

Original Article

Nurturing professional identity through a community based education program: medical students experience



Anisa Ahmad, MSc^{a,*}, Muhamad S. Bahri Yusoff, PhD^a,
Wan M. Zahiruddin Wan Mohammad, MMed^b and Mohd Z. Mat Nor, PhD^a

^a Medical Education Department, School of Medical Sciences, Universiti Sains Malaysia, Kelantan, Malaysia

^b Community Medicine Department, School of Medical Sciences, Universiti Sains Malaysia, Kelantan, Malaysia

Received 19 July 2017; revised 10 December 2017; accepted 14 December 2017; Available online 3 February 2018

الملخص

أهداف البحث: التعليم القائم على المجتمع له تأثير على أنواع طلاب الطب الذين يتخرجون في نهاية التدريب الطبي. لكن، لم يتم تحديد تأثيره على تطوير الهوية المهنية بوضوح. تكشف هذه الدراسة أدوار برنامج التعليم القائم على المجتمع على تطوير الهوية المهنية.

طرق البحث: أجريت دراسة ظاهرية نوعية على مجموعة من طلاب الطب بجامعة العلوم بماليزيا الذين انهوا برنامج دراسة حالة المجتمع والأسرة. تم جمع المعلومات من خلال مناقشات جماعية مركزة والمجلات التي تعكس رأي الطلبة. أخذت عينات المشاركين من خلال تقنية الاختلاف القصوى للعينات الهادفة. كما تم استخدام ثلاث خطوات للتحليل المواضيعي باستخدام برنامج أطلس لتحديد الفئات والمواضيع الفرعية والموضوعات.

النتائج: تم إنشاء الشخصية، والدور، والهويات الاجتماعية والبحثية التي تساهم في تطوير الهوية المهنية لطلاب الطب من خلال برنامج دراسة حالة المجتمع والأسرة. أظهرت النتائج أن برنامج دراسة حالة المجتمع والأسرة قام برعاية الهوية الشخصية من خلال مهارات التعلم، والمهارات الناعمة والقيم الشخصية. أما المتعلقة بدور الهوية فارتبطت برعاية المرضى من حيث الرعاية الأولية والوعي بين المهنيين. وأما المتعلقة بالهوية الاجتماعية فكانت السمات الواضحة هي الوعي المجتمعي ذو الصلة الثقافية والاجتماعية والسياسية. وكانت النتائج الإيجابية لبرنامج دراسة حالة المجتمع والأسرة هي رعاية مهارات البحث، المتعلقة باستخدام علم الأوبئة وطرق البحث.

الاستنتاجات: تشير النتائج إلى أن برنامج دراسة حالة المجتمع والأسرة عزز تطوير الهوية المهنية بين طلاب الطب. البيانات الحالية سلطت الضوء وقدمت أفكاراً على أهمية دمج التعليم القائم على المجتمع في منهج الطب لإعداد أطباء المستقبل.

الكلمات المفتاحية: المعتمد على المجتمع؛ الهوية المهنية؛ الوعي السياسي؛ طلاب الطب؛ النوعي

Abstract

Objectives: Community-based education (CBE) has an impact on the types of medical students produced at the end of medical training. However, its impact on professional identity development (PID) has not been clearly understood. This study thus explores the effect of the CBE program on PID.

Methods: A qualitative phenomenological study was conducted on a group of Universiti Sains Malaysia medical students who had finished the Community and Family Case Study (CFCS) program. Data were gathered through focused group discussions and student reflective journals. Participants were sampled using the maximal variation technique of purposive sampling. Three steps of thematic analysis using the Atlasti software were employed to identify categories, subthemes, and themes.

Results: Personal, role, social, and research identities were generated that contribute to the PID of medical students through the CFCS program. The results indicate that the CFCS program nurtured personal identity through the development of professional skills, soft skills, and personal values. Pertaining to role identity, this is related to patient care in terms of primary care and interprofessional awareness. Pertaining to social identity, the obvious feature was community awareness related to culture, society, and politics. A positive outcome of the CFCS program was found to be its fostering of research skills, which is related to the use of epidemiology and research methods.

Conclusion: The findings indicate that the CFCS program promotes PID among medical students. The current data highlight and provide insights into the importance of

* Corresponding address: Medical Education Department, School of Medical Sciences, Universiti Sains Malaysia, Malaysia.

E-mail: anisa@usm.my (A. Ahmad)

Peer review under responsibility of Taibah University.



integrating CBE into medical curricula to prepare future doctors for their entry into the profession.

Keywords: Community-based education; Medical students; Political awareness; Professional identity; Qualitative study

© 2018 The Authors.

