A Longitudinal Study Of Medical Students' Changing Views On Personal Health Care Has Clinical And Pedagogical Ramifications

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Abstract

The qualitative study that the researcher conducted included the participation of 49 fourth-year medical students from two different schools. The use of formative assessment statements served as the primary method for collecting data. In order to examine the data, the researcher used the qualitative content analysis method. It was determined that there were three primary explanations for the GP's problems (GP). They are referred to as "prerequisites," "patients' concerns," and "mastery and professional judgement," and they are representative of the distinctive characteristics of primary care, the presentation of patient symptoms, and the perspectives of general practitioners about actual interactions. According to the students, the characteristics of a competent general practitioner include the following: the capacity to deal with a broad array of patient difficulties; openness and warmth in talking with patients; and straightforwardness in treatment. They looked at patients from a variety of angles and related the information gained from those views to the fragmented character of this area of medicine. The formation of students' views on general practice occurs at this stage of education, making it an essential part of the educational process.

Keywords: General practitioner, medical students, student's perspective, reflective writing

INTRODUCTION:

European student medical curricula have emphasized early clinical experience and patient involvement. Hence, medical education has prioritized general practice. Swedish medical education has also changed. Each of the state's six medical schools requires eight to 10 weeks of general practice. The International Association of Family Physicians divides general practice competence into six sections. Management, patient-centeredness, problem-solving, comprehensiveness, community orientation, and holisticism are needed. These traits show how a general practitioner handles patient and job responsibilities. Following the Wonca study, Sweden's Academic Law and medical schools' syllabi detailed their goals. Medical students studying primary care in several nations were surveyed. Standard process was evident to pupils. Fourth-year medical students were more interested in general practice than first-years, according to one research. 9 Negative contacts with clinical supervisors increased pessimism, but good ones had an immediate effect. General medical training courses' behavioral changes dissipate quickly. Supervisors and GPs' infectious enthusiasm may influence students choosing general practice. General practitioner has become a larger part of undergraduate medical curriculum, although its scope and effect remain restricted. Hospital-affiliated professors outnumber primary care physicians **(American Psychological Association,2019)**. Preclinical and hospital experts educate illness origin, diagnosis, and therapy. Management and general practice skills are seldom taught. Once students finish school, little is known about their daily life comprehension. One study found that health care students learn about community and basic care from several sources. These sources include extended social communication, the health effects of social settings, and treating people rather than diseases. Social environment influences on health are another source. Swedish government-run clinics offer most basic medical care (HCCs). In certain states, citizens must register with a community health center instead of a regular doctor. As regional agreements promote referrals to other experts, doctors don't need to function as gatekeepers. Final-year Gothenburg students intern with a Physician for two weeks. Healthcare facilities host the internship (HCC). Notwithstanding the Doctor's legal responsibility, students are encouraged to consult, visit patients, and provide treatment choices. The patient should solve unpredicted issues on their own. Here's also a primary care overview. Some students finish their clinical rotation with a distant general practitioner. Some kids must travel daily and stay overnight. General practitioners regularly supervise students for free. After taking a basic course, general practitioners wanted to teach and supervise graduate practitioners. The researcher decided to conduct a qualitative study on students' views on GP

competence at Sweden's University of Gothenburg since there is little data on this topic. This research examined fourth-year medical students' views on family physicians' skills. The second goal of the research was to see whether students thought GPs were better at managing certain clinical difficulties than other experts **(Anxiety vs. Anxiety Disorders,2019)**.

BACKGROUND OF THE STUDY:

The ability of a doctor to effectively communicate medical knowledge to their patients is fundamental to the development of their professional identity. The process of building a method of communication that respects the person receiving treatment who is involved in a life scenario and responds compassionately to the patient's worries is, on the other hand, more difficult than the process of acquiring factual information. Learning how to offer consultations that are "patient-centered" may be challenging for many trainees, and in the worst case scenario, it might cause them to lose their developing compassion. While communicating with physicians and nurses working in a variety of specialties, active listening are also quite important. Students have access to a variety of instructional strategies, including as group projects and individual research, in an effort to make it simpler for them to understand how to communicate with one another **(World Health Organization, 2017).**

PROBLEM STATEMENT:

"To make education and mental health care more focused on the community and on people's well-being. It is imperative that our primary focus be placed on the creation of environments that inspire students to participate in the redesigned educational system."

