

TAU Fellowship Research Report

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Group 7

1. Title of project: Students in transition: Adjustment of Cuban trained medical students and integration into SA medical education: A place for resilience training in medical education?

1. Brief Narrative description of project

Introduction

The image of the Lotus flower was selected as a metaphor for the conceptual framework, as the flower has many symbolic attributes including the representation of practitioners who carry out their intellectual labour with little concern for any reward and with a full liberation from attachment (Ravenscroft, 2012). As TAU Group 7 includes a range of disciplines, this speaks directly to the praxis of members who are change-agents and acknowledged scholars in their respective fields, yet have chosen to suspend their individual scholarly pursuits to function as a collective: as generic members of the group where the Lotus flower symbol encapsulates their teaching philosophies.

The core of the flower image denotes the focus of the conceptual practice as learning-centred teaching. This deliberate shift from student-centred teaching reflects the symbiotic, mutually nourishing relationship in the teaching/learning process. Reciprocal and iterative learning is found within the teaching application for both the student and teacher through reflective and reflexive practice.

Aims and Objectives/Proposed outcomes

Drawing on the four pillars of practice as denoted below, I set about with my project, which was a research project, exploring issues of resilience in a group of Cuban Trained SA medical doctors. The idea was to ascertain whether these issues could be conceptualized in terms of the model as proposed by the group.

Within this framework I encompassed the following:

1. Self-regulation and self-efficacy

Self-efficacy and self-regulation are concepts drawn from social cognitive theory. Self-efficacy relates to an individual's judgments of his/her capabilities to perform given actions. Bandura notes that perceived self-efficacy exerts its influence through 4 major processes (cognitive, motivational, affective and selective processes) and operates at 3 different levels to contribute to academic development (student, teachers and faculty) (Bandura, 1996). Students can be described as self-regulated to the degree that they are meta-cognitively, motivationally and behaviourally active participants in their own learning (Zimmerman 1986, 1989).

2. Co-creating new knowledge

The teaching-learning endeavour should not be viewed as an exercise in transmission of fixed, established truths from teacher to learner, but rather as a process of collaboration between all those involved in the practice from which new knowledge emerges (Fosnot 2005:ix). Each member of the learning community contributes his or her own pre-existing (experiential) views to the teaching-learning engagement so that new insights develop from the interaction between the contributions (Fosnot & Perry 2005:38; Wastiau 2015:397). Through this practice each member of the learning community not only adds to the knowledge base, but also reconstructs or transforms his or her own, as well as the learning community's, pre-existing views (Pelech & Pieper 2010:8). In this way the teaching-learning practice becomes a process of co-creating new knowledge at an individual as well as communal level. Learning is accordingly a 'human meaning-making venture' (Fosnot 2005:ix).

3. Co-creating an improved future

The co-creation of an improved future is achieved through the adoption of critical pedagogy. This entails the adoption of transformative and collaborative methodologies and practices that awaken critical consciousness where "students are responsible for one another's learning as well as their own" (Dooly, 2008). Such forms of education are emancipatory and foster transformative social justice and democracy (Freire, 2006).

4. Meaningful reflection

The term reflection is derived from the Latin term '*reflectere*' meaning "to bend back" and is an essential ingredient of authentic learning. Meaningful reflection requires students to critically examine their own practice, experiences, thoughts and actions in order to improve what they are doing. Furthermore, for reflection to be meaningful it must engage students in metacognitive processes that challenge assumptions and values that drive action. This reflective process, which leads to deep learning, thereby defining reflection as knowing-in-action (Schon, 1987)

2. Rationale and Motivation for the study

As the main focus was to examine resiliency in medical education, I chose a group of Cuban-trained SA doctors to ascertain their experiences as medical students. The objectives were to assess their experiences with respect to their training and teaching in Cuba, as well as their reintegration into the South African medical education and health care system.

