Clinical Learning Experience: **Time to Rethink and Reshape**

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WHAT EDUCATORS OF THE HEALTH PROFESSIONS NEED TO ASK……

*ARE OUR GRADUATES ADEQUATELY TRAINED?

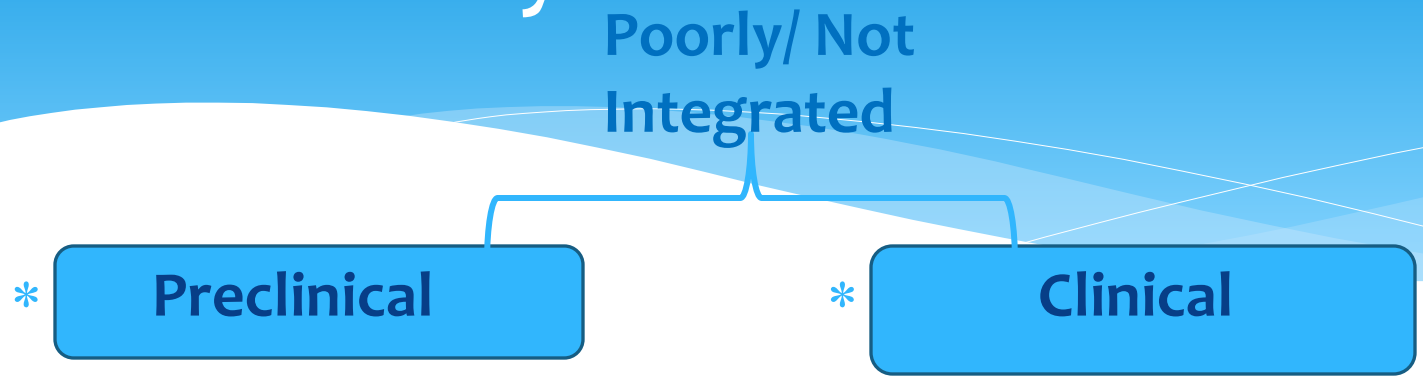
*DOES OUR CURRICULUM PROVIDE THE OPPORTUNITIES ?

*ARE THEY “WORK-READY” TO WORK IN A TEAM ?

The answer is……

* **NO!**

Traditionally



But aligned to healthcare of the time

Health care

* Not Integrated , not so sophisticated
* Patients not so “educated” about health care
* “ The doctor is always right”
* "Family doctor" concept
* Patient-- Doctor Relationship…. closer

Current Situation
Patient-centred , Integrated Medicine
(Collaborative Healthcare)

Specialists

Current Situation- downsides

Health Care

* very specialized and sophisticated
* specialists work in silos and rarely “talk” to each other
* patient-doctor relationship…. too formal
* Heavy reliance on diagnostic procedures
* Clinical acumen 


THE PATIENTS KNOW MORE ABOUT THEIR DISEASES THAN ME. I MUST GET FASTER MODEM, HIGHER SPEED INTERNET ACCESS THAN THEM
©Morpurgo

Flexner Report (1910)

"Medical education in the United States and Canada"

Rethinking the Flexner doctrine 100 years on...