It is commonly accepted in the area of medicine that the perceptual modalities of all adult students are equal and should be trained in the same manner for consistency's sake. There has been a movement towards focusing largely on the lecture style, with less emphasis put on employing visual, aural, or kinesthetic modalities. This change has resulted in an increase in the number of students graduating from these programmes.Teaching that is centred on movement, which may or may not play to the strengths and inadequacies of the learner. When the findings of this study are generalised to the whole population, the researchers believe that comparable variety will be found among the different learning styles shown by each of the groups that were examined. The realisation that each student has their own distinct learning profile is one factor that contributes to the urgent need for a wide range of instructional methods in the field of medical education.

CONCEPTUAL FRAMEWORK:

Under the framework of problem-based learning, utilizing these tactics has become normal practice. A lot of studies have been conducted to examine and contrast the efficacy of different educational methodologies. But, researchers have, for the most part, neglected to take into account one factor: the attitudes of students about the development of their language skills and their engagement in groups. It is a valid assumption to make that the mindset of a student and the personal ideas that they hold play key roles in the progression from student to physician **(National Family Health Survey,2017).**
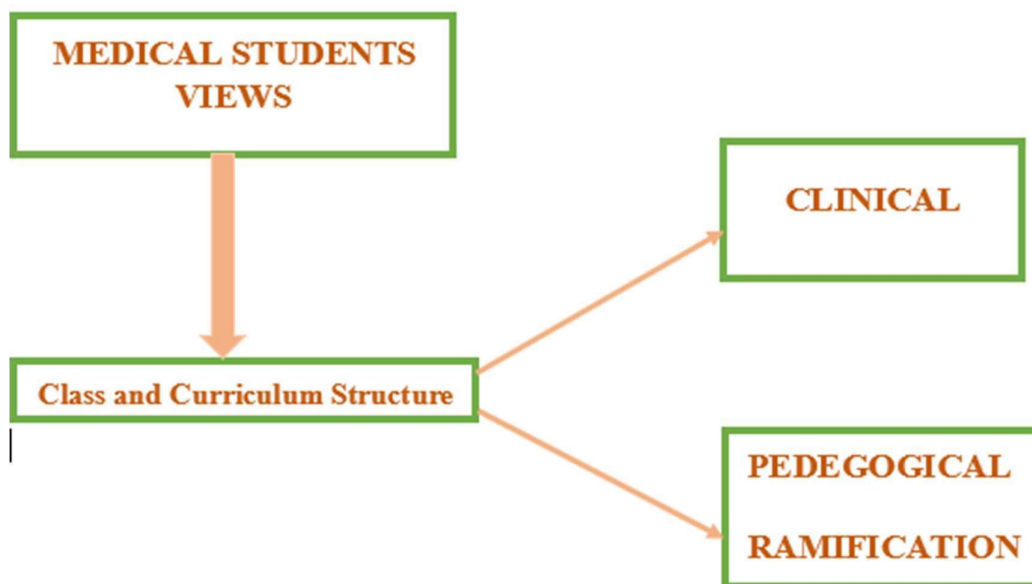
RESEARCH OBJECTIVE:

1. To evaluate a relation between the class & curriculum structure for medical student.
2. To determine the longitudinal study of medical student.

