



Contents lists available at ScienceDirect

Tzu Chi Medical Journal

journal homepage: www.tzuchimedjnl.com

Medical Education

Service learning with reflective learning outcomes by a medical student at an international meeting

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ARTICLE INFO

Article history:

Received 20 May 2013

Received in revised form

24 May 2013

Accepted 4 June 2013

1. Introduction

Service learning is defined as a “structured learning experience that combines community service with preparation and reflection” [1]. As the healthcare system evolves, reorienting medical education toward community health is one strategy for aligning the priorities of academic medical centers with those of the general population [2]. In recent years, Taiwan medical education has undergone a dramatic change, and medical students are now encouraged to acknowledge the competencies of general medicine and study in community medicine. Thus, medical students are exposed to a wide range of community services, mostly involving rural areas.

Reflective capacity is crucial in developing critical thinking and clinical reasoning skills and in cultivating professionalism [3]. The use of reflective narratives to augment reflective practice instruction is well documented. Reflective writing has also been shown to be an effective method of self-reflection for medical students to facilitate the maturation process in dealing with uncertainty, promote personal and professional development, and augment their ability to connect with others [4,5].

The purpose of the present study was to demonstrate a medical student's self-reflection and learning outcomes linked to the six core competencies of the Accreditation Council for Graduate Medical Education (ACGME) after voluntary participation at an international meeting. Instead of traditional community service,

medical students participated at the 20th International Mucopolysaccharidosis (MPS) Network Meeting, which gathered patients with MPS, physicians, researchers, and other professionals from around the world in a learning setting.

2. Process of learning

The 20th International MPS Network Meeting organized by the Taiwan MPS Society in Taoyuan, Taiwan involved MPS families from 14 countries. This meeting is held annually to update participants on academic progress in MPS and to connect MPS societies worldwide. Geneticists from all over Taiwan participated in this activity. Medical students from Tzu Chi University were invited to volunteer as translators and caregivers. Notification was sent through e-mail to obtain voluntary participation from medical students. Twelve students (5th year and 6th year) registered and orientation was conducted. Five learning objectives were designed for this service-learning program (i.e., how worldwide MPS societies network, updates on MPS treatment and research, techniques in caring for children with MPS, the history of the Taiwan MPS Society and its founder, and a structured self-reflective session under mentor guidance).

One week prior to service learning, students were given an abstract of the academic talks and the reference web for preparation. Students also requested a review of pediatric emergencies to enhance their knowledge and skills in airway management, because children with MPS often have airway difficulties due to intracellular accumulation of degradation products [6]. Students were divided into two groups that alternated roles as translators and caregivers. Interviews with the founder of the Taiwan MPS Society and representatives from other countries were arranged. A

Conflicts of interest: none.

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mentor-guided self-reflective group meeting was conducted during the activity. Students recorded and reflected about their experiences with narrative writing whereas the five learning objectives were assessed through a questionnaire.

One section was arranged for one medical student to discuss her narrative reflective writing face-to-face with the mentor. The discussion mainly focused on the ACGME six core competencies, that is, medical knowledge, patient care, interpersonal and communicating skills, practice-based learning and improvement, systems-based practice, and professionalism. This medical student's narrative reflective learning outcomes were elucidated.

3. Results

3.1. Narrative reflective writing

"This two-day, one-night service learning is indeed tiring but memorable. Before this meeting, I had only seen pediatric MPS morphology in a textbook, because it is a rare genetic disorder. At first, I was anxious as I doubted my ability to deal with these patients and families. I was in Group A, with translation sessions in the morning and caregiving in the afternoon. The moment I stepped into the hall, I told myself that I will try to overcome obstacles. I have five parents sitting around me, all from China. I started to translate from English to Mandarin Chinese, and asked questions on their behalf. Their children had different subtypes of MPS, so I tried not to neglect any of them. This was the first time I needed to listen, understand, organize, and translate within seconds. Slowly, I realized I not only needed to do interlanguage translation but also convert professional medical terms to simple common terms to help them understand better. With all these considerations, the translation process was very challenging. Sometimes I wondered if I should translate all the information for the parents, especially when it concerned the uncertainty of treatment results and poor prognoses. It seemed very cruel to tell the truth. It reminded me about cases in the hospital, when doctors have to tell patients they are terminally ill.