Production and hosting by Elsevier Ltd on behalf of Taibah University. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Introduction

There are three aspects of identity: (a) Personal identity is characterized by individual history, experience, personality, feelings, goals, and values; (b) role identity refers to one's assumed social or professional functions, activities, and responsibilities; and (c) social identity is the commitment to the values and goals of a specific group.¹ In medical education, professional identity development (PID) plays an essential role in the transition medical students undergo when becoming doctors.² Medical student professional identities are formed due to different factors such as various experiences, role models, and curricula.^{3,4} Medical students' identities are conceptualized as both socially constructed and deeply personalized, whereby they develop medical professional identity through formal, non-formal, and hidden curricula.⁵

Upon entering medical school, baseline professional identity factors, which include gender, profession, previous working experience in the field, understanding of team work, knowledge of the profession, and cognitive ability, were found to be valid predictors of future PID.⁶ Studies have shown that medical students build up professional identity through their life experiences.^{2,4} Therefore, medical school serves as a training ground for the development of professional identity among tomorrow's doctors, in which desirable professional behaviors are cultivated.⁷ In 1984, Harden et al. were the first of many investigators to demonstrate the movement in medical education away from traditional, didactic curricula to innovative curricula incorporating community-based education (CBE).^{8,9} In CBE, students learn and acquire professional competencies (i.e., basic clinical, research, and communication skills) in a community setting established

through community-campus collaboration, which provides students with contextualized and experiential learning that prepares them for providing patient care in local communities.^{9–14} However, despite nearly 40 years of CBE program implementation worldwide,¹⁵ its effect on PID among medical students has not yet been adequately explored.

The Community and Family Case Study program

Concerning CBE, the School of Medical Sciences (SMS) at Universiti Sains Malaysia (USM) began implementing the Community and Family Case Study (CFCS) program in 1981,¹⁶ and the program has been evolving ever since. It is a compulsory CBE program for medical students during their medical training, and it is a key requirement that must be completed prior to their final examinations.¹⁶ Based on the CBE taxonomy,¹⁷ the CFCS program is categorized as a community-based research program, in which, in addition to CBE, research methods are learned through community engagements. Using this approach, students are expected to apply and acquire the necessary knowledge, values, and skills to become competent and professional doctors.¹⁶ Figure 1 summarizes the structure of the CFCS program and student activities at different phases of medical training.

Phase II of the CFCS program is completed during the second and third year of medical studies. The purpose of Phase II is to develop communication skills, soft skills, and research skills through community-based learning experiences. The program begins with classroom-based theoretical lessons on public health, specifically on the principles of biostatistics, epidemiology, and occupational and environmental health.¹⁶ The students (about 20 students per group) are then placed in rural communities in the Kelantan district where they participate in homestays in local villagers' houses for 10-day visits. The students need to complete health, social, and educational issues surveys in their villages and then conduct statistical analyses to identify the main health problems in the village. Based on this research, the students must then propose an intervention program to address the issues.¹⁶ Subsequently, the students are required to conduct pre- and post-intervention survey analyses. At the end of Phase II of the CFCS program, the students present their community intervention project to their class and professor as an oral presentation as well as in a written report.

Phase III of the CFCS program consists of an individual as well as a group project during year 4 of the medical program.

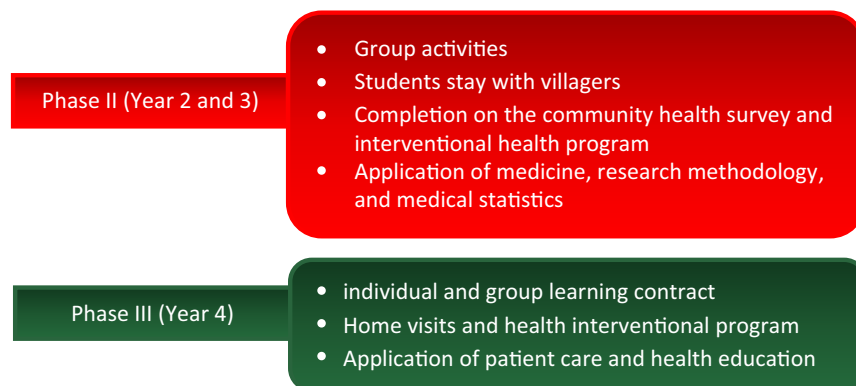


Figure 1: The structure of the CFCS program and student activities at different phases of medical training.

Download English Version:

<https://daneshyari.com/en/article/8759405>

Download Persian Version:

<https://daneshyari.com/article/8759405>

[Daneshyari.com](https://daneshyari.com)