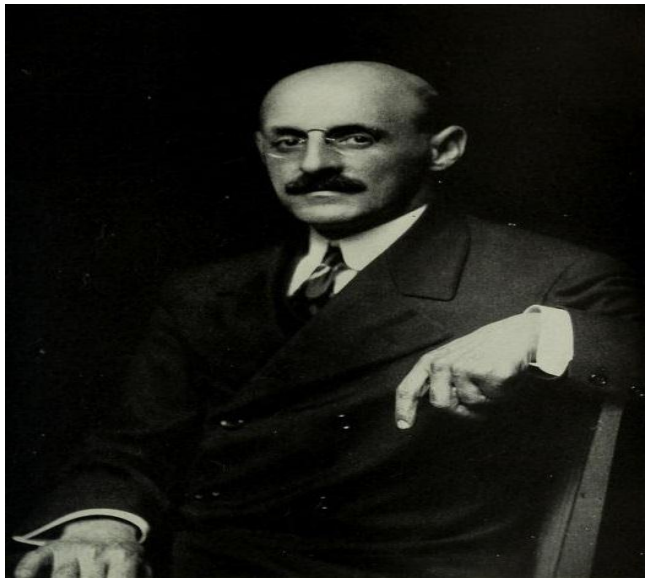
* 1910

Doctor - Centred

Orientation- basic science

2010

Patient-centred



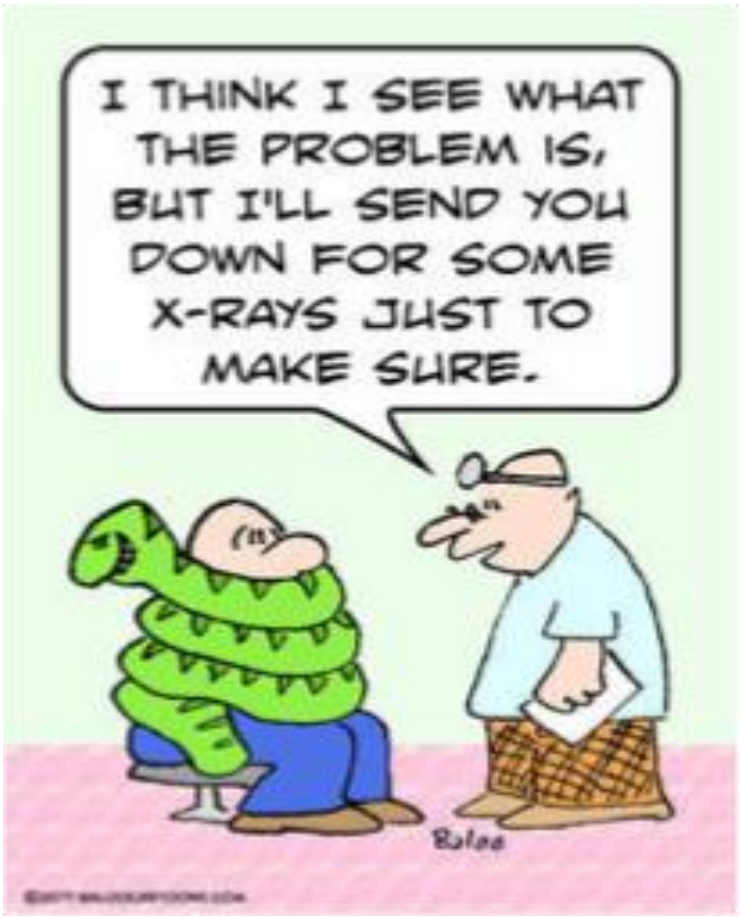
Abraham Flexner (1866-1959)

Challenges: Changes in Doctor Attributes

20th century Physician

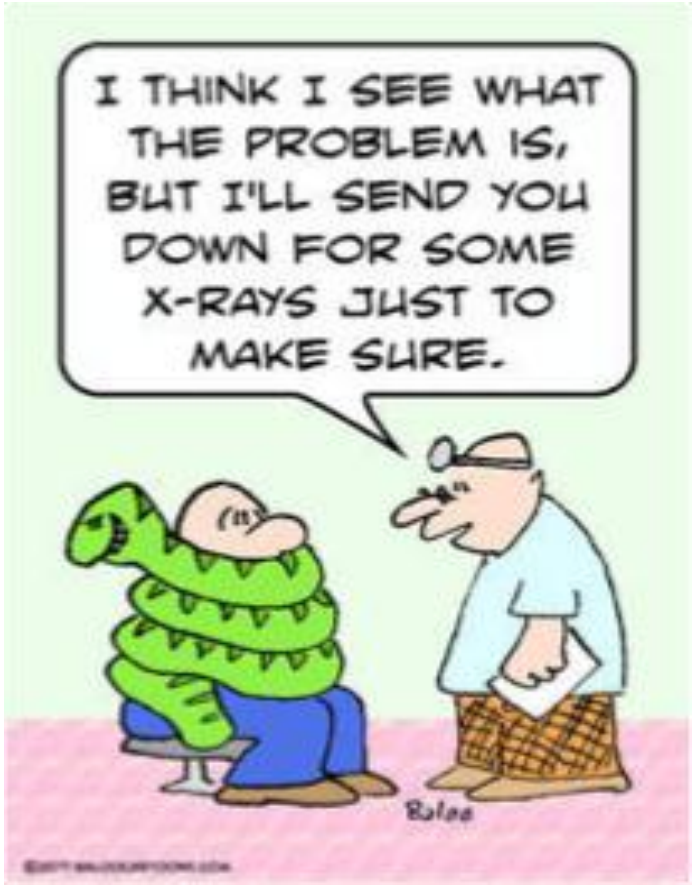
21st century Physician

Key Attributes



* Respect for patient-centered values,
* Empowerment of patient - preferences and express needs
* Involvement of family and friends
* Emotional support, alleviation of fear and anxiety
* Non-medical and spiritual aspects of care (Holistic approach)

Key Attributes



* Access to care
* Information, communication and education
* Coordination and Integration
* Transition and continuity
* Physical comfort

