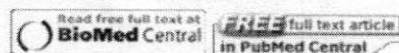


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## Factors influencing the approaches to studying of preclinical and clinical students and postgraduate trainees.

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### Abstract

**BACKGROUND:** Students can be classified into three categories depending on their approaches to studying; namely, deep approach (DA), strategic approach (SA) and surface apathetic or superficial approach (SAA). The aim of this study was to identify factors affecting the approaches to studying among Sri Lankan medical undergraduates and post graduate trainees and to analyze the change in the pattern of study skills with time and experience.

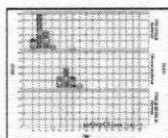
**METHOD:** Pre-clinical and clinical students of the Faculty of Medicine, University of Colombo and postgraduate trainees in Surgery at the National Hospital of Sri Lanka were invited to complete the Approaches and Study Skills Inventory for Students (ASSIST) questionnaire.

**RESULTS:** A total of 187 pre clinical (M: F = 96:91), 124 clinical (M: F = 61:63) and 53 post graduate trainees (M: F = 50:3) participated in the study. Approaches of male and female students were similar. SA was significantly affected by age among the preclinical students ( $p = 0.01$ ), but not in other groups. Among pre-clinical students, males preferred a teacher who supported understanding ( $p = 0.04$ ) but females preferred a passive transmission of information ( $p < 0.001$ ). This, too, was not visible among other groups. A linear regression performed on group (batch), gender, island rank at GCE Advance Level (AL) examination, self appraisal score and the preference scores of type of teacher only managed to explain 35% or less of variance observed for each approach in individual groups.

**CONCLUSION:** Different factors affect the approach to studying in different groups but these explain only a small fraction of the variance observed.

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**MeSH Terms**

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The most prevalent barriers cited by medical teachers were: lack of time (11.3%), lack of knowledge (9.3%), lack of training (9.3%), fear (9.3%) and being not comfortable to address it (5.6%).

These results present a clear difference between medical teachers' opinion and their action or training. Teachers believe this issue is important, but do not address it in clinical practice. Why does this happen?

According to Lucchetti and Granero (2010), there are some resistance to the introduction of these courses due to the lack of Brazilian studies and various preconceptions about sectarianism and religious coercion. Another explanation is the barriers reported by those teachers: lack of time, lack of knowledge, lack of training and fear. In fact, little training is available for Brazilian medical students regarding spirituality, which has repercussions in their graduation and even when they became teachers.

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## Patterns of approaches to studying of pre-clinical, clinical and post graduate students from a setting in a developing country in Asia

Dear Sir

Marton and Saljo (Marton 1976) were the first to describe the three approaches to studying; deep approach (DA), strategic approach (SA) and surface apathetic or superficial approach (SAA). Subsequent studies indicated that students can change their learning approach and that differences exist in the study patterns between the East and the West. The aim of this study was to describe the patterns of approach to studying among Sri Lankan undergraduate and post graduate students.

Pre-clinical and clinical students of the Faculty of Medicine, University of Colombo and post graduate trainees in surgery at the National Hospital of Sri Lanka were invited to complete the

Approaches and Study Skills Inventory for Students (ASSIST) questionnaire (Dai Hounsell & Anderson 2001).

A total of 187 pre-clinical (M: F 96:91), 124 clinical (M: F 61:63) and 53 post-graduate students (M: F 50:3) participated in this study. Analysis showed that SA had the highest score in all three groups. Clinical students had the lowest DA score. There was a large correlation between DA and SA ( $r=0.51, p < 0.001$ ) and a small correlation between DA and SAA ( $r=0.214, p < 0.001$ ). There was no correlation between SA and SAA ( $r=0.056, p=0.285$ ).

The strong correlation that we observed between DA and SA has been described previously among Asian and also Western students. What was surprising is the absence of a correlation between SA and SAA, which has been previously described in Asian students (Kember & Gow 1991). In addition, the limited resources in developing countries in Asia provide an advantage for strategic students by means of higher marks at examinations and increased opportunities favouring the SA. However, the decline in DA score is most probably due to excessive work load. Though the decline in DA in clinical students is surprising at the first glance, this is a well-described phenomenon in the west (Stjernborg & Bandaranayake 1996).

Our study has shown that the approaches to studying are different between pre-clinical, clinical and post-graduate students and is different to the pattern observed in the west.

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## A competence-based curriculum for vocational training in general practice in Germany: Nearby or far away?

Dear Sir

In contrast to the developments in many European countries, no competency-based curriculum frame such as CanMEDS or EURACT exists in Germany. Vocational training in Germany is based on "volume" and "time". As Germany is a competency-