

Reimagining Medical Education in Iraq: Advancing from Outcome-Based Models to Trust-Based Learning for Competent Health Professionals

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ABSTRACT

The focus on clinical and hospital-oriented health services has prevented the development of a strong public health workforce in Iraq, though their importance is recognized. Education reform became a priority to many countries including Iraq which has a long and bright history in medical education in the region. Curriculum analysis of current Iraqi medical and health professional colleges is an important step to identifying gaps and challenges, designing a new curriculum responding to health needs and priorities, and ensuring graduating students with the necessary competencies and skills through analyzing curriculum outlines and contents, analyzing the characteristics of the curriculum, studying the curriculum design and structure and the assumptions underlying curriculum organization. The study's objectives focus mainly on; Analyzing the Current Medical Education System in Iraq, Assessing the Impact of Health System Challenges on Medical Education, and Introduce Trust-Based Learning as a Solution. The Enhanced Output is revealed in a constructive manner knowing that as Understanding theory can help apply some useful teaching & learning strategies, learners can respond physically to the curriculum, the patients, and the teachers, and in so doing within a contemporary active/interactive situation, theory that has practiced shall in turn practice. This is the relation between these two concepts. Learning, as a phenomenon and process, is not determined by one factor, but by relations and interactions of all the factors: the whole learning context matters.

Introduction & historical background

Health system strengthening encounters various challenges in Iraq and particularly in the Eastern Mediterranean Region (EMR), Compounded by transition, Increase in Disease burden, Health services privatization extensive expansion of health services being offered privately as well at governmental institutes so on and more proactive community expectations, Political unrest, Efforts will be promoted to prevent that compete the difficulties and squeezes suffered by all undergraduate medical studies at health care professional colleges, as well as improve awareness Report on university employees & administrators and pupils based in part or level of quality and optimal benchmarks for radiology research. Recognition of the essential nature of the public health workforce, despite its main history in clinical and hospital-based health services, has not been sufficient for Iraq to develop this (public health) workforce. Education reform became a priority to many countries including Iraq that has a long and bright history in medical education in the region. Analyzing the curriculum of medical and health professional colleges in Iraq has become crucial to identify weaknesses, assess a new contemporary curriculum that reflects on actual health needs and priorities, as well as providing graduate students with essential competencies and skills by assessing the outlines and contents of the curricula, characteristics of the curriculum analyzed spontaneously, components like curriculum design pattern and structure are also evaluated along with assumptions underpinning changes in a given comprehend^{1,2,3}. The core curriculum is usable for analysis mostly only if a major item or two is not missing. Curriculum is said to be the heartbeat of the educational process, and one of a myriad of questions that lie in keeping with finding what a curriculum is this question which you would need days or weeks on end searching the literature for an answer without finally having either definite answer from either side nor universal agreement. This made educational reform a big country of interest for many countries, and the need was so outraged that penetrated even into the developing world (Including Iraq) where real reforms were either comprehensive or radical. However, the latter one is more severe in terms of its challenges. Improving medical and nursing education appears to have been a matter of priority by Iraqi health decision-makers, as well as the health profession centers in Iraq since the eruption of the new millennium. All medical and professional health disciplines, in general, will get guidelines from the national core curriculum produced by a national curriculum committee that encompasses all such faculties in Iraq. As Pooosner-2004 argued 'this is a matter of incurable nature

in the field of curriculum and this is something which cannot be avoided when it comes to education' Until we can escape a fundamental uncertainty inherent in a discipline like education and acknowledge that the experts within our field for what is, again I say, perhaps the fourth time here are at odds. From there, Posner proposed an onus on reflective eclecticism as a concept. In addition, the revised Bloom's Taxonomy was used to assess and develop potential changes in course activities aligned with learning objectives. The most widespread categorization of learning objectives (about which there are several others) is Bloom's Taxonomy which represents LOs according to three main domains, cognitive, affective, and psychomotor. But the expunged version 4,5,6

Objectives

Examine the existing outcome & subject-based curricula of Iraqi medical and health professional colleges, with emphasis on key challenges and constraints that are impeding to production of competent skilled Health professionals.

Determine the Health System Challenges that Influence Medical Education.

Assess the Global cause and effect regarding medical education quality and outcomes Considering political instability, health services privatization, increased disease burden, and rising community expectations that affect the medical education quality and outcome, in Iraq & East Mediterranean Region.

Identify and address the role of the trust-based learning model.

Position trust-based education as a future option to the current outcome of learning. Development of a structured framework for the renewal of medical education curricula in Iraq to shift emphasis from clinical and hospital-based training to more holistic community and public health-oriented frameworks.

Evaluate Innovative Learning Theories for Curriculum Reform.

Investigate modern learning theories that support trust-based education, such as experiential learning, suggest a Model for Curriculum Change, and Effect a policy to restructure the components of Medical Education in Iraq, away from clinical and hospital-based training towards community- public health-based orientation, Emphasize Faculty and Institutional Reform.

