Revolutionizing Clinical Training by Overcoming the Challenges Involved in the Implementation of the Learner-doctor Method

Saurabh Rambiharilal Shrivastava,[1] Prateek Saurabh Shrivastava[2]

[1]Department of Community Medicine, Datta Meghe Medical College, Datta Meghe Institute of Higher Education and Research, Wanadongri, Nagpur, Maharashtra, India

[2]Department of Community Medicine, All India Institute of Medical Sciences, Vijaypur, Jammu, India

ABSTRACT

As medical education continues to evolve, the learner-doctor method of clinical training can be acknowledged as an immersive approach to learning. This is primarily because the approach envisages that each medical student is exposed to all the roles of a medical doctor, which they are expected to discharge on completing their training during their residency or clinical practice. Learner-doctor method has been associated with multiple benefits when compared with the conventional mode of clinical training. The innovative learner-doctor method is not free of limitations and has some concerns that must be considered before incorporating it into the curriculum. In conclusion, every teaching-learning method has its share of strengths and weaknesses based on the educational context and available resources. The hour needs to identify the challenges and take appropriate measures to overcome them in our mission to deliver a comprehensive and effective clinical training program.

Keywords: Medical education, medical field training, medical student

INTRODUCTION

As medical education continues to evolve, the learner-doctor method of clinical training can be acknowledged as an immersive approach to learning.[1] The learner-doctor method for clinical training in medical education carries immense potential in making a future competent doctor. This is primarily because the approach envisages that each medical student is exposed to all the roles of a medical doctor, which they are expected to discharge on completing their training during their residency or clinical practice. It will not be wrong to state that this approach has the potential to shape the future of medical education and the competence levels of healthcare professionals.[1,2]

LEARNER-DOCTOR METHOD: PROS

Learner-doctor method has been associated with multiple benefits when compared with the conventional mode of clinical training.[3] It ensures learning by active engagement (learning by doing), wherein students acquire clinical skills and promote critical thinking (improvement in their diagnostic acumen and decision-making abilities). As students get an opportunity to interact with actual patients, it becomes an excellent source of experiential learning, wherein students learn the art of dealing with varied clinical scenarios and practice effective communication.[1,4] Medical students also realize the significance of adopting a patient-centered approach, under which patients are not looked at as just medical cases but as individuals

with specific needs, concerns, and emotions; thus, there is a need to adopt an empathetic and professional approach.[5]

While in hospital wards and other clinical settings, students get a platform and a unique opportunity to interact with other healthcare professionals, making them acknowledge the significance of professionals from other streams in improving patient outcomes.[6,7] Further, as teachers are expected to give feedback and encourage reflection among students, both these activities enable students to critically analyze their performance, identify areas for improvement, and be the driving force in their own academic journey. Finally, all these activities lay down seeds for lifelong learning, which happens to be one of the core competencies expected of a medical graduate.[1]

Table 1. Identified challenges and potential solutions

Identified challenges	Potential solutions
Institutional support	• The Medical Education Unit must organize various workshops and seminars for faculty and administrators to orient them about the evidence-based benefits of the learner-doctor method • Share success stories (viz., improvement in learning outcomes and patient satisfaction) from other institutions that have implemented the method • Involve medical education experts in carrying out research projects to showcase the effectiveness of the method in institutional settings
Faculty training	• The Medical Education Unit to initiate comprehensive faculty training programs • Establish a peer mentorship system, where experienced/trained faculty mentor newer ones, thereby enabling knowledge transfer and skill development
Resource allocation	• Proper scheduling and planning of sessions • Gradually begin with a small group of students or in specific clinical settings to manage resources • Prioritize resource allocation based on the specific needs of the learner-doctor method
Time constraints	• Implement efficient scheduling of learning opportunities in clinical settings • Resort to technology for administrative tasks such as scheduling and documentation for faculty members • Ensure implementation of the learner-doctor method beyond the classroom hours in the evening at least once a week
Variable learning experiences	• Standardize clinical posting schedules to ensure exposure to a diverse range of patient cases to all students • Develop a schedule to rotate students under different units of the same department to ensure that they are exposed to all teachers • Establish the practice of regular debriefing sessions, wherein students share their experiences and challenges, and accordingly learn from their peers
Supervision balance	• Institutions must define the nature of supervision based on the level of students and there has to be a gradual transition to more autonomy • Teachers can use remote monitoring or real-time communication tools, to provide immediate guidance to learners (if required)
Patient safety	• Formulate guidelines for the learner-doctor method of clinical training, wherein the role of students is strictly defined • The doctor continues to be responsible for patient care and ensures strict monitoring of students • Develop a reporting and feedback system for patients and the health workforce to report concerns about patient safety, enabling quick intervention when needed
Patient consent	• Sensitize all patients about the scope and merits of the learner-doctor method with the help of educational materials • Train students regarding informed consent and its significance in healthcare delivery • Train students to effectively communicate with patients to obtain their willingness and also sort out their queries
Patient interaction-related	• Train medical students in patient communication skills, empathy, and handling difficult conversations • Employ encounters with simulated patients to train students to practice managing emotional and challenging situations • Organize regular debriefing sessions which enables the student to share their experiences and the coping strategies that they employed to overcome them
Assessment complexity	• Identify assessment tools (like objective structured clinical examinations) that will be used to assess student learning progress • Select the learning areas (viz., clinical skills, decision-making, communication, and professionalism, etc.) that will be evaluated in different phases of learning • Formulate rubrics for assessment of different areas to make the assessment fair and structured • Implement a multi-source feedback system (such as feedback from patients, peers, mentors, and self-assessment) to enable holistic evaluation of students' performance.

