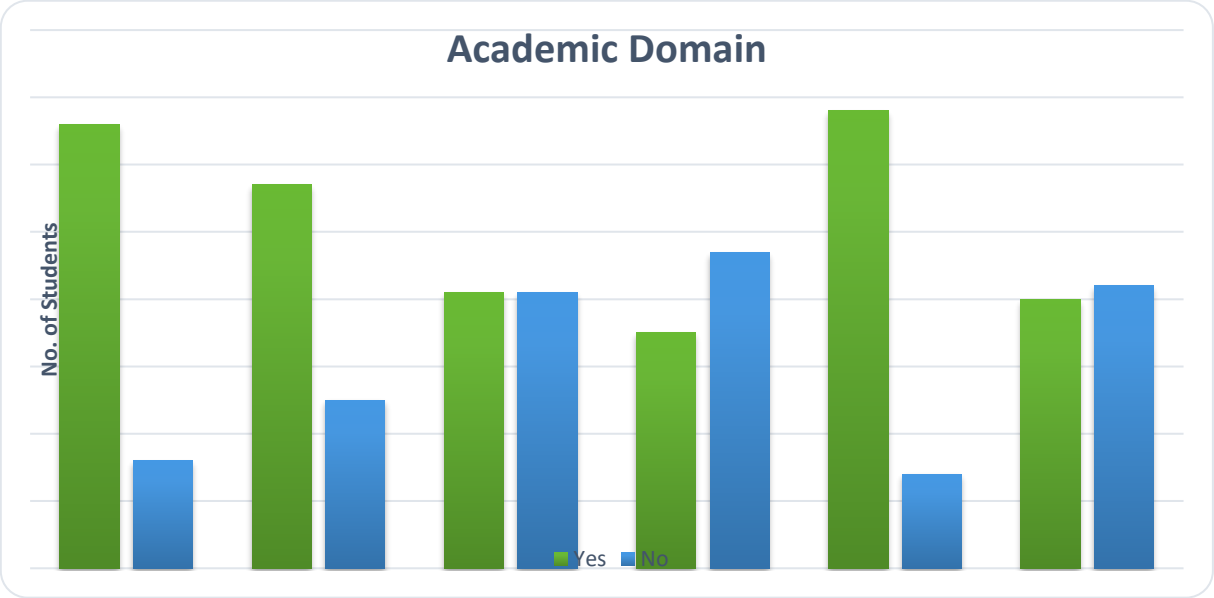
RESULTS

Students' own perception of their academic domains, perceived that they are unable to manage time well (51%), feeling incompetent (50%), were the main complaints among the majority of them (Table/Fig 1 & 2).

In the perception of their social life, majority of them felt that they have good social support from friends and having decent accommodation except for provision of food. A minority has financial difficulties and transport problems however statistically this is not significant (Table/Fig 3 & 4).

The psychological fears students encountered were: Fear of harming patient, followed by fear of making mistakes, and contracting infectious disease (Table/Fig 5 & 6).

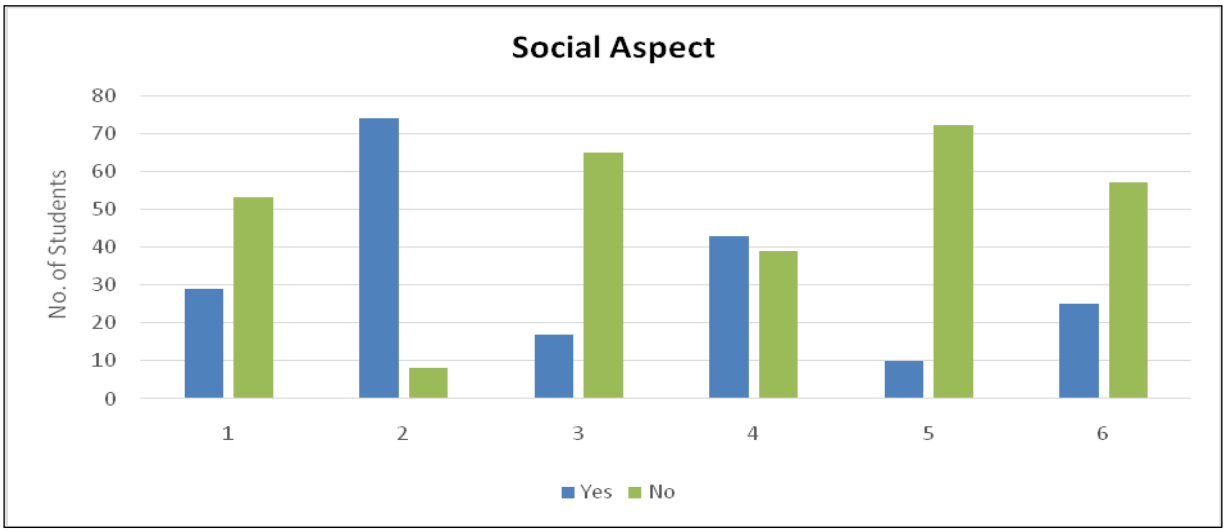
Table/Fig 1: Student's own perception on their academic domain (Bar diagram)



Table/Fig 2: Student's own perception on their academic domain (Table)