Detect the teaching modalities, faculty training, and institutional leadership that need to be altered to execute a seamless migration into trustful learning surroundings, Design Success Metrics, and Detail the qualitative, evidence-based standards used to assess the transition from outcome-based learning to trust-based learning by student competencies, skill development, and public health workforce contribution, Raise Awareness and Mobilize Stakeholders, and Create an advocacy campaign targeting Faculty, Administration, and students on the benefits of trust-based learning and engage all stakeholders in Curriculum reform efforts.

Main findings :

Relying on Bloom's Taxonomy (Revisited version), the following findings need to be considered ⁶

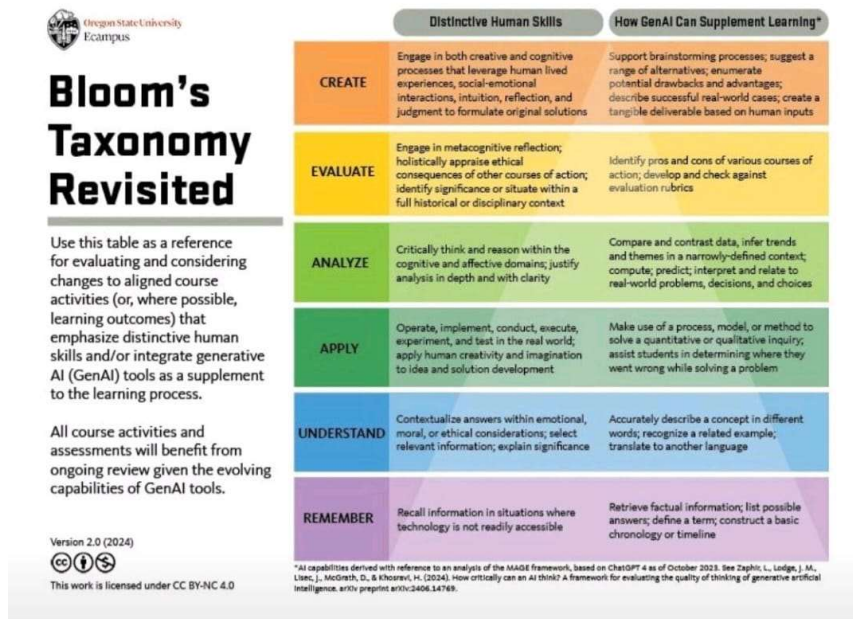


Figure – Bloom's Taxonomy Revisited.

The educational program in most of the Iraqi medical faculties is discipline-based. The course curriculum is

intended for the teaching-learning process of the specified subject. The curriculum usually includes an introduction that highlights the mission and vision of the undergraduate curriculum with an emphasis on applying quality national and international academic standards.

The curriculum needs to identify the major health-related problems and the approaches to the solution through a course design that aims at providing the students with the necessary cognitive, affective, and performance skills to deal with the challenges at the level of primary health care. The curriculum policy is to provide around 80% of the total course time and leave the rest of 20% to the department to decide based on learning needs and to ensure flexibility in the teaching-learning process. Teaching strategies and student assessment methods need to be listed to ensure proper provision and a base to evaluate and upgrade the curriculum. Analysis of the curriculum is usually based on documents that provide information about the scope, learning objectives, the rationale behind objectives, the teaching strategies, and the evaluation after being fully implemented. The educational aim expresses what community and policy decision-makers intend to achieve and can be measured in terms of the characteristics of a well-educated graduate. Many factors can affect those aims including the process of education itself. As per the educational goals, they are the educational institute's translations of the aims into achievements. They are on the other hand the characteristics the learner will gain during the learning period of the educational program. Posner defined learning objectives as the intended educational consequences of a course or unit study. The eight theoretical models, which have adult learning principles as their conditions, are social cognitive theory, reflective practice, transformative learning theory, and self-directed (much of it experimental) learning is experiential, situated, and/or takes place within communities of practice. Now, in terms of Implications for educational practice: For the Adult learning theory we can see this referring to 3 areas, the context, the learner, and the learning process. The process of learning is affected by three non-cognitive factors that work in concert to support (pacing—deadlines for assignments or adherence to schedule), ground (meaningfulness), and drive learning (motivation). Learning and functioning in social theory are the outcomes of interaction among 3 sets of determinants: personal (individual attitude, perceptions, values, goals, knowledge, previous experience), Environmental (those factors which reward or impede behavioral output and achievement of goal) both working along with Behavioral as an intersecting determinant in the process. In addition, Reflective practices target Five stages of Schon's proposal: Five stages of Schon recommendations: Knowing –in-action, Surprise, Reflection-in-action, Experimentation, Reflection-on-action

Discussion & lessons learned.

