

Gross Anatomy Preparedness: A Sample of Surgery Residents in Jordan

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Introduction: The undergraduate gross anatomy curriculums have been subjected to reorganizations in the teaching approaches, that negatively affect the level of gained anatomy. The shortages start to appear, when the newly graduated doctors recall the retained anatomy in their daily practice, it could be improved by gross anatomy postgraduate refresher course (GAPRC). However, monitoring an reassessment of anatomy retention deficiency and postgraduate anatomy sufficiency.

Methods: Sample of 77 out of 120 surgery residents in the Jordan University Hospital. with 64% response rate. Scale Instrument was developed, using Likert test response, the scale was subjected to experts validation, cognitive interviews and pilot study. Data reduction and reliability analysis used to explore the results. Manually Data entering into IBM SPSS Statistical Data Editor (IBM Corporation, Armonk, NY, USA). The software (version 23.0) used to perform all computations.

Results: Proficiency, preference, and pertinence explained 25%, 23%, and 16%, respectively, out of the total variance. Cronbach's alpha coefficients for the variable sets were 0.72, 0.71, and 0.61. The median of proficiency, preference, and pertinence scores were 3.5 (2.0–4.8), 4.3 (3.0–5.0), and 4.0 (2.0–5.0), respectively. The suggested equation applied on our data by 35% preparedness score, which strongly recommend (GAPRC).

Conclusions: Any future related pragmatic data, can use the variable sets as standard indicators for preparedness. Proficiency, positively indicates the preparedness, while, preference and pertinence, negatively indicate the preparedness. instantly, a cohort with a low proficiency and high preference and pertinences scores can explain the need for refresher course more than a cohort with the opposite indication.

Key Words: Anatomy • Medical Education • Scale Design • Preparedness Score • Feasibility Studies