Medical education across the generation gap. What can we learn from the experience of current stakeholders? A Qualitative Study

Jodie Josephine Jonazh

2393637

Supervisor: Dr. Linda Jones

Master of Medical Education

University of Dundee

August 2020

A dissertation submitted to the University of Dundee in partial fulfilment of the requirements of the degree of Master of Medical Education



Declaration

This dissertation is submitted to the University of Dundee in partial fulfilment of the requirements of the degree of Master of Medical Education.

I hereby declare that I am the author of this dissertation; that the work of which this dissertation is a record has been done by myself, and that it has not previously been accepted for a higher degree.

Word count: 15,030

Electronic signature

Jodie Josephine Jonazh

28 August 2020



Table of Contents

Declaration	2
Abstract	5
Chapter I. Introduction	6
Background and rationale	6
Situating self and context	8
Using qualitative research - phenomenology	9
Aims and research questions	. 10
Dissertation overview	. 10
Chapter II. Literature Review	. 12
Iterative literature review and phenomenology	. 12
Search strategy	. 13
Presentation of themes from literature	. 14
Theme 1: Debate on the existence of the generation gap in medical education	١.
	. 14
Theme 2: The influence of the changing generation towards curriculum and	1 5
faculty development	
Summary	
Chapter III. Research Design	
Research Paradigm and Methodology	
Position of Researcher	
Ethical Considerations	
Identifying Research Population and Sampling	
Data Collection and Analysis	. 22
The use of semi-structured interview and the influence of phenomenology	. 22
Conducting the interview	. 23
Thematic Analysis (TA) or Interpretive Phenomenological Analysis (IPA)	. 23
Summary	. 25
Chapter IV. Key Findings	. 26
Stage 1. Theme development	. 26
Group A (Teachers)	. 26
Group B (Students)	. 31
Follow-up Interviews	. 35



Stage 2. Integrating existing theories to emerging themes	36
Stage 3. The Metaphor	37
Summary	39
Chapter V. Discussion	41
Iterative Literature Review Results	41
Community of practice	42
Self-concept and Control-value theory of achievement emotions	43
Application of theories to answer research questions	45
Strengths and Limitations	48
Summary	50
Chapter VI. Conclusion & Suggestion	51
Analysing Study Outcomes	51
Suggestions for future educational practice and research	52
References	54
Appendix A. Ethical Approval	59
Appendix B. Informed Consent Form	61
Appendix C. Study Invitation (Disseminated using WhatsApp)	63
Appendix D. Interview Guide	65
Appendix E. Sample of transcription and analytical commentaries	67
Appendix F. Theme development process with mind mans	104



Abstract

Background: With the growing gap between the newest generation of learners and most senior educators, the differences in the respective thinking framework poses new challenges for the existing curriculum. Examining how teachers and students interact and experience interaction in a shared educational environment might provide insights to inform faculty and curriculum development.

Aims & Objectives: This study sought to contribute to discourses of undergraduate medical curricula and faculty development by theorising the lived experience of teachers and students across the generation gap.

Methods: Interpretative phenomenology was chosen to articulate the "whatness" and extract meaningful understanding of the phenomenon. Semi-structured interviews were conducted online using Zoom with three teachers and three third-year students from an Indonesian medical school. Data was analysed using interpretative phenomenological analysis (IPA) method. Emerging themes were then connected and re-presented in the form of a metaphorical story to showcase the entirety of data while maintaining idiosyncratic focus.

Key Findings: Themes from the teachers' subset were changing characteristic of medical students, changing paradigm surrounding the role of a teacher, relationship with students, and relationship with other teachers. Themes from the students' subset were hierarchical educational environment, relationship with teachers, and emotional response towards learning experiences. Themes were integrated into three existing theories, community of practice, self-concept, and control-value theory of achievement emotions. Findings revealed power dynamics between stakeholders in an unrecognised community of practice hence failing to shape the legitimacy of peripheral participation. Consequently, the rigidity of the hierarchical educational environment left little room for meaning construction and might hinder development of positive self-concept. Unawareness of students' achievement emotions led to low perception of control and value, effecting their behaviour and motivation towards learning.

Conclusion & Suggestions: Medical educators could benefit from faculty development targeted to facilitate changing roles of teachers in facing the more recent generation of students. Curricula could be designed to foster collaborative educational environments which promote legitimate participation, authentic expression of emotions, and positive self-concept.



Chapter I. Introduction

This chapter will outline the background and rationale of my study entitled "Medical education across the generation gap. What can we learn from the experience of current stakeholders? A Qualitative Study." It sought to elicit the value of learning from the experience of teachers and students within an intergenerational educational environment and offer suggestions for curriculum and faculty development. Additionally, I will be situating myself, the research context, aims, research questions, approach, and conceptual framework for exploring the phenomenon of interest.

Background and rationale

The central concept that will act as a lens of this study is the generation gap and to do so, an agreement on how to define it is crucial. The Strauss-Howe (1991) generational theory was introduced as a way to recognise and explain the cultural change that affects a person's view of the world (Knight, 2009). This theory suggests that people born within 20 years have a common set of characteristics due to historical experiences, economic and social conditions, technological advances, and other shared societal changes (Jonassen, Spector, Driscoll, Merrill, & van Merrienboer, 2008). The difference in thinking frameworks, beliefs, and values across generations is perceived as the generation gap (Prasad, 1992). With the growing gap between newest generation of learners and most senior educator (Boysen, Daste, & Northern, 2016; Moreno-Walton, Brunett, Akhtar, & DeBlieux, 2009), I intend to problematise the idea of intergeneration educational environment existing in undergraduate medical education (UGME).

Medical education discourses concern multiple different stakeholders ranging from administrators, teachers and students, curriculum designer, to researchers. These discourses can be expressed as five core components of medical education which are curriculum, environment, climate, quality and change (Genn, 2001). Within the scope of this study, I will specifically focus on the perceptions of the impact of the generation gap on the educational environment, curriculum, and change. Educational environment refers to the atmosphere that is nurtured in the medical school, which involves "what is valued, what is recognised and what is encouraged" (Harden &



Laidlaw, 2017, p. 153). Setting the educational environment is essential because it determines student behaviour and motivation towards learning (Harden & Laidlaw, 2017; Hutchinson, 2003). Educational environment themselves are influenced by the curriculum and characteristic of its stakeholders, and thus these variables are intertwined in a way that is difficult to separate (Hutchinson, 2003). This argument suggests that a curriculum is more than just a list of content topics of the course (Grant, 2019) but is also a tool that can set the context and established learning environment (Genn, 2001).

I want to argue two things. First, there is a link between curriculum and environment and secondly, there could be a possible lack of compatibility between the two, which I think can be bridged with change. Since change is an abstract concept that has broad implications, I believe defining it as a process manifested as faculty development makes it more concrete. In addition, faculty development can be viewed as an instrument that promotes harmony between the educational environment and curriculum (Steinert, 2013). Because I will be aiming to understand experiences of the generation gap, the stakeholders participating in this study include teachers (overlapping with faculty developers) and students as they are the ones interacting with each other and experiencing this phenomenon first-hand.

Much literature about educational environment addresses learning effectiveness targeted towards students and assumes teachers merely as supporting component (Hutchinson, 2003). Unfortunately, not the same amount of attention has been given towards creating an appropriate environment for teachers (Genn, 2001). There may be opportunities for collaboration between generations that ultimately leads to an effective educational environment (Gordon & Steele, 2005). Studies on perception of learning environment and curriculum suggested a reciprocal cause and effect (Roff, 2005) and so understanding the experience of stakeholders within a shared environment may uncover the challenges for curriculum delivery and provide valuable insights for faculty and curriculum development.

In an article aimed to bridge generational gaps, Hart (2017) noted that effective teaching requires educators to understand the generational differences in learners'



variation in learning. Additionally, Campbell et al. (2001) suggested that students' perception of learning interact with the characteristics of the educational environment and leads to academic achievement. Arguably, if the aim of medical educators is students' academic success, it will be in their interest to shape an environment that supports that notion. However, teachers' professional judgement in creating that environment is also influenced by their beliefs and perception of how they think learning and teaching should happen (Mui So & Hoi Lee, 2011). Making sense of the stakeholders' perception of what learning means and how it should be done offers a comprehensive viewpoint to supplement the development of an active educational environment and optimise curriculum delivery.

Situating self and context

The research location is Universitas Kristen Krida Wacana (UKRIDA) faculty of medicine which delivers UGME in Indonesia. I am an alumnus of and now employed in the UGME unit. A part of my responsibility is to develop the current curriculum, which gives me the chance to situate this study in a real context. This belonging to the research context makes me an insider researcher to a certain extent which is important to acknowledge from the beginning of this study (Unluer, 2012). Further discussion on my position as a researcher in the chosen context will be elaborated more in the research design chapter.

There are many discourses on generational labels, but I will refer to the generational labels and dates stated by Oblinger and Oblinger (2005) because it includes the latest identified generation of post-millennials. The labels include the Silent Generation/Traditionalist/Matures (<1946), Boomers/Baby Boomers (1946-1964), Gen Xers/Generation X (1965-1980), Millennials (1981-1995), and now adding Post-Millennials (1995-present) into the mix (Jonassen et al., 2008). UKRIDA's teacher and student profile shows that most of the teachers belong in the Boomers and Generation X group with increasing numbers of Millennials from the past ten years while most recent intakes of students are from the post-millennials generation group.

Coomes and DeBard (2004) categorised the characteristic differences between generation that he deemed influential in higher education into views towards



education, evaluation, rewards, and career goals. Although these criteria do not represent learning explicitly, they provide an overview of behaviours and views that can be expected from different generations. Tulgan and Martin (2006) introduced the term 'Gen Mixers' which is an idea that successful people in the twenty-first century are those who can work collaboratively with people from all age groups. Applied in the educational community, awareness of generation gap discourses may increase recognition of potential issues and provide opportunities for collaboration.

Using qualitative research - phenomenology

I have chosen a qualitative approach as it aligns to my aim of seeking understanding of the lived experience and perception of stakeholders in the context of UGME through the lens of generational gap (Ng, Baker, Cristancho, Kennedy, & Lingard, 2019). Comparing different types of qualitative methodological research design that explores experience and perception, I chose phenomenology. Phenomenology offers an approach where the meaning of generation gap as a phenomenon could be attained and described in terms of what and how the stakeholders experience it from their own perspective (Neubauer, Witkop, & Varpio, 2019). Additional justification for this approach will be thoroughly presented in chapter III (research design).

The focal concepts to be explored in this study are the educational environment, faculty development, and curriculum. I believe that experiences of intergenerational learning will be best captured through interaction which makes the educational environment the central focus from which I situated the study. Establishing the interaction and relationship between focal concepts in a qualitative approach is important as assumptions of the knowledge will vary according to the social context and its complexity (Astalin, 2013). Because this study draws on concepts to guide the process, a conceptual framework helped illustrate the research approach (Green, 2014). A conceptual framework can be understood as the "map of the study" and be a part of the design that complemented the research question and literature review Green (2014, p. 35). Hence, the conceptual framework of this study is presented in figure 1.

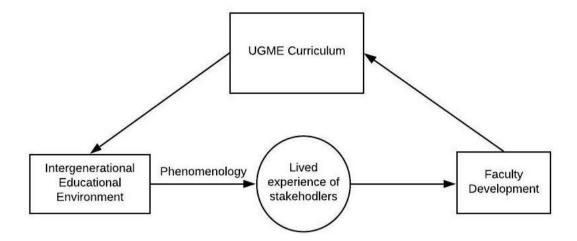


Figure 1. Conceptual Framework

Aims and research questions

This research aims to contribute to the discourses of faculty and curriculum development in UGME by using professional conversation informed by phenomenology to theorise the lived experience of teachers and students across the generation gap. Considering the conceptual framework of what and how this research seeks to accomplish, three research questions have been developed to help address the issues which are:

- 1. What is the lived experience of undergraduate medical education for teachers and students?
- 2. What are the similarities and differences in perceptions of undergraduate medical education of stakeholders?
- 3. What does this suggest for future faculty development purposes?

Dissertation overview

This dissertation will consist of six main chapters, including this introductory chapter. Chapter two will present the preliminary literature review that has informed the beginning of this study. An iterative literature search and review strategy was adopted and therefore relied on the ongoing research process to determine further literature review, which will be explored at the beginning of the discussion chapter. Chapter three will outline the evidence-based methodology, making explicit the theoretical

Centre for Medical Education University of Dundee

assumption underpinning the procedures and techniques used to achieve the research aims and answer the research questions. Chapter four will display key findings followed by a metaphor, drafted to re-present the participants' lived experience. Chapter five summarise the emerging concepts and literature helpful for theorising the findings and demonstrate critical analysis of how the research questions have been answered. Chapter six will conclude this dissertation and offer suggestions for future educational practice and research in the field of faculty and curriculum development in UGME.



Chapter II. Literature Review

This chapter presents my rationale in adopting an iterative literature review approach and the result of my preliminary literature review categorised into themes identified. The preliminary literature review was conducted before any data is collected to inform me of the existing studies on the generation gap in medical education. An additional literature review influenced by my findings and the reflective process will be further presented in the discussion.

Iterative literature review and phenomenology

An iterative approach in conducting a literature review is a cyclical process where the search strategy is based on acquired learning as the topic is being studied (Lavallée, Robillard, & Mirsalari, 2014) Adopting this strategy allowed me to continuously reflect throughout the study and produced better results with every iteration as progressively gained more understanding of the research topic (Lavallée et al., 2014). These authors maintain that iterative searches may benefit novice researchers like myself to review the process and adjust the research decisions whilst progressing.

Conducting a phenomenological piece of work to understand the participants' lived experience means having to be open to unexpected findings and trust the data I gathered (Lopez & Willis, 2004). To prevent my own experience from influencing participant's understanding of generation gap, phenomenology offers a concept called "bracketing" that required me to put aside my belief of the phenomenon being studied (Chan, Fung, & Chien, 2013). This notion then created a dilemma as doing a literature review might impact my understanding of the generation gap. Chan et al. (2013) suggested that the process of a literature review could be delayed until after data collection and analysis so that the existing literature would not interfere with the development of themes during analysis. However, without proper background knowledge, there would not be sufficient justification for the research gap and plan for the study (Chan et al., 2013; Walker, 2007) and being familiar with previous research on generation gap provided the groundwork to help me refine ideas and determine areas upon which to base new knowledge (Walker, 2007).



Thus, I believe that an iterative literature review was appropriate as I was able to manage the amount of information I needed to acquire to conduct each step of this research without compromising my analysis. To achieve this, I limited the scope of the preliminary literature review within the components in my conceptual framework (see figure. 1).

Search strategy

The preliminary literature review was conducted using the University of Dundee (UoD) library search engine, Google scholar, Education Resources Information Center (ERIC), and Scopus. I divided the search into three categories, generational theories including generation gap, medical education, and educational environment, faculty development, and curriculum from which I begin by adding the keywords gradually shown in figure 2.

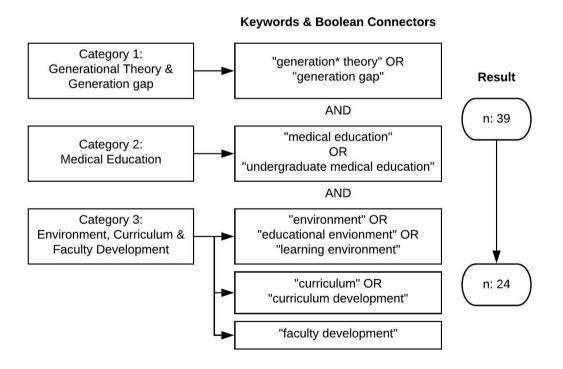


Figure 2. Search strategy

Additional filters used were "medicine" to focus the search, "peer-reviewed" to ensure credibility as it had passed a quality control process by experts of the discipline ("What



are credible sources?," 2020), and "full-text" so that I could review the whole paper. The number of result from all the chosen electronic databases was combined and shown in figure 2. I further refined my search by focusing on literature that explored generational theory on education practice and generational differences between teachers and students, which I screened by going through the title and abstract. This resulted in seven relevant articles from categories 1 and 2, and another four articles. With the addition of category 3, it made a total of 11 articles considered in the preliminary literature review.

Presentation of themes from literature

Theme 1: Debate on the existence of the generation gap in medical education.

Research in medical education had been exploring generational theories since as early as 1973, study by Jones and Newton suggested that generation gap does exist. They reflected on differences and similarities in different generation groups' attitudes and conceptions of the role of doctors and their relationship with other stakeholders. A newer study involving Generation X and Millennials supported this notion while further eliciting the possible reasons for the differences which included the effect of being raised in child-centred families, growing up with technology, emphasis on wellness and work-life balance, and evolvement of society's image of the medical profession (Moreno-Walton et al., 2009). On the other hand, this difference in perception can be critiqued as the consequence of the different stages of professional development; senior doctors may have acquired more experience and knowledge in the field, thus having contrasting viewpoints (Grace Oh, Ricciotti, & Cianciolo, 2018). Nevertheless, whether the generation gap is perceived or not, there is still the growing generational difference between teachers and student, which in my opinion, to some extent does have an effect upon the educational environments we create.

Medical education itself has three areas which are undergraduate, postgraduate and continuing professional development, with each area involving different educational environment and stakeholders. More of the literature around the generation gap in medical education is situated in the context of postgraduate medical education with elements of work-based learning as opposed to UGME. Studies on generation gap in medical education by Moreno-Walton et al. (2009), Borrero, McGinnis, McNeil, Frank,



and Conigliaro (2008), and Boysen et al. (2016) focused on improving the effectiveness of residency training program by using a mix of questionnaire and observation to understand intergenerational differences in learning style, work habits, and professionalism of the Millennial Generation. Although the educational recommendation produced by these papers are quite general like increasing the use of feedback and technology-enhanced learning (Jauregui, Watsjold, Welsh, Ilgen, & Robins, 2020; Moreno-Walton et al., 2009) which may be useful for instructional design in UGME, the dominant population of UGME have shifted to post-millennial. This knowledge gap suggested that there are opportunities in exploring the generation gap specifically in UGME looking into a newer generation of students to produce more relevant findings.

Theme 2: The influence of the changing generation towards curriculum and faculty development

Literature identified discussed the factors that influence curriculum design and development. There was some agreement that curriculum is dynamic and responsive towards the needs of the society and also its students (Ferris & Joyce, 2015; Harden & Laidlaw, 2017). Additionally, Grant (2019) noted that curriculum design is also influenced by the observation of phenomena due to social and cultural change. In the past decade, medical schools have reconstructed their undergraduate curriculum to cater the changing generation due to the shift in their learning approach and increased use of technology (Ferris & Joyce, 2015; Plochocki, 2019). These researchers suggested that the changing generation and their thinking frameworks are apparent phenomenon which pushes the development of UGME curriculum.

From existing published work on intergenerational learning in medical education, the two main reasons underpinning curriculum reform is the advancement of technology surrounding new generations of students and changing characteristics affecting their learning style and habit (Moreno-Walton et al., 2009; Plochocki, 2019). Among the many components of a curriculum, changes have been seen in course content, teaching methods, and examinations (Ferris & Joyce, 2015; Lempp & Seale, 2004). There is now more awareness of different learning styles that best suit the students individually supported by new teaching methodologies informed by learning theories



(Ferris & Joyce, 2015). For example, many medical schools are developing their curriculum to promote a technology-enriched environment and learner-centred approaches with the use of blended learning, case studies, and group exercise (Ferris & Joyce, 2015; Moreno-Walton et al., 2009; Plochocki, 2019). Moreover, Moreno-Walton et al. (2009) noted that this changing authoritative source of knowledge from passive students to those more social and active in their learning requires continuous faculty development strategies to accommodate and improve on didactic teaching and learning.

These innovations in technology that had influenced the way the current generation learn offers a sound reason for medical schools to reform their curriculum to accommodate them. However, what these papers did not discuss is the generation gap between teachers and students and how it affected their relationship and eventually, the students' learning experience. Furthermore, the methodology used in these papers was either consensus from an assembly or expert observations and reviews which suggested the exclusion of students in the research process. As an important stakeholder in the educational environment, would it be beneficial to give a voice to the students for this matter? Considering curriculum development based on evaluative measures, I wonder how leaning from the stakeholders' experience may enable curriculum and faculty developers to reconsider and realign the educational strategies implemented to promote an effective learning environment.

