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Student identification of the need for complementary medicine education in Australian medical curricula: A constructivist grounded theory approach



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KEYWORDS

Medical education;
Medical curriculum;
Complementary medicine;
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Qualitative methodology

Summary

Objective: Across the Western world, including Australia, growing popularity of complementary medicines (CMs) mandates their implementation into medical education (ME). Medical students in international contexts have expressed a need to learn about CMs. In Australia, little is known about the student-specific need for CM education. The objective of this paper was to assess the self-reported need for CM education among Australian medical students.

Design: Thirty second-year to final-year medical students participated in semi-structured interviews. A constructivist grounded theory methodological approach was used to generate, construct and analyse data.

Setting: Medical school education faculties in Australian universities.

Results: Medical students generally held favourable attitudes toward CMs but had knowledge deficits and did not feel adept at counselling patients about CMs. All students were supportive of CM education in ME, noting its importance in relation to the doctor–patient encounter, specifically with regard to interactions with medical management. As future practitioners, students recognised the need to be able to effectively communicate about CMs and advise patients regarding safe and effective CM use.

Conclusions: Australian medical students expressed interest in, and the need for, CM education in ME regardless of their opinion of it, and were supportive of evidence-based CMs being part

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of their armamentarium. However, current levels of CM education in medical schools do not adequately enable this. This level of receptivity suggests the need for CM education with firm recommendations and competencies to assist CM education development required. Identifying this need may help medical educators to respond more effectively.

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Introduction

Use of complementary medicines (CMs) is increasing globally,^{1,2} but few users disclose this use to their medical practitioner.^{3–5} Adding to this concern, many medical practitioners lack sufficient knowledge and confidence to correctly advise patients about safe CM use.^{6–8} In some instances, patient expectations of medical practitioner CM knowledge may exceed that of actual practitioner's self-reported knowledge.⁹ Consequently, much CM use and information may be medically uninformed.^{10–12}

Since the wider area of complementary and alternative medicine is diverse,¹³ MacLennan et al.¹⁴ have been more specific and deployed the terms CMs (i.e. medicinal products) and Complementary therapies (e.g. acupuncture, massage therapy, and chiropractic). As consumers commonly self-medicate with CMs,^{15–17} which have potential for interactions with pharmaceutical medicines,^{18,19} this study focuses on CMs to contribute to addressing the need for safe and appropriate use of these medicines. In this paper, the term 'CM' is defined as: herbal medicines, vitamin, mineral and nutritional supplements, homoeopathic medicines, traditional Chinese medicines, and other ingestible non-pharmaceutical medicines.^{20–22}

Graduates beginning medical practice are thought to be ill-equipped to have meaningful discussions about CMs with patients.^{23–25} Accordingly, medical educators globally have been responding to the need to better familiarise students with CMs. Medical schools in the USA,^{26–29} UK,³⁰ Israel,³¹ Turkey,³² and Germany³³ have completed needs assessments, indicating an enthusiasm and need among students for CM education. In preparation for such education, the medical community is also beginning to examine the relationship between medical education (ME) and attitudes, skills and knowledge of medical students towards CMs.³⁴ With between 60–80% of medical students requesting more instruction about CMs during their ME,^{27,29,35} student-driven attitudes may represent a culture of change impacting on integration of CMs into ME.^{29,36}

In Australia in response to increasing patient demand and use of CMs,^{20,21,37} there is a growing need for Australian general practitioners (GPs) (primary care medical practitioners) to be educated about CMs, including their evidence base and safety.^{7,18,20,24,38,39} However, our current understanding is that there is little inclusion of CM education in ME programs at medical school level.^{24,40} Australian GPs require evidence-based CM information^{38,41} rather than relying on medical information resources (which often exclude reliable information about CMs), the Internet, Googling, and colleagues.^{20,41}

Scant research exists on the need for CM education in Australian university medical schools, much less medical students' perceptions of this need. As part of a broader

study to explore integration of CM literacy education into Australian ME programs, this paper reports the results of the first Australian study to analyse perceptions, knowledge and experiences prevalent among medical students regarding the need for CM education in ME. As medical students are an important stakeholder group with a voice in changing ME, this paper has potential to help shape the landscape of CM education in ME in the Australian context.

Methods

Constructivist grounded theory methods (CGTM) of theory development through constant comparison of data, reflexive memoing, theoretical sensitivity and theoretical sampling used in this study were based on social constructivism as described by Charmaz.⁴² Analysis of the findings are presented using storyline, a grounded theory method developed by Strauss and Corbin,⁴³ and later advanced by Birks and Mills.⁴⁴ This study was approved by Monash University Human Research Ethics Committee (MUHREC). Pseudonyms have been used in reporting findings.

Participant recruitment

Thirty medical students (Table 1), from metropolitan and rural campuses and clinical schools across the top 10 ranked university medical schools for medicine 2013, were recruited.⁴⁵ Following ethics approval, flyers were distributed via each university medical student society inviting students to participate. Students self-selected for the study. As part of purposive sampling, criteria for participant selection included that students had to be at least second-year medical students full-time in Australia. All represented medical programs were between four and six years' duration, and were a mix of undergraduate MBBS/BMed programs (including graduate-entry), and one graduate-entry postgraduate MD program. Of 30 medical students recruited, 16 had professional backgrounds involving CMs e.g. as community pharmacists. Twelve students held representative chairs on various academic, education, and curriculum committees.

Data generation

From April to September 2013, the tenets of CGTM were rigorously applied in a process of simultaneous and concurrent data generation and analysis.⁴⁴ Purposive sampling of medical students was initially employed to capture a wide variety of experiences, followed by theoretical sampling to focus on the developing concepts and categories as the study progressed.⁴² Data were generated from 30 in-depth semi-structured interviews with medical students.⁴² Twenty-eight interviews were via telephone

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