Training undergraduate medical students in 'soft skills' – a qualitative research project at the University of Pretoria

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The 'Soft Skills' Project is a study that emanated from the introduction of our reformed curriculum in 1997. The history of the curriculum reform at University of Pretoria (UP) goes back to the late eighties and the early 1990s, when changes were conceptualised in line with international trends in medical education. The vision was to educate medical doctors to integrate appropriate knowledge across interdisciplinary boundaries, to apply their knowledge, skills, and professional attitudes to solve clinical and other problems, to improve their interaction with patients, and to become life-long learners. Several visits by UP delegates to leading medical education institutions abroad were followed by an extensive local consultation process. The momentum grew gradually in that more and more teaching staff got involved in developing the structure and content of the new curriculum through innovative multidisciplinary teaching methods. The first group of students entered the reformed medical programme in 1997.

The reformed curriculum at the UP pioneered a number of ''golden threads' that run through the curriculum, and that build progressively on what has been learned in previous years. These include Interpersonal skills, Group- and teamwork, Professional attitudes, Bio-ethics, Research-based clinical practice, Problem solving and critical thinking, Health and the law, Economy and health, and Epidemiological approach to health. The ''golden threads'' are taught and assessed across the various training blocks throughout the six years of training. Several of these, in particular those related to interpersonal skills, professional attitudes, teamwork and ethics, contribute to the development of what has come to be called ''soft skills''.[1]

The aim of the first phase of the study was to explore and describe undergraduate medical students' experiences of and viewpoints on soft skills, as part of their professional socialisation as doctors during the six-year medical education programme. One of the intentions was to monitor any possible effects that may have resulted from the introduction of the reformed curriculum.

Our theoretical framework drew on symbolic interactionism, according to which individuals are thought to make sense of their social worlds by interpreting their own and others' behaviour in everyday life. In order to take advantage of the rich subjective material provided by the research participants, we decided on a modernist qualitative methodology.[2] We chose three methods to gather data: focus groups, individual in-depth interviews, and autobiographical sketches. Information was gathered on the students' conceptualisation of soft skills and their experiences in the development of their soft skills. The participants were medical students from two final-year cohorts. The first group had followed the traditional curriculum (42 students in 2001) and the second group the reformed curriculum (49 students in 2002).

The majority of the participants in this study entered medical school immediately after finishing their secondary school education (i.e. at the age of 18) and were mostly from urban areas. Their mean ages at the time of the study were 23.3 years (for the students from the traditional curriculum) and 24.6 years (for the students from the reformed curriculum). Although the number of 'black' students studying medicine at UP had been increasing steadily over the last decade, they were still a minority group among the final years at the time of the study. The participants from the traditional curriculum included 22% African, Coloured, or Asian students, whereas the participants from the reformed curriculum

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included 31% African, Coloured, or Asian students. The home language of more than half of the participants was Afrikaans (55% of the traditional curriculum sample, and 52% of the reformed curriculum sample). The male: female ratio for the traditional curriculum sample was 10:9 and for the reformed curriculum sample it was 7:5.

From the students' comments it appeared that the two groups of students shared the same basic conceptualisation of soft skills. However, the students from the reformed curriculum gave richer accounts in terms of their own experiences and practical examples of how soft skills could be used in difficult interpersonal situations. As far as the students' personal development and their own development of soft skills were concerned, the themes that emerged from our qualitative analyses were very similar among participants following either of the two curricula. The context-related similarities between the accounts of the students from the traditional and reformed curricula might relate to observations that the 'hidden curriculum' does not necessarily change concomitantly with changes in the medical curriculum.[3] From the findings of our study it also appeared that the local context and sites where medical education took place had not changed meaningfully along with the curriculum reform.

The subsequent two papers in this series describe some of the students' most striking experiences of medical training, as found in their comments and reflections relating to various dimensions of soft skills. In the first paper we describe what 'soft skills' are about - that is, how the students conceptualised soft skills.[1] Since role models played a profound role in the students' process of developing soft skills, we devoted the second paper to this aspect.[4] Throughout both papers direct quotations from the students' comments are presented unchanged in italics and in the original language used, still containing their original idiosyncrasies and grammatical errors.

The papers in this series report on the findings from the first phase of our study that focused on medical students' becoming doctors in the context of curriculum reform. In the next phase of the study, which is already underway, we are also systematically studying the experiences and viewpoints of the medical educators in order to reach a broader understanding of medical education and particularly the teaching and learning of soft skills. Furthermore, it must be noted that our research findings illuminate the process of medical education and soft skills development at one particular South African medical school and cannot be generalised.[5] However, we are convinced that insofar as the local medical education context is comparable between universities in South Africa, some of the research findings and insights from our case study could be useful in studying other medical schools in the country.

Any study that obtains unique and rich information of the everyday life worlds of the students is done within time, human resource and other practical constraints and cannot claim to have ''thick'' and inclusive material of how students experience their medical studies. Although our research of physician education does not reflect the same scope or depth on certain facets of medical education as pioneer studies such as Becker and colleagues' study of the University of Kansas Medical School[6], given the absence of scientific knowledge of medical training locally, we believe that it provides first insights into the social construction of medical education at one South African medical school.

Mental health care delivery in South Africa faces numerous challenges, one of which is the severe shortage of psychiatrists. Training medical students in psychiatry helps to alleviate this state of affairs. However, whereas it is important to know how to interact with patients in general medicine, it becomes critical in psychiatry. This interacting with patients has enjoyed priority in the context of the ''golden threads'' in our new integrated, problem-oriented undergraduate medical curriculum.

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