

# Attitude and perception of dental students on transition from preclinical to clinical training

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## ABSTRACT

### **Aim**

*To access the Attitude and perception of dental students on transition from preclinical to clinical training*

### **Objective**

*To find the Attitude and perception of dental students on transition from preclinical to clinical training*

### **Materials and methods**

*A descriptive survey is conducted using a questionnaire consisting of 10 questions to collect the data pertaining to the knowledge and awareness of resin bonded restorations among the dental students in Chennai*

### **Results**

*From the results it is evident that 61% of the students have said they are moderately confident to operate on patients and 14% of participants have very low confidence to operate on patients. and majority of the students opted that clinical exposure helped a lot in clinical training. 39% of the students have high stress levels while entering the clinical training.*

### **Conclusion**

*Students experience a shock of practice as they transition from preclinical training to clinical training their anxiety and stress levels are high. Therefore educators need to develop new strategies that minimise students anxiety and stress and ensure smooth transitioning into clinical practice.*

**Keywords:** *preclinical training, clinical training, shock of practice, dental students*

## **Introduction**

Clinical training is an essential stage in dental education. During this stage students have the opportunity to apply and, more importantly, to develop the necessary competences in an authentic clinical environment. Learning in this real-life context is a cognitive and social process, also called situated learning.[1] The transition to the clinical training stage can be both exciting and worrying for students.[2] Many students experience what is referred to as the 'shock of practice' when they enter the clinical training stage, as their role shifts from one of being taught to one of providing patient care.[3-8]. Stress can be conducive as well as inhibitive to learning. A certain amount of stress is considered necessary for students to perform well as it can be a powerful motivator.[9,10] Furthermore, learning to deal with stressful situations is regarded as an important learning experience preparatory to subsequent professional practice.[11] If the level of stress becomes too high, it may become counterproductive. Dentistry is an extensive program that requires a lot of efforts, encouragement, and clinical exposure. A lot of factors play a role during the mental development of dental student, and the most important of them is stress. Few of the possible stress factors could be competition, frequent examinations, comparisons between students, teacher/student relationships, patient/student relationships, clinical application of theoretical knowledge. These factors can significantly affect the confidence of the student and influence the way students perceive and experience their education.[12]

The present study aimed to identify the difficulties faced by the students based on their perceptions and to remove these shortcomings by laying more emphasis on these areas. The study also aims to create a better

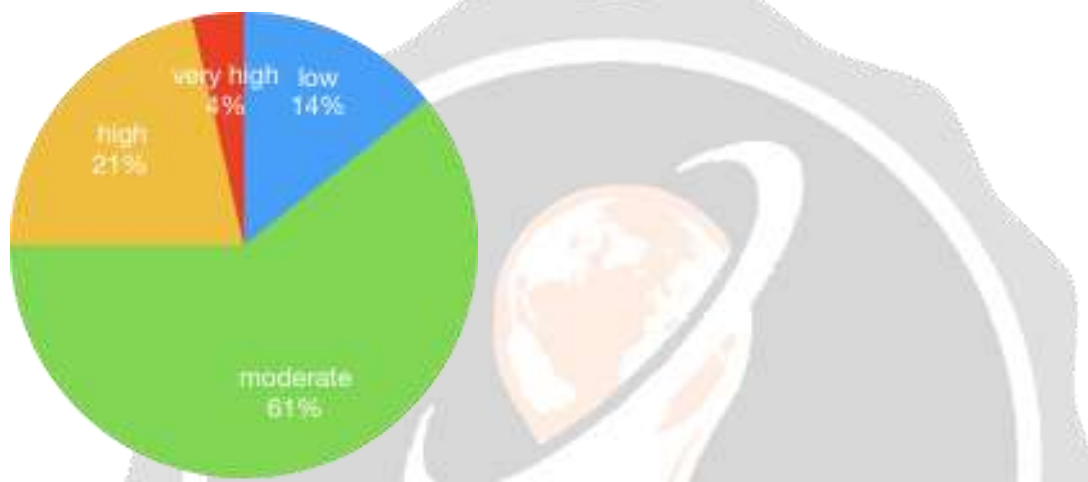
environment for training the students, who are able to remove fear, instill self-belief and create better skills among students to perform quality procedures.

