

Students' perception of their studies:
Comparing problem-based and traditional medical degree
programs at the Charité – Universitätsmedizin Berlin



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Overview

1. Introduction
2. Methods + Participants
3. Results
4. Discussion and Outlook

1. Introduction

- **Current situation**

- Change in medical degree programs in Germany and world wide
- Charité – Universitätsmedizin Berlin:
 - traditional medical degree program
 - since 1999 reformed medical degree program (integrated, problem-based, small cohort)
 - since 2010 newly reformed medical degree program – Modellstudiengang (integrated, outcome-orientated, problem-based, complete cohort)

 **How does the curriculum of a medical degree program influence students' perceptions of their studies?**

1. Introduction

- **Study „Career and Life planning in Medicine“**

(Maaz et al., 2008; Dettmer & Kuhlmeier, 2010)

- longitudinal & cross sectional analysis of
 - first-year medical students
 - graduates
- study situation and career & life planning of medical students



Focus:

- **1st year students**
- **Subjective indicators of study success**

(e.g. Rindermann & Oubaid, 1999; Oswald et al., 2004)

2. Methods

Independent variable:

- traditional curriculum
- reformed curriculum



Dependent variables:

- study satisfaction
- perceived stress
- thoughts about quitting medical school
- plans for career + work-life-balance

- **Longitudinal design:** T₁ – summer + autumn 2007 (1st year students)
T₂ – summer + autumn 2008 (2nd year students)
- **standardised online questionnaire**
 - based on existing instruments, e.g.
 - Career motivation scale (Abele, 1994)
 - General self-efficacy scale (Schwarzer & Jerusalem, 2002)
 - Occupational self-efficacy scale (Abele et al., 2000)
 - newly constructed scales

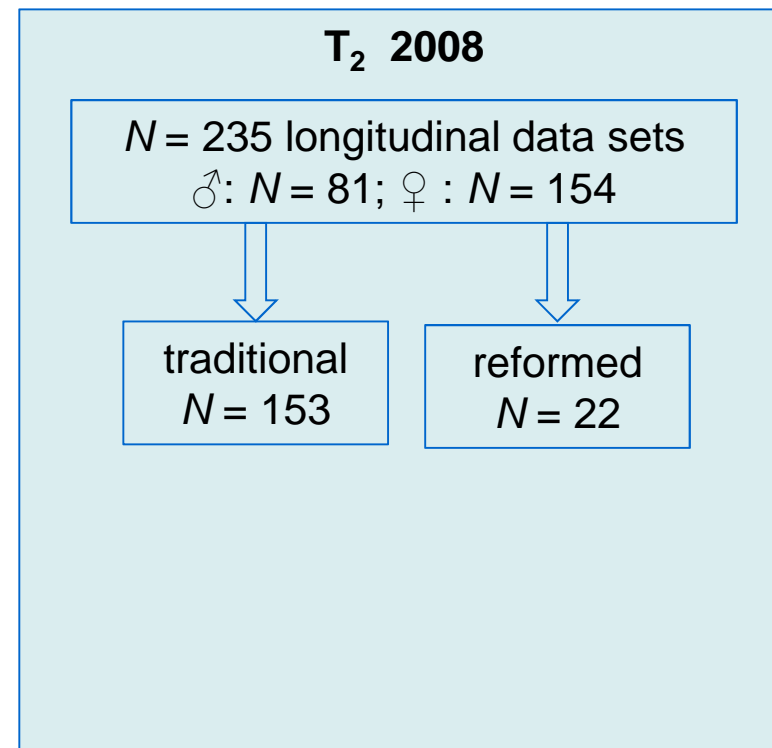
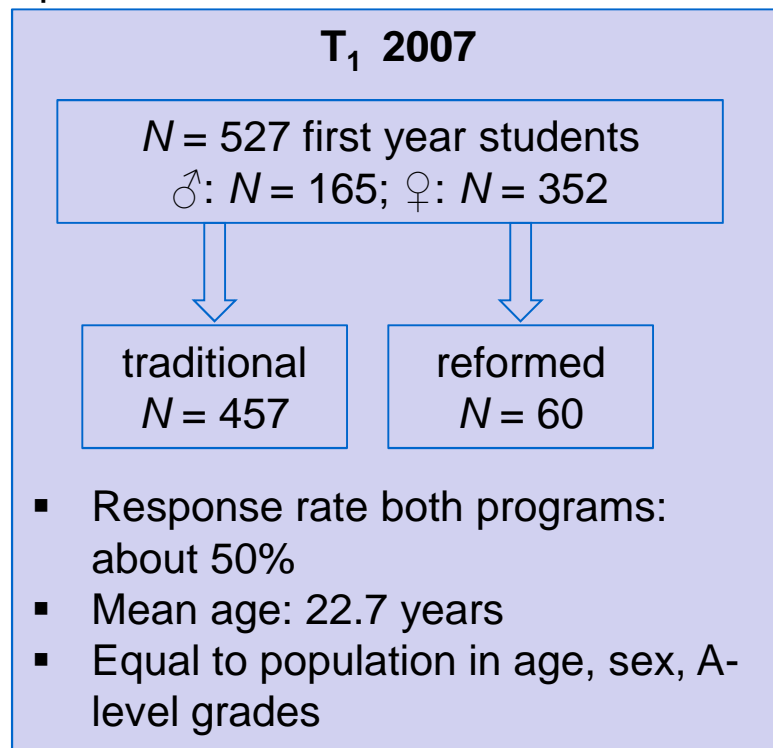
2. Participants

