EVOLVING TRENDS IN HEALTH PROFESSIONS EDUCATION

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Objective

- Evolution of medical education curriculum
- Evolution in Quality and accreditations
- What should remain constant

Introduction

- The goal of health systems is to respond to the health needs of the society .

- This include providing quality curative health care that is evidenced based, patient centred in a timely fashion.

- Further it requires ensuring equity in health , reducing risks, promoting healthy lifestyles and setting, and respond to underlying determinants of health.

Introduction

- Health professions education is continuously evolving due advances in care of patient and technology

- Evolution is meant to meet the evolving needs of the healthcare industry and prepare students for successful careers in the field.

- Additionally ensuring quality implies patient centred care

Ev

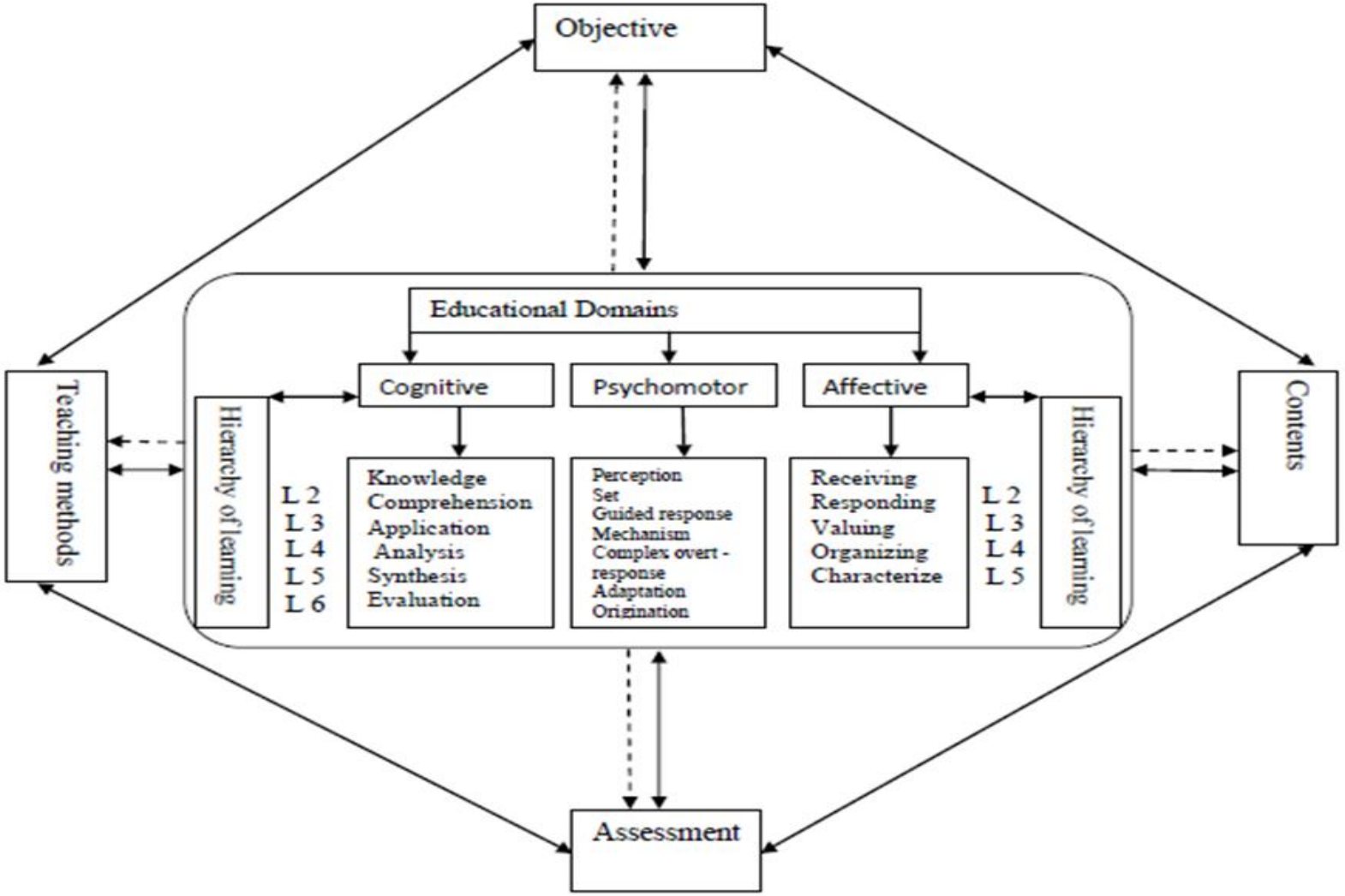
- Medical education pillars include mainly

  - ❖ Curriculum
  - ❖Instructional model
  - ❖Institutional design
  - ❖Assessment
  - ❖Educational environment

Generations of curriculum change

	First generation	Second generation	Third generation
Instructional design	Scientific based	Problem-based	System based
	Informative	Formative	Transformative
Curriculum	Scientific curriculum	Problem-based learning	Competency-based -global
Institutional model	University based	Teaching hospitals	Health-education system

Mapping of the curriculum



Key issues

- Interprofessional education
- Competency-based education
- Longitudinal integrated clinical education
- Education in social determinants of health , social and humanistic mission
- Continuum of health professions education for the life-long learning
- Artificial intelligence and technology

