Educational Challenges to Train Accountable Graduates

Mohamadreza Abdolmaleki, MSc[1]; Sedigheh Momeni, MSc[2]; Yadollah Zarezade, PhD[3*]

[1] Educational Development Center, Kurdistan University of Medical Sciences, Sanandaj, Iran

Abstract

Background and Purpose: social accountability, a concept which is in the focal attention more than ever, is to provide service in the field of medical sciences. We aimed to identify the educational challenges to train accountable graduates in the medical education system to meet social needs.

Methods: This study was conducted by qualitative content analysis using in-depth semi-structured interviews with eleven academic members of Kurdistan University of Medical Sciences who were selected by purposeful sampling. The interviews were analyzed using thematic content analysis.

Results: The findings of the study consisted of 3 main themes and each one was extracted from categories, sub-categories, and codes. One of the themes was educational program which consisted of 2 categories called defects in the curriculum and inappropriate educational strategies. The second theme was management policies, including macro policies and the policies of the university. The third theme was personal factors which mostly referred to formal and informal education prior to university.

Conclusions: The results of the study indicated the educational challenges to train accountable graduates in the medical education system. It seemed that although the results were obtained from Kurdistan University of Medical Sciences, it had many common points with other universities. Therefore, planning and taking appropriate measures to address these challenges can find a way to train accountable graduates in the medical education system to meet social needs.

Keywords: SOCIAL ACCOUNTABILITY, EDUCATIONAL SYSTEM, MEDICAL EDUCATION

Introduction

The rapid increase in medical knowledge, changes the patient's expectation because of the increase in medical knowledge. Also, access to the internet, changes in the structure of society such as increased life expectancy and the increase in chronic diseases, are some of the challenges facing the medical education systems (1). Thus, the need for change in medical education programs based on community needs and the new role of the future doctor necessitate some changes in medical education programs so that graduates' ability in identifying community health problems and maintaining population health increase (2). In recent years, higher education is considered as the driving force of economy and the most important factor of cultural and social development of countries. Therefore, due to the important role of higher education, specifically medical education, in health and community development, education systems should be planned in a way to meet the changing needs of the society. Accountability in education has undergone major changes in recent years including changes from legal accountability to academic accountability, changes from accountability of resources to accountability of consequences, accountability to people and government rather than just the government, and responding to infinite clients rather than finite clients (3). Meeting the social needs by the higher education institutions is a crucial challenge, and if students fail to have the required qualification for providing service to the society, who will be responsible and accountable for that?

One of the responsibilities of accountability of higher education institutes toward the society is educating responsible and

*Corresponding author: Yadollah Zarezade, PhD; Educational Development Center, Kurdistan University of Medical Sciences, Sanandaj, Iran.
Email: zaremspt@yahoo.com

accountable graduates. A review of the related literature indicates that higher education institutes do not appear to be successful in fulfilling this mission and graduates lack knowledge, skills and motivation to cope with ever-changing society requirements.

Public accountability means that individuals, groups or institutions must be accountable to all stakeholders by accepting the consequences of their responsibility and must consider these three factors in this process: Who should be held accountable? What should he or she be accountable for? Who should he be accountable to? (4). The new medical curriculum includes not only clinical competencies and qualifications for medical graduates but must also consider interpersonal skills, teamwork, and professional behavior such as compliance with ethical issues and meeting the social expectations and the development of medical sciences (5). Thus, when graduating, training should make medical students capable of understanding the society's needs and be able to adapt themselves with the ever changing expectations of the society and advances of medical sciences (5, 6). Anticipating the needs of the society in order to improve public health has been discussed as an operational strategy to make the educational systems accountable to the society (7). In order to achieve this goal, society's needs have to be considered in the curriculum development of various medical fields (8). Given the above background, it seems that community-oriented medical education has gone through a turbulent path to account for the real needs of the society. Hence, it is necessary to consider medical education constantly and deeply. Meeting the society's needs is a concept which is in the focal attention now, more than ever. Therefore, considering the material and the importance of the issue, this article was prepared to clarify the understanding of one of the beneficiaries of this process, the faculty members, of the educational challenges to train accountable graduates in the medical education system for meeting social needs.

Methods

Informed consent from all participants was obtained and their right of withdrawal from the study was ensured. Confidentiality of the demographic data of the participants was secured using a coding system on the transcriptions of the interviews and other related materials.