Population:

3 cohorts from traditional program / 300 students each

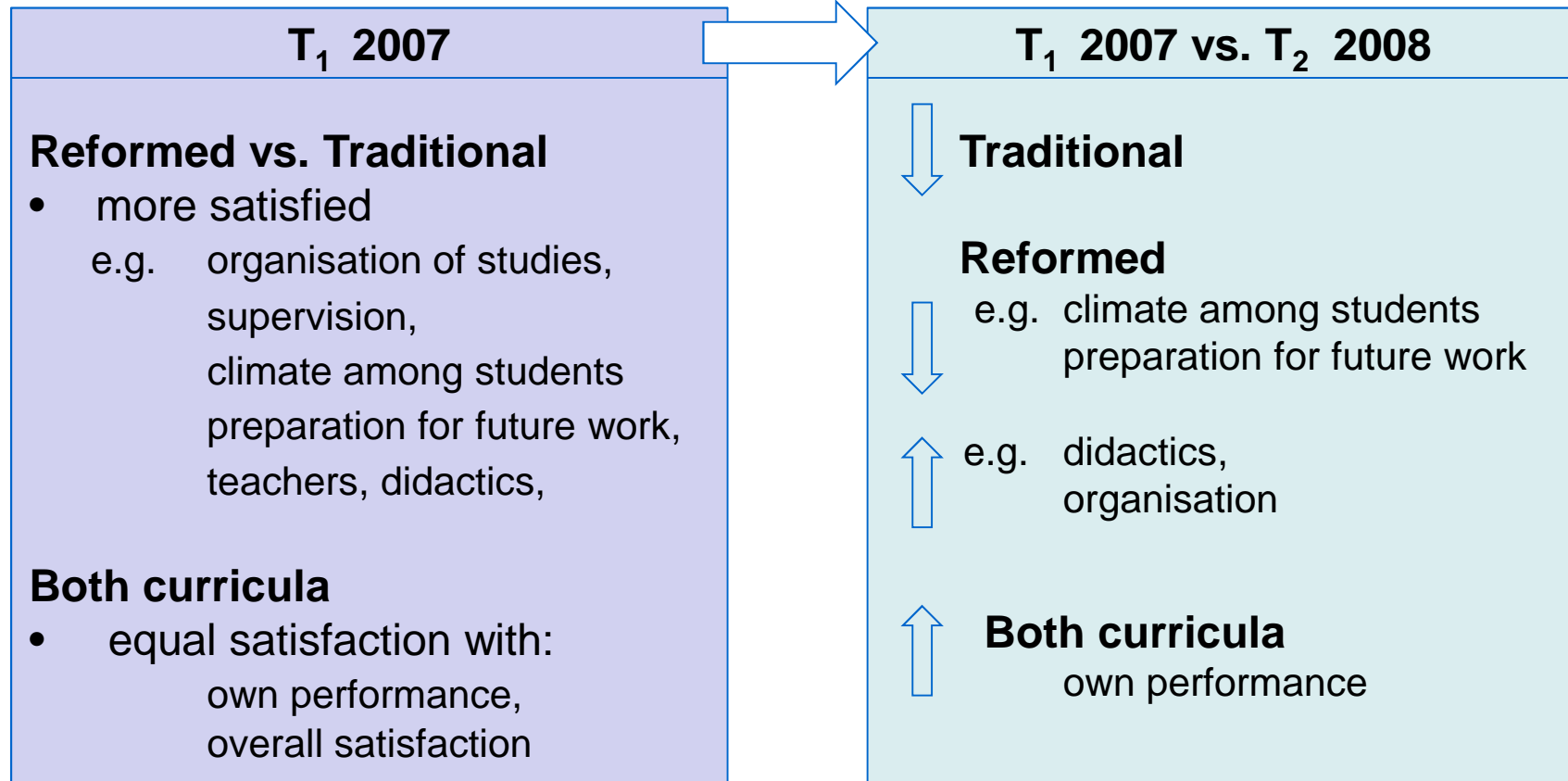
2 cohorts from reformed program*/ 63 students each