**MATERIALS AND METHODS**

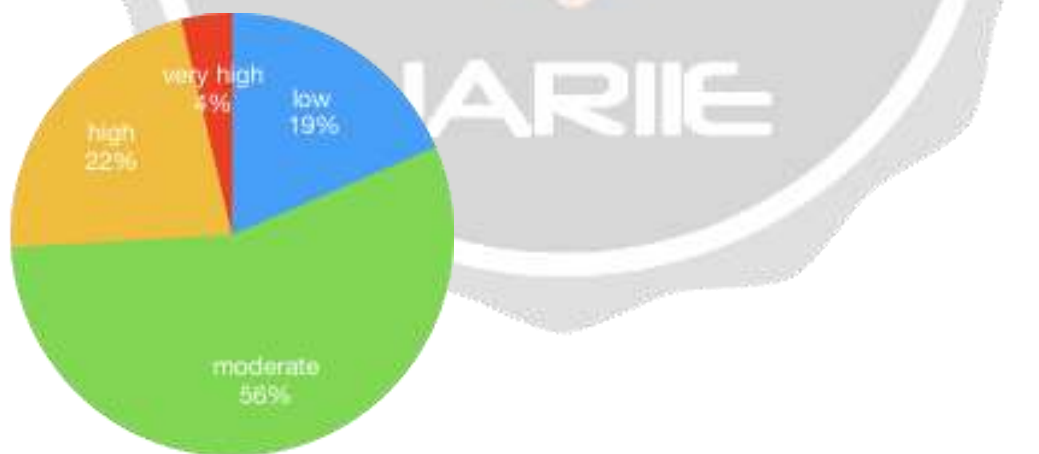
The survey was given as a self-administered questionnaire comprising 10 multiple-choice questions; the questionnaire accessed the knowledge and awareness regarding the oral cancer .this study was conducted among the dental students of the undergraduate dental program who recently entered clinical training in the Saveetha dental college . A total of 100 respondents have completed the survey. Based on the answers provided by the respondents, results were made to a conclusion and analysis was made using pie charts.

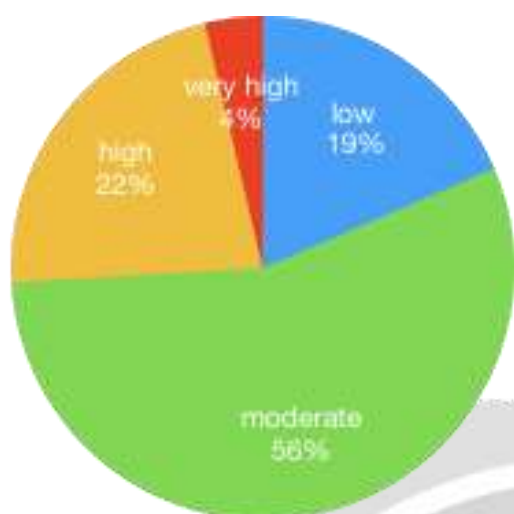
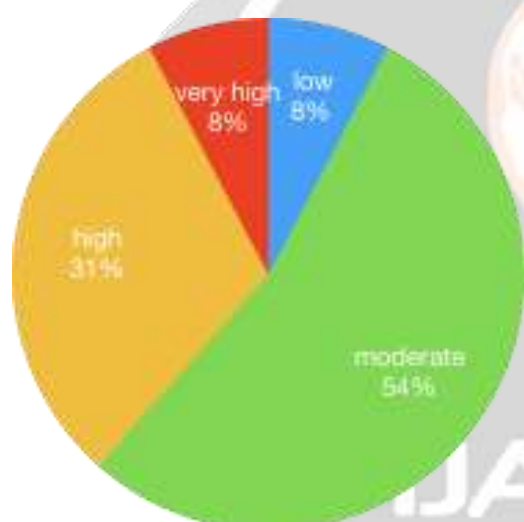
**RESULTS**

**Fig 1:** When you first entered a dental clinic how Confident we're you that you can operate on Patients ?



**Fig 2:**How confident were you to do a class 2 cavity preparation at the beginning of clinical training?



**Fig3:** How confident were you to do a root canal Treatment at the beginning of clinical training?**Fig 4:** How are your stress and anxiety levels when you First entered a dental clinic?