In this study, due to the complex and multidimensional nature of the phenomenon of "accountability to the society's needs", thematic content analysis was used. The study population was academic members of Kurdistan University of Medical Sciences. The sampling method and the number of participants were determined as follows. First, purposeful sampling was conducted among the faculty members. The faculty member participants were selected according to their management experiences in related sectors, relevant education or their experience in providing service to the society. Then, since both data collection and analysis was performed simultaneously, each of the interviews affected both the structure of the next interview question and the choice of the next person to be interviewed. Therefore, this process continued until data saturation. Based on the chosen methodology, the data collection method in this study was semi-structured interviews. Interviews with open-ended questions allow the participants to bring their experiences to fully clarify the phenomenon. All of the interviews were conducted by one of the authors in the conference hall of the Education Development Center of Kurdistan University of Medical Sciences or in the participants' room. Arrangements had already been made so that the interviews could be carried out in a calm atmosphere and without trouble. At the beginning of each interview, the interviewer explained the objectives of the study to the participants. During the study, interviews were recorded and were immediately fully

transcribed on paper. The interviews took place in an appropriate time and location which the participants had selected. Each interview lasted for 30 to 45 minutes. During the interview, notes were taken about interactions and nonverbal behaviors of the participants. Finally, all interviews were recorded and transcribed. In order to analyze the data in this study, the interview was initially read by the authors several times and the researchers gained a thorough understanding of the concepts. Then, the interview was reviewed by two of the researchers and certain parts of it which referred to a particular concept or what interviewees explained directly were written as a code. Next, the similar codes were categorized in a specific category (with the same title or a more abstract one). The codes that overlapped were reviewed to have a better category. After that, in a joint meeting which all the researchers attended, the obtained results were compared. In case there were any disputes, they were reviewed again by the interview groups, codes and categories and a single result was achieved with the approval of all authors. For example, three of the interviews were transcribed; codes and extracted categories were given to the other participants to be approved and after their approval, they were not repeated for other participants. All the texts and the method of reaching all the categories and themes were given to two of the colleagues who were experts in qualitative content analysis to approve the accuracy of these coding and confirm the process (9).

Results

In this study, eleven faculty members of Kurdistan University of Medical Sciences participated. They were from different faculties including Medicine, Nursing and Midwifery, and Paramedical faculty. The participants were from both basic science and clinical departments. The obtained results of qualitative content analysis of the data related to training accountable graduates to meet the society needs reflected three main themes, including programs, policies and individual factors (Table 1).

Educational program: There were two themes in this category which included defects in the curriculum and poor educational strategy each of these categories also included some subcategories which will be discussed below. According to the data obtained from the participants, defects in the curriculum included lack of localization of the curriculum, lack of revision of the curriculum, and the emphasis of the curriculum on treatment in hospital. In the following paragraph, a sample of the statements made by the participants has been given. "Using the foreign books and textbooks written by authors from other countries has created some challenges for us because they were written for other societies not Iran. For example, if you pay attention to the issue of infectious disease written by American authors, you will notice that they had pointed out tuberculosis very briefly and had focused more on some new diseases which are more native to their country. Thus, we have to change the curriculum and sources based on the need assessment of our own societies." With regard to inappropriate educational strategies, the following sub-categories were pointed out by the participants: lack of effective training, training only at the knowledge level, over-importance of scores, and lack of training for teamwork.

"We incur costs, a lot of budget and energy is used, but the result is not what the society needs. Students cannot even meet their own needs. This is a big gap in our education because we could not teach them in a way that they can meet their own individual needs."

Management policies: According to the participants, one of the important elements that could affect the results of education were the policies and programs that were made and run either at macro level or at the university level.

Table 1. Themes and categories related to challenges to train accountable graduates

Theme	Category	Sub-category
Educational Program	**Defects in curriculum**	Lack of localization of the curriculum
		Lack of revision of the curriculum.
		The emphasis of the curriculum on treatment in hospital.
	Inappropriate educational strategies	Lack of effective training
		Training only at knowledge level
		Over importance of scores
		Lack of training for teamwork
Management policies	**National policies (macro policies)**	Inappropriate selection of instructors.
		Incorrect selection of students.
		Mismatch between the number of graduate students and the needs of society.
		Mismatch between the needs of the society and the major.
		Lack of accepted students in the required disciplines
	University policies	Lack of proper evaluation of teacher.
		Lack of recognition of societies' needs.
		Lack of cooperation with other sectors of the education system.
		Lack of appropriate programs to empower teachers.
Individual Factors	**Student associated Factors**	Habits before entering the university
		Students' cramming
		Lack of sufficient incentives
		Unpreparedness for life