LEARNER-DOCTOR METHOD: CONS

The innovative learner-doctor method is not free of limitations and has some concerns that must be considered before incorporating it into the curriculum.[1] The limitations include the resource-intensive program's need to organize faculty development programs to empower them to implement the method effectively. Further, it is only possible to ensure a uniform learning experience for some students, as the quality of training will vary depending on the clinical settings, mentor availability, and the diversity among patients. As the students have to engage in patient care activities beyond college hours, it might become difficult for them to maintain a time balance. At the same time, some students might feel overwhelmed initially when given the responsibility of patient care.

The inexperience among medical students might account for a major risk to patient safety.[1] Thus, it is a must for students to interact with patients under the strict supervision of their teachers. Further, as students might not get adequate exposure to patients, we cannot be confident that they can become competent in specific skill sets. From the teachers' perspective, many might feel that such a method of clinical training will increase their burden, and thus, it is quite essential that all of them be sensitized about the same.[1,2] In addition, it might be challenging to conduct assessments of students objectively and consistently, and this calls for the need to work on the evaluation and its tools to enable learning progression among students.

IDENTIFIED CHALLENGES AND POTENTIAL SOLUTIONS TO OVERCOME THEM

The planning and implementation of the learner-doctor method in medical college settings is expected to encounter multiple challenges associated with different stakeholders.[1,8-10] These challenges might be administration-related (such as convincing administrators to include the learner-doctor method, scheduling of classes, time constraints, and resource allocation), teachers-related (such as untrained faculty, the method being considered as a burden, supervision, and complexity of planned assessments), students-related (viz., time constraints, variable learning experiences, etc.), and patients-related (such as obtaining consent, safety, and willingness). Identified challenges and potential solutions are summarized in Table 1. To effectively implement these challenges, there is an immense need to adopt a strategic approach wherein all the concerned stakeholders must work in collaboration with each other.

CONCLUSION

Every teaching-learning method has its share of strengths and weaknesses based on the educational context and available resources. The need of the hour is to identify the challenges and take appropriate measures to overcome them in our mission to deliver a comprehensive and effective clinical training program.

REFERENCES

1. National Medical Commission. Graduate Medical Education Regulation 2019. New Delhi: MCI Press; 2019.
2. Zhu JM, Li WK, Chen L. Doctors in China: Improving quality through modernisation of residency education. Lancet 2016;388:1922–9.
3. Sullivan AM, Beltran CP, Ranchoff BL, Hayes MM, Atkins KM, Tibbles CD, et al. Enhancing clinical teaching in critical thinking, high-value care, and health care equity. J Contin Educ Health Prof 2022;42:164–73.
4. Abass MA, Said NS, Zahed ES, Hussein WF, Hamid OI. Effective communication barriers in clinical teaching among Malaysian medical students in Zagazig Faculty of Medicine (Egypt). Electron Physician 2015;7:1638–43.
5. Alpert JS. Some simple rules for effective communication in clinical teaching and practice environments. Am J Med 2011;124:381–2.
6. Nørgaard B, Draborg E, Vestergaard E, Odgaard E, Jensen DC, Sørensen J. Interprofessional clinical training improves self-efficacy of health care students. Med Teach 2013;35:e1235–42.
7. Summers L. Interprofessional task force tackles barriers to clinical training. Am Nurse 2015;47:13.
8. Zhang X, Li C, Yue C, Jiang X, Cao J, Ten Cate O. Why clinical training in China should improve: A cross-sectional study of MD graduates. BMC Med Educ 2021;21:266.
9. Burns C, Beauchesne M, Ryan-Krause P, Sawin K. Mastering the preceptor role: Challenges of clinical teaching. J Pediatr Health Care 2006;20:172–83.
10. Al-Moteri M. Implementing Active Clinical Training Approach (ACTA) in clinical practice. Nurse Educ Pract 2020;49:102893.