Summary

From the preliminary literature review, it can be examined that current knowledge of the generation gap in UGME is limited. The influence of growing generational difference between stakeholders towards educational environments and medical curricula is still unclear, further evidencing the need to address the study's research questions. In the next chapter, I will justify the alignment of the research design and application of the methodological approach of phenomenology in answering the research questions.



Chapter III. Research Design

This chapter consists of my research methodology, starting with the philosophical foundations of my research paradigm that served as a base from which I could construct meanings through this study, to justifications of the data collection and analysis method within the chosen approach of phenomenology. In addition, I will discuss my position as an insider researcher within the research context.

Research Paradigm and Methodology

This research will sought to understand and interpret the stakeholders' viewpoint of the context, and so a constructivist paradigm was appropriate (Illing & Carter, 2019). Each participant's account of their experiences would differ, indicating that each individual would have their own 'realities'. Exploring these realities and constructing them into meaning shows a relativist ontology was adopted (Illing & Carter, 2019; Kivunja & Kuyini, 2017). Moreover, using my cognitive sense-making processes for analysing these diverse and authentic participant accounts through my interaction with them demonstrates my adoption of a subjectivist view of epistemology which can be understood as the nature of knowledge (Illing & Carter, 2019; Kivunja & Kuyini, 2017).

A qualitative approach was adopted because I aimed to obtain an in-depth understanding of perceptions and experiences of those involved in an intergenerational educational process (Ng, Baker, Cristancho, Kennedy, & Lingard, 2019). To answer my research questions, I decided phenomenology was most aligned to my purpose because it would allow me to capture the perspective of the stakeholder experiencing UGME. I planned to use phenomenology to investigate the meaning in everyday experience in the context of the generation gap as a phenomenon happening in the research location (Rodriguez & Smith, 2018).

There are two main approaches to phenomenology, descriptive (also called transcendental) as established by Husserl and interpretive (also called hermeneutic), which was developed by Heidegger. Key differences between these two approaches are that descriptive phenomenology questions how knowledge is known, but meaning is not influenced by the researcher's belief system and experience (Rodriguez & Smith, 2018). Whereas interpretive phenomenology questions experience and meaning-



making is influenced by the researcher (Rodriguez & Smith, 2018). Although both approaches might answer my research questions, interpretive phenomenology offered more engagement with literature which might provide the means to answer what the findings might suggest for faculty and curriculum development (Rodriguez & Smith, 2018). In addition, I believe that adopting an interpretive phenomenology approach in my study also aligned with my research paradigm where knowledge is formed through research-participant interaction.

Position of Researcher

Continuing the acknowledgement of my position as an insider researcher in the introduction chapter, I want to discuss more on both the opportunities, challenges, and steps I planned to take to conduct valid research.

I briefly mentioned my belonging to the research setting, but according to Adler and Adler (1987), as cited by Dwyer and Buckle (2009), there are different degrees to which I can identify my membership role. These roles are classified as peripheral, active, or complete member researcher with increasing involvement and affiliation, respectively. Although part of the medical school, I identify as a peripheral member because while doing this study, I would not be involved in any core activity of both stakeholder groups. Furthermore, I recognise that there are diverse subcultures of the university with which participants may identify and according to Floyd and Arthur (2012), this may arguably position me as having an outsider researcher role. Thus, my position would be relative according to the identification of my participants. Nevertheless, defining my membership role made me more aware of its implication towards subsequent research process.

The debate around the advantages and disadvantages of an insider researcher in qualitative methodology is due to the closeness of the researcher in the process of data collection and analysis (Dwyer & Buckle, 2009). Having experienced the research setting's society, I am familiar with university's culture which would enable me to relate to participants and enable substantially extract their lived experience of the generation gap in the medical school (Saidin, 2017). I could also use my experience to potentially



develop an alternative understanding of the participants' personal accounts that will be useful in the analysis process (Karen, 2006).

Despite many favourable aspects of the insider researcher role, there are also challenges about recruitment, data collection and analysis that needed to be considered. Knowing the characteristics of the population, I could determine how to approach potential participants in the best manner; however, this could also limit participation depending on how stakeholders perceived this research (Saidin, 2017). Consequently, this issue may influence the amount of information participants would choose to disclose (Saidin, 2017; Unluer, 2012). Another challenge was to minimise the loss of objectivity and risk of overlooking important information by not making assumptions based on my previous knowledge (Unluer, 2012). The strategy I planned to adopt to overcome this challenges was continuous self-reflection which is an introspective process of my research practice (Mortari, 2015), and seek verification from an outsider, in this case, the study's supervisor (Pringle, Hendry, & McLafferty, 2011).

Ethical Considerations

Ethical questions around qualitative research may arise throughout the whole research process; thus ethical reflexivity was a vital feature to be acknowledged and discussed (Roth & von Unger, 2018) and integrated into both procedural ethics and ethics in practice. Reflexivity involves critical reflection on factors that influence my construction of knowledge throughout the study (Guillemin & Gillam, 2004). Guillemin and Gillam (2004) further noted that procedural ethics might be insufficient to deal with ethically crucial moments in qualitative research, and so researchers need reflexivity as a resource. Procedural ethics involves getting approval from UKRIDA research ethics committee and confirmed by UoD (see appendix A).

To anticipate ethical dilemmas, I relied on careful consideration of the established ethical principles of autonomy, beneficence, and justice (Orb et al., 2001). Regarding autonomy, participants was given an informed consent form to accept or refuse ensure voluntary participation (see appendix B). To maintain the principle of beneficence, the participants' identities were anonymised at the point of transcription, strictly

confidential to the me and not discussed with other participants. To further reduce risk of identification in a small community where revealing any detail could increase recognisability, participants were given identifiers and gender-neutral pronoun (they, their, them) (Chak, 2015) would be used when presenting key findings. Teachers and student will be assigned to group A and B, respectively. Each participant will then be numbered according to the order of the interview. Since there are 3 participants in each group, the participant will further be referred to as A1-3 and B1-3. To demonstrate justice, this research should recognise the potential vulnerability of participants. Efforts were made to upheld neutrality that can be defined as uninfluenced view of the participants, which was done by developing procedures such as interview guide to ensuring the data gathered were valid and trustworthy (The SAGE Encyclopedia of Qualitative Research Methods, 2008).

This research will be conducted within the ethical guidelines of UKRIDA Research Ethics Committee, British Educational Research Association (BERA) Ethical Guidelines for Educational Research (BERA, 2018), and The Code of Good Practice in Research of the UoD (Research Governance & Policy Sub-Committee, 2015).

Identifying Research Population and Sampling

This research explores the learning and teaching experience and perception of both teachers and students in UKRIDA medical school, Indonesia. The university adopts a 5-year integrated outcome-based curriculum that involves both large-group and small-group teaching. There are currently 113 full-time teachers and 250 third-year students involved in the academic year of 2019-2020

The exploration of the unique lived experience of participants meant that generalisation is not intended and thus, the use of non-probability sampling is more convenient and acceptable (Robson & McCartan, 2016). Non-probability refers to a sampling procedure where it is not possible to measure the probability a person would be included as a participant of this study (Robson & McCartan, 2016). I used purposive sampling, a technique that uses my reasoning to identify the research population (Robson & McCartan, 2016) and being an insider researcher, I had insights on which



potential participants who might provide information-rich discussions on the research topic and help me answer the research questions.

The qualifying criteria I used to identify the research population were set aiming for maximum engagement of the participants to the learning and teaching activities as well as their involvement in faculty development. In this case, the student organisation had been involved in faculty development as a representative of the students. It was also intended that interviews would be conducted in English; thus, their proficiency was a criterion. These predetermined criteria can be seen in table 1. Phenomenology focuses on in-depth interviews of a small number of participants (Ng et al., 2019); therefore, considering the scope of this dissertation, I decided on recruiting six participants consisting of three teachers and three students.

Table 1. Participants qualifying criteria

	Teachers	Students
1	Full-time	Third-year
2	Involved in faculty development	Involved in the student organisation
3	Fluent in English	Fluent in English

One step taken to minimise my personal influence on sampling was to have a gatekeeper. Gatekeepers are somebody within the university that has access to and connection with potential participants due to their position or knowledge of the research population (Andoh-Arthur, 2019). I selected different gatekeeper for each stakeholder group primarily as a person of contact to help identify and then disseminate invitations to the potential participants. I pursued the vice-dean of academic affairs as the gatekeeper for the teacher group because they work closely with the teaching staff and oversees faculty development processes thus having an established line of communication with group A and know who might best suit the criteria. As for the student group, I negotiated with the head of the student organisation to identify potential participants who fitted the qualifying criteria.

The invitation (see appendix C) was sent to the gatekeepers and disseminated using WhatsApp to the identified individuals. The first three participants from each group



who contacted me became the subjects thus further minimising any bias of selection. Before each interviews, participants were provided with a participant information sheet and asked to provide written consent.

Data Collection and Analysis

The use of semi-structured interview and the influence of phenomenology

As this study aimed to explore experience and meaning of the generation gap, semistructured interviews would be preferable compared with structured interviews (Robson & McCartan, 2016). A semi-structured interview allows more flexibility to explore views that are considered important by the participant experiencing the generation gap in UGME as well as the researcher conducting the interview. This approach towards qualitative interviews acknowledges and makes the most out of the knowledge-producing conversation (Leavy, 2014).

An interview guide (see appendix D) was developed as another step to maintain objectivity. Although the conversation was intended remain flexible, I believe it was essential to adequately prepare possible interview questions to ensure coverage of relevant information to answer the research questions efficiently. This interview guide was used to support the direction of the interview and facilitate the participant to share the experience that they thought was relevant and most importantly to help me focus on their lived experience within the phenomenon of interest (Peat, Rodriguez, & Smith, 2019). The goal of phenomenological interviews is to not only capture the structure of the lived experience of the generation gap in UGME, but also the conditions that make up those experience often represented through concepts, thoughts, or ideas, constructing a meaning that may not explicitly be obvious (Smith, 2018).

In a phenomenological interview, the interviewer is likely to modify the questions based on the answer given by the participants and thus both contributes to the generation of knowledge through the interaction (Høffding & Martiny, 2016). The understanding of experience is subject to development during interpretation and so to maintain phenomenological consistency (accurateness of a concept), I could revisit specific participant to pursue an experience with new insights. Participants were asked to give permission for possible follow-up interviews with a different or specified focus



designed by integrating common experiences as variation of question to enhance the trustworthiness of participants' claims (Bevan, 2014).

Semi-structured interview places the interviewer as the primary instrument, thus, as an inexperience researcher, piloting the interviews was an important step to evaluate the appropriateness of the interview guide and provided an opportunity to practice my interviewing skills (Majid, Othman, Mohamad, Lim, & Yusof, 2017). The pilot interview was planned to be conducted with peers of the study program due to the limited research population.

Conducting the interview

Individual interviews were conducted using an online communication tool convenient for each participant, which were WhatsApp and Zoom. Initial interviews were estimated to last between 30 to 60 minutes and would be transcribed for analysis with the possibility of a follow-up interviews.

Verbatim transcription was used to transcribe the interview, meaning that fillers, slang, stammer were retained. However, where participants spoke in a language other than English, translation to English was added and edited to maintain readability. Choosing verbatim instead of edited or intelligent transcription allowed me to fully capture the experience being described including participant's emotional state and inferred thought process behind the spoken words and thus staying close to the data which is vital in phenomenological research (Halcomb & Davidson, 2006).

Thematic Analysis (TA) or Interpretive Phenomenological Analysis (IPA)

The goal of my analysis was to provide an insightful description of the participants' experience in the context of the perceived generation gap in UGME. Referring back to the research question and philosophical underpinnings of phenomenology, I aimed to articulate the 'whatness' of the lived experience and extract meaningful understanding of the phenomenon. Two approaches to analysis were identified as fit for purpose i.e. able to provide the analytical framework to generate those outcomes. There were TA and IPA.

TA is a method for identifying, analysing, and interpreting themes within qualitative data. It offers a technique that is not confined by the theoretical framework of a



research methodology, thus can be applied across a range of research paradigms (Clarke & Braun, 2017; Ng et al., 2019). TA provides a systematic procedure for generating codes and themes. It was here because it enabled me to both describe the lived experience in terms of what the participants' think, feel, and do as well as to construct meanings behind it. TA can be used to analyse large or small data collected through any qualitative method and overall offers a very versatile analysis method in qualitative research (Clarke & Braun, 2017)

On the other hand, IPA is not as theoretically and methodologically flexible as TA. The aim can be similar to uncover the lived experience but IPA is more sophisticated in the way that it draws on reflective inquiry and phenomenological thinking to interpret data (Peat et al., 2019). Although both TA and IPA have similar analytic procedures that involve coding and theme development, the process is different. TA starts with initial coding of the entire data-set and collates them into themes whereas IPA uses a process where initial analytic observation is made on the data rather than short codes (The University of Auckland, 2019). IPA required me to stay close to the data as it is important to make a note of the unique individual account and develop themes for each participant compared with TA that identifies them across the entire data-set (The University of Auckland, 2019). Since the sample of this study is relatively small, the result of using IPA and TA informed by phenomenology will potentially be similar (The University of Auckland, 2019) so the credibility of my interpretation relied partly upon the trustworthiness and transparency of my conceptual lenses as a researcher. meaning that I had to be as clear and explicit as possible in describing each step of the research process (Tuval-Mashiach, 2016). The study aimed to capture personal accounts of experience within a phenomenological framework and so IPA is fitting to maintain an idiosyncratic focus. Idiosyncratic focus means that every participant has distinct consciousness of an experience that cannot be generalised with other participants (Gutland, 2018).

IPA analysis involves a step-by-step approach as described by Peat et al. (2019). I began the analysis by making analytical notes, developing emergent themes and isolating them for A1 transcript, then repeating for A2 etc. Then, I sought identifiable themes across participants while giving attention to the distinct difference between



accounts. Theme development was done with each group (A1, A2, A3) separately. After that, I drew on existing theories to further explore the data. Finally, I aimed to display the meaning of participants' experience by creating a metaphor. Metaphors are used in phenomenology as a way of bringing to light the meaning of the participants' experiences (Peat et al., 2019). Metaphorical language can serve as a new way to describe an experience and restructure concepts (Theodoru, 2019). Theodoru (2019) also noted that metaphor offers a way to discover similarities between participants and domains of experience while comparing different event.

Summary

I have demonstrated the alignment of my study design to the three research questions by aiming to capture the lived experience of three teachers and three students through the methods and principles of a phenomenological approach. In the next chapter, I will report my findings consistent with the steps of IPA analysis.



Chapter IV. Key Findings

This chapter will present the key findings of this research separated according to the two stakeholder group A (teachers) and B (students). To keep my analysis focused and grounded in the phenomena of generation gap I kept asking myself "What does this sentence tell me about their experience of the generation gap in UGME?" In the narrative below, I have emboldened statements which represented the emerging themes that point towards answering this phenomenological question, and capturing the experiences of participants and groups of participants.

During the data gathering phase, I assigned the participants study number in correspondence to their group and order of their interview. So for group A, interviews started with A1, followed by A2, etc. and the same interview system was done with group B. The interview was transcribed immediately after it was conducted, giving me the chance to do simple thematic analysis before moving on to the next interview, continuously refining my questions and building on my understanding as I move from one participant to the next (Høffding & Martiny, 2016).

Applying the steps of IPA, I conducted the analysis in three stages. For the first stage, I started going over each transcript, interpreting the uniqueness of the individual's lived experience (see appendix E). Emerging themes were developed from each transcript and isolated after each analysis, followed by making connections with the next participant in the order their interviews were conducted. After identifying patterns across the whole dataset, I progressed to stage two, which involved drawing on existing theories to further adhere the emerging themes and concisely present the findings in a diagram. In the final stage of analysis, I deepened my interpretation by creating a metaphorical story of the participants' lived experience.

Stage 1. Theme development

Group A (Teachers)

A1 (baby boomer generation) had been teaching undergraduate medical students for 20 years. Their experience of generation gap with the current generation of students is influenced by their observation on the **changing characteristics of students** where newer generation of students prefers a straightforward approach towards learning



which is the result of the increasing use of technology that makes obtaining knowledge relatively more accessible and faster.

"I see a difference because now everything is easy for them, like instant, what they want, they only need to click on the internet and everything is available, all the sources of information. Not like us that has to go through more effort and that for sure shape a difference in their values. I think they struggle less." (A1)

Although that might sound like a positive thing, this idea of "lack of struggle" seems to be perceived negatively as if that there was a degree of struggle that was deemed necessary in order for students to progress successfully in their studies. This suggested that the process in going through medical education has changed, but A1's account further implied that different generations have less struggles as opposed to merely different struggles.

A1 acknowledged that the **paradigm surrounding the role of a teacher** was changing. Teachers used to be the 'truth' and the only source of information. With the development of medical education following the change of generation, the role of a teacher changes and requires a shift in paradigm. An example of the paradigm shift given by A1 was an act of collaboration with the students in the sense that accepting them as a peer that teachers can also learn from. This change would also require teachers to be open to admitting mistakes, which according to them is a tricky thing.

"When you say generation gap, it refers to people from old generation where teachers have that paradigm that they are the source of knowledge, the only one source, so they feel like they are the ones who have to give information. You have to accept everything I deliver to you, you have to say yes. If that is their paradigm that it is a one-way process, and the students will stay quiet, and we do not learn as a lecturer." (A1)

During the interview, A1 mentioned several times that in order to fulfil the demands of students, they are pushed to 'catch up' and **develop professionally**. Being involved in faculty development, A1 is able to incorporate this belief and tried to introduce new teaching approaches, however, they experienced some challenges with **other members of the teaching staff** where it is **difficult to shift their paradigm**. An interesting point being made from their interview is that **the generation gap is**



independent with age which contradicted the term itself. A1's perception on generation gap suggested that the difference in thinking framework was not only because the teachers' generation group but their mindset of the paradigm they adopted.

"When I say mindset, in this case, is the paradigm because of their [teachers] point of view because even though you say generation gap, there are a lot of younger teachers but still have an old paradigm." (A1)

According to A1, building a **relationship with the students** minimises generation gap as it helped to understand the student's condition, acknowledge differences, and build trust so that she could give encouragement and support that promotes the students' learning.

"I do not only give lectures, but I get into their [the students] lives, so they share with me about their lives, and so we have conversations a lot. And they are not afraid to ask me questions. So I do not think there is much of a generation gap." (A1)

It was in A1's best intention to **create an atmosphere where the goal is student's learning**, and an informal relationship played a significant role. This statement gave an impression that **generation gap was a neutral concept** where differences did not necessarily mean opposition and depended on the manner that experience was communicated and utilised to motivate learning.

Continuing to the second participant, A2 (millennial generation) had 11 years of teaching experience. A2 also experienced a similar issue faced by A1 of facing the changing generation of students and to be in a position to convince other teaching staff to move forward with a paradigm shift.

A2's interview revealed two different experiences of the generation gap within the UGME, one with the students and the other with fellow teachers. Their account showed that they experienced having to **shift from being a medical student to a teaching staff** in the same university. This extended role suggested that they had deep insights towards what it meant to be a student and teacher at the same time and



consequently seemed to feel passionate in taking the role to minimise the generation gap.

"when she [student] talked to her research supervisor, she got scared before the first word. That is how intimidating our lecturer is because of different generation. She was an old lecturer so yeah supposed to be she is intimidating. Actually, her supervisor was my lecturer before, so it is a big gap, but I know her." (A2)

Acknowledging their position in the university within a hierarchical system, they struggled to convince an older generation of teachers to change their professional practice that is more fitting with the current generation of students.

"I am their leader right now, so it is hard to implement ideal learning method...even, improved methods to this old generation, it is hard."
(A2)

"The hard thing is the way to communicate with them because even though I am their leader right now, but they still think that I was their students." (A2)

What this meant for them is to role-model and prove the effectiveness of **newer teaching approach** so that other teachers might follow along. One of the example they gave to follow the development of medical education is by observing the students and identify individual learning needs or preference and used that knowledge to customise their teaching approach.