3. To identify the changing views on personal health care.

4. To understand about the pedegogial ramification.

5. To obtain the full medical care and personal health care process.

LITERATURE REVIEW:

While health challenges interviews, for instance, it is vital to put concrete practice the foundations of the interaction that take place between a physician and a patient. The main objective of the doctor while conducting a clinical interview is to acquire diagnostic information. Information, to provide specialist insight, and to fight for the greatest good of the patient while looking out for the greatest good of the patient. The individual is looking for direction and aid at this time. This arrangement promotes an unbalanced power dynamic between the patient and the attending physician. In addition, a consultation style that is focused on the "doctor" and the "disease," and in which the doctor retains control of the relationship with the patient, is backed by the physician's high moral expectations and wants. On the other hand, the ethical rules that were mentioned above need a discussion style that presupposes the physician is willing to share knowledge as well as capability also with patient and considers the physician as an equal participant in the treatment process. Patients are now more able to communicate their mental states when they are not being judged against other patients **(Indian Journal of Public Health Research & Development,2020)**. Two separate psychological requirements: the "need to know and understand" in terms of one's intellect, and the "the desire to comprehend" known and understood" in terms of one's emotions. Until the 1950s, the biological theory that emphasized the importance of clinical interviews mostly focused on patients' medical conditions and on physicians. Since that time, changes in both society and science, such as breakthroughs in technology and the emergence of market competition and consumerist ideals, have spurred an emphasis on placing individuals at the center of interactions and discourse. These advancements include the following: Balint provided a viewpoint that was humanistic as well as psychodynamic on the function of the family physician in the 1950s. After this, there was a shift away from taking a biological view on health and sickness and toward adopting a biopsychosocial one. Providing care from a holistic perspective entails the physician having a hands-on interested in the person's complete life and taking into consideration how the patient's biological issues influence the patient's capacity to carry out everyday activities **(Jadoon N, 2020).** This kind of care is also known as integrative medicine. The "patient-centered clinical method" was the first theoretical structure that attempted to define neurosurgeon communication in a way that was all-encompassing. Just a few of the later theorists to construct effective frameworks include Roter and Hall, Pendleton et al., and Lipkin, Putnam, and Lazare (1995). Nowadays, medical professionals see patients less as a collection of broken parts and more as entire persons with complicated webs of interconnectedness between the physiological and psychological components that make up their bodies. As a consequence of this, individuals adopt a more preventative attitude toward the healthcare system, organize themselves into self-help organizations, and position themselves as authorities by using resources such as the internet. An approach to consulting that puts the patient's requirements front and center is good to the patient's happiness and well-being). Yet, charges of medical negligence and legal action are connected to poor communication between doctors and patients It has been hypothesized that the reasons for the influence of doctor-patient communication on health include increased trust and treatment adherence, as well as improved self-care and emotional regulation **(Jena s. Medical College is a Stressful Environment for Students. International Journal of Science and Research,2015)**.

METHODOLOGY:

While doing research on a topic, qualitative methods allow for the collection of material that is more in-depth. The emphasis placed on the actors throughout the process is a noticeable asset. In accordance with. Yet, certain sequences are essential for carrying out an analysis of the video observations. These choices should be based on research questions, but the final output will always reflect the researcher's perspective regardless of how well this is done. When making inferences based on the results, the same level of care should be used. It is essential to bear in mind that the researcher was present during the whole of the video recordings to guarantee that the data collection for this study was of the greatest possible quality. It is possible that someone is acquainted with the topics of the research and has an interest in them since they are physically present. In order to acquire the other researchers' and teachers' perspectives on the issue, The researcher shared portions of the transcripts with them and asked for their feedback. One other characteristic of case studies is that the results can only be extended to some degree to other circumstances that have features that are equivalent to those in the case study. It is possible that the results cannot be generalized to more experienced physicians or to other consultation settings because of the nature of the study, which consisted of patient-centered exploratory interviews conducted with first-year medical students (such as delivering unpleasant news). In spite of the fact that this could be the case, it does not in any way render the findings meaningless in any other context. On the other hand, the insights gained from a single case study have the potential to act as directional arrows for subsequent case-based research. As these numbers were gathered

in 2001, it is possible that the relevance of some of the topics that the researcher discussed has shifted in the years since then. Despite this, a lot of the course organizers attested that the reoccurring themes will continue to be present.

Sampling: A pilot study was conducted with the questionnaire using a group of 20 customers from China and final study was conducted with the questionnaire on sample of 369 customers . A total of questionnaires was distributed among customers selected in a systematic random sampling. All the completed questionnaires was considered for the study and any incomplete questionnaire will be rejected by the researcher.