The Enhanced Output is revealed in a constructive manner knowing that as Understanding theory can help apply some useful teaching & learning strategies, learners can respond physically to the curriculum, the patients, and the teachers, and in so doing within a contemporary active/interactive situation, theory that has practiced shall in turn practice. This is the relation between these two concepts, learning, as a phenomenon and process is not determined by one factor, but by relations and interactions of all the factors: the whole learning context matters.

Many of such values that are not embedded in formal training programs such as professional attitudes and professional culture assimilated gradually unconsciously. In addition, Practice-based learning in medical education endeavors compression of theory to practice due to intra-personnel barriers. Theory supplies the basic assumptions and principles on which strategies for imparting and acquiring knowledge, designing curricula, assessing learners, and organizing medical training programs are built^{3,4,5}

Clinical supervision in medical education involves active engagement, constructive feedback, and creating a safe learning environment for trainees to develop their clinical skills and knowledge under experienced clinicians. Effective clinical supervision goes beyond observation of trainee performance. In my experience, clinical supervision can mutually enrich trainees and supervisors, enabling an exchange of knowledge and expertise. However, the success of clinical supervision depends on the supervisor's skills and experience, as well as institutional support. In this assignment, I intend to contemplate my past encounters and acquire an understanding of the intricate procedure of clinical supervision. I will probe into various facets of clinical supervision, encompassing the significance of psychological safety and the creation of a nurturing learning environment. Additionally, I will discuss my hurdles and revelations in transitioning from a supervisee to a supervisor, as well as the application of cognitive apprenticeship principles to foster an environment conducive to learning. Moreover, I will outline the support I can offer as an educator in helping trainees enhance their skills and knowledge with effectiveness, alongside emphasizing the significance of engaging in reflective practice.^{1,7}

As noted, the supervisory experiences that trainees undergo can shape their perceptions of what constitutes effective supervision, influence their attitudes toward supervisory roles, and shape their expectations of the supervisory process. Additionally, trainees who have received effective supervision tend to develop higher levels of self-efficacy and confidence, which can positively impact their future supervisory practices^{7,8}. Conversely, negative experiences with supervision can lead to a lack of trust in the supervisory process, a reluctance to seek feedback, and a reduced motivation to engage in learning activities. In this sense, the experiences of being supervised can play a critical role in shaping one's supervisory practices and can influence the quality of the learning experience for future trainees^{1,7}

The significance of fostering a safe learning environment in medical education cannot be overstated. Emphasizing the crucial role of creating an environment that promotes learner safety, encouragement, and open dialogue, facilitating effective learning while enhancing students' well-being and psychological safety^{8,9}. Upon reflection, a specific case from my clinical rotations stands out as a testament to the transformative impact of a safe learning environment. In this situation, my clinical team embraced open communication, welcomed inquiries, and offered constructive feedback, providing a non-judgmental space where I felt empowered to voice concerns, seek clarifications, and learn. However, this positive experience was not consistently replicated with other supervisors throughout my rotations^{9,10}

Albert Einstein once stated, "Everybody is a genius. But if you judge a fish by its ability to climb a tree, it will live its whole life believing that it is stupid". This quote emphasizes the importance of embracing the diversity and uniqueness of individual students in the educational process to create a safe environment that minimizes differences and emphasizes psychological safety^{10,11}

Allowing time for introspection and self-evaluation, I aimed to analyze the emotional impact of the experience on the trainee, identify her primary concerns, and effectively address them in subsequent debriefing phases. From my perspective, this phase holds great importance as it necessitates a comprehensive understanding of the learner's vulnerability. Savoldelli highlighted the significance of recognizing barriers in simulation-based learning, noting that almost half of the participants expressed feelings of discomfort, apprehension, and anxiety regarding the educator's evaluation^{11,12}. In this situation, I observed that the learner did not exhibit disappointment following the session, indicating her anticipation of forthcoming feedback and a clear understanding of the expectations placed upon her. However, she did mention experiencing slight nervousness due to uncertainties in certain steps. Working on Creating a Safe Learning Environment and Psychological Safety in Learning^{1,4,13}

Conclusions

The transition from the teacher-focused model to a coaching one. Developing facilitation skills in educators so they can guide, mentor, and promote autonomy instead of simply delivering content. Competency-based Education instead of linking accountability to test scores and subject mastery, evaluates competency development, critical thinking, and problem-solving. Embedded graduate attributes for improving self and collaborative learning, communication skills, increased critical thinking ability, and assessment strategies related to real-life (workplace) settings, essentially linked to employability- a larger concern in the case of health professions. As students learn, they become equipped with critical skills and are inspired to be confident enough that they can withstand the difficulties of their future careers. This helps enable educators for more personal interactions and mentorship roles, which build long-term professional relationships. Benefits to institutions are enhanced student satisfaction, improvements in learning outcomes, and an enviable brand associated with educational innovation.

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