From the results nearly 62% of the participants said that clinical training is more difficult compared to preclinical training. 87% of the participants said that preclinical training was helpful in clinical training. 56% of the participants claim that they gain confidence by preclinical training to undergo clinical training. When asked regarding how confident were you to operate on a patient when you first entered the clinic 14% of the participants have low confidence and 56% of the participants are moderately confident [fig 1]. When asked how confident were they to do class 2 cavity at the beginning of the clinical training. 19% have low confidence 56% are moderately confident and 26% were very confident [fig 2]. Regarding the root canal treatment 19% have low confidence 56% are moderately confident and 26% were very confident [fig 3]. When asked regarding stress and anxiety level when they first entered a dental clinic 8% have low stress level 54% have moderate stress level 31% of the participants have high stress level 8% of the participants have very high stress level [fig 4].

### Discussion

Many students experience 'shock of practice' when they transition from classroom to clinical learning as their role changes from one who is taught to one who is providing patient care[12]. They report uncertainties about their new roles; adjusting to new environments and workload; adjusting to new learning styles; confidence in their knowledge and skills; and concern about performing clinical skills. Prince et al. performed a qualitative study to explore students' perceptions and attitudes regarding the transition from theoretical training to clinical training [13]. Students reported negative experiences associated with professional socialisation-adjusting to new environment and workloads and experienced

difficulties in applying knowledge and skills in the clinical setting. The researchers later performed a follow-up study to seek quantitative verification of the qualitative finding that they had previously identified [14]. All third year dental students were surveyed on the transition from pre-clinical to clinical training. The survey results confirmed earlier finding and related transition challenges due to the sudden increase in workload, insufficient time for studying and difficulty putting theory into practice and the necessity to adopt different learning strategies. Another qualitative study that explored students' perspective regarding the transition to the clinical phase of a medical curriculum with pre-clinical patient contacts showed similar findings. These include: professional socialisation challenges; stress due to increase work hours and workload; and perceived lack of knowledge[15,16]. However, in this study students reported that their transition was gradual, in contrast to the 'shock of practice' described earlier by Prince et al. In this case, the early patient encounters in the previous years had increased the students' self-confidence, motivation and clinical reasoning skills facilitated their transition to clinical practice. Seabrook explored the effect of the learning climate on the students' transition to clinical training [17]. The findings from a five-year longitudinal study in a single medical school showed that students at the beginning of their clinical training were motivated by patient contact and simultaneously daunted by their perceived limited knowledge or required learning style. Students associated positive experiences at clinical sites where: staff were friendly and available; helped them to access resources and introduced them to patients; made their expectations clear; and made them feel part of the team.[18] Aspects that were considered unhelpful for their learning included: their lack of a clinical role and feeling 'in the way'; senior staff's cancellation of teaching or late arrival; and repeated questioning until they answered wrongly. Some students perceived that their individuality was often not valued, for example the quiet students who had to appear more confident or having to conform to the style of the clinical teacher in that firm.[19]

Atherley et al. studied the specific anxieties of UK students at the beginning of their clinical training. Students completed a questionnaire and ranked 40 possible causes of anxiety. The authors showed that students perceived relationships with senior staff to be anxiety-inducing and, in particular, presenting cases in ward rounds and admitting ignorance to consultants. Students were also anxious about performing tasks on patients.[20]

### Conclusion:

Transition into clinical training is an evolving process that requires time and resilience to adjust to the new role. Disruptive novel elements such as self-directed learning on the run, medical work culture and lack of confidence to engage in interpersonal work relationships can hamper professional socialisation and make the transition process unpleasant for students. Therefore, to ensure smooth transitioning, it is important for educators to develop pedagogical evidence-based strategies that minimise students' anxiety and stress, optimise their learning opportunities and gradually immerse them into clinical training.

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