Data and Measurement: Primary data for the research study was collected through questionnaire survey. The questionnaire was divided into two parts – (A) Demographic information (B) Factor responses in 5-point Likert Scale for both the online and non-online channels. Secondary data was collected from multiple sources, primarily internet resources.

Statistical Software: MS-Excel and SPSS 24 will be used for Statistical analysis.

Statistical tools: Descriptive analysis was applied to understand the basic nature of the data. Validity will be tested through factor analysis.

RESULT:

"Learning to talk and talking about talk: professional identity and communicative technology" (Hydén, L.ÕC., & Lumma, A., 2007)"

Discourse analysis "Dissemination and Digital Product Maturity: a Discourse Analysis" In 2007, Hydén, L.C., and Lumma, A. found several ebbs and flows in assisted group conversations. Rideo of the student's dialogue with the patient, student and peer thoughts on the challenges, and teacher or supervisor feedback. Previous problems may be grouped into three main categories. First, many people struggle with some interpersonal communication skills. Common issue. As predicted, interview time, open vs closed questions, suppressing talkative patients, and attracting silent ones were challenges. Recent years have also examined intentional empathy and emotional responses to new patients. Doctors-to-be were nervous about their first tasks. Speech gestures were present. One had to purposely defy social conventions including politeness to strangers, light talk, and humor to get critical diagnostic information. Lastly, while teaching students to perceive their communication skills training as a professional invention with many applications, they had to honestly assess their own progress. They needed to speak self-reflectively to fulfill their task. From a self-reflective perspective, people might plan, organize, analyze, self-regulate, and get feedback. When students shift from private to professional life and join the healthcare community, communication skills teaching is crucial to their identity.

"Talking with patients and peers: Medical students' difficulties with learning communication skills"

It was determined that there were seven main areas of struggle for the students:

1. Establishing a safe and reliable environment.2. Analyzing the patient's situation and organizing the data.3. Dealing with delicate subject matter.4. Sharing feelings and providing comments.5.Checking in on the interviewee.6. The classroom environment.7. The use of group discussions as a teaching tool.

A common concern amongst students is whether or not their patients would see them as capable professionals. In particular, the students' lack of biological understanding contributed to their feelings of ineptitude. Their credibility was analyzed in relation to factors such as the color of their lab coats and where in the room they were seated.

When presented with in-depth explanations, many students said they struggled to make sense of the data. But, in other circumstances, they felt that patients were too reticent. Interrupting patients who are talking too much and asking them straight questions may come out as rude.

While discussing the patient's personal life or mental health issues such work-related stress, loneliness, depression, or strained family relationships, students often felt invasive or nosy. It was unclear to many people how much patients' personal histories had an impact on their health.

Students reported feeling unprepared to meet the emotional needs of their patients, especially if their patients showed signs of distress. Several staff members lacked the skills necessary to provide genuine expressions of empathy to their patients.

It is possible that selfmonitoring one's interview performance, in which one compares their own conduct to the theoretical model, might lead to cognitive overload and disrupt the natural flow of the dialogue. The managers advocated for expediting measures, such as stock responses to common scenarios. They aided students in developing a specialized vocabulary for common clinical scenarios and patient types via the use of metaphors and idioms.

They may feel emotionally drained by the rigorous scrutiny of their own performance. This included making up remarks for feedback.

The touch with actual patients was valued, but the presence of the video camera was seen to be a barrier to openness and spontaneity. Role-playing exercises targeted at implementing certain methods were conducted with students' peers.

"Medical students' attitudes towards group and selfÕregulated learning"