"now I feel like I can talk to them and they can understand that what I do right now is to bring changes and to help all the students. It is not easy, this is my 10th year, I still cannot get all the old generation, but if you ask me more than a half, I can influence them, to going to the same direction, the development of medical education." (A2)

Similarly, with A1, A2 builds a close **relationship with their students** as a way to understand their learning problems and **create a safe environment** for them to voice concerns and be listened to.

"I asked what is the problem? Why are you so being left behind? When we talked, I found that she is not a stupid student, she is not stupid, but most of the time she felt because she does not feel the support." (A2)



For A2, their position in the university gave them the opportunity to act as a bridge between the student and other teachers where she could encourage, gave support and direction for students.

The last teacher to be interviewed is A3 (GenX generation) with four years of teaching experience. Consistent with other participants in group A, they experienced generation gap with students as well as other teaching staff. With the students, they elicited experiences where there was a **difference in value** such as politeness and respect, which led to obstruction during teaching and learning session.

"If you have some mistake, I've learned when I was a student or when I was a child, don't look at your teacher or your parents. Don't look at her eyes, just look down or just say sorry. But she didn't say that and it makes me crazy. Maybe it's different now, what they learn about politeness." (A3)

"I need mood when I am teaching if my mood is great, I will share everything with them, but if they ruin my mood. Oh, it is finished."

(A3)

Their response suggested that their teaching depended heavily on **how the student** behaved according to what they believed is appropriate that in itself is perceived through the generation gap as it might be possible that the students did not share the same beliefs. A3 expressed negative emotions when students did not display the same behaviour as they would in the same situation and seemed to affect their validation of who they were as a teacher.

"I ask her something she didn't answer. So I ask her. What's wrong? What happened? You don't like me? or I make some mistake?... I almost won't finish [the class] because I feel that I'm underestimated by her." (A3)

This perception of generation gap also affected how they build **relationships with students**. They feel like there was a code of conduct on how teachers and students were meant to interact. It might be possible that this kind of interaction is what they value, recognise, and encourage in the educational environment.



"That is generation gap I mean sometimes I feel like I am too old. I cannot be just their friends...we have to be polite, some rules, unwritten rules, it needs to know and needs to obey." (A3)

This stiff, seeming to adhere to unwritten rules behaviour was also shown consistently in their **relationship with seniors or older generation of teachers** within their department in the university.

"He [a more senior teacher] taught that to the students but I cannot say to my senior that this one is better or right, your way is not. I cannot say that. it's not polite." (A3)

A possible downside of their **rigid interaction** was less room for feedback towards a more senior teacher. There was a fear of argument, and it seemed better to avoid conflict for something that is deemed trivial. This apprehensive behaviour might hinder innovation and progress within the department.

Group B (Students)

It is to be acknowledged that all students belong from the same generation group of Post-millennials. B1's **perception of the generation gap in UGME was described as a battle** between teacher and student where the teacher's weapon is their age and experience, whereas the student's weapon is new information.

"...the older generation, I think, their main weapon is their experience." (B1)

"...things like when we are presenting something new to them are they taking it as an attack." (B1)

I sensed a feeling of oppression in B1's account talking about the hierarchical educational environment in UGME where teachers seemed to have authority over students and talking back to a teacher was considered an act of bravery and demonstrated power.

"...we like to criticise things, and we have just got brave throughout the time like when I talk back to an older someone, it is like I have some kind of power" (B1)

This suggested that the act of conversation in a teacher-student interaction showed more than just an exchange of information but also a **power being exerted** over one another subtly. B1 expressed a strong emotional response of apprehension towards

their experience **interacting with the older generation**, especially in the event of a discussion. Their choice of response was to **stay silent** because according to them age would determine the result of the discussion. They introduced a win-lose concept which reinforced their perception of experiencing UGME like a battle. Their experience in receiving lack of positive appraisal or possibly rejection when presenting new information built into the idea that it was pointless to engage in a productive discussion with an older generation of teacher and seemed refuse to take in any kind of information given by them in response.

"We are destined to lose whenever we got involved in an argument before force ourselves in an argument, we just like... they are older." (B1)

"Sometimes, I will just win when I shut up." (B1)

Comparing their response toward a younger generation of teachers, there was a significant difference in their **perception of experience**. Although it was described as a weapon before, it shifted into a tool that can aid feedback giving to be better received as it is **used to relate and understand** the student's problems.

" the first step that he [teacher] takes is to relate something to his experience and to ours. He ends up lecturing us about it but it is a great way to start. I think I kind of understand, what you are trying to do and what you're dealing with" (B1)

Having felt deprived of validation from the older generation of teachers, the need to fulfil it seemed to grow stronger and upon receiving it from a younger generation of teacher possibly made them view the older generation of teachers more negatively.

The apprehensive behaviour and staying silent as a student was also reported by B2 when engaging in a **teaching and learning session with an older generation of teachers**. Their account suggested that the **existing educational environment does not promote their learning**. Teacher's experience in the medical field created a **feeling of inferiority** and gap in the relationship, which consequently led to **fear of being wrong and low self-esteem**, and thus it was "safer" for them stay silent.



"...of course they have been in that field for so long, I cannot help but feel inferior to them and a lot of time, feel scared to answer their questions." (B2)

"When I approach the lecturer with a very big age gap, it feels like it's unapproachable and we get nervous. We do not really ask much to them because sometimes I feel scared they are going to judge me like I am not smart enough to be asking this question." (B2)

Additionally, B2's judgement of themselves seemed to indicate low self-efficacy (personal judgement of own ability to deal with a situation) and led to lack of motivation or passivity in her learning.

"I stopped being curious... it does not occur to me that I have to ask anymore. I just take everything and just study whatever it is. I do not try to dig more." (B2)

Another factor that **obstructed their learning** is the **generalisation of teaching approaches**. In their experience, the older generation of teachers used didactic teaching methods which might not suit students of the current generation.

"I feel like they are too old to teach us because our attention span is really short. I think they have to innovate their way of teaching. Their way of teaching does not suit us anymore." (B2)

"I do not know maybe there are some pupils who are very diligent, but to me, it is not helpful." (B2)

So from B2's experience in UGME, it can be learned that there was a **change in the characteristics of medical students** and following that was a demand for innovation in teaching and learning activities. Their preference was also apparent in their response to a teaching approach that used quizzes and games conducted by a younger generation of teacher. The use of technology and participative approach **increased their learning motivation**

"It is challenging, and you know you feel like you want to do better, and because of that class, I started to study by myself even before the classes for the topic." (B2)

Similar to B1, B2 also showed a shift in **perception towards the experience of teachers**. Although it was perceived negatively before, once used effectively in a discussion, it could inspire and encourage learning.



"I like this type of discussion when teachers give their experience as a doctor and how they handled the situation. That is how I learn and also encourage me to study more." (B2)

The distinct difference for B2, it was more about the way that experience is presented. In their case, learning from a teacher through role-modelling gave her an image of their future role in medicine which seem to be of value to them and thus motivate learning.

B3 presented their experience differently, where they feel that the generation gap did not affect their learning experience. Their **perception of the generation gap** is that **values held by teachers are irrespective of their generation group**. The only challenge posed by the difference in generation between teachers and students is **technology**. The older generation of teachers had difficulty operating technology, and this provided an **opportunity for collaboration** between teachers and students.

"When we are doing online classes, sometimes they do not even know how to run the education. Do not know how to communicate with the application, how to turn the microphone on. So, for us maybe it sounds so basic, but for them, I think it is a challenging thing to do, and that is perfectly understandable... it is because of their ages maybe it is not that easy to learn something new." (B3)

B3's experience of the generation gap in UGME seemed to give them a feeling of selffulfilment by being useful towards the community through **helping the older generation of teachers.**

"It just means that we have to be helpful towards each other." (B3)

Interview with B3 revealed a sense of trust that they had with the teachers as an experienced professional to guide them and so gladly accepted a teacher-centred education. Having an outlier in the group suggested that students' responses and perception towards learning cannot be generalised.

At this point, all participants had been interviewed once. Having interviewed, transcribed and analysed all six participants (see appendix F) I chose to conduct follow up interviews with B1 and B2 with a more focused conversation on their self-concept because they shared a similar response toward teachers of different generations. Self-

concept can be conceptualised as a sense of identity developed from personal reflexive and social activities that influences social behaviour (Yeung, Li, Wilson, & Craven, 2014). I wanted to explore this concept further because I sensed their need to supress themselves when interacting with teachers and by following up their interviews I would have the opportunity to maintain accurateness of the concept by varying the questions (Høffding & Martiny, 2016).

Follow-up Interviews

The first noticeable detail from their interviews were that they seemed to categorise the teachers into two groups, the older generation, and the younger generation. Towards the older generation of teachers, they behave more passive and rigid, that seemed to be influenced by the **norms of the educational environment** whereas, towards the younger generation, they felt more relatable and thus created a more comfortable learning environment.

"When I am with the older generation, I think I am a bit more passive... I am aware of all of the friction in the context of the generation gap. So I think I am much more careful of what I want to say and being passive is actually...also I try harder to please the older generation I think. "(B1)

"Maybe because it is more acceptable for me to act that way for that person. Maybe there are times when the older teachers will not like what I will do, but the younger teachers will understand what why I did something or act that way because they are closer to our generation, so they understand us." (B2)

From B1 and B2 accounts, the conversation suggested that there was a process that happened within them in order to display a certain behaviour to be accepted by the community and feel safe. There seemed to be a **lack of attention given towards their emotions** about the process as it was deeply ingrained in them to a degree where it was almost like procedural memory that is formed through the repetition of habit.

" When I am in a situation where there is an older person, it is like a switch that I have to please them and do things, it is more like a reflex at this point." (B1)



"I feel fake, but already at that stage where it feels like it is in my subconscious, it is switched on. I am not trying to be fake on purpose, so like I never question whether it is me or not me." (B1)

"I do not really feel tired actually like it is already implanted in how I act towards people." (B2)

These additional interviews were worth doing as it added two more valuable themes into the findings that were essential for the next stage of analysis.

Stage 2. Integrating existing theories to emerging themes

In this stage of data analysis, I summarised the emerging themes and integrated existing theories and concepts to make sense of the data (Peat et al., 2019). As experience cannot be generalised across participants, this allowed me to discuss the findings with a specific focus and make connections between the two stakeholder group. The existing theories, emerged from the iterative literature review are explored more fully at the opening of the discussion chapter.

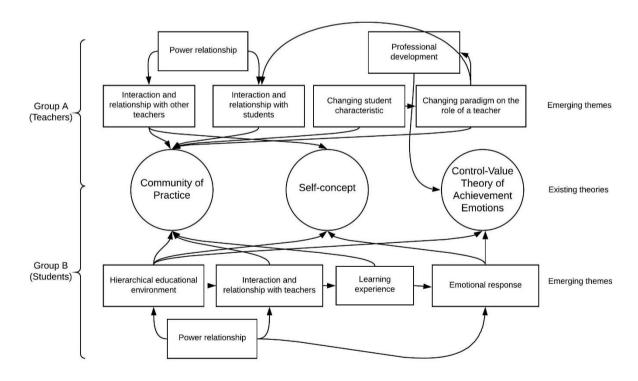


Figure 3. Relationship between emerging themes and existing theories.

As seen in figure 3, the emerging themes from each group contribute to my identification of three existing theories that might deepen my interpretation of the

generation gap which are community of practice (CoP), self-concept, and control-value theory of achievement emotions (CVT). As a part of social learning theories, CoP is a group of individuals who share and develop knowledge, beliefs, values, and experience based on a common practice (Cruess, Cruess, & Steinert, 2018) which I thought incorporates many of the social nature of learning showed in the findings through interactions within the norms of the medical school. Self-concept which had been defined in the previous section, arises from the social influences on both the teachers and students' behaviour in the educational environment. CVT presents an integrative framework to analyse the cause and effects of emotions that resulted from an achievement in an academic environment (Reinhard Pekrun, 2006) which provided more understanding of the students' emotional response and insights on how to manage and utilise them for learning.

Moving on to the final stage of analysis, I wrote a metaphorical story to showcase my findings that allowed me to capture a large entity of data and "see the bigger picture" while maintaining focus on individual accounts. Metaphorical language can serve as a new way to describe an experience and restructure concepts (Theodoru, 2019). Theodoru (2019) also noted that metaphor offered a way to discover similarities between participants and domains of experience while comparing different event. And so, the following metaphor was designed to incorporate the key findings into one single event. The characters, conversation and plot of the story were created to re-present the participants lived experience and their shared environment as displayed in this chapter.

Stage 3. The Metaphor

The Island that Shaped Its People

Three travellers were stranded on an unknown island of unclear inhabitants. Let us name them Harry, Ron, and Hermione. They soon realised that they were not the first ones there because they could see signs of human activity. Sticks, stones and what seems to be the remains of a fire on the sand.



They agreed to split up to find someone for help. "I found something!" shouted Ron. Harry and Hermione rushed towards Ron, and they saw him in front of a path leading into a forest. Somebody had carved an arrow and written "this way" on a tree. Ron was sure that if they follow the path laid out for them, they would find someone or something at the other end that would help make sense of the whole situation.

The path was not easy to walk on, and they would get hurt now and again, but what choice did they have but to continue walking. Along the way, Harry saw a river, and he suggested it might be logical to follow the freshwater as it would surely lead them to a potential civilisation, if there is any. Hermione, always the careful one, was scared to stray off the path. "Let's just stay here. We don't want to get lost, do we?" she said.

Before they finished figuring out which road to take next, two people came down the path they were on.

"Hi, I'm Luna, I'm here to guide you, there is a town up ahead filled with everyone that had come to this island before you. You must be so confused; I know how you feel, so let me help you."

"I'm Professor Umbridge; I arrived here before Luna. Please follow the path carefully if you want to stay safe."

On their way up the hill, they got thirsty. Harry grumbled and whispered to Hermione "I told you we should have walked alongside the river instead." Luna overheard them and said that it was actually a good idea, but the elders of the town who paved the way had decided that this path is the best chance to get there. "Shush, you don't know enough about the forest to go wandering about," said Professor Umbridge.

Luna whispered to Harry "We'll talk about this later okay, just stay quiet for now.". "But...Okay," Harry said apprehensively as he continued walking.

Along the way, Professor Umbridge and Luna told stories about the island and the elders who had created the path from the beach to a clearing at the centre of the forest where they had built the town. The message seemed to be that the elders have been here the longest and so they know everything there is to know about the island. All

three newcomers just nodded and nodded, but Harry was looking around and kept talking.

"I think that can be a..."

"Shush, you know nothing," said Professor Umbridge

"I think that is a..."

"Shush, you know nothing," she repeated.

"Harry, just keep your head down and look at the path," said Hermione.

Upon arrival, they were welcomed by one of the elders called Professor McGonagall. "How was the way up? I hope it wasn't too bad." Harry, Ron, and Hermione stayed quiet. Luna tapped Harry's shoulder and said: "I thought you wanted to say something?" "I know nothing," said Harry. "They will learn how we do things around here; just follow the rules," Professor Umbridge said as she leads them to their assigned house.

Luna and Professional McGonagall looked at each other with regret in their eyes. They were hoping that these newcomers would bring something fresh from the outside. "Harry, Ron, and Hermione were just like you when you first came here, Luna," said McGonagall. "I was hoping for something new. I haven't been down there in a while. The elders that created that path are not even here anymore. They laid the rules, and the rules were good. The town is thriving, but I don't want to die seeing it be the same old town as when I arrived to."

Luna looked at the town and turned to Professor McGonagall "If we don't get them to talk, here is exactly where we will be."

The End

Summary

Following the methodological approach of IPA, the findings generated demonstrate rigour and trustworthiness as it offers my analytical interpretation and commentaries supported with quotations from participants' transcript that stayed true to the data. The



next chapter will be a discussion of how my iterative literature review informed by these findings can answer the research questions of this study.



Chapter V. Discussion

This chapter consist of two components which are the results of my iterative literature review informed by my findings focusing on CoP, self-concept, and CVT followed by discussion of its application to answer my research que

stions. Additionally, I will be reviewing the strengths and limitations of this study by reflecting and critically appraising the rigour of the study process.

Iterative Literature Review Results

The findings of this study moved my initial understanding of the generation gap. Rethinking the medical school as a CoP allowed me to see the wider implication of the dynamic relationship between stakeholders that made up the educational environment. The preliminary literature review revealed more towards the impact and end result of the generation gap in terms of faculty and curriculum development. I was able to refine my understanding by continuous iteration of literature search that was done simultaneously with data collection and analysis process (Lavallée et al., 2014) and towards the end of the study, my search became directed towards the phenomenon itself through CoP, self-concept, and CVT which consequently also led to a more focused literature on faculty and curriculum development.

During the iteration process, the initial search strategy remained the same. Using the same databases but with additional keywords established from emerging themes and concepts based on the findings of this study, which are CoP, self-concept, and CVT. However, the traditional Boolean search query did not produce any result and so I sought other search techniques that fitted my knowledge gathering process. I chose berry picking, an iterative retrieval process that uses pieces of newly identified information to modify the search (Zwakman et al., 2018). To build on knowledge and generate theories while the process was still ongoing defy the linear process of a typical literature review (Zwakman et al., 2018) as I kept changing the combination of keywords through different database and by the end of the search, it was difficult to document the exact route taken (Finfgeld-Connett & Johnson, 2013). I acknowledge that the use of berry picking lacks transparency (Zwakman et al., 2018), but proved



advantageous in my study in the way that I could use bits of information as I progress and find relevant literature for my discussion.

Community of practice

In this study, all participants were sharing the same environment where they interacted and built relationships with one another. Although the teachers were not going through education, they were experiencing the process along with the students (like two sides of the same coin). Both stakeholders also shared UGME goals, which is the development of health care professionals through a series of predetermined process. I would argue that this shared sense of purpose and learning process through mutual interaction makes this UGME a CoP ((Kaufman & Mann, 2014).

CoP literature views learning and development to have a socio-cultural basis and members move gradually from the periphery towards the core with increasing acquisition of knowledge, skills, and shared identity within the community (Cruess et al., 2018). This process is called legitimate peripheral participation and is central to the theory (Buckley, Steinert, Regehr, & Nimmon, 2019; Cruess et al., 2018). To achieve this, Increasing participation and contribution from new members is encouraged with support from a more senior member (Burgess & Nestel, 2014). Within the broad umbrella of social learning theories, CoP is widely known to be a theory situated in the workplace (Buckley et al., 2019; Hodkinson & Hodkinson, 2004) and emphasises the informality of learning through unstructured educational activities (Swanwick, 2005). Expanding CoP in the setting of UGME means that the shared practice, in this case, is not providing healthcare but rather the "practice" of learning. Thus, viewing learning-as-participation would impact the curriculum as a whole (Morris, 2018). Knowledge translation being the fundamental purpose of CoP is an exchange of knowledge among members which, by definition, is the act of giving and receiving (Kaufman & Mann, 2014). Applying CoP and legitimate peripheral participation in UGME would then require collaborative processes between teachers and students.

Rethinking the roles of a teacher in a collaborative environment, authority and control over students learning would seem to decrease with the growing participation of students. Li et al. (2009) noted that to maximise learner engagement and participation



in learning through interaction with teachers, the equalisation of roles between teachers of learners is ideal. This suggests that teachers are encouraged to shift their roles from imparting knowledge as an expert to facilitators or even as peers to the students. Although this change of paradigm and role of a teacher can be uncomfortable, the development of trust among members and a safe educational environment leads to openness and effective knowledge transfer (Li et al., 2009; Roberts, 2006). The reason this posed as a challenge might be because a CoP is not intentionally formed but emerged over time (Cruess et al., 2018). And some of the issues identified by Hodkinson and Hodkinson (2004) is that by the time the CoP was recognised the members are unequally positioned with differences and inequalities of power (Hodkinson & Hodkinson, 2004).

Power has been closely related to influence and the ability to affect beliefs and attitudes (Northouse, 2016). Additionally, power shapes social interaction which arises concerns if the purpose of CoP is knowledge translation and knowledge transfer that depends on the guidance of a senior member (Burgess & Nestel, 2014; Roberts, 2006). It is acknowledged that members within a CoP will vary in age and this experience, and authority which creates a hierarchy of power between teachers and students (Li et al., 2009; Roberts, 2006). Members with more experience and participation are more likely to hold power and authority and fail to shape the legitimacy of peripheral participation (Roberts, 2006). However, literature that examines the power differentials in CoP suggests that it can be minimised by explicitly establishing the CoP and support both informal and formal interaction emphasising learning (Buckley et al., 2019; Li et al., 2009).