After lunch, I switched to the caregiver team. It was totally different from the morning session. We helped MPS children use their creativity to design a mask to use in the dinner session. I encountered four Malaysian children with MPS. Although they had different cultures and languages, they were carefree when interacting with each other. It must be a valuable occasion for them as this is the only time when they are 'normal' to everyone. Although they might look different, or might have mental retardation, they are who they are. Their laughter and innocence touched my heart. Despite the disabilities, the parents praised their children for everything they do, encouraging them to mix with everyone. Meanwhile, the parents shared their experiences with each other. All families had their own hidden stories, challenges, and obstacles, and told how the MPS network enlightened their life. After struggling for years, parents are experienced and are even better practiced than medical personnel in dealing with children with MPS.

The interviews with the founder of the Taiwan MPS Society, and MPS representatives from Australia, Indonesia, and Canada were inspiring. I was amazed by all the representatives. Most of them were parents of children with MPS, and they created a support network among MPS families. Some well-established MPS societies even provide scholarships for MPS research, encouraging students to get involved in research during summer or winter vacations. I noticed differences between countries, especially those with or without government and social support, which significantly affects how the society works.

Throughout the meeting, I learned the connections between different parties. Physicians link MPS patients to MPS societies, and drug companies sponsor the expensive treatment, whereas families support each other physically and mentally. Through the talks,

everyone learned about recent advances in medical knowledge about MPS, including the new enzyme replacement therapy. There was a report about outcomes in different subtypes by Dr. Sung from Korea, and a report on genetic mutations in particular subtypes that differ among races by Dr. David Whiteman from United States. Everyone played their role, creating a perfect MPS network.

During the first night, we had a mentored self-reflective session. During the activity, everyone shared obstacles that they had encountered. We had another brainstorming session that stimulated us to think about and reorganize what happened throughout the day. One person shared an experience in which he failed to handle a child with MPS who suddenly became very irritable, and he needed help from his mentor and the patient's father. Without hesitation, the father helped his son stand up. Immediately, the child stopped crying, and a smile appeared on his face. Group B met a child with breathing difficulties due to an upper respiratory illness, and another who accidentally swallowed a magnetic checker. Students in charge provided respiratory support and removed the foreign body from the patient's mouth, respectively. Our mentor explained the management of both situations to the parents and us. Besides giving opinions and suggestions, our mentor shared positive feedback from organizers and participants."

3.2. Elucidating learning outcomes after the mentoring process

"This was the first time I needed to listen, understand, organize and translate within seconds. Slowly,..... converted professional medical terms to simple common terms to help them....."

As physicians, we are required to demonstrate interpersonal and communication skills that result in an effective exchange of information and collaboration with patients, their families, and health professionals. A systematic review showed the best training strategies for communication skills including role-play, feedback, and small group discussions [7,8]. This two-day service learning exposed students to an informal clinical setting where they communicated with MPS patients, families, and physicians, and also other medical students. In dealing with different parties, students have to figure out how to interact effectively. For example, when talking to families, students learn how to use appropriate words to avoid hurting their feelings. The self-reflective session helps students self-reflect, understand their internal feelings, and communicate with other teammates through sharing and listening to feedback from different perspectives.

"All families had their own hidden stories, challenges and obstacles, and told how the MPS network enlightened their life."

During clinical practice, students tend to become used to the medical environment where medical professionals know more than patients. However, in the present setting, the opposite is true. Almost all MPS families know more than the medical personnel, and parents are well-trained; they have had hands-on experiences in taking care of their children. This in turn reminds students of their limits and weak points in both medical knowledge and skills, and most importantly, the patient and their families are our best teachers.

"It seemed very cruel to tell the truth. It reminded me about cases in the hospital, when doctors have to tell patients they are terminally ill..... During the activity, everyone shared obstacles that they had encountered. We had another brainstorming session that stimulated us to think about and reorganize what happened throughout the day."

When applying the Plan-Do-Study-Act cycles of the Model for Improvement, students learn and improve through various clinical settings. When preparing, students plan how to handle various

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