National policies (macro policies) included the following categories: inappropriate selection of instructors, incorrect selection of students, mismatch between the number of graduate students and the society's needs, mismatch between the society's needs and the discipline, and lack of accepted students in the required disciplines. "Previously, there were interview exams for some of the more important disciplines in the society and only some were able to enter those disciplines. Today, there is no criterion whether the candidate has the required psychological, mental and physical abilities to continue that discipline. When he will enter the working environment, would he or she be able to do the required duties? We never pay necessary attention to these issues". With regard to university policies the following sub-categories were mentioned: Lack of proper evaluation of the teacher, lack of recognition of societies' needs, lack of cooperation with other sectors of the education system, and lack of appropriate programs to empower teachers. "Unfortunately, the employment system is in a way that when a professor is employed, no one can dismiss him or her or ask the professor to change an aspect of his career until he or she retired. We do not have such a

system which means the professors are not evaluated appropriately and the problems won't be solved."

Individual factors: The third theme which was obtained from the content analysis of qualitative interviews was individual factors that were directly associated with students. The sub-categories that led to the creation of this theme included habits before entering the university, students' cramming, lack of sufficient incentives, and unpreparedness for life. "The process should start before entering university, when a student comes to university, 18 years of his life had already passed and he or she has some habits which is hard to change them. I believe habits are like chains which hold people's hands. It is very easy to have a habit but very hard to quit a habit. Therefore, when they come to university in a class, their personality had already been shaped and it is pretty difficult to make a change in their habits".

Discussion

This study was conducted to identify and understand the obstacles and problems that affect training accountable graduates in the medical education system. In order to do this, in-depth semi-structured interviews were conducted with faculty members of Kurdistan University of Medical Sciences who were one of the main stakeholders of the social accountability process of medical education. The interviews were analyzed using thematic content analysis and the results included three main themes, i.e. educational program, management policies, and individual factors.

Educational program is one of the obtained themes and one of the most important factors which can result in having graduates who have knowledge, attitude and social accountability. With this regard one of the obtained results from this research was defects in the curriculum which included lack of localization of the curriculum, lack of revision of the curriculum and the emphasis of the curriculum on treatment in hospital. Such curriculum actually tends to prevent

community based approaches to education; therefore, graduates will not be able to get a favorable understanding of the actual needs of the society. The career expectations from the students and what they should learn after graduation was determined in the curriculum (1). Thus, they do not learn from and for the society if their trainings are not based in society and are not community centered in nature. In other words, it was the curriculum which created a qualification in the students to meet the society's needs. It was pointed out in other studies that in order to prepare an accountable curriculum, a need analysis should be conducted to identify society's needs and then according to the needs, the expected competencies should be taken into consideration and then the curriculum should be designed based on them (10, 11).

One of the other findings of this study was using inappropriate educational strategies which included the lack of effective training, training only at knowledge level, over-importance of scores and lack of training for teamwork. Most of the discussions on medical education were concerned with educational strategies. Moreover, one of the other themes obtained from the results were management policies which included two categories i.e. macro policies and universities policies. Macro policies were the same national policies at the ministry level which are run in all medical universities. As earlier noted in the results of these policies, they included selection of professors, selection of students, compatibility of courses to the society's needs, and compatibility of the number of admitted students in every discipline according to the society's needs. The results of this study showed some defects such as emphasizing on hospital based treatment, and ignoring community based approaches to healthcare in these programs. If these defects could be solved, more favorable outcomes would be expected from the program. On the other side, there were some internal university policies. Universities could make some changes in those policies to

prepare graduates who were more accountable to the society's needs (11).

The third theme obtained from the data was individual factors which included habits prior to entering university, lack of sufficient motivation of the students, cramming, lack of adequate preparation for social life and formal and informal trainings prior to entering university. In this regard, if the pre-university and university educational programs could educate the students' responsibility and make them directly responsible for learning and their activities, the students would be more accountable.

With respect to Boelen's CPU model, social responsibility means turning the priorities and concerns of community to organizational goals and objectives, planning and taking appropriate measures to address them (12). From this definition, it can be concluded that the educational system has three major duties to be socially responsible. First, needs assessment to identify community priorities and concerns and then proper planning and appropriate measures to address those concerns and priorities. The results of the study had pointed the challenges that existed in the way to take these measures. It seemed that although these results came from the Kurdistan University of Medical Sciences but there were much in common between medical universities.

Conclusion

Planning and appropriate measures to address these challenges can make a way to a more accountability of educational system to meet the society's needs. Finally, it should not be forgotten that the results of this study was the result of understanding of a group of stake holders of the phenomenon in question, and in order to achieve a comprehensive understanding of the issues and its challenges it is necessary to consider the views of other stakeholders as well.

Conflict of Interest

The author declares no conflict of interest.

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