Self-concept and Control-value theory of achievement emotions

There are many definitions of self-concept found in literature. It can be conceptualised as a person's identity (Yeung et al., 2014) or their perception of themselves (Wilson, Cowin, Johnson, & Young, 2013; Yu et al., 2019). Jackman, Wilson, Seaton, and Craven (2011) noted that self-concept is shaped through interaction with the environment and other people. Gecas (2003) also argues that individuals are defined by social and physical forces in which self-concept contributes in the construction of a person and their environment. The Six specific domains related to self-concept



suggested by Bracken and Lamprecht (2003) are social, competence, affect, physical, academic, and family. For the purpose of this dissertation. I will only focus on academic self-concept.

Academic self-concept refers to the perception of competence and can be similar to self-efficacy in its sense of the belief of their ability to accomplish a certain task (Jackman et al., 2011). Academic self-concept is the judgment through evaluation of past events, whereas self-efficacy is future oriented. However, self-efficacy is argued to be an aspect of self-concept that is directly related to sense of control and motivation as it refers to how a person perceive their agency over a circumstance and capability to do the intended outcome (Yeung et al., 2014). In education, low self-efficacy and academic self-concept is seen to be related in behaviour that concerns with negative external judgement (Ommundsen, Haugen, & Lund, 2005). When an individual becomes threatened they are unable to trust their ability and unable to gain control over their intended outcome (Ommundsen et al., 2005). For instance, fear of being judged stupid by a teacher led the student becoming passive and unable to progress in their learning. This suggests that the external forces and environment have the ability to shape a person's self-concept. One of the ways educators can foster positive self-concept is by triggering positive and activating emotions (Flores Kanter, Medrano, & Conn, 2015). This relationship of emotions and self-concept and be seen in CVT.

CVT presents an integrative framework to analyse the cause and effects of emotions that resulted from an achievement in an academic environment (Reinhard Pekrun, 2006). Achievement emotions are emotions directly related to achievement activities, and their outcomes, whether it is a success or even a failure (R. Pekrun, Lichtenfeld, Marsh, Murayama, & Goetz, 2017). The theory conveys that these emotions are triggered by cognitive appraisals of control and value achievement activities and its outcomes. Appraisals of control refer to the perception of students towards their ability to successfully accomplish an intended outcome, whereas appraisals of value are how important they perceive those activities and outcomes (R. Pekrun et al., 2017). There are a body of literature in medical education looking at the positive correlation of emotions to academic achievement and imply the importance of striving to understand



personal and emotional factors that contribute to learning and performance in medical school (A. R. Artino, La Rochelle, & Durning, 2010; Naeem et al., 2014).

Pekrun's model of control-value theory of achievement emotion gave a clear framework for faculty and curriculum development (Reinhard Pekrun, 2006). First is the recognition and encourage authentic expression of emotions from students which starts by creating a safe environment that fosters self-regulation of emotion (Reinhard Pekrun, 2006). Secondly, provide the right balance between autonomy and guidance to promote personal agency and self-efficacy (A. R. Artino, Jr., Holmboe, & Durning, 2012).

Application of theories to answer research questions

What is the lived experience of undergraduate medical education for teachers and students?

Essentially, this phenomenological question refers to the characteristic of the generation gap that makes it what it is (Dahlberg, 2006). The lived experience of intergenerational learning for stakeholders is, in essence, trying to progress academically and professionally within the limitations of what they can or cannot control. According to my analysis, it is like being in an unrecognised or possibly even a malfunctioning CoP.

I will use my findings to visualise a CoP model within the medical school (see figure 4). The participants can be sequenced according to their generation group and in terms of their professional development, as it can be presumed that in medicine, development of professionalism and experience is proportional to age (if the older someone is, then the more experienced they are in the field). With the lens of a CoP, the determining factor in placing the participants in that specific order is a matter of who experienced it first. The youngest and least experienced would then be in the periphery, and logically the oldest and most experienced would be the core. Further evidencing the findings of a hierarchical educational environment into this model, with increasing experience, stakeholders would also have increasing power and authority over the generation below them.

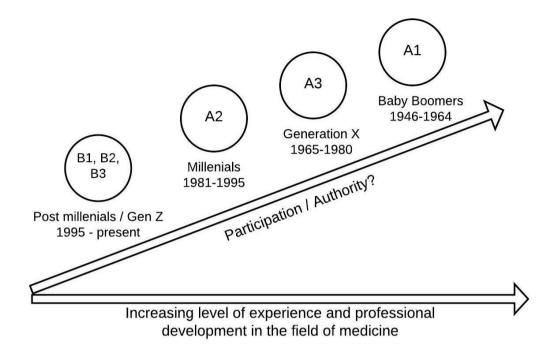


Figure 4. CoP model based on participants' lived experience

Arguably, the medical school has established the purpose and value of this CoP through its vision and mission statement. These values determine the kind of behaviour that is accepted by the community. Efforts were being made by stakeholders to maintain the values that are enforced on them, such as obedience, respect, and politeness regardless of their own values and beliefs. Interestingly, this phenomenon is only displayed from a younger towards an older generation group in both stakeholders and not the other way around.

Facing the change in characteristics of the current generation of students; teachers begin to evaluate their teaching approach and realise that there is a need to develop their paradigm around the role of a teacher. A teacher-centred mind-set where information flows from the "top to bottom" does not promote students learning if they are receiving knowledge passively; however, acknowledging this does not mean that change is automatic. My analysis suggested that perhaps the longer an individual is involved in the same practice, the more ingrained they are with the values and routine of the CoP, risking the community becoming more rigid and strict with time. As newer members gradually move towards the core of the CoP with new methods of practice,



conflict arises, and legitimate participation is not fostered and limiting innovation from more recent generation.

What are the similarities and differences in perceptions of undergraduate medical education of stakeholders?

Being immersed in the reflective process of phenomenological study and close to data, I began to realise that questioning similarities and differences in perception was too limited to address the generation gap. While designing this study, I believed that by examining the lived experience of stakeholders, I would also capture the similarities and differences that were distinctive of the participant's generation group as one of the structure of their experience. However, towards the end of this study, I got a sense that perceptions of UGME was still continually being constructed. One of the characteristics of CoP suggests that new members are supported to embody an established sense of purpose and so, in my opinion, any initial perception of UGME might be moulded into a model defined by the community, making it difficult to determine.

What does this suggest for future faculty development purposes?

Making sense of participants' experience, I think that the presence of generation gap inhibits the expression of self (as conveyed through thoughts, beliefs, values, and emotions) from the younger generation to an older generation. This might be a result from pre-existing beliefs that medical school is not a place do to so as the rules of the environment had already been set and current educators had also been following the same thing during their time. Perhaps the realisation of CoP, understanding the importance of self-concept with knowledge on CVT may provide insights for faculty development targeted to shape a new environment that is more informed by learning theories rather than old norms or paradigms.

Educators can also be prepared to observe their environment and be aware of existing or emerging CoP that has not been identified. With CoP's principle of intentionality, both faculty and students can make any CoP explicit and foster the social learning environment (Cruess et al., 2018). Consequently, UGME curriculum can be



restructured and developed strategically with CoP principles with an awareness of power relationship.

CVT also highlights the influence of emotions towards academic performance which consequently shape the student's perception of control of their performance. (R. Pekrun et al., 2017). Understanding the reciprocal causation of this theory can help educators shape the determinants that make up students' achievement emotions, both their value and control appraisal of educational activity. Educators could integrate this in their teaching approach by demonstrating autonomy-supporting behaviours and encouraging students to express negative emotions towards tasks that may be felt boring or uninteresting to the students (A. R. Artino, Jr. et al., 2012). By doing so, learners' positive academic self-concept and self-efficacy may be developed.

Strengths and Limitations

Undergoing a phenomenological study, I made use of my personal interest in the topic of generation gap as a driving force to explore the participants' experience. Because phenomenology allowed me to immerse in the data, I dived in the participants' experience and came back with valuable insights (Hickman, 2015). As all other qualitative methodologies, the research question and findings was greatly influenced by the researcher's personal perspective as much as the participants (Kuper, Reeves, & Levinson, 2008). I recognised that this influence is both a strength as well as a limitation for this study. However, I aimed to ensure rigour by drawing on the concept of reflexivity. To achieve this, I tried to be as explicit as possible in describing the justifications and efforts being made in the study design. By doing this, I was able to improve the quality of this study and acknowledge the limitations to produce a trustworthy piece of work (Cypress, 2017).

Reflecting on the data collection, there were several points to note. Looking at the participants' profile, I considered having two stakeholder groups involved in the study was a definite strength, enabling me to achieve a more comprehensive perspective of the educational environment. I was also fortunate to include participants of different generation group (baby boomer, GenX, millennials and post-millennials), providing the means to generate insights into the topic of generation gap (Kitto, 2008). Large



amounts of data were able to be gathered using a semi-structured interview. However, it was challenging to keep it grounded in their experience as participants would often go into abstract conceptualisation which in the method of IPA, data that is not concrete and experience-based is unsuitable for appropriate analysis (Van Manen, 2016). One factor that contributed to this limitation is my novice interviewing skills. Two pilot interviews were undertaken with peers. The limitation of this process is that I was not able to do so with people from the research location due to the limited number of participants. Nonetheless, it gave valuable insight because it was initially impossible to determine how the conversation could expand. Some questions were unclear and led to overlapping discussion, which gave me feedback on how to modify the interview guide.

Another factor effecting quality of my data was the use of online communication tool as opposed to a face-to-face interview. The process of video interviews closely resembled the "feel" of a face-to-face interview as I was able to maintain a synchronous communication. Although certain drawbacks like the inability to analyse body language might have afforded additional information or insight, I did not find this to be a problem because I did not intend to analyse non-verbal cues of the interview (Opdenakker, 2006). Additionally, the scope of this study (as a dissertation) was also insufficient to conduct follow-up interviews for all participants and I may have missed the opportunity to obtain even more specific and rich data due to time constraints.

For the data analysis, the use of IPA was suitable to produce an insightful interpretation with potential to enhance understandings of generation gap and awareness of undetected issues. Because it drew on subjective reflexivity (Peat et al., 2019) it is not generalizable and being an insider research might elevate concerns of bias influence and subjectivity. Many qualitative authors recommend the use of researcher triangulation and member checking as ways to enhance the credibility of this process (Côté & Turgeon, 2005). As I am the sole researcher and due to the time restriction, I was unable to send my analysis to participants for member checking, although my supervisor analysed parts of the data to enhance credibility. For the presentation of analysis itself, the use of metaphor might not be suitable for a broader range of audience as the characters used are from a children's book. However, I have



created the metaphor to be as flexible as possible to still be able to convey the meaning I intend to present.

Another limitation of this study is the hypothetical answer to the second research question. As previously mentioned, a critique of the generation gap in medical education is that differences in perception are due to where students are in their learning and both stakeholders actually benefit from the same student-centred approach. That has little to do with the perception of learning and again a lot to do with the environment that shapes that approach, such as the presence of power relationships. Additionally, having done the study in a developing country with different cultures and norms using the lens of western countries from which most literature emerged may also generation a dislocation and further research may be needed to explore local cultures and suitable solutions. Thus, I would argue that the second research question served its purpose as a navigational tool that led me to develop my thinking and inquire the unexpected or even begin asking the right thing (Agee, 2009). Inspired by Harden and Laidlaw (2017), if I were to study again on generation gap educational environment, the questions would be "what is valued, what is recognised, and what is encouraged".

Summary

In this chapter I have proposed CoP model into the context of UGME and therefore able to analyse the educational environment as well as critique the theory. Suggestions toward faculty development were generated by applying CoP, self-concept, and CVT to articulate the lived experience of stakeholders which might be useful to optimise recognition of the strengths and weaknesses of intergenerational learning. In addition, reflection on the strength and limitations of the study allowed me to evaluate the credibility of the findings. In the next chapter, I will analyse these outcomes with relevant literature and consider its transferability in the wider context in relation to current practice and research.



Chapter VI. Conclusion & Suggestion

This chapter is comprised of two parts which are overall analysis of the study outcomes and suggestions for future educational practice and research. I will present a brief conclusion of the answers to my research questions and justify the achievement of the study's aim. Suggestions will be targeted for faculty and curriculum development of UGME and research in the area of the generation gap in medical education.

Describing the generation gap and its essence, achieved through the lived experience was the methodological goal of this study. What I found was that for one person, it can be a battle and another might be an opportunity to fulfil a purpose which made it impossible to generalise. Collectively, the answer might just be that individuals experiencing intergenerational learning are trying to develop a self-concept in an unrecognised CoP where expectations of self had already been defined, leading to internal conflicts that seemed challenging to be expressed genuinely. What this suggest for faculty and curriculum development is to first understand the critical role of the environment in shaping a positive self-concept and promoting self-efficacy. In terms of achieving the aim of this study, I hope that this phenomenological study has successfully articulates pieces of new knowledge that is valuable towards discourses of faculty and curriculum development in UGME.

Analysing Study Outcomes

Theorising the participants' lived experience as a CoP allowed me to both apply CoP in the context of UGME and also critique the theory itself. Applying CoP in a formal learning setting like UGME would also mean rethinking the curriculum as a whole (Morris, 2018). A teacher-centred curriculum might be misaligned as the CoP theory encourages active participation of students. To fit into the CoP model, educators would be required to develop their educational approaches and also shift their role as a teacher from an expert who imparts knowledge to a facilitator of knowledge building.

Findings from both stakeholder groups presented a hierarchical educational environment which resembles the power dynamics in a CoP. There is extensive literature critiquing that the original theory of CoP did not address this issue in a social



learning theory that is based on apprenticeship where novices learn from experts (Hodkinson & Hodkinson, 2004; Li et al., 2009; Roberts, 2006). Adding to this critique, is that power does not only come from age, positional authority, or experience but also the wider socio-cultural norms which is less explored in literature on CoP. Putting that issue to one side for now, how do educators then manage to facilitate knowledge translation and transfer in a CoP with known power differentials? Literature suggests that explicitly establishing the CoP with collaboration from members can minimise that (Buckley et al., 2019; Li et al., 2009). To promote the legitimacy of participation, educators could encourage a collaborative environment that welcomes innovation from new members. In the wider context, educators can reflect on this issue and evaluate the impact of power differentials in their place of practice.

Another key finding is the importance of students' emotions towards their academic performance and development of a positive self-concept. Since newer generation of students seem to have a stronger need to be understood and emotionally cared for, educators can utilise that to increase students' learning motivation. With CVT, the dynamics of emotions experienced during learning can be analysed by looking at the students' appraisal of control and value (R. Pekrun et al., 2017). Educators could use this theory to create an environment where students are able to take ownership of their learning and see the value in it which is known to have positive impact towards learning. Educational environments can be shaped where educators exhibit autonomy-supporting teaching approaches and encourage students to express their genuine emotions (A. R. Artino, Jr. et al., 2012).

Suggestions for future educational practice and research

So does this study increase our understanding of the different generation groups as a whole to allow for generalisation? Maybe not. Nevertheless, learning from how the stakeholders experience it offers valuable insights and feedback on ongoing practice at UGME and explicitly highlights critical issues which if addressed in the educational environment might optimise curriculum delivery. I believe that the issue of power dynamics and lack of attention towards emotions due to generation gap can be transferred to another context of healthcare profession education and applied as relevant as any reader decides (Kuper et al., 2008)



Furthermore, the knowledge gaps of this research and extension on existing theories can open new opportunities for future research of generation gap in the educational environment, faculty development and curriculum. Further robust phenomenological research into generational gap topics may uncover underlying issues in UGME, especially within the context of a teacher-student relationship, additionally with a more comprehensive participant profiles. Lastly, subsequent research on the generation gap may benefit from including the influence of social and cultural norms of developing countries, such as Indonesia. Participants' narratives seemed to suggest that this might be a powerful determinant of an individual's thinking framework but was beyond the scope of this study



References

- Agee, J. (2009). Developing qualitative research questions: a reflective process. *International Journal of Qualitative Studies in Education*, *22*(4), 431-447. doi:10.1080/09518390902736512
- Andoh-Arthur, J. (2019). Gatekeepers in Qualitative Research. In.
- Artino, A. R., Jr., Holmboe, E. S., & Durning, S. J. (2012). Control-value theory: using achievement emotions to improve understanding of motivation, learning, and performance in medical education: AMEE Guide No. 64. *Med Teach*, *34*(3), e148-160. doi:10.3109/0142159x.2012.651515
- Artino, A. R., La Rochelle, J. S., & Durning, S. J. (2010). Second-year medical students' motivational beliefs, emotions, and achievement. *Med Educ, 44*(12), 1203-1212. doi:10.1111/j.1365-2923.2010.03712.x
- Astalin, P. K. (2013). Qualitative research designs: A conceptual framework. *International journal of social science & interdisciplinary research*, *2*(1), 118-124.
- Bevan, M. (2014). A Method of Phenomenological Interviewing. *Qualitative Health Research, 24,* 136-144. doi:10.1177/1049732313519710
- Borrero, S., McGinnis, K., McNeil, M., Frank, J., & Conigliaro, R. (2008). Professionalism in Residency Training: Is There a Generation Gap? *Teaching and Learning in Medicine, 20*(1), 11-17. doi:10.1080/10401330701542636
- Boysen, P. G., Daste, L., & Northern, T. (2016). Multigenerational challenges and the future of graduate medical education. *Ochsner Journal*, 16(1), 101-107.
- Bracken, B. A., & Lamprecht, M. S. (2003). Positive self-concept: An equal opportunity construct. School Psychology Quarterly, 18(2), 103-121. doi:10.1521/scpq.18.2.103.21859
- Buckley, H., Steinert, Y., Regehr, G., & Nimmon, L. (2019). When I say ... community of practice. *Medical Education*, 53(8), 763-765. doi:10.1111/medu.13823
- Burgess, A., & Nestel, D. (2014). Facilitating the development of professional identity through peer assisted learning in medical education. *Advances in Medical Education and Practice*, 2014(default), 403-406.
- Campbell, J., Smith, D., Boulton-Lewis, G., Lunn Brownlee, J., Burnett, P., Carrington, S., & Purdie, N. (2001). Students' perceptions of teaching and learning: The influence of students' approaches to learning and teachers' approaches to teaching. *Teachers and Teaching:*Theory and Practice, 7. doi:10.1080/13540600120054964
- Chak, A. (2015). Beyond 'he' and 'she': The rise of non-binary pronouns. Retrieved from https://www.bbc.co.uk/news/magazine-34901704
- Chan, Z. C., Fung, Y.-l., & Chien, W.-t. (2013). Bracketing in phenomenology: Only undertaken in the data collection and analysis process. *The qualitative report, 18*(30), 1-9.
- Clarke, V., & Braun, V. (2017). Thematic analysis. *The Journal of Positive Psychology, 12*(3), 297-298. doi:10.1080/17439760.2016.1262613
- Coomes, M. D., & DeBard, R. (2004). A generational approach to understanding students. *New Directions for Student Services*(106), 5-16. doi:10.1002/ss.121
- Côté, L., & Turgeon, J. (2005). Appraising qualitative research articles in medicine and medical education. *Medical Teacher*, *27*(1), 71-75. doi:10.1080/01421590400016308
- Cruess, R. L., Cruess, S. R., & Steinert, Y. (2018). Medicine as a Community of Practice: Implications for Medical Education. *Academic medicine: journal of the Association of American Medical Colleges*, 93(2), 185. doi:10.1097/ACM.00000000001826
- Cypress, B. S. (2017). Rigor or Reliability and Validity in Qualitative Research: Perspectives, Strategies, Reconceptualization, and Recommendations. *Dimensions of Critical Care Nursing*, 36(4), 253-263. doi:10.1097/dcc.000000000000253



- Dahlberg, K. (2006). The essence of essences the search for meaning structures in phenomenological analysis of lifeworld phenomena. *International Journal of Qualitative Studies on Health and Well-being*, 1(1), 11-19. doi:10.1080/17482620500478405
- Dwyer, S. C., & Buckle, J. L. (2009). The Space Between: On Being an Insider-Outsider in Qualitative Research. *International Journal of Qualitative Methods*, 8(1), 54-63. doi:10.1177/160940690900800105
- Ferris, H., & Joyce, P. (2015). Factors Influencing Curricular Reform; An Irish Perspective.