The research examined how demographic factors, as well as problem-based and blended curriculum, affected first-year students' views on group work and their familiarity with effective study techniques. When comparing the perspectives of female and male students on both independent and collaborative learning, as well as their understanding of effective learning practices, no significant differences were discovered. Students who had previously worked in health care reported more group learning experience (t(341) =2.971, p =.003), higher levels of knowledge (t(340) =2.258, p =.025), and greater control over their learning tactics (t(333) =3.307, p =.001).Children whose parents worked in the healthcare industry also indicated higher levels of familiarity with their learning techniques (t(340) = 2.255, p =.025). They felt more pressure to participate in group study (t(337) = 3.014, p =.003).On a Likert scale from 1 to 7, students from Witten/Herdecke (the German problembased school) reported the most experience working in groups, while students from Marburg (the German program using traditional teaching methods) reported the least (largest mean difference Witten/Herdecke: Marburg = 1.45, std. error =.181, p =.000). The highest proportion of students having prior professional experience in the health services industry was found at Witten/Herdecke (Witten/Herdecke = 90, Linköping = 48%, Marburg = 64%, and Gothenburg = 51%). There was no variation in group learning experiences among schools in Sweden. Witten/Herdecke students also performed better than Gothenburg students in controlling their own learning techniques (mean difference 0.18, std. error 0.084, p =.034).Students in Linköping, Sweden, had the highest mean difference from all other students in their perception of the social pressure to participate in group studies. Witten/Herdecke = 1.71, standard deviation =.303, p =.000; Gothenburg = 1.81, standard deviation =.281, p =.000; Marburg = 2.24, standard deviation =.271, p =.000.Students' understanding of learning methodologies, as well as their attitudes toward individual and group learning, were unrelated to either gender or age. Nonetheless, metacognitive abilities and previous group work experience were positively connected with previous employment experience, whether it be the student's own or a parent's. So, the clinical experience students obtain prior to academic courses may offer fundamental prerequisites for the effective acquisition of professional skills.

"Students' attitudes towards learning communication skills: correlating attitudes, demographic and metacognitive variables"

Students' demographics, metacognitive abilities, and the value they place on patient-centered care were investigated, along with their perspectives on the value of learning communication skills in both conventional and problem-based learning contexts. Female gender, a good self-regulatory approach to learning, and a caring, patient orientation predicted students' optimistic views on the importance of communication skill acquisition (R2=.23, F(9,310) = 9.72, p .001). However, students' attitudes toward learning skills in communication, female gender, and older age predicted a caring hospital orientation (R2=.23, F(9,307) = 13.48, p .001). PPOS sharing: mean difference.35, SE =.13, p.041), students in Witten/Herdecke were dramatically more optimistic than students in Linköping were about releasing intelligence and power with their patients. Therefore, the motivation to learn teamwork and the motivation to care for patients are related concepts. Both are more popular with the female student body. Students who were more optimistic about the benefits of developing their communicative abilities also reported greater mastery of self-control. However, a considerate patient orientation was positively related to older age and more work experience, while metacognitive abilities played no role. Both empathy and metacognitive abilities are important in the classroom when instructing on patient-centered communication methods.

CONCLUSION:

There were no relationships found between the demographic characteristics that were studied and attitudes toward group learning. These attitudes comprised beliefs, judgments, and behavioral intentions. The students in Linkoping had the greatest opinion of having to study in situations with other people, which was a trend that was seen across Swedish students. It would seem that the students at Linkoping are aware of the fact that various research have been conducted to investigate the efficacy of group learning in the context of the medical curriculum. Students from Linkoping University took part in the video research. These students are used to engaging in in-depth discourse and working in groups, thus they were an ideal participant group. Nonetheless, the environment, which featured visual cues on interview conduct, was felt to be unpleasant by many involved. The findings of the study include both conclusions as well as recommendations for instructional practices and more research.

LIMITATION OF THE STUDY:

The current research uncovered several intriguing data; yet, it has significant limitations. Interestingly, the study sample was restricted to Pakistani state institutions. So, it is possible that the findings of this research may not definitively represent the inclination of private university students in Pakistan to utilize social media during COVID-19. In addition, this research did not differentiate across social media sites such as Facebook, Instagram, and Twitter. As a result, it did not provide platform-specific descriptive data that might be used during COVID-19 for instructional or collaborative reasons. Thus, new work should be limited to a particular SM platform. Future study should include faculty members in

order to comprehend their viewpoint on the usage of SM for CL even during epidemic. While the model has been validated in Pakistan, additional studies ought to replicate or expand the suggested conceptual model other economically and culturally diverse technologically sophisticated nations.

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