Critical Questions/Research Questions underpinning the enquiry

The idea was to assess self-efficacy and self-regulation, as well as to examine levels of resilience displayed. The overarching hypothesis was that resilience training is a need in medical education in SA.

The individual Project and its place within the conceptual framework

Self -regulation and self-efficacy	Meaningful reflection	Co-creating an improved future	Co-creating new knowledge
Medical students selected for the Cuba-SA training programme are likely to be resilient and have a good sense of their own self-efficacy. Programmes to be implemented will hopefully aid and abet further development resiliency and should, therefore, enhance self-efficacy.	The project will focus on developing a process of regular reflection for both students and teaching staff throughout the 6 year programme	In the long term the project aims to contribute to the production of medical doctors that are competent in all spheres, professionally and ethically as well as personally to service the SA population in its health needs	This project contributes towards a better understanding of building resilience in medical education by assessing the effectiveness of the programme. Resiliency training as a future intervention for the general medical curriculum at both undergraduate as well as postgraduate level is considered.

3. Methodology/Methodological Orientation

Background

The importance of resilience in medical doctors and indeed in their teaching and training has been a neglected area in medical education. Studies have shown a higher level of stress amongst doctors when compared to the general population. Firth-Cozens¹ noted that, compared to the general population, the proportion of doctors showing above threshold levels of stress is much higher (around 28% versus around 18%). There is also evidence to show an

increased rate of psychological morbidity, for example, depression, anxiety and substance abuse amongst doctors.²

Developing professionalism is a core expectation of modern health professional education. In medicine, this requires defining, learning and assessing 'a set of values, behaviours and relationships that underpins the trust the public has in doctors', which then need to be maintained and further developed throughout a clinician's working life.³

Concepts of self-regulation and self-efficacy are known to be of particular value in teaching and learning but are not given sufficient emphasis -either in the selection process or in the actual training of medical students and specialists.

Research should be focused on the ways in which resilience can be recognised, developed and supported during clinical training. This might aid the development of professionalism and contribute to decreased level of stress.

Methods

- A group of doctors who were Cuban trained South African (SA) students was conveniently sampled as they represent a unique cohort in whom issues of resilience may have particular reference.
- A semi-structured interview was conducted which was audiotaped and transcribed and participants also completed a brief demographic questionnaire.
- The text of the transcriptions was analysed by making use of Attride-Stirling's Thematic Data Analysis.

4. Findings

- Seven doctors responded.
- All were currently practising doctors in SA.
- Unanimously, adjustment difficulties due to feelings of alienation and stigma were experienced in SA medical schools, whereas mainly cultural challenges were experienced in Cuba. Despite this, there appeared to be strong focus on the attainment of a professional qualification

5. Analysis of findings/Discussion

- The applicability of resilience training to medical education is emphasised. While this study is limited by a small sample size of a very distinct population, there are indications issues of student selection and challenges with adjustment into SA systems. Further

studies evaluating broader groups of medical students in terms of self-regulation, self- efficacy and resilience are warranted. The core curricula of all medical professionals might benefit from a course/module that enhances self-efficacy and self-regulation in the quest to enhance resiliency.

- It is hoped that a similar model can be applied to all medical students as well as specialists training in psychiatry.

6. Challenges/Limitations

Numbers of doctors that responded were very few. All were from the early years of the SA-Cuba medical training programme. It is understood that the programme has changed somewhat, with much improvement.

Time taken to dedicate to the project was not optimal due to many other work commitments. Conceptualizing and implementing a resiliency training module that speaks to self efficacy and self-regulation will be a challenge, given the practical and administrative issues in any given medical school curriculum.

7. Concluding Comments

This is a project that lends itself to the conceptual framework devised by group 7. It paves the way for future projects in assessing resilience, self-efficacy and self-regulation possibly Post graduate trainee medical specialists. Thereafter, we should consider developing a “resiliency – training” programme and evaluate its efficacy in medical education.

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