Academic domain			
Sl. No	**Item**	**Yes (%)**	**No (%)**
1.	Feels Knowledgeable	80	20
2.	Feels confident	70	30
3.	Competent in clinical skills	50	50
4.	Feels that the clinical examination is tough	43	57
5.	Feels that they can cope with all learning activities	83	17
6.	Feels they are able to manage time well	49	51

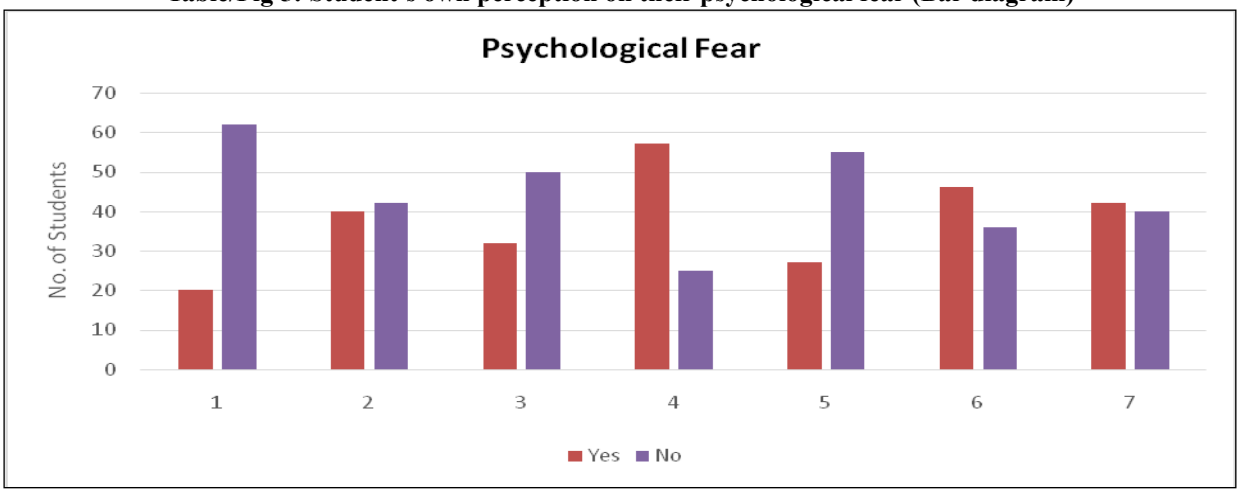
Table/Fig 3: Student's own perception on their social aspect (Bar diagram)



Table/Fig 4: Student's own perception on their social aspect (Table)

Social aspect domain			
Sl. No	**Item**	**Yes (%)**	**No (%)**
1.	Having financial difficulties	35	65
2.	Having good social support from friends	90	10
3.	Having own transport	21	79
4.	Having good accommodation	52	48
5.	Happy about the food in campus	12	88
6.	Worried about the safety and security	31	61

Table/Fig 5: Student's own perception on their psychological fear (Bar diagram)



Table/Fig 6: Student's own perception on their psychological fear (Table)

Psychological Fear domain			
Sl. No	**Item**	**Yes (%)**	**No (%)**
1.	Fear for own safety	24	76
2.	Fear of case presentation	49	51
3.	Fear of handling patient	39	61
4.	Fear of making mistakes	70	30
5.	Fear of inadequate physical strength	33	67
6.	Fear of contracting infectious disease	56	44
7.	Fear of Harming patient	51	49

DISCUSSION

Traditionally, medical education programs present learners with three major transitions. First arises when learners transfer from preclinical to clinical training. The second occurs as graduate medical students start to care for patients as junior doctors or specialist trainees. The third ensues as specialist trainees who complete their training and work independently. Each of these transitions is characterized by several challenging experiences, ranging from new roles with their associated tasks, to unfamiliar settings and colleagues (Chen, 2015) and (Abdalla, 2018).

Inadequate preparation for clinical phase clerkship predisposes medical students to stress and anxiety, both of which impede the transition and hinder learning and participation in clinical activities (Abdalla, 2018).

In our study, in academic domain part when we asked students regarding are you competent in clinical skills, 50% of the students responded by saying yes as compared to only 18% in study done by Ken et al (2008). In our study, in social domain part when we asked students regarding satisfaction about food in the campus, 88% of the students responded by saying no as compared to only 45% in study done by Ken et al (2008). In our study, fear of making mistakes, fear of contracting infectious diseases and fear of harming patient was observed more in compared to study done by Ken et al., (2008).

Students with low learning or organizational capabilities, those that lack insight or have mental health issues, or those who experience major personal difficulties are more affected by stress during the transitional phase. Such students may require extra support and advice (Abdalla, 2018). One limitation of our study is that the counseling process prior to the clinical clerkship phase is not well organized at our institute, which can be rectified by implementing early clinical exposure (ECE) from first phase itself.

CONCLUSION

Clinical incompetence and lack of time management are the student's major concerns which further lead to psychological distress such as fear of making mistakes, fear of harming patients and fear of contracting infectious disease. Most of them feel that the social support is good except for provision of food in the campus.

Among the recommendations are

- Having an early clinical exposure in Phase I,
- Strengthen tutor-tutee system or mentorship program and active involvement by student's representative council in disseminating accurate information to them before they come to Phase II.
- Provision of good food courts with cafeteria within the campus.

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