 International Journal of Higher Education, 4(2), 38-43. Retrieved from

 http://search.ebscohost.com.libezproxy.dundee.ac.uk/login.aspx?direct=true&db=eric&AN=EJ1060572&site=ehost-live&scope=site
- Finfgeld-Connett, D., & Johnson, E. D. (2013). Literature search strategies for conducting knowledge-building and theory-generating qualitative systematic reviews. *Journal of advanced nursing*, 69(1), 194-204. doi:10.1111/j.1365-2648.2012.06037.x
- Flores Kanter, P. E., Medrano, L., & Conn, H. (2015). Emotion and Self-concept.
- Floyd, A., & Arthur, L. (2012). Researching from within: external and internal ethical engagement. International Journal of Research & Method in Education, 35(2), 171-180. doi:10.1080/1743727X.2012.670481
- Genn, J. M. (2001). AMEE Medical Education Guide No. 23 (Part 1): Curriculum, environment, climate, quality and change in medical education—a unifying perspective. *Medical Teacher*, 23(4), 337-344. doi:10.1080/01421590120063330
- Gordon, V. N., & Steele, M. J. (2005). The Advising Workplace: Generational Differences and Challenges. *NACADA Journal*, *25*(1), 26-30. doi:10.12930/0271-9517-25.1.26
- Grace Oh, E., Ricciotti, H. A., & Cianciolo, A. T. (2018). Paying Mind to Generational Differences in Medical Education: A Dialectical Book Review. In (Vol. 30, pp. 345-349).
- Grant, J. (2019). Principles of Curriculum Design. In T. Swanwick, K. Forrest, & B. C. O'Brien (Eds.), Understanding Medical Education: Evidence, Theory, and Practice. Newark, UNITED KINGDOM: John Wiley & Sons, Incorporated.
- Green, H. E. (2014). Use of theoretical and conceptual frameworks in qualitative research. *Nurse Res,* 21(6), 34-38. doi:10.7748/nr.21.6.34.e1252
- Guillemin, M., & Gillam, L. (2004). Ethics, reflexivity, and "ethically important moments" in research. *Qualitative Inquiry*, *10*(2), 261-280. doi:10.1177/1077800403262360
- Gutland, C. (2018). Husserlian Phenomenology as a Kind of Introspection. *Frontiers in Psychology,* 9(896). doi:10.3389/fpsyg.2018.00896
- Halcomb, E. J., & Davidson, P. M. (2006). Is verbatim transcription of interview data always necessary? *Applied Nursing Research*, 19(1), 38-42. doi:https://doi.org/10.1016/j.apnr.2005.06.001
- Harden, R. M., & Laidlaw, J. M. (2017). Essential skills for a medical teacher: An introduction to teaching and learning in medicine (Second ed.).
- Hickman, C. (2015). Strength and Limitations of a Qualitative Research Design from the perspective of a Ph.D student.
- Hodkinson, P., & Hodkinson, H. (2004). A constructive critique of communities of practice: moving beyond Lave and Wenger. In (pp. 15 p.). Sydney: Australian Centre for Organisational, Vocational Adult Learning.
- Høffding, S., & Martiny, K. (2016). Framing a phenomenological interview: what, why and how. *Phenomenology and the Cognitive Sciences*, *15*(4), 539-564. doi:10.1007/s11097-015-9433-z
- Hutchinson, L. (2003). ABC of learning and teaching: Educational environment. *BMJ*, *326*(7393), 810-812. doi:10.1136/bmj.326.7393.810



- Illing, J., & Carter, M. (2019). Philosophical Research Perspectives and Planning your Research. In T. Swanwick, K. Forrest, & B. C. O'Brien (Eds.), *Understanding Medical Education*. Newark, UNITED KINGDOM: John Wiley & Sons, Incorporated.
- Jackman, K., Wilson, I. G., Seaton, M., & Craven, R. G. (2011). Big Fish in a Big Pond: a study of academic self concept in first year medical students. *BMC Med Educ, 11*(1), 48-48. doi:10.1186/1472-6920-11-48
- Jauregui, J., Watsjold, B., Welsh, L., Ilgen, J. S., & Robins, L. (2020). Generational 'othering': The myth of the Millennial learner. *Medical Education*, *54*(1), 60. doi:10.1111/medu.13795
- Jonassen, D., Spector, M. J., Driscoll, M., Merrill, M. D., & van Merrienboer, J. (2008). *Handbook of research on educational communications and technology: A project of the association for educational communications and technology:* Taylor & Francis.
- Jones, M. W., & Newton, P. J. (1973). Another look at the medical "generation gap". *California medicine*, 119(1), 78. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1455380/pdf/califmed00001-0106.pdf
- Karen, E. (2006). Review Essay: Defying Insider-Outsider Categorization: One Researcher's Fluid and Complicated Positioning on the Insider-Outsider Continuum. *Forum: Qualitative Social Research*, 7(3).
- Kaufman, D. M., & Mann, K. V. (2014). Teaching and learning in medical education How theory can inform practice. In E. Association for the Study of Medical & T. Swanwick (Eds.), *Understanding medical education: evidence, theory, and practice* (Second edition ed., pp. 7-29). Chichester, West Sussex: Wiley-Blackwell.
- Kitto, S. C. (2008). Quality in qualitative research. *Medical Journal of Australia, 188*(4), 243-246. Retrieved from https://www.mja.com.au/journal/2008/188/4/quality-qualitative-research
- Kivunja, C., & Kuyini, A. B. (2017). Understanding and Applying Research Paradigms in Educational Contexts. *International Journal of Higher Education*, 6(5), 26. doi:10.5430/ijhe.v6n5p26
- Knight, Y. (2009). Talkin' 'bout my generation: a brief introduction to generational theory. *Planet,* 21(1), 13-15. doi:10.11120/plan.2009.00210013
- Kuper, A., Reeves, S., & Levinson, W. (2008). An introduction to reading and appraising qualitative research. *BMJ*, 337, a288-a288. doi:10.1136/bmj.a288
- Lavallée, M., Robillard, P., & Mirsalari, R. (2014). Performing Systematic Literature Reviews With Novices: An Iterative Approach. *IEEE Transactions on Education, 57*(3), 175-181. doi:10.1109/TE.2013.2292570
- Leavy, P. (2014). The Oxford Handbook of Qualitative Research. Oxford: Oxford University Press.
- Lempp, H., & Seale, C. (2004). The hidden curriculum in undergraduate medical education: qualitative study of medical students' perceptions of teaching. *BMJ (Clinical research ed.),* 329(7469), 770-773. doi:10.1136/bmj.329.7469.770
- Li, L. C., Grimshaw, J. M., Nielsen, C., Judd, M., Coyte, P. C., & Graham, I. D. (2009). Evolution of Wenger's concept of community of practice. *Implement Sci, 4*(1), 11-11. doi:10.1186/1748-5908-4-11
- Lopez, K. A., & Willis, D. G. (2004). Descriptive Versus Interpretive Phenomenology: Their Contributions to Nursing Knowledge. *Qualitative Health Research*, *14*(5), 726-735. doi:10.1177/1049732304263638
- Majid, M. A. A., Othman, M., Mohamad, S. F., Lim, S. A. H., & Yusof, A. (2017). Piloting for interviews in qualitative research: Operationalization and lessons learnt. *International Journal of Academic Research in Business and Social Sciences*, 7(4), 1073-1080.
- Moreno-Walton, L., Brunett, P., Akhtar, S., & DeBlieux, P. M. C. (2009). Teaching Across the Generation Gap: A Consensus from the Council of Emergency Medicine Residency Directors



- 2009 Academic Assembly. *Academic Emergency Medicine, 16*(s2), S19-S24. doi:10.1111/j.1553-2712.2009.00601.x
- Morris, C. S. (2018). On Communities of Practice in Medical Education. *Academic Medicine*, *93*(12), 1752. doi:10.1097/acm.00000000002462
- Mortari, L. (2015). Reflectivity in Research Practice: An Overview of Different Perspectives. International Journal of Qualitative Methods, 14(5), 160940691561804. doi:10.1177/1609406915618045
- Mui So, W. W., & Hoi Lee, T. T. (2011). Influence of teachers' perceptions of teaching and learning on the implementation of assessment for learning in inquiry study. *Assessment in Education: Principles, Policy & Practice, 18*(4), 417-432. doi:10.1080/0969594X.2011.577409
- Naeem, N., van der Vleuten, C., Muijtjens, A. M. M., Violato, C., Ali, S. M., Al-Faris, E. A., . . . Naeem, N. (2014). Correlates of emotional intelligence: Results from a multi-institutional study among undergraduate medical students. *Med Teach*, *36*(S1), S30-S35. doi:10.3109/0142159X.2014.886008
- Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education, 8*(2), 90-97. doi:10.1007/s40037-019-0509-2
- Ng, S. L., Baker, L., Cristancho, S., Kennedy, T. J., & Lingard, L. (2019). Qualitative Research in Medical Education: Methodologies and Methods. In T. Swanwick, K. Forrest, & B. C. O'Brien (Eds.), *Understanding Medical Education*. Newark, UNITED KINGDOM: John Wiley & Sons, Incorporated.
- Northouse, P. G. (2016). Leadership: Theory and practice (7 ed.): SAGE Publication Inc.
- Oblinger, D., & Oblinger, J. (2005). Educating the net generation. Boulder, Colorado: Educause.
- Ommundsen, Y., Haugen, R., & Lund, T. (2005). Academic Self-concept, Implicit Theories of Ability, and Self-regulation Strategies. *Scandinavian Journal of Educational Research*, 49(5), 461-474. doi:10.1080/00313830500267838
- Opdenakker, R. (2006). Advantages and Disadvantages of Four Interview Techniques in Qualitative Research [Electronic Journal]. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research, 7*.
- Peat, G., Rodriguez, A., & Smith, J. (2019). Interpretive phenomenological analysis applied to healthcare research. *Evidence Based Nursing*, 22(1), 7. doi:10.1136/ebnurs-2018-103017
- Pekrun, R. (2006). The Control-Value Theory of Achievement Emotions: Assumptions, Corollaries, and Implications for Educational Research and Practice. *Educational Psychology Review,* 18(4), 315-341. Retrieved from www.jstor.org/stable/23364153
- Pekrun, R., Lichtenfeld, S., Marsh, H. W., Murayama, K., & Goetz, T. (2017). Achievement Emotions and Academic Performance: Longitudinal Models of Reciprocal Effects. *Child Dev, 88*(5), 1653-1670. doi:10.1111/cdev.12704
- Plochocki, J. H. (2019). Several Ways Generation Z May Shape the Medical School Landscape. *Journal of Medical Education and Curricular Development, 6.* doi:10.1177/2382120519884325
- Prasad, R. (1992). *Generation gap, a sociological study of inter-generational conflicts*. New Delhi, India: Mittal Publications.
- Pringle, J., Hendry, C., & McLafferty, E. (2011). Phenomenological approaches: Challenges and choices. *Nurse researcher*, 18(2).
- Roberts, J. (2006). Limits to Communities of Practice. *Journal of Management Studies, 43*(3), 623-639. doi:10.1111/j.1467-6486.2006.00618.x
- Robson, C., & McCartan, K. (2016). *Real world research: a resource for users of social research methods in applied settings* (4 ed.). Hoboken: Wiley.



- Rodriguez, A., & Smith, J. (2018). Phenomenology as a healthcare research method. *Evidence Based Nursing*, *21*(4), 96. doi:10.1136/eb-2018-102990
- Roff, S. (2005). The Dundee Ready Educational Environment Measure (DREEM)—a generic instrument for measuring students' perceptions of undergraduate health professions curricula. *Medical Teacher*, 27(4), 322-325. doi:10.1080/01421590500151054
- Roth, W. M., & von Unger, H. (2018). Current perspectives on research ethics in qualitative research. *Forum Qualitative Sozialforschung, 19*(3). doi:10.17169/fqs-19.3.3155
- Saidin, K. (2017). INSIDER RESEARCHERS: CHALLENGES & OPPORTUNITIES. *Proceedings of the ICECRS*, 1. doi:10.21070/picecrs.v1i1.563
- Smith, D. W. (2018). Phenomenology. In E. N. Zalta (Ed.), *The Stanford Encyclopedia of Philosophy* (Summer 2018 ed.).
- Steinert, Y. (2013). Faculty development for teaching improvement: from individual to organizational change. In K. Walsh (Ed.), *Oxford Textbook of Medical Education*. Oxford: OUP Oxford.
- Swanwick, T. (2005). Informal learning in postgraduate medical education: from cognitivism to 'culturism'. *Med Educ*, *39*(8), 859-865. doi:10.1111/j.1365-2929.2005.02224.x
- The University of Auckland. (2019). Answers to frequently asked questions about thematic analysis.

 Retrieved from https://cdn.auckland.ac.nz/
- Theodoru, S. (2019). Metaphor and Phenomenology. In J. Fieser & B. Dowden (Eds.), *Internet Encyclopedia of Philosophy*.
- Tulgan, B., & Martin, C. A. (2006). *Managing the generation mix: From collision to collaboration* (M. George Ed.). Amherst, Massachusetts: HRD Press, Inc.
- Tuval-Mashiach, R. (2016). Raising the Curtain: The Importance of Transparency in Qualitative Research. *Qualitative Psychology*, *4*. doi:10.1037/qup0000062
- Unluer, S. (2012). Being an insider researcher while conducting case study research. *Qualitative Report, 17*(29).
- Van Manen, M. (2016). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing*: Routledge.
- Walker, W. (2007). Ethical considerations in phenomenological research. *Nurse researcher*, 14(3).
- What are credible sources? (2020). Retrieved from https://libguides.usc.edu.au/credible/peer
- Wilson, I., Cowin, L. S., Johnson, M., & Young, H. (2013). Professional identity in medical students: pedagogical challenges to medical education. *Teach Learn Med*, *25*(4), 369-373. doi:10.1080/10401334.2013.827968
- Yeung, A. S., Li, B., Wilson, I., & Craven, R. G. (2014). The role of self-concept in medical education. Journal of Further and Higher Education, 38(6), 794-812. doi:10.1080/0309877X.2013.765944
- Yu, J., Lee, S., Kim, M., Lim, K., Chang, K., & Chae, S. (2019). Professional self-concept and burnout among medical school faculty in South Korea: a cross-sectional study. *BMC Medical Education*, 19(1), 248. doi:10.1186/s12909-019-1682-z
- Zwakman, M., Verberne, L. M., Kars, M. C., Hooft, L., van Delden, J. J., & Spijker, R. (2018). Introducing PALETTE: an iterative method for conducting a literature search for a review in palliative care. *BMC palliative care*, *17*(1), 82.



Appendix A. Ethical Approval

Ethical approval from research location, UKRIDA

Ethics Committee of Medical and Health Research of FKIK (Faculty of Medicine and Health Sciences) UKRIDA Research Protocol Ethics Review Log

NAME : Jodie Josephine Jonazh

Student ID Number (NIM) : 2393637 Ethics Review Number (NKE) : 952

Protocol Title: Medical education across the generation gap. What can we learn from the experience of current stakeholders: A Qualitative Study

Preliminary protocol review date : 19 April 2020
Revision 1 (Yes/Ne) completion date : 10 May 2020
Revision 2 (Yes/Ne) completion date : 10 May 2020
Complete approval date : 10 May 2020

After conducting a verification of the completeness of the protocol ethics review, the **Ethics Committee of Medical and Health Research of FKIK Ukrida hereby states:**

- Providing consent for the protocol above to conduct the research, according to the rules and guidance of the Ethics Committee.
- The verification sheet acts as Ethics Review Qualification Letter (Surat Lolos Kaji Etik/SLKE) therefore it is mandatory to be brought along with other administrative requirements after the research has been conducted, so the SLKE can be issued.
- For researchers using guinea pigs: the SLKE application must be complemented with an Official Report of Destruction (Berita Acara Pemusnahan/BAP) of guinea pigs

Jakarta, 20 May 2020

(dr. Yosephin Sri Sutanti, Sp.Ok)
Chairman of the Ethics Committee of Medical and Health Research of FKIK

Ethical approval from University of Dundee

School of Medicine University of Dundee



CW/YG

28 May 2020

Jodie Jonazh University of Dundee

Dear Jodie

SMED REC Number 20/41 – Medical education across the generation gap. What can we learn from the experience of current stakeholders: A Qualitative Study

Thank you for your application for Ethics Approval. A favourable opinion has been obtained from the School of Medicine Research Ethics Committee.

Any further changes should be communicated to the Committee and that will be seen as an amendment to the project.

Please send a report to the Committee at the end of the project for our records.

I hope your research project goes well.

Yours sincerely

Carlos Wigderowitz

Honorary Clinical Senior Lecturer



Appendix B. Informed Consent Form

Informed Consent for

'Medical education across the generation gap. What can we learn from the experience of current stakeholders: A Qualitative Study'

	Yes	No
1. Taking part in the study		
I have read the Participant Information Sheet, or it has been read to me. I have been able to ask questions about the study and my questions have been answered to my satisfaction.		
I consent voluntarily to be a participant in this study and understand that I can refuse to answer questions and I can withdraw from the study at any time during data collection, without having to give a reason.		
I consent voluntarily to be a participant in this study and understand that I can refuse to answer questions and I can withdraw from the study at any time, without having to give a reason, up until two weeks after data collection is completed.		
I understand that taking part in the study involves individual online interviews that will be audio-recorded, transcribed, and anonymised to protect my identity.		
2. Use of the information in the study		
I understand that information I provide will be used for the research and subsequent dissemination.		
I understand that personal information collected about me that can identify me, such as my name or where I live, will not be shared beyond the study team.		
I agree that anonymised direct quotes can be used in research outputs.		
3. Future use and reuse of the information by others ¹		
I give permission for anonymised transcripts that I provide to be deposited in Dundee University Microsoft OneDrive so that it can be used for future research and training.		
4. Signatures		

¹ Please refer to Forms A and B: Additional Guidance on Data Management

Participant's Name	Participant's Signature	Date
, , ,	ndicating that you have read and unders	tood the Participant Information
Sheet and that you agree to	o take part in this research study.	
Jodie Josephine Jonazh	Signature of Researcher	 Date

5. Study contact details for further information

Jodie Josephine Jonazh

E-mail address: <u>2393637@dundee.ac.uk</u> Phone number: +44 7367473637



Appendix C. Study Invitation (Disseminated using WhatsApp)

- Teachers

"Hello, I am Jodie Josephine Jonazh, a postgraduate student studying Medical Education at Dundee University. As a part of my study requirements here, I will be conducting my dissertation in the form of a qualitative research. I am interested in understanding the generation gap in undergraduate medical school through your experience and my hope is using my findings to develop faculty development programs and optimise the curriculum delivery in our medical school. I am looking for full-time teachers with English proficiency for interviewing purposes that are either involved or have an interest in faculty development.

Please take a look at the participant information sheet before deciding to participate in this research and feel free if you want to clarify further. I will be selecting the first 3 teachers who sign up and will stop the recruitment once the slots are filled. If you are interested in being a participant, please contact me through this number (+447367473637) or by e-mail (2393637@dundee.ac.uk).

I hope that this research will be of benefit to you and our medical school. Thank you for your consideration."

- Students

"Hello, I am Jodie Josephine Jonazh, a postgraduate student studying Medical Education at Dundee University. As a part of my study requirements here, I will be conducting my dissertation in the form of a qualitative research. I am interested in understanding the generation gap in undergraduate medical school through your experience and my hope is using my findings to develop faculty development programs and optimise the curriculum delivery in our medical school. I am looking for third-year medical students with English proficiency for interviewing purposes that are involved in the medical school student organisation.

Please take a look at the participant information sheet before deciding to participate in this research and feel free if you want to clarify further. I will be selecting the first 3 students who sign up and will stop the recruitment once the slots are filled. If you are



interested in being a participant, please contact me through this number (+447367473637) or by e-mail (2393637@dundee.ac.uk).

I hope that this research will be of benefit to you and our medical school. Thank you for your consideration."



Appendix D. Interview Guide

Interview Guide

'Medical education across the generation gap. What can we learn from the experience of current stakeholders: A Qualitative Study'

Introduction:

Thank you for being a part of this research and taking your time for this interview session. You will remain anonymous and there will be no records of this interview with your name on it. I am interested to hear about your opinion, perspective and personal experience and so there are no right or wrong answer. Please feel free to interrupt, ask for clarification or refuse to answer any question that you feel uncomfortable with. Do I have your permission to record this interview?

Topic 1 (role in the university):

To start off, I am going to ask you a little about yourself and describe your role in the university and because the topic is about generation gap, it is important that I am able to identify your generation, would you mind telling me your year of birth?

Can you tell me your role in the medical school?

If teacher:

- How long have you been teaching and what are the teaching and learning activities are you involved in/ responsible for?
- Can you tell me about your role in faculty development?
- Can you tell me why you're interested in faculty development?

If student:

- How long have you been a medical student?
- What are the teaching and learning activities have you experienced so far?

Topic 2 (exploring participants' experience):

Centre for Medical Education University of Dundee

Moving on to the next topic, I want to explore your experience of the undergraduate medical education interacting with teachers/students from a different generation group.

- Pleasant experience, what makes you think it supported your teaching/learning and why?
- Least pleasant experience, what makes you think it obstructed your teaching/learning and why?
- How do you find intergenerational learning (notice / unnoticeable) and does it affect your teaching /learning in any way? If so, how? If not, how?
- What are some differences /similarities in values, behaviour that you experience when interacting with students/teachers from different generation group?
- Can you tell me more about what happened and your response towards the experience?
- Why do you think you responded the way you did?
- What do you think of the collaboration/relationship between teacher and student in the learning and teaching process / educational environment / curriculum delivery?

Topic 3 (Faculty development):

- Explore participant's hopes and ideas on interaction
- Hopes and ideas on faculty development

Closure:

Thank you for your time and willingness to participate and take part in this interview session. Before we close, do you have anything you want to clarify or add about the topic we discussed? There may be a possibility of a follow-up interview if needed in which I will contact you to arrange another interview. Thank you!



Appendix E. Sample of transcription and analytical commentaries

- A1 interview transcript

Transcript	Initial codes / Commentaries
JJ: Thank you for being a part of this research and taking your time for this interview session. You will remain anonymous and there will be no record of this interview with your name on it. I'm interested to hear about your opinion, perspective and personal experience so there will be no right or wrong answer. Please feel free to interrupt or ask for clarification or even refuse to answer any questions that you feel uncomfortable with. Do you have any question before we start?	
A1: umm no.	
JJ: to start off I'm going to ask you a little bit about yourself and describe your role in the university and because the topic is about generation gap, it is important I am able to identify your generation. Would you mind telling me your year of birth?	
A1: I was born in 1964.	
JJ: Can you tell me your role in the medical school?	
A1: I am a lecturer in microbiology and also head of the department.	
JJ: How long have you been teaching?	
A1: uhh. I think, around 20 years since I joined the medical school. Yes, around 20 years	



JJ: That's a very long time for you to be involved in the teaching and learning activities. Can you tell me more about the sort of uhh teaching activities that you are involved in during these 20 years?

A1: I am involved in giving lectures, big lectures, lab classes, skills-lab, and also PBL sessions.

JJ: umm, I want to explore more about your experience and during these 20 years. Do you remember an experience where you feel like there's a generation gap?

A1: I think there are no generation gap so to speak because I am very much involved in the student's life

JJ: can you elaborate more on that?

A1: I don't only give lectures but I get into their lives so they share with me about their lives and so we have conversations a lot. And they are not afraid to ask me questions. So I don't think there is much of a generation gap.

JJ: that's very interesting and umm do you think that these conversations about general life if I may say, with your students, supported your teaching.

A1: They really uhh they really uhh believe in me so uhh they then uhh tell everything about their uhh ketidak ituan ketidak mampuan atau ketidakbisaan mereka [what they can't do]

JJ: terus umm kalau misalnya....ngomong pakai bahasa indo aja gapapa ya dok [it's okay to speak in bahasa]

Involved in delivering different teaching and learning activities.

Generation gap is not perceived because there is close relationship. Involvement in student's lives.
Students are not afraid to ask question.

Build trust with students so they can share their limitation / weaknesses.



A1: ya ya udah kamu aja daripada ntar salah interpretasi kamu [can you translate so you don't misinterpret what I say]

JJ: Jadi selama dokter mengajar di FK selama 20 tahun itu umm kan dokter terlibat di banyak aktivitas seperti kuliah, umm PBL dan SL dan sudah go through different types of students. Menurut dokter ada yang significantly pop up gitu gak dok. Kalo mau ngomong behaviour. [in your 20 years of teaching experience, you must be involved in a lot of teaching activites like lectures, PBL and skills lab an also go through different types of students. Do you have any significant experience that pops up if we're talking about behaviour?]

A1: Kalau behavior memang uhh sepuluh tahun terakhir ini agak berbeda dari sepuluh tahun sebelumnya kalau mau dibandingin itu agak berbeda karena sepuluh tahun yang terakhir ini saya melihat mereka lebih uhh lebih mau segala sesuatu instan, cepet gitu dibanding yang sebelumnya. Kalau yang sebelumnya uhh...masih bisa apa...mengikuti, dalam arti kata uhh ya lebih lama lah untuk hal hal tertentu gitu tapi kalo yang sekarang mau nya uhh cepet gitu ya cepet bisa, cepet uhh...ga mau...ga mau yang model lama lama kalopun kita dalam teaching itu mau nya yang to the point yang apa sih initinya seperti gitu. sepuluh tahun terakhir ini ya saya amati seperti itu. [speaking of behaviour, the last 10 years has been different than the previous 10 years. I see they want everything got be instant, fast, compared to before. The generation before they can follow slow progress. The generation now want everything to be fast, doesn't want the slow stuff.

Perceived change in student behaviour.

New generation of student

New generation of student want everything to be instant, fast, and straightforward.



In teaching it means they want me to get to the point. That's what I have observed in the last 10 years]

Feel obliged to cater to the students' wants and needs.

JJ: terus dengan situasi yang seperti itu, how does that make you feel?
[how does that make you feel, being in that situation?]

A1: ya I have to catch up with them, with their speed because they have more information out there, using internet or uhh source of uhh information other than us as a lecturer.

JJ: kalau waktu dokter bilang mereka mau nya instan tuh ada contohnya ga dok kira-kira. mau nya instan tuh kayak gimana sih?
[When you said they they want everything to be instant, do you have any example to explain what you mean?]

A1: mau nya instan itu seperti gini. Misalnya kalau kita menceritakan sesuatu uhh maksudnya topic lesson lah ya. Ini pokokny apa sih uhh ini nya ke klinik gitu loh ke penyakit atau ke sehariannya apa sih. Mereka gamau cerita yang basic nya gitu lebih mau kearah ini apa sih nantinya buat apa gitu. Mungkin, nah kitanya menurut saya yang harus berubah ya. Jadi mulainya dari jadi kita harus mulai dari kasusnya baru merembet ke belakang begitu. Jadi kalau dulu kan kita ceritain oh iya ini begini begini baru nanti ke uhh penyakit misalnya. Tapi kalau sekarang mereka kayaknya tidak tertarik, mereka mau nya tau nya ini gimana sih uhh keadaanya sekarang terus apa dasarnya begitu. Jadi dibalik lah kalau menurut saya. for example we want to teach something. They want to go straight into what is the disease and

Have to catch up with the students due to advancement of technology. Source of information. Internet.

Students like a straightforward approach.



what to do if it happens. They don't want to hear the basic, they want to know what intervention they can do. I think I have to change. We should start with a case and work backwords. Before we don't go straight to the disease. Now they don't seem to be interested. They want to know what to do with the disease and why. So we have to do it backwords, I think.]

Changing the teaching approach to accommodate to capture the student's interest

JJ: okay, terus apakah metode seperti ini sudah pernah dilakukan dok? [did you do that kind of method?]

A1: ya kalau buat saya ya saya develop myself ya I develop myself jadi sekarang lecture lecture saya start with case uhh study case uhh and then uhh back to the uhh patogenesis, like that.

[for me, I develop myself, I develop myself so now I start my lectures with case studies, then back to pathogenesis, like that.]

JJ: dokter mention kalau misalnya yang ada perubuhan di tahun terakhir ini, sepuluh tahun. Itu dokter making shift nya bagaimana sih dok. dari yang traditional teaching method abis itu mulai lama-lama generasinya berubah dan mereka mau nya instan gitu. Itu dokter shifting nya bagaimana dok?

[you mentioned that there is a change within the last 10 years, how did you make the shift from a traditional teaching method to gradually change with a generation that likes it instant?]

A1: ya shifting nya ngamatin karena begini uhh ya kita ngamatin dari dari uhh ya dalam kelas kan kita lihat lah model model mereka ya. Kalo kita bicara dia ga tertarik kan kita juga liat dia boring atu apa begitu ya dan ya no question misalnya. Artinya

Personal / professional development in teaching. Modifying teaching approach using case studies.



mereka gaada pertanyaan selama kita kuliah uhh itu berarti apakah mereka gak tau atau mereka uhh ga mau tau nah kita kan ga tau juga. Makanya saya juga uhh beberapa kali juga selalu didalam kuliah nya saya, saya pancing mereka untuk ya ada kuis seperti itu. Kuis itu bisa saya kasih semaunya saya, bisa saya kasih di depan, bisa saya kasih di tengah-tengah kuliah untuk melihat uhh mereka punya interest begitu. Nah dari situ saya baru tau uhh beberapa kali jadi kalau saya mulai dengan kasus mereka sepertinya tertarik gitu loh untuk untuk uhh involve sampai end of the lecture gitu sepertinya.

[by observing, we observe their model in class. If we talk and they are not interested, seem bored or no question for example. It's either they don't understand or they don't want to know the materials. That's why sometimes in my lecture, I use a quiz to attract them. I use a quiz whenever I want to, I can give it to them at the beginning of the class or even in the middle of the class just to see and check their interest. From there I realise that by using case studies several times, they seem to be interested and involved until the end of the lecture.]

JJ: umm terus mau balik lagi ke topik perbedaan generasi. Ada gak dok kayak suatu experience dimana dokter merasa perbedaan generasi itu menghambat pembelajaran atau learning. [bringing this back to the topic of generation gap. Have you encountered any experience where you feel like it obstructed your teaching?]

A1: uhh mungkin begini, kalau perbedaan generasi itu, kalau dosen yang ga bisa catch up dengan apa mau nya mahasiswa artinya ga tau tuh bahwa mungkin itu mereka sih uda tau gitu ya jadi kita ga

Analyse teaching effectiveness by observing the students' response in class.

Using quiz to attract students' attention and maintain involvement/ engagement in class.



kasih something yang new buat mereka buat interest to know more nah itu jadi jadi ga masuk, ga nyambung gitu loh. Karena sekarang ini kalo diamati mereka ya mereka youtube so many. Mereka bisa belajar dari situ ya. Artinya yang mereka mau adalah yang mereka ga tau jadi itu yang harus kita pancing nah saya pancing nya tentu dari uhh case study, dari case study yang yang saya angkat kira-kira dia paham gak begitu. Jadi itu yang saya...saya ambil gitu. Kalau dosen misalnya gak memahami situasi kondisi anak-anak sekarang ini, ya gap I think will make uhh trouble ya in lecture.

[Maybe it's more like this. Generation gap happens when teachers are unable to catch up with the students. Maybe the students already know and we don't give them any new information to attract their interest to know more and so they are not connected with the lecture. Observing them, they use a lot of YouTube, they learn from there. It means what they want is what they don't know and that has to be fished out which I did using case studies. The cases that I use are the ones that they don't really understand. So that's my take on this. If teachers don't understand the students' current conditions, the gap will make trouble in lecture.]

JJ: maksudnya trouble in lecture tuh gimana dok? Can you elaborate more on that? [what do you mean by trouble in lecture?]

A1: Trouble in lecture artinya ya menghambat ya. Mungkin mereka sudah dapat kita kasih lagi gitu kan. Gak gak..jadi gak menambah gitu dalam proses pembelajaran kan harus ada yang bertambah gitu maksudnya buat si mahasiswa istilahnya kalau tadinya dia tau 50%, dia mesti lebih tau lagi 70% dengan kita gitu. Dengan kita

Generation gap in lectures happens when teachers are unable to catch up with the students' ability to obtain information.

Increasing use of technology

Understanding the students' condition as a way to anticipate potential problems.



sebagai fasilitator artinya, tapi kalau dia sudah tau 50% kita masuk juga 50% there is no benefit for them.

[Trouble in lecture means there's an obstruction in teaching. Maybe they already have the information that we give them and so there's nothing new in their learning process. For example, if the student already knows 50%, they must increase to 70% with us. With us as their facilitator. But if they already know 50% and with us it stays at 50%, there is no benefit from them]

JJ: It's interesting that you said that fasilitator tadi karena ada shift, kita lagi ngomong teacher terus sekarang jadi fasilitator gitu. Can you tell me more what you think, apa sih yang dimaksud kalau ngomong fasilitator.

[it's interesting that you said facilitator because it shifts from teacher. Can you tell me more, what do you mean when you said facilitator?]

A1: ya maksud saya begini, kita sekarang ini bukan cuma lecturer. Kalau lecture single way ya one-way one-way, kita bicara terus tetapu fasilitator justru kita ajak dia diskusi dan kita keluarin. Nih ada case study seperti ini, what do you think? like that. Apa yang kamu pikirkan. Nah kalau mereka mentok ya kita arahin nah ini loh sebenernya, gambarannya jadi selain ada lecture, kita give lecture, tetapi kita juga encourage. Encourage mereka untuk uhh know..want to know more gitu.

[I mean; we are now not only lecturer. Lecture is a single way or one way, we talk all the time but a facilitator uses discussion. If there's a case like this, what do you think, like that. What are you thinking? If they are stuck, we give them direction, so apart from the lecture that we give, we also give

Obstruction in teaching is when new learning is not achieved.

Role of an educator is not only as a lecturer but also facilitator.

Lecture is a one-way process.



encouragement. Encourage them to want to know more

JJ: apakah dari sekian banyak pengalaman dokter sebagai fasilitator juga, respon mahasiswa bagaimana dok?

[from your experience as a facilitator, how did the students respond?]

A1: ya respon mahasiswa memang semuanya gak sama kalau untuk [university name] artinya ini balik lagi ke tipikal mahasiswa kita. Gak semuanya tuh ready for for uhh no more. Ada juga yang terbiasa dikasih ini ya ini yang mereka uhh ambil begitu ya. Nah tapi ada beberapa yang mau itu ya mereka interest, mereka akan bertanya lebih banyak dan uhh ingin mengetahui sumber lainnya gitu. Seperti itu.

[not all students' response is the same for this university, it comes back to the typical characteristic of our students. Not everyone is ready to know more. There are some that are accustomed to take what is given but there are some who shows more interest and they will ask more and want to search for more sources. Like that.]

JJ: Kira-kira dok umm, ada gak sih perbedaan atau kesamaan di behavior dan values antara doker di generasi tertentu sama mahasiswa yang sekarang ini post-millennial dok?

[Do you think that there are differences or similarities in behaviour or values between you in this generation and the current post-millennial students?]

A1: value nya tentu ada beda ya. Saya lihat ada value-value yang berbeda dengan kita yang jaman

Being a facilitator in a twoway communication is to provide direction and encouragement for students.

Acknowledgement of different student characteristic.
Some students are more accustomed to didactic teaching and some are more active in their learning.

dulu gitu ya dengan saya misalnya ya. Value nya ada berbeda karena saya lihat sekarang ini karena segala sesuatu everything is easy for them like instant apa yang mereka mau tinggal klik tinggal apa uhh internet semua tersedia, source of information semua ada gak seperti kita ada effort khusus nah tentu itu membentuk hal yang berbeda ya dari segi value artinya mereka uhh value nya uhh kurang struggle I think ya. You mau nya gak yang susah seperti itu. Itu value. Behaviour nya ya mungkin karena terkekaitan dengan kebiasaan everything is easy ya mereka uhh ya mereka kurang...kurang struggle saya lihat nya ya. Of course there are differences in values. I see differences in values compared with previous generation, with me for example. I see a difference because now everything is easy for them, like instant, what they want, they only need to click on the internet and everything is available, all the sources of information. Not like us that has to go through more effort and that for sure shape a difference in their values. I think they struggle less. You don't want to struggle. That in my opinion is values.

About their behaviour, I think it has to do with the habit that everything is easy, they lack struggle, as I see it.]

JJ: kalau begitu respon dokter di konteks perkulihan, respon dokter di konteks perkuliahan untuk perbedaan ini gimana dok? [so in the context of medical education, how do you respond to these differences]

A1: respon saya ya uhh ya dengan itu, dengan encourage mereka kalau you want to know more ya lets do it, kita belajar nih, dapet ini, dapet ini. Jadi gak gak cuman hanya yang saya kasih gitu

There is a change in students' characteristic.

Students in this generation are accustomed to quick result due to the influence of internet.

Student in this generation lack struggle and thus shape their values and behaviour and habit.



jadi memancing mereka itu aja yang saya kerjakan.

[my response is by encourage them. If you want to know more, let's do it, we learn, get this and that. So not only me who is giving to them but stimulate them, that's what I do.]

JJ: terus sekarang saya mau ngomong soal kolaborasi antara mahasiswa dengan dosen dok. Kira-kira umm what do you think about collaboration between teachers and students in the educational environment? [now speaking about collaboration between teachers and students.]

A1: Nah saya pikir ini suatu hal yang sangat baik ya. Kolaborasi itu harus. Ya makanya ini juga harus merubah mindset dari pada dosen yang tadi saya bilang, bukan one way lagi gitu yah jadi kalau one way kan dosen akan merasa I'm the truth. Saya yang benar gitu yah semua apa yang saya sampaikan benar, Tapi kan sekarang gak bisa begitu gitu. uhh Source of information bisa dari mana saja informasinya dan ilmu itu kan berkembang kadang-kadang kalo dosen juga ga updated ya dia kan bukan menjadi uhh source of information yang bener juga gitu. Makanya maksud saya kalau dosen tidak berkolaborasi dengan mahasiswa artinya kolaborasi ini bisa menerima ya si mahasiswa itu juga sebagai suatu sumber informasi uhh ya ga akan jalan. Jadi kalo kan sebenernya kalo dalam proses belajar itu bukan cuma belajar mengajar itu bukan cuma dosen nya yang mengajar tok, tapi dosen juga belajar di dalam proses belajar mengajar itu. Jadi yang belajar itu bukan cuman si student but also the lecture have to learn gitu loh.

Giving encouragement to student to learn more or engage in active learning.



[I think this is a great thing. Collaboration is a must. This calls for a change in the mind-set of teachers. Like I said, not one way anymore. If one way, teachers will feel like I'm the truth. I am right, everything that I say is right. But now that's not possible. Sources of information can come from anywhere. Knowledge is developing and sometimes teachers are not updated so they are not the right source of information. I mean if teachers do not collaborate with students, meaning collaboration is also accepting students as a source of information, there will be no learning process.

So in the teaching and learning process, it's not only the teacher who teaches but also learn in that process. So it's not only the students who learn but also the lecturer too.

JJ: belajar... can you explain more? dosennya belajar apa dok? [learn? Can you explain more? what do you mean by teachers learning?]

A1: belajar nya artinya belajar uhh update dia punya apa ilmu artinya ilmunya update dari sumber si mahasiswa ini kan mahasiswa ini juga source of information gitu loh. Dia dapet apa oh iya kita discuss nah hal-hal seperti itu menurut saya baik. Tetapi ga bisa dipungkiri gak semua dosen bisa menerima seperti itu karena yang kamu bilang ada generation gap ya ada dosen yang belum sepenuhnya bisa mengikuti irama anak sekarang dan mindset nya ya belum berubah.

[learning for teachers mean they update their knowledge from the students' sources because students are also source of information. What they get let's discuss, these kinds of thing I think is great. But we can't deny that not all teachers can

Changing mind-set / paradigm of teachers.
Old paradigm where teacher are truth and sole source of information.
Knowledge is developing and teachers are not always updated.

Collaborating with students is accepting them as a source of information.

Both teacher and student can learn from each other.

Teachers can update knowledge by learning from students / accepting the as a source of information. Discussion.



accept that because like you said there is a generation gap and not all teachers can fully follow the student's rhythm and they have not changed their mind set.

Teachers who cannot get past this old paradigm are unable to accept student as a source of information.

JJ: okay, jadi sebenernya menurut dokter ideal relationship atau interaction yang terjadi antara mahasiswa dan dosen itu seperti apa sih dok? [okay, so how do you think is the ideal relationship or interaction between teachers and students?]

A1: interaksi yang harus terjadi itu dosen harus open. Artinya dia harus terbuka, kalau dia salah atau kurang ya sampaikan karena ilmu itu ga cuma punya si dosen gitu. Ilmu itu bisa juga dimiliki si student dan mungkin dia bisa get information lebih dimana suatu saat kita ga sempet gitu loh updated gitu.

[interaction that must happen where teachers must be open. Open means that when they are wrong or something, just say it because knowledge is not owned by the teacher, knowledge can also be owned by the student and maybe they can get more information when sometimes we are not updated.]

JJ: ini menarik dok kalau dokter bilang dosen harus open dan harus umm tadi dokter bilangnya apa ya mengaku salah? [this is interesting when you said that teachers must be open and also admit that they are wrong?]

A1: iya maksudnya mengakui kalo ya ini uhh ya belum tau ya belum ...ya ini salah. Ilmu yang kita sampaikan itu gak ...ternyata udah update gitu loh. [I mean that if a teacher doesn't know, just admit it. See the knowledge that we give them, is it right, or turns out it is not updated.]

Teacher must be open, admit mistakes.

Knowledge is owned by both student and teachers.

Teacher should admit if they don't know something.

JJ: emang apa sih yang bakal terjadi dok kalau misalnya seorang dosen kayak ngaku kalo dia salah gitu kenapa ini belum terjadi. [what happens when a teacher admits that they are wrong?]

A1: ya karena paradigma yang lalu...gap ya... kalo kamu bilang gap ya orang jaman dulu itu kan dosen itu paradigma nya ya sumber pengetahuan sumber. the only one ya source nya, Jadi dia merasa ya saya yang kasih tau. You have to... you have to terima gitu what everything I deliver to you, you have to say yes gitu. Nah kalau paradigma nya begitu kan one way gak two way artinya si student ya diem aja dan kita gak belajar as a lecturer kita gak belajar juga kan, ktia gak tau kita salah atau gak karena gak ada yang membenarkan atau mempersalahkan gitu.

[this is because of old paradigms. When you say generation gap, it refers to people from old generation where teachers have that paradigm that they are the source of knowledge, the only one source so they feel like they are the ones who have to give information. You have to accept everything I deliver to you, you have to say yes. If that is their paradigm that it's a one-way process and the students will stay quiet and we don't learn as a lecture, we don't know if we're wrong because nobody never corrects us.]

JJ: wah okay that's really great. Sekarang aku mau masuk ke topik terakhir tentang faculty development. Dokter ada terlibat ga dok di sebuah role in faculty development.

[That's really great. Now I want to talk about faculty development. Are you involved in a faculty development role?]

Old paradigms suggest that teachers are the sole source of knowledge and sole giver of information.

Student have to accept and comply in a one-way interaction where they stay quiet.

Teachers will not know their mistake.

A1: role faculty development ya saya hanya sebagai kepala departemen mikro sekarang ini kalau di fakultas ya uhh peranan saya untuk develop ya saya concern di kurikulum tetapi ya kurikulum mikro nya artinya kita update mikro itu ya ilmu-ilmu sesuai dengan uhh situasi kondisi sekarang. Terutama ya pemeriksaan-pemeriksaan atau patogen patogen baru nah itu yang kita update.

[my role in faculty development is just as the head of the microbiology department right now and in the faculty it is my concern on the curriculum specific to microbiology. It means that we update the knowledge according to current condition especially test and new pathogens, that's what we update.]

JJ: kalau terkait educational environment atau dari yang tadi kita omongin soal relationship dan interaksi antara dosen dan mahasiswa apakah dokter ada ide atau harapan untuk future faculty development.

[relating to the educational environment or what we have discussed about relationship and interaction between teachers and students, do you have any ideas and hopes for future faculty development?]

A1: harapan saya tentu ya kita harus merubah pola mindset uhh dosen secara keseluruhan artinya dosen not the only one source of education ofor education ya tapi dia sebenarnya sebagai fasilitator bagaimana seseorang yang tadinya dengan kemampuan 50% di upgrade menjadi kemampuan yang 70% bukan karena saya tapi karena kita mensupport dia bagaimana dia bisa mandiri mencari, belajar, dan kita hanya sebagai mengarahkan, ini loh source yang bisa kamu ambil

juga sebagai reference ini ini ini gitu loh. Mungkin kedepan tugas dosen adalah sebagai gitu, sebagai sparring partner untuk diskusi sebagai sparring partner untuk hal hal riset untuk hal hal lainnya gitu ya. Tapi bukan sebagai this is I am the right one, bukan gitu. Mungkin itu yang musti yang di mindset dari sebagian besar lecturer kita harus diubah ya mindset. Saya bilang mindset dalam hal ini paradigm nya ya karena kan sudut pandangnya masih banyak mungkin kalau kamu bilang yang gap dan yang sekarang ini juga yang muda yang yang mungkin usianya mendekati tetapi masih memiliki paradigm yang sama itu juga not good. [My hope is that we have to change mind set, teachers as a whole. It means that not only teachers who are the source of education but they are also a facilitator where someone with 50% ability is upgraded to 70% not because of us but because we support them in how they become independent in their learning and we simply guide them. This is the source you can use as reference. Maybe in the future teachers are more of a sparring partner for discussion and research or something like that. But not as this is I am the right one, not that. Maybe that's the mind set of our lecturers that we have to change. When I say mind set in this case is the paradigm because of their point of view because even though you say generation gap, there are a lot of younger teachers but still have an old paradigm, that is not good too.

JJ: jadi boleh saya simpulkan bahwa dari sisi dosen itu harus bisa shifting gitu, bisa adjusting and open to change gitu?
[so can I conclude that from the teachers' side, teachers have to be able to shift, adjust and open to change?]

A1: ya, ya, right.

Changing mind-set where teachers are not only giving information but also a facilitator.

Support and guide student to be more independent in their learning.

Student and teacher as sparring partner in a discussion / considered peer.

Old paradigms are independent with age.

JJ: okay, terima kasih dok. [thank you]
A1: sudah? [done?]
JJ: pertanyaannya sudah dok tetapi [it is done for now but] there can be a possibility of a follow up interview after analysis if needed if you are willing to take part.
A1: yes, I do, to support you. as soon as possible you have to come back.
JJ: thank you for your participation do you have anything you want to add or
as long as you're clear for what i inform you it's okay
thank you

- B1 interview transcript

Transcript	Initial codes / Commentaries
JJ: Thank you for being a part of this research and	
taking your time for this interview session. You will	
remain anonymous and there will be no record of	
this interview with your name on it. I'm interested to	
hear about your opinion, perspective and personal	
experience so there will be no right or wrong	
answer. Please feel free to interrupt or ask for	
clarification or even refuse to answer any	
questions that you feel uncomfortable with. Do you	
have any question before we start?	
B1: umm, not really, no.	

JJ: no? okay. okay to start off, i am going to ask you a little bit about yourself and about your role in the university and because the topic is about generation gap, it is important that i am able to identify your generation. Can you tell me your year of birth?

B1: I was born on the 99, 1999.

JJ: okay. So you are part of the post-millennial generation.

B1: I think so

JJ: Yeah. Umm, can you tell me about your role in the university?

B1: does that mean like in BEM? or...

JJ: like being a student, what kind of teaching and learning activities that you have experienced so far?

B1: Oh yeah, I am now a third-year student and so yeah I've been through three years wait i think i am going to stutter a lot so

JJ: It's okay

B1: i am trying to collecting my thoughts while answering this.

JJ: yes, it's fine

B1: So it's about my experience through this three years?



JJ: mmh

B1: straight to the context of generation gap or just my general experience?

JJ: just your general...what have you experience so far in the medical school?

B1: I think not as bad as i thought when I was in high school, I thought it's going to be harsher that this but when you actually got into medical school then you found new friends and there are some lecturers that you can actually communicate with and i think that's cool and i join BEM..what's that executive student board on my first years and it helped me a lot with my studies actually so yeah I've had so many fun moments there and what is it again. during my studying time, i think actually I relate a lot to the topic generation gap and it's something that I've actually think about even in high school but I don't think I've thought about it enough and it's kind of fun doing this interview because I've got to think about a lot this past few days actually. i kind of don't want the answers to be just out of the blue, i tried to collect my thoughts and it just ends up jumbling, jumbled up everywhere and so yeah...i think that's my answer so far.

JJ: yeah that's fine. When you say that umm that you have thought a lot about generation gap from high school and now you're in medical school. Can you tell me more about that?

B1: Yeah so when I was in high school years it's like I'm 17 or so at that time so does my other friends and I thought this generation gap thing is just me going through puberty. I mean it's on the

Comparing to past experience.

New friends.
Able to communicate with lecturers.

Student organisation. Impact on learning. Emotion: fun

Experiencing generation gap before medical school.

Generation gap is a phase. Puberty.



rebellious side I mean I don't agree with this old man or teacher I mean, no I'm not going to agree with anything with you and I really do think that it's part of my puberty and things like that. I think when I got older I'll understand them much better when I'm in my puberty phase and then I got into medical school so I expect things to get better but even when I got older, there's just seem to be ya this gap that you can really come across no matter how old you are and I don't know maybe. Maybe if people could live to 200 years maybe our lecturers could experience this kind of generation gap also. it's a very common thing and also it's not just me complaining about this, my friends also, all of my friends and maybe the teachers or lecturers also also this complain related to this generation gap it's like when they get angry at something they start with "angkatan ini, this generation is so...this generation..., this generation..." ya like that. Like the what is it, like the separation of the generation is kind of like accepted on both sides like it's something that's that I've just had to come to terms with like okay I'll never understand you and on the teachers' side like they already have that in mind too. Like, we're not going to understand you either and that I think is a really hard road to take on during education, in the context of education.

JJ: Thank you for that. Can you give me an example where you feel like there is a generation gap? Can you give an example of a moment in medical school that you remember?

B1: Wait, I'm really trying to choose the one that really..

JJ: Take your time.

Rebellious.
Disagreement
'old man / teacher'.

Expecting change.

Generation gap is experienced and acknowledged by both lecturer and student. Complaining.

Emotion: acceptance/apprehension

Unable to understand each other



B1: I'm not going to take my time; it's going to take one hour [laugh]

JJ: [laugh] It's fine, just tell me the most memorable experience that you had in medical school where you feel like there is a generation gap.

B1: umm, well I think the first, I think I want to tell you about my opinion first like on the older side, the older generation, I think what is it, their main weapon is their experience and I don't know, I think that's fine ya they can brag about it, I mean, I too must learn from their experience and on the younger side, especially my generation and you talk about it earlier we're the post-millennial, we have this what is it, some criticizing mouths, we like to criticize things especially the traditional and cultural, what is it, all of the old standards like we're just [ehehehe] like we're doing that to all of the standards like we have this kolot language, we like to criticize things and we've just got brave throughout the time like when I talk back to an older someone older people whether it's teachers or not, it's like I have some kind of power. I think there's just my generation things and so that's where I got it, that friction between me and the teachers like...Do I have to tell you the name? I don't think so.

JJ: No, it's umm it's okay umm if you will disclose any information or names I will not put it in the transcript, or you can just use initials or pseudonym, it's fine.

B1: yeah, let's just call him Mr.X

JJ: okay

Older generation's experience is perceived as a weapon.

Criticism from postmillennial towards older generation (teachers or others)

Kolot = old fashioned Talking back. Emotion: brave. Sense of power Friction



B1: So he is a male, so I think it was PBL, problem-based learning session like when you have to do your what do you call makalah, journal?

JJ: paper?

B1: papers yea, like papers, it's an assignment that we have to do every block, every month, every month, you have to put like all your references on it. Umm, how do I say this, I think it's not me but I think other, *bukan* other group, what is it, group mate, a friend of my group at the time had to present something and it's kind of different than what they teach at the lectures but I mean he got all the reference and stuff, I think he put it in the paper so he is presenting this newer side of the topics, this newer things, newer stuff that they have just found out there and sometimes...this particular time the lecturer umm like I said before with all of his experience just do not seem to take the ideas well and I mean it's good to have discussions and all but I think it's kind of aggressive [laughs] ya so he is criticizing it not in the intellectual way of discussion so it's kind of like "how could you be right" I think that's how you put it because I have all of this decades of working as a doctor and give something so new to them, I think it's hard. And I think especially because it is one of us presenting that, it is one of the newer generations so year there's this kind of hierarchy on education where the information goes from the top to the bottom so the students' should be the one learning and yea with that concept the teacher's main idea, experience is the main teacher I think and all we have to do is listen and I mean I do think they were treated like that too in their times of study and I don't know, I think that generation gap is always

Learning activity. Assignment. Paper.

Presenting new information to the teacher.

Rejected by teacher.

Discussion or critique felt aggressive.

Sarcastic comment on teacher's response towards something new from younger generation.

Hierarchy in education.
Information flows from to bottom.
Experience is a teacher.

Listen passively.



there even before my times before post-millennial times, maybe they experienced it too but yes of course the most concerning thing is that the gap is too far with this one because everything is just, what is it, going so fast like the technological wise the culture wise, you have globalization and all.

I think I cannot even think that I can be a good teacher to my juniors like maybe three years below me, I have a sister three years below me and we have so much difference and that's why I've said it before it's something that I've come to terms with, with the teachers being so like that. Yea, maybe that's just their thing and there's just nothing we can do about it. Well, not like, not all of them are like that. Some are more, what is it, adapting? to the new things and to the younger generations and all.

JJ: When you were experiencing that moment with the teacher when he was giving criticism to your friend, how does it feel for you being in that situation?

B1: Like my mind was going why why why why why yea you know because in the context of education that's what you do, I think, you exchange ideas but this...let me collect my thoughts.

JJ: sure

B1: [laugh]

JJ: you can always speak in Bahasa if you have trouble explaining and I can translate it later.

B1: then you'll have a problem transcribing.

Emotion: acceptance/ apprehension.

Behaviour cannot be generalised.
Some teacher is able to adapt.

Emotion: questioning.



JJ: it's fine

B1: uhh, I think what was going on me is that ya like that I question a lot but like I said before I think I have more power of I just talk back to him, to the teacher but that's not what I do because like I said it's kind of like something...the new normal, it's something common for the teachers to do that. yea it's just something that I think and just yea teachers are like that and you are bound to be expected to be treated like that yea so my mind was on the pessimistic side. I don't really come up with any solution whether I should solve this gap, so called gap. I think that's my opinion.

JJ: Thank you. When you said...you also said something about that way of teaching is a weapon you say. Can you tell me more about why it feels like a weapon to you.

B1: Because we're attacked [loud but laugh] yea because whenever the older generation not just in the context of a teacher. They have used "I'm older than you" in an argument. I don't know if that's a valid argument or maybe I should think it is because they've got so much to share and all. I don't know, I just can't seem to accept that because well maybe my 20 years was...like more...uhhh.. gimana ya, indo dikit ya, pokoknya kayak tiap kali ada yang komentar dengan alasan yang lebih tua saat berkomunikasi dari orang tua ke orang muda, saya selalu tuh nganggep nya kayak, kayak tadi, kayak kenapa senjatanya, weapon nya ini ini mulu yang dipake dan ya itu yang tadi. I've accepted it as their weapon, kayak yaa... I'm older than you stuff and... I don't think I got the point, what was the question again?

Talking back as a sign of power.

Criticism from teachers is a common thing.
Bound to be treated with criticism.

Emotion: pessimistic, acceptance, apprehension.

Teacher's experience/age when used in argument feels like an attack.

Emotion: feeling unsure.

Perceiving age as a weapon.



JJ: you were explaining about why it felt like a weapon to you and how did you experience that.

B1: yes because back to my first statement I think because we are attacked. I think my generation could relate to this like that's not how you are supposed to treat the younger and I...ya...I think that's why that kind of statement from the older generation could be something so offensive I think to me, maybe not as many, maybe more than any other experiencing it. I just think that that's not a valid argument, you're older doesn't have to do with anything and what I've been trying to say earlier was I don't know maybe I've experienced more in 20 years than you in 50 years. I think that's just my arrogance speaking like I could be very hot headed in a discussion. So yeah, like that.

JJ: So umm can I conclude that you did not agree with this teaching style or teaching method?

B1: well, it's very paradoxical I think.

JJ: okay, can you tell me more? (what do you mean by paradoxical?)

B1: I cannot say that I am agreeing to this but like I said before, it's something that I've come to terms with. So it is really hard to put it in words but like I think, me personally, I don't have any kind of solution, maybe. Maybe that's why I am saying it like that but like what could be the other option maybe peer-learning? I don't know, I think peer learning is good but learning from the older ones to me is kind of like the best way for now.

JJ: If we go back to that PBL experience with your friend being criticized. What do you think how

Identifying with other people from the same generation. Disagreement.
Using age/experience as an argument from older generation felt offensive.

Emotion: arrogance

Emotion: Acceptance / apprehension.

No other option of learning modalities.



sorry, how would you prefer the session would have been conducted?

B1: uhh, well of course the other way around. When someone younger is presenting a new, new ideas, maybe not only in PBL session, maybe in class, in usual class or something. I think like if the students talk about something new then I think the first mind-set that have to come from the teachers is like what is this in the positive ways. In the positive kind of what is this not "what is this?" [condescending tone] like that. So you will have to swallow it first, not take it bluntly like... I don't know how they perceive that kind of things like when we're presenting something new to them are they taking it as a... maybe an attack or is it your weapon, new things, new things, new things gitu or maybe we are trying to hard to...to...ah mungkin kayak ada rasanya mungkin yang lebih mudah kayak kesannya tuh kayak sama-sama saling ngubah gitu. Kayak yang tua ngerasa lu kenapa muda muda gini terus sih. Yang muda kayak lu kenapa kayak tua tua terus gini sih kayak gayanya ga muda banget gitu loh. We demand the older to be younger and they demand the younger to be older and that has a lot to do with, like I said before, the exchange of information while doing educational stuff so yeah it's just have to do with that because the first mind-set that comes to their mind is just the bad kind of "what is this?"

JJ: okay

B1: I don't know, I'm not going to comment a lot because uhh I don't know, I'm just saying it's going to be fun when you interviewing the...my teachers.

Presenting new ideas.

Teacher's response or mind-set towards new ideas is not positive criticism / interest / curiosity.

Teacher's response leads to developing perception that new ideas is a weapon to attack teachers.

Demands.



JJ: [laughs] we'll see, we'll see about that. Umm, thank you, you mentioned that you had friction, taking your words, you had friction with the older generation. How did you respond to this or umm if I may ask, umm, what made you realise that there is a friction in your relationship with your teacher?

B1: Umm, the friction in the context of generation gap I think I experienced it first in my family I think.

JJ: okay, can you tell me more?

B1: Well, I think everyone experienced it because I mean family have a lot to do with more than just education so the friction is everywhere even the moment you wake up can be a moment of debate I think.

JJ: okay

B1: So yeah, I learned a lot from my family and when I got to school, the public school, i mean primary school to high school, you've met, I've met this all other older people and whenever I have this friction then...I don't know maybe it's not just me but... you kind of.. your mind is set to generalize all other people...gimana ya, meng-generalisir jadinya. You kind of generalize when you're at home you're like, my mom is like this, my father is like this and when you go to school like well damn, all of the older people are like this. Like, I've always have this gap. So the ones in the medical school, doesn't particularly surprise me. Yeah, that's what I think. Did that answer the question? What's the question again?

JJ: Yes, I mean, how did you respond to to this kind of situation where you feel like there's a

Experiencing generation gap in the family.

Relating medical school to family.

Generalising older people from experience at home and previous education.



generation gap? You mentioned about hierarchy and how it relates umm to your family, to your mom and dad. So how did you respond to any situation where you feel like there's an older generation involved?

B1: okay, I kind of answered the first part of what I'm going to answer, like, first I am... I've come to generalize all of this older people. It starts in my family and then now entering the medical school my first, I think my first impression, whenever I see the older teacher. No, uhh all teachers are older than me, like the older older teachers like...I'm not going to communicate well with this person. Ya like the more uban there is [laughs together] like the gap just got wider and it's kind of become my mindset like what I've said before it's something I have come to terms with and It's on the other way around too. When I see the teachers on...closer to my age, it's just make them more likeable on the first impression yea like yea that kind of impression is like a reflex I think.

JJ: Okay, why do you think you have that umm impression when you umm interact with people from different age group? Is it from your experience?

B1: [laughs] Yeah well I think I argued a lot with my parents. I don't have a good relationship I think to some of my teachers. We've had this kind of...like I said, frictions over something like ideas, values and I think what got me so annoyed maybe and concerned about this kind of friction is that the end of the discussion is just...the discussions end when I shut up.

JJ: okay

Generalising mind set starts within the family and continued until now in medical school.

First impression towards older people is difficulty to communicate.

Emotion: acceptance/

Emotion: acceptance/apprehension.

Positive response towards teachers with close age gap.

Argument with parents affected relationship with teachers

Emotion: annoyed, concerned Response towards discussion with older generation of teachers is staying silent.



B1: [laughs] like... [long pause] what is it... I cannot win an argument or...actually it's some exchanging ideas and all but turns out into an argument, I cannot really win an argument by trying to dominate them with more critics and more facts also and how they cannot adapt to a newer style of life and things like that. Sometimes, I'll just win when I shut up and like I said it annoys me...like...kayak kita pihak yang ditakdirkan kalah gitu kalo kita ga ngalah. We're destined to lose whenever we got involved in an argument before force ourselves in an argument, we just like.. they're older. uhh, did that answer the question? or can I hear the question again?

JJ: yeah, it did thank you. What do you think will happen if umm you responded the way you did, by just being quiet or as you said...shut up.

B1: [laughs] in one way, in the short term I think I'll do just good. I mean, well okay, I'll shut up and then you'll shut up. The heated argument will end and I don't know, I'd rather have that than continuing the argument. It's just my personal preference I think when I think an argument cannot go anywhere. We're not solving anyway; we're not solving anything. We're just too hard on each other, I'll just shut up. It's just a short term kind of benefits but in the long term I think that's just me giving a permission for them to act like that again [laughs] yeah maybe that's just me being so permissive, I think that's what it looks to them. Okay now he shuts up [impersonating teacher?] and the argument ends. In the long term I think it's not so good what if I just, if I fought [laughs] talk...aduh, apa bahasanya bukan bicara tapi bukan berantem.

Emotion: hopelessness

Win-lose concept of an argument.
Emotion: Hopeless
Dominate with criticism and facts.

Older generation unable to adapt with newer ideas.

Destined to lose in an argument just because of age difference.

Staying silent is better than argument.

Unproductive argument. Emotion: apprehension.

Staying silent perceived as giving permission for the treatment received.

If I argue a little more and I prefer not to shut up I think it's just something that uhh, I don't know, I think it's just me, it's my personality not my way of thinking like I have to shut up...I don't know, maybe it's just me but just cannot go over that border when you're tired and you want to argue some more but I can't. This argument has to stop. It's just my personal preference, just to stop. I don't know, currently I have no opinions on that.

JJ: thank you. So you're saying that lots of this differences have a lot to do with your personality, with how you are raised and the values and umm beliefs that you have umm do you think that you share the same beliefs or values with an older teacher or an older generation of teachers?

B1: what kind of values? Like...

JJ: any, you mentioned that you have differing values and I am really interested to know what are the values that you were talking about.

B1: [long pause] that's a deep word, value.

JJ: nilai nilai atau prinsip?

B1: yes, I think that's a deep word. My values differences.

JJ: take your time.

B1: So is it like still in the educational context or I can use my parents as an example or ...?

JJ: yeah you can.

Conflict between thoughts and action.



B1: so older generation in general?

JJ: umm it would be great if you can relate to an experience you had in medical school.

B1: So, in the medical school I think my difference of values uhh I've just described it earlier when...why is older people allergic to something new. I mean, not all, but it's something that... I don't know, you can see a pattern there. Well maybe because medical school is so evidence based, scientific, I think it could be understandable when the teacher actually accepts something new but for something so traditional like religion or maybe something like politic views yeah I think I've had a lot of issues there. Yeah and in the education side it's because that...sabar, pertanyaanya...what's the question again?

JJ: jadi waktu lagi semasa kuliah, atau semasa di FK, ada macam perasaan kayak perbedaan nilai yang kamu punya sama yang dosen punya. Nah, perbedaan nilainya itu apa?

B1: oh...umm...

JJ: atau balik lagi ke statement yang kamu bilang di awal itu perbedaannya itu karena mereka gamau menerima hal baru, tidak mau mencoba hal baru atau tidak mau mencoba mengerti apa yang dibutuhkan sama generasi yang baru.

B1: [laughs] [inaudible words] yaa that's my difference values on the older generation I think. Specifically, on that context, the... my personal experience being in medical school.

Older people allergic to something new.

Medical school is evidence based / scientific so it should accept new information.



JJ: yeah, umm can you think of another experience where you were able to interact effectively and collaborate with an older generation of teachers?

B1: So, can I use a high school example?

JJ: umm, it will be great if you could use an example or an experience you've had in med school.

B1: okay, in my medical school I think...I think like I've said before... you have the younger older people and the older older people.

Defining multiple groups of different generation.

[laughs together]

JJ: okay

B1: whenever I think I have a good experience with a teacher, I always think the younger older ones [laughs]

JJ: [laughs] the younger older. Can you give me an example of a younger older generation?

B1: you want names... Or?

JJ: no no no, like just graduated or...

B1: ooh. umm, not really just graduated.

JJ: I think I understand what you mean. Can you tell me why you prefer or like the younger older generation? Why you prefer them over the older ones?

B1: I think because generally they are trying to adapt more to us. They...I mean...with their age

Younger people / closer age gap is more adaptive to the current generation.



they can relate to us more. I think that's already a plus and because yeah maybe because the generation gap is not so far and they have too struggled with things that...struggles with things that are more...have to do with us. I don't think that's the word.

Pokoknya perjuangan mereka lebih sama kayak kita daripada ke orang yang lebih tua. And that's already a plus for me whenever I met someone like any teacher, I think this teacher understands me better than this one. Like, it doesn't have to always end up like that. That's just me thinking about my impression. Back to the question, when do I collaborate well with older teacher...?

JJ: yes, do you have an example of an experience that you had?

B1: Yeah, there's this...there's this one teacher, it's not...okay is kind of like how you treat student's mistakes whenever they make mistake like as a teacher what you should do and I think the younger older teacher compared with the older older teachers are very different. I don't think it's very very different but I just had this experience with the younger older teacher. So there's this teacher, like...when [long pause] when...how should I say this..when it's PBL, there's just so much *celah apa ya celah?*

JJ: flaw?

B1: uhh, this kind of celah [portraying a gap with both his hands] [laughs] there's so much chances to do...to copy paste someone's work.

JJ: yes

Able to relate with the same struggles.

Felt understood by teachers from closer age gap.

Teacher's response towards student's mistake is different across generation group.



B1: I mean of course the student broke the rule of the game, like you shouldn't do that... in the scientific world...

JJ: plagiarism?

B1: Plagiarism yeah. You shouldn't plagiarize someone. But a lot of students have done this and... not that I have...and I mean every month every block there's always that person in your group and it's about how the teacher reacts when they've found out that you plagiarized other people's paper. and I think I've experienced this and other students have told me about it too. There's just this younger older people. I don't think it's people. This younger older person. It's not that he's being permissive about plagiarizing it's just that I mean I'm not saying plagiarizing something is good, not good, right, but sometimes the teacher have to try to understand why the students do this. Like maybe they're tired or maybe they're stressed from all this learning sessions maybe. Maybe there's just too much for them to handle or anything like that. Maybe there's too much struggle to make a paper and things like that. I mean in that context not that I think plagiarizing something is bad but this younger older person that seems so great handling students that got found out that they have cheated and it's that kind of like...there's this statement "waktu saya kuliah, gini juga banyak." gitu and it's not again it's not that plagiarizing something is good but it's great that the first step that he takes is to relate something to his experience and to ours. I mean he ends up lecturing us about it like you shouldn't do this and all but it's a great way to start. I think I kind of understand, what you're trying to do and what you're dealing with. I mean I know it's hard but it's

Reaction of a younger teacher towards plagiarizing.

Being understood by teacher.

Student struggles.

How the teacher handled the situation / student's mistake?

Using experience to relate to the current generation in handling the incident and giving feedback.

Emotion: felt understood



not the right thing to do. I think that's a healthy way for the students and teachers too I think, you've got this connection whenever the...

I mean I've got two groups that had a killer teacher too and of course the students got caught red handed and I mean like you know when the students like plagiarize something is when their paper is good but they cannot present anything really when they're presenting live, so it's kind of like it's too jomplang. So different what you're writing and what you're telling us and it's always nerve wrecking moment when you have a killer teacher. When you have your friend just presenting this and we know, we know for a fact that you plagiarize it from someone and not just plagiarize it, he did not learn anything from the topic like he just straight up do the copy paste and not even trying to read it. Like, all of the other friends are nervous not just him. Like, gila gila gila ni dosen mau bilang apa nih gila gila udah cepetan. Especially this killer teacher, like I had this experience when the student got caught red handed and ...can I say this, what he said or anything?

JJ: yeah you can.

B1: he kind of condemns her, it's a her, it's her. He kind of condemns her for it, like, there's just some statement that I still remember now and I think to the student it's kind of...something that she would have in her mind for a long time. It's that kind of jleb kind of statement. uhh like you shouldn't even be in a medical school. That kind of statement. It's from the older older, older person, and it's just... Like I said before, we are learning something and the way out of it like when we did something wrong

Killer teacher.
Caught red handed.

Emotion: Nerve wrecking

Shared emotion between students of the group: nervous.

Condemned by teacher.
Unforgettable experience of bad feedback giving.

Being told unfit for medical school.

Education is not just about telling the student what's right.



like that's your job, that's your job to educate us I think, not just telling us what's right but try to really tell us not just like...telling us asal-asalan kayak..umm, kayak the teachers always say this whenever we have mistakes on something. Like, "saya udah bilangin dari dulu, saya udah sering bilangin, saya uda ulang-ulang." like, I've repeated it many times why didn't you listen. Yeah I think that's what I said before about telling us asal-asalan. Maybe the first time you told us it's just not something that stick with us. Maybe that's where it goes wrong. It's not us doing something wrong or you not telling us, it's just that the way you're telling us something that doesn't sit well with us I think.

JJ: yeah, I mean, I know that this is happening to your friend right, this is happening to your friend but how does it feel like being in the same room and umm sitting there while that was happening for you. How does it feel like for you?

B1: well of course I got nervous for my friend, like I said before. I think my other friends do too because I know how crazy of a statement this teacher can give.

JJ: Okay

B1: Yeah and when...whenever I got into that kind of situation, I kind of like...whenever my friend or maybe me, myself going through that kind of situation, I'll just back to my rules like...say sorry and shut up, I think that's the best way out of that kind of situation and I think I have thought about it a lot like...please just say sorry. please just say sorry. Like, that, even I do not recommend my other friends to talk back to the teacher. I think for this particular teacher because he got that killer

When teachers do not give feedback wholeheartedly it will not be impactful for the student.

Method of feedback giving that is hard to accept.

Emotion: nervous Some teachers are known to give harsh feedback.

Response towards the same situation of feedback is apologise and stay silent.

Emotion: scared, hopeless.

Specific response towards specific teachers.



instincts. I don't know, maybe I would be rooting for fight the teacher. If it comes to different teacher. Maybe, I don't know, I've just haven't jumped into that situation. So yeah, I ...shut up and be sorry. Or at least make it looks like you're sorry.

Inauthentic apology.

JJ: Aww, what do you mean by that?

B1: Like, ya dok ya dok.. and when you go out [frustrated fist bump] fake sorrys...

Inauthentic apology.

JJ: okay thank you. umm, that was a really good explanation and I am aware of the time that we are almost reaching an hour so I'm going to close this interview. Before I close, do you have any additions or any other comments that you would like to make on the topic of generation gap?

B1: will there be other questions regarding this?

JJ: No

B1: currently, I don't have anything on my mind.

JJ: okay, so there will be no other comments from you for this interview.

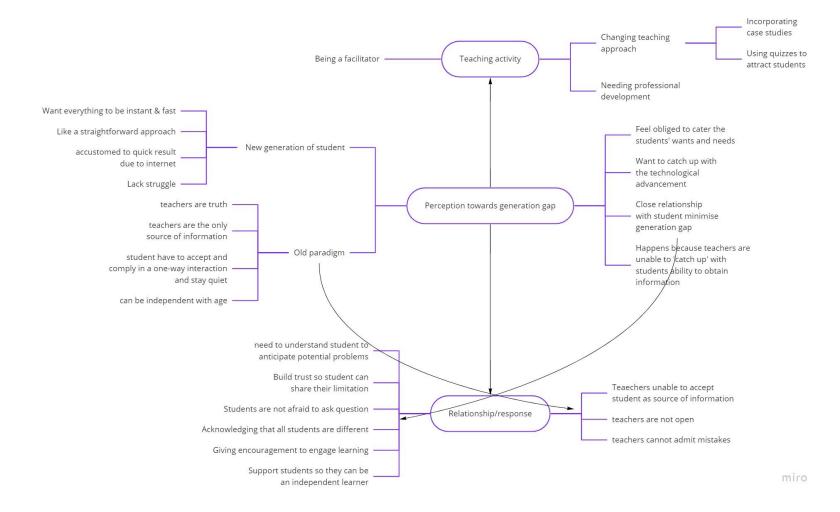
B1: [laughs] I did not say that. I just said that currently I don't have anything on my mind. I don't know, maybe it will come to my mind maybe.

JJ: okay well then thank you for your time and willingness to participate and take part in this interview session and there may be a possibility of a follow up interview if needed and I will contact you to arrange another session umm thank you so much and take care.



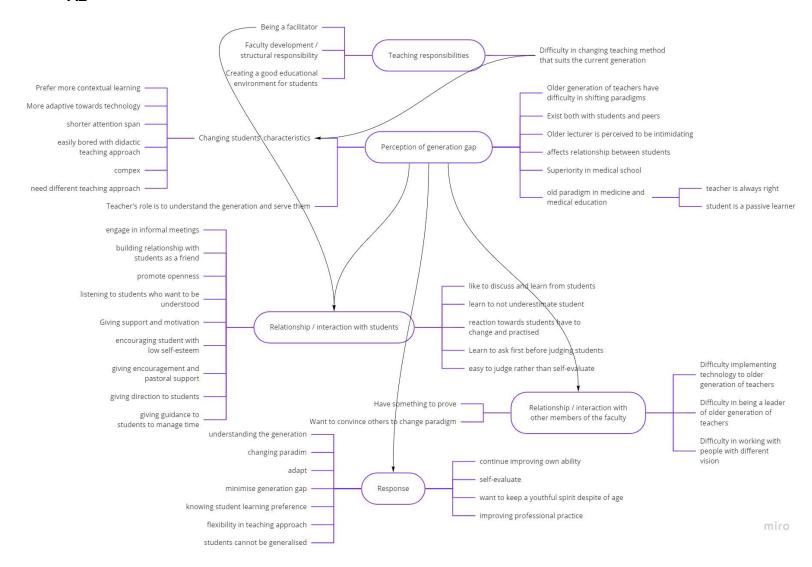
Appendix F. Theme development process with mind maps

- A'



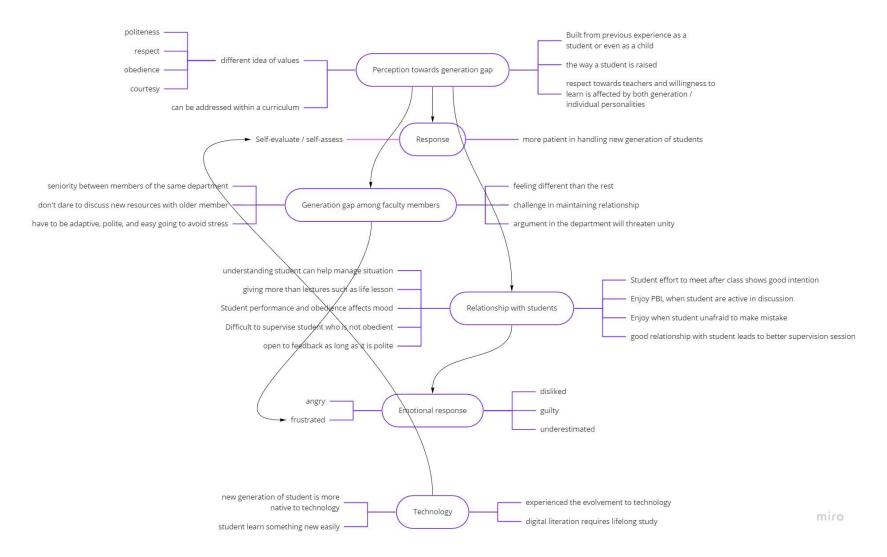


- A2



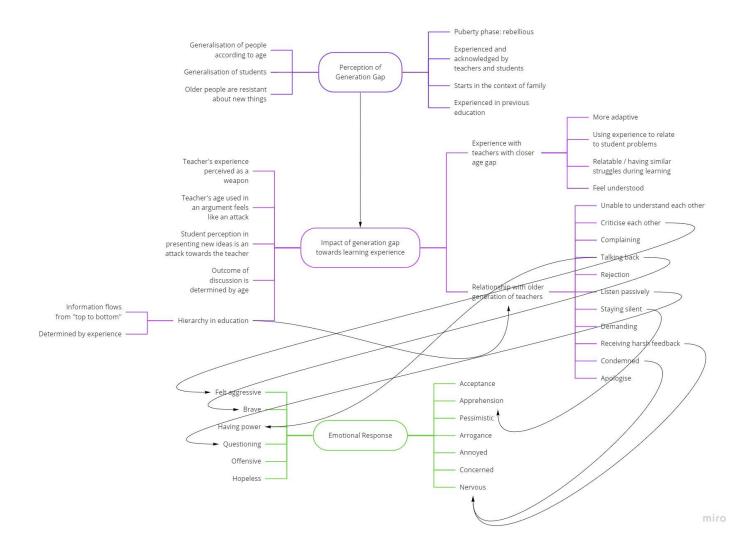


- A3



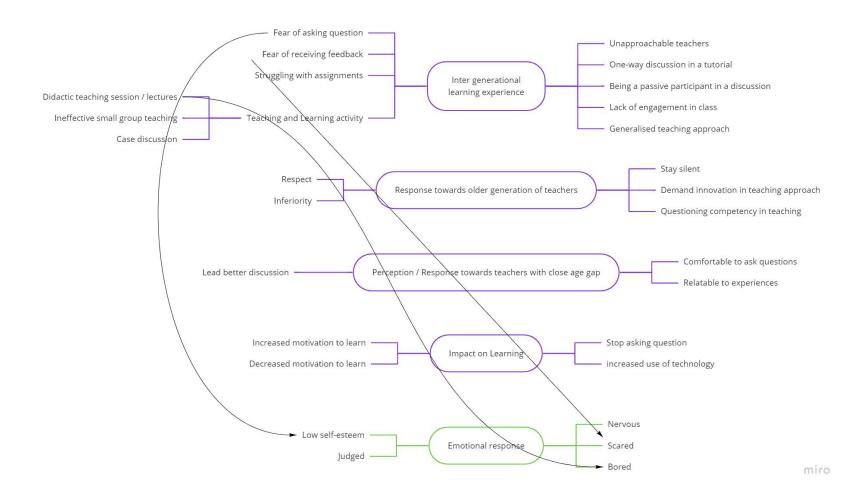


- B1





B2





- B3