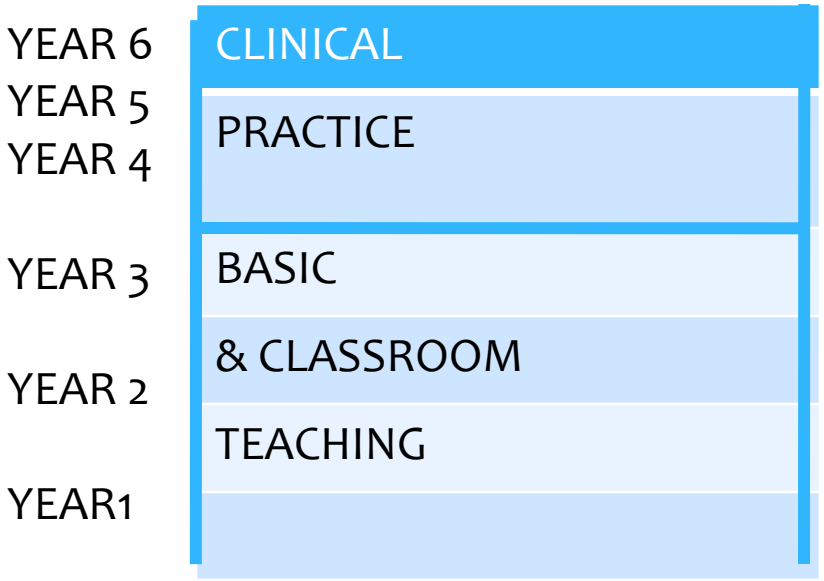
PRIORITIES NEED TO BE

REVIEWED!!!

Reshaping Medical Education……

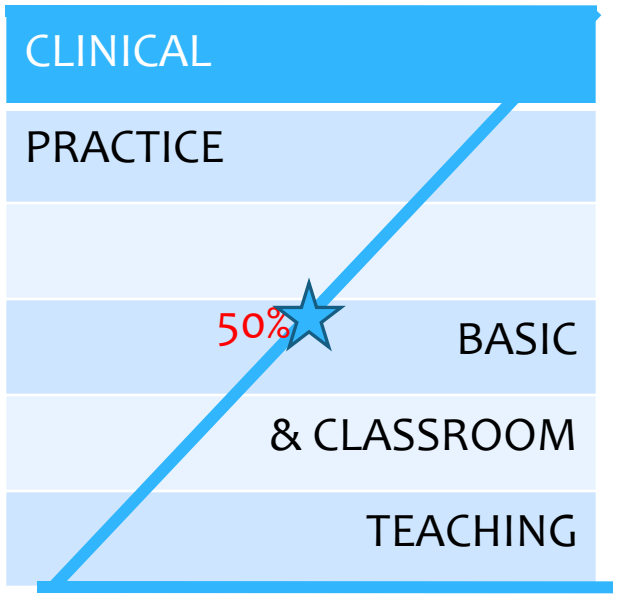
* Graduates are not prepared to take on clinical roles
* "killing season" … August in UK when interns start working in hospitals
* Curriculum… clinical orientation and exposure to clinical experiences should be begun earlier → in an integrated 'Z' shaped curriculum delivery

Reshaping Medical Education……



"Traditional" or "H" curriculum

* Much independence & responsibility



Much guidance & classroom education

"Integrated" or "Z" curriculum"

Reshaping Medical Education……

* Content… must be CONTEXTUAL & EXPERIENTIAL to make learning more authentic and meaningful
* Assessment…. Competency-based Curriculum and assessment made known to learner

"testing the teach" 

"teaching the test" 

WHY?

- **ASSESSMENT OF LEARNING**
  - FOR PROGRESSION (SUMMATIVE ASSESSMENT)
  - FOR EMPLOYMENT
  - FOR CERTIFICATION
- **ASSESSMENT FOR LEARNING**
  - FORMATIVE ASSESSMENT
  - REMEDIATION
- **ASSESSMENT AS LEARNING**
  - SELF-ASSESSMENT
  - LEARNING HAPPENING WHILE TAKING ASSESSMENT.

"The important question is not how assessment is defined but whether assessment information is used… -Palomba & Banta

PHILOSOPHY

- "… medical education must address both the needs of an increasingly diverse society and disparities in health care".

Liaison Committee on Medical Education

[The Concept of Cultural Competency]

Summary

* Training tomorrow's doctors must address the twin challenges of quality and capacity
* Select students that reflect the populations they serve
* Reform the curriculum to align the competencies of students with the needs of communities
* Train teachers to support learning and educational reform
* Create programs that maintain competence

Thank you!!!