



The Rise of Sociology-Based Medical Education: A Plan for the Future and a Return to Our Roots

Dr. Andrea Moura*

Department of and Sociology-Based Medical Education and Art, Faculty of Social Sciences, University of Federal, Brazil

*Corresponding Author's E-mail: andreamoura@gmail.com

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Abstract

This article examines recent substantive research trends and sets the agenda for future research to trace this resurgence. Professional socialization, knowledge regimes, stratification within the profession, and the sociology of the field of medical education are the four current research foci that, while driving theoretical development elsewhere in the larger discipline, reflect and critically map onto earlier projects in this subfield. The following are six potential future directions in which additional research is required: disparities in medical education, socialization throughout a person's life and new institutional forms of gatekeeping, provider well-being, globalization, medical education as knowledge-based work, and the COVID-19 pandemic's effects.

Keywords: Medical education, Medical profession, Medical residents, Medical students, Socialization

INTRODUCTION

However, there were a number of reasons why medical education received less attention at the end of the 1980s. Chronicled the difficulties sociologists faced working in medical schools, which restricted sociologists' access to medical training environments. The disagreement regarding whether sociological research ought to cater to medical concerns was at the heart of these issues. Sociologists moved away from these contexts as a result of growing interest in structural changes in health care and shifts in how sociologists think about professions (Albert Mathieu, 2007). During this time, medical sociologists began conducting more research on illness experience, technological and financial transformations, the social organization of scientific knowledge, social determinants of health, and countervailing powers. In the 1980s, significant research on the hidden curriculum and emotional socialization was published, but sociological research on medical education was scarce. This once-essential topic has markedly returned in recent years. Over the past two decades, research on medical education has looked at major shifts in medicine that have changed what it means to become a doctor in the

21st century (Anspach Renee R, 1988). The pharmaceutical industry, evidence-based medicine, and the rise of patient consumerism are examples of these transformations. The medical students of today have a very different appearance than the "boys in white": They have a wider range of knowledge and skills to acquire, more types of socialization, and come from more diverse backgrounds. New contexts, questions, and stakes have been reflected in recent studies of medical education. Indeed, the sociology of medical education has been the subject of more than 200 peer-reviewed articles and books, one handbook, and at least two conferences since 2000. This growing subfield has significant repercussions for sociology as a whole. The resurgence of the sociology of medical education is traced in this article by looking at research trends from the past 20 years. We show the similarities and differences with previous work, as well as contributions to the field as a whole, and set the course for future research (3. Bassett Andrew Mark, 2018). We limited our investigation to the sociology of medical education for reasons of scope, excluding excellent research on other health professions and medical training conducted by physicians, anthropologists, and others. Our literature search was designed to use the

most representative databases of medical education and sociological journals: PubMed and sociological abstracts. We compiled more than 200 peer-reviewed articles and books using keyword searches of the MeSH terms "education, medical" and "sociology affiliation AND medical education OR Education" from 2000 to 2020 and our own knowledge of the field (Beagan Brenda L, 2000). At least one author had to be a trained sociologist or have worked in a department that taught sociology, and the article's topic, methods, or theories had to be based on or contribute to sociological research in order to be included in our review (Beagan Brenda, 2003). In collaboration, we compiled these references and identified four major research themes: stratification within the profession, professional socialization, knowledge regimes, and the sociology of medical education.

MATERIALS AND METHOD

Learning to Work in the Clinic

Clinical work education also emphasizes the connection between interpersonal relationships, emotion, and skill development (Bell Ann V, 2014). According to research, how mistakes are framed is influenced by trust and reciprocity between trainees and supervisors when learning high-stakes procedures. Other studies show that residents and junior doctors order more tests, treat patients poorly, and experience stress during clinical encounters as a result of inadequate preparation. Particularly in end-of-life care, these residents must also navigate delicate moral, professional, and institutional constraints, which sometimes force them to defy patients. Investigate how residents develop efficiency not only as a strategy but also as a social norm when it comes to managing an overwhelming amount of work Betancourt (Joseph R, 2006). In general, these studies assist researchers in comprehending trainees' active responses to work-related institutional and interpersonal constraints.

Disparities in Training Environments

Status disparities between students from various training backgrounds have also been the focus of sociologists, such as those between American-trained MDs and osteopathic and international medical graduates (IMGs), who frequently train in segregated environments that have negative effects on trainees (Bleakley Alan, 2008). For instance, studies reveal that IMGs have unique acculturation requirements, such as being unfamiliar with shared decision-making, which may not always be met in the low-resource training environments in which IMGs typically train. Further evidence of how studies of medical education are contributing to a broader sociological theory of stratification by arriving at a more general theory of "status separation" on the formation of horizontal stratification among professionals.

The field of medical education's sociology

Since the year 2000, sociologists have started to look at

bigger questions about medical education as a profession in and of itself, like who is allowed to teach medical students. What this professional work entails and what new questions of practice might arise in clinical settings that are becoming increasingly interprofessional. Using insights from the sociology of science and knowledge to examine and question the larger field of medical education research, which extends far beyond the sociological "slice" of literature we examine here, has been a significant contribution made by sociologists of medical education over the past two decades. Beginning in the middle of the 1950s, research on medical education quickly developed into a relatively institutionalized field that was housed within medical schools (Bochatay Naïke, 2020). Since then, sociologists have discovered a number of on-going conflicts in the field. These tensions include friction between scholars of medical education and practitioners in medical education, as well as conflict between the desire for "objective" tools and the recognition of standardization's limitations. This last conflict brings to light a question that scholars of medical education continue to debate. They point to the rapid growth of the field while also emphasizing the ambiguity of its jurisdictional boundaries. The majority of sociological scholarship describing medical education as a field has been critical, noting that interdisciplinary research in the field is frequently criticized for being of low quality and lacking theoretical foundation (Braun Lundy, 2017). Medical educators' theoretical engagement with sociological theory has increased, and sociologists have taken steps to promote greater interprofessional collaboration with PhD-trained scholars. For instance, a comprehensive theory of medical education that bridged research on individual student outcomes and institutional research on the contexts of medical education was developed using Bourdieu's work. Medical education has also served as a case study for scholars to advance interprofessional collaboration theory.

CONCLUSION

By demonstrating, for instance, how trainee resistance to professional socialization makes professional identity formation an active process and by complicating previous understandings of homogeneity in the profession, our review demonstrates that the past 20 years have continued to develop these traditional lines of inquiry. It has also demonstrated how recent research has contributed to the formation of new lines of inquiry in the fields of knowledge production and stratification, strengthening the connections between general sociology and medical sociology. Indeed, studies of the sociology of medical education have shown recent advances in sociological theory on expertise and knowledge-based work as well as persistent questions regarding the nature of professions their boundaries, their power over their members and the public, and their internal stratification. The most recent sociological research on gender, race, and other forms of inequality has been infused into these insights. In addition, we observe the on-going revival of fundamental themes like role-taking and brand-

new research on the effects of symbolic interactionism on resistance and learning. New insights into how expertise rearticulates its social and cultural power in the face of social protest and transformation in its economic and institutional bases are also being added to foundational work on professional authority and the nexus of power and knowledge in medicine.

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