Sample:

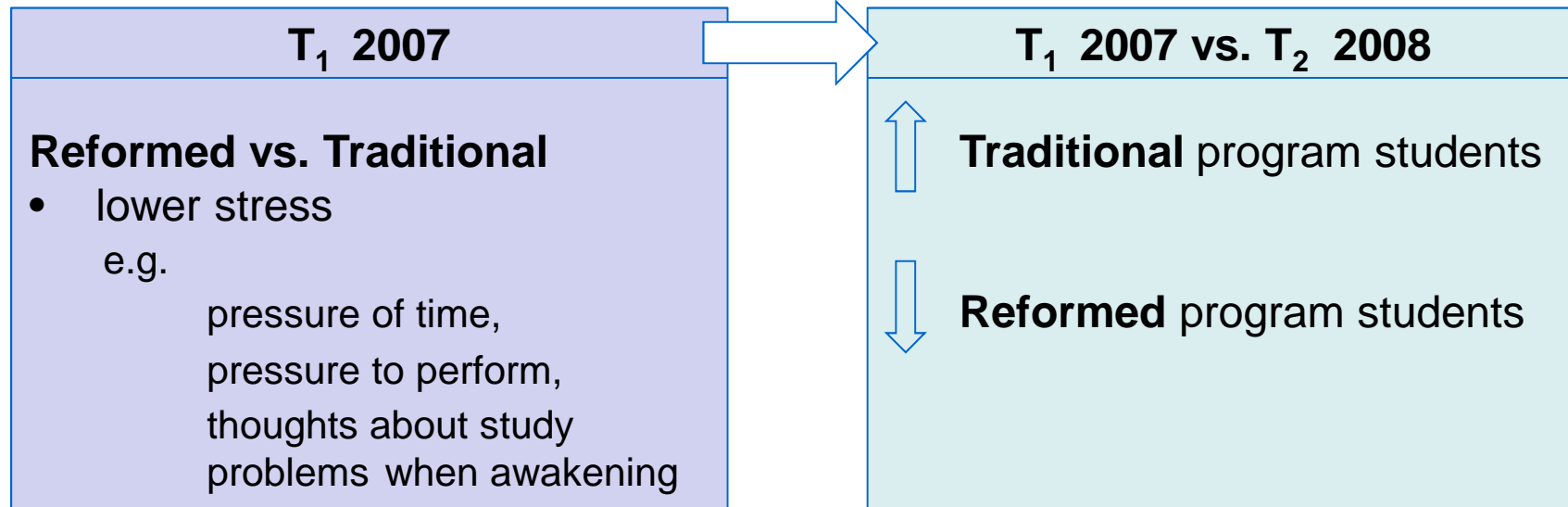


* assigned by lot among students who indicated willingness to study the reformed curriculum (about 120 persons per 63 places per year)

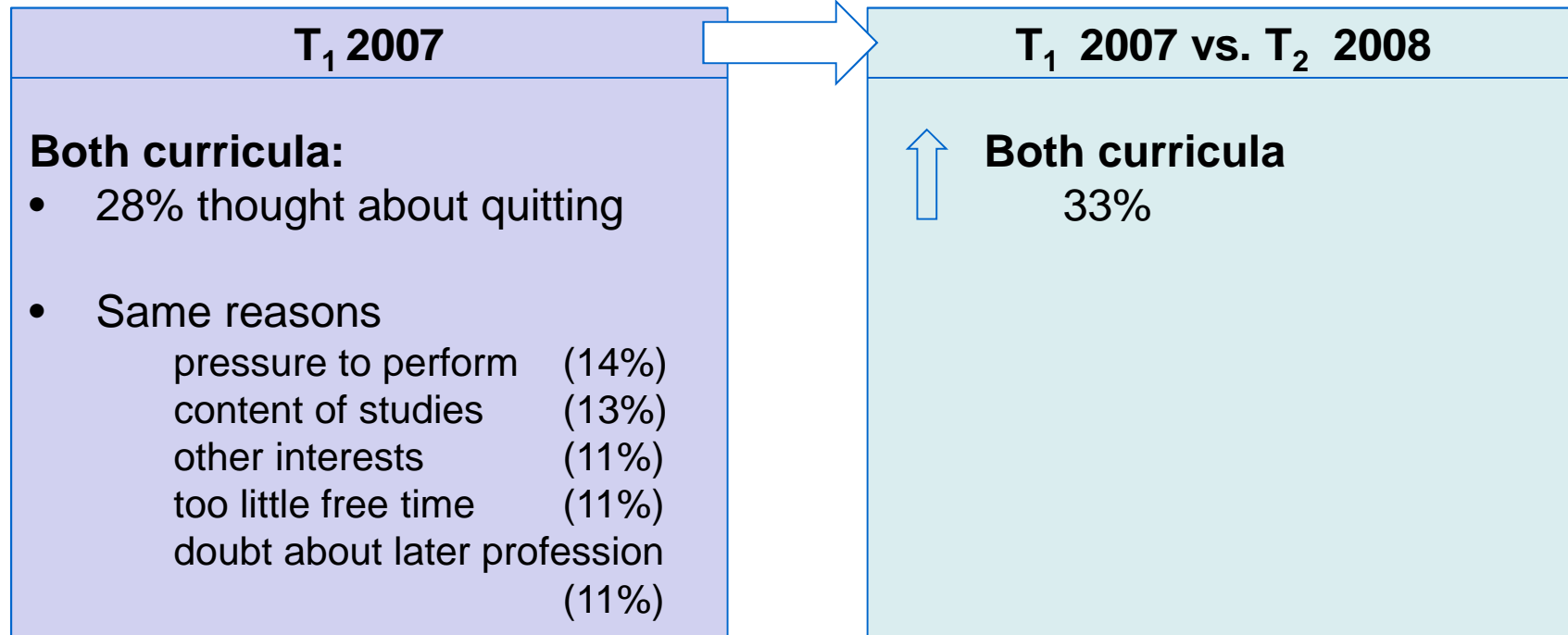
3. Results: Study satisfaction



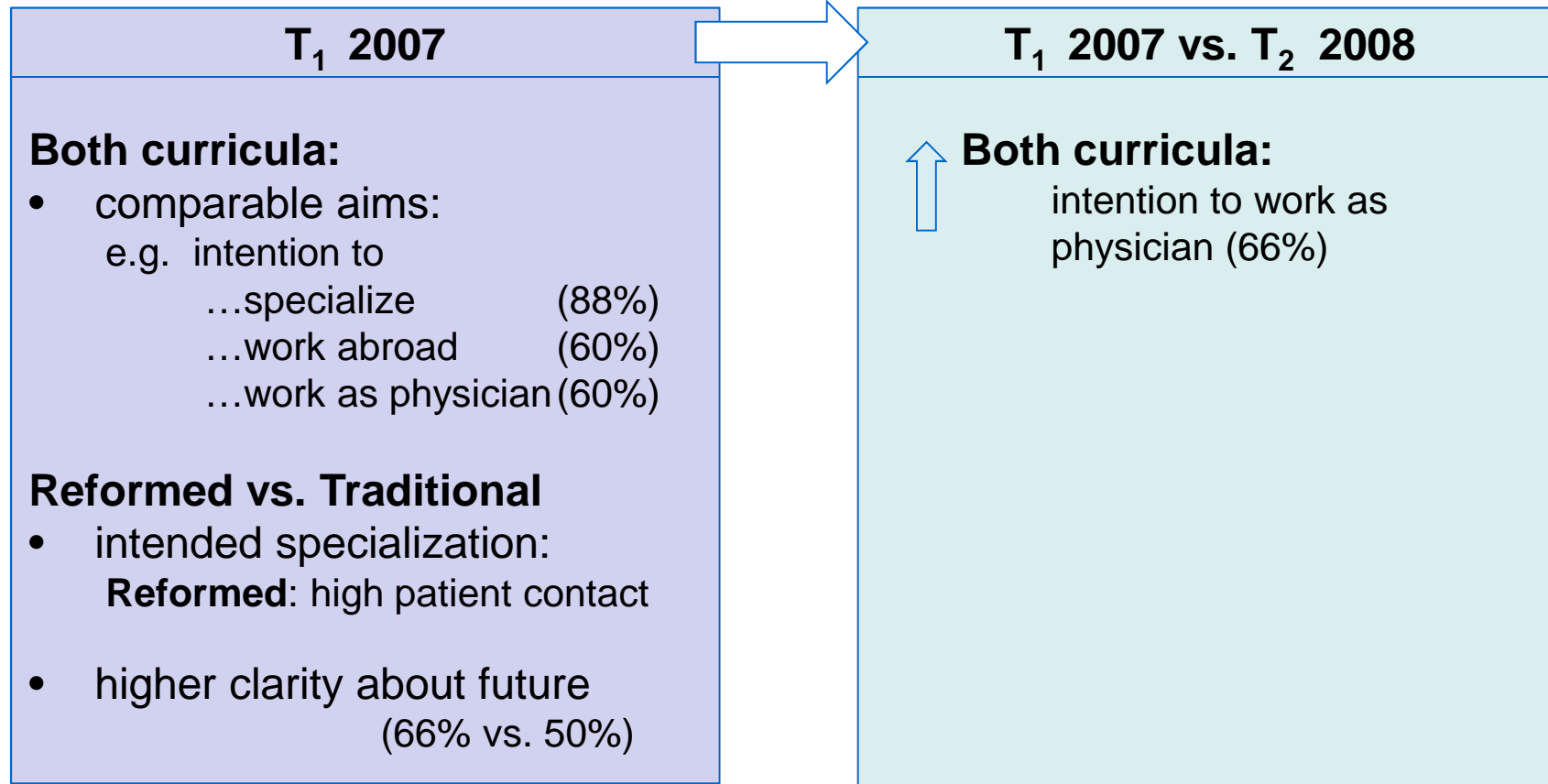
3. Results: Perceived stress



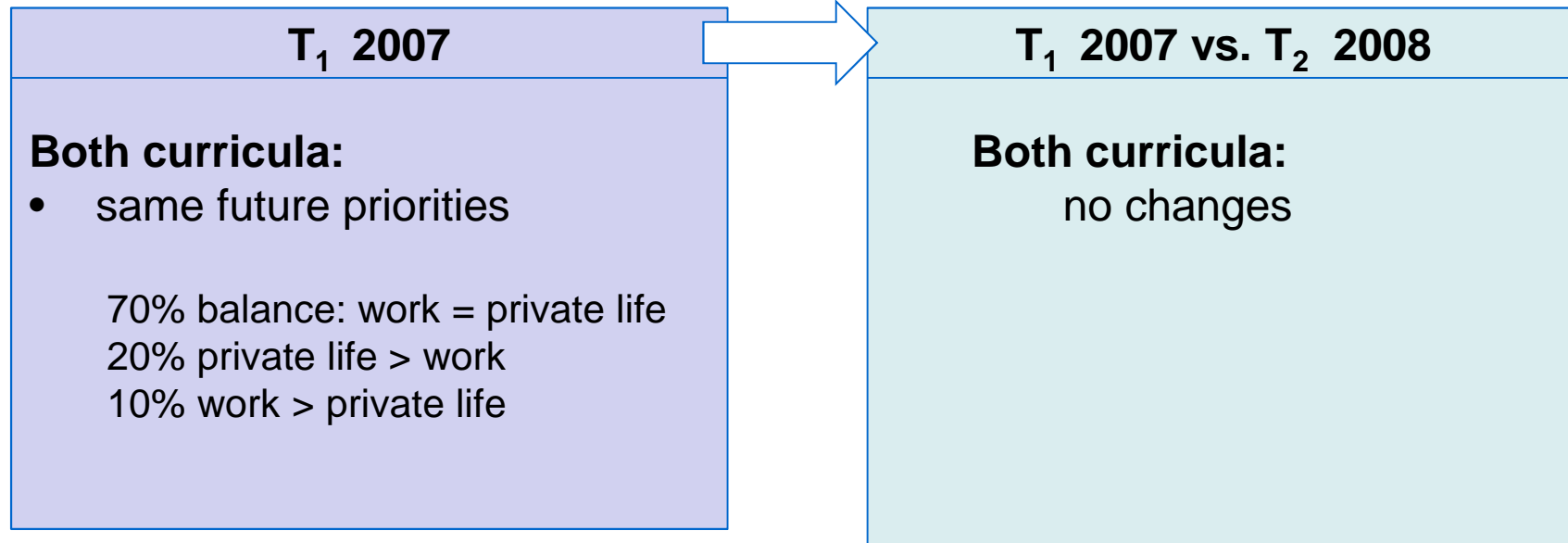
3. Results: Thoughts about quitting



3. Results: Career plans



3. Results: Work-life-balance



4. Discussion and Outlook

How does the curriculum of a medical degree program influence Students' perceptions of their studies?

➡ across first 2 years of study students of reformed curricula:

- **Higher** study satisfaction
- **Lower** psychological strain
- **Higher** motivation to work in domains involving high patient contact

➡ Students from both reformed and traditional program:

- **Comparable** thoughts about quitting
- **Comparable** aims for future work and private life

Reformed curriculum

- Supports well-being, satisfaction and health of students and future physicians
- Supports medical career in domains involving high patient contact

4. Discussion and Outlook

➔ Reformed medical curricula differ in many aspects

- e.g. reformed curriculum at the Charité
 - integrated curriculum
 - problem-based learning important
 - little compulsory attendance
 - small cohort

➔ Extension of the study on another reformed curriculum:
Modellstudiengang Charité

- integrated curriculum
- problem-based learning
- outcome-orientation central
- high compulsory attendance
- complete cohort

Thank you for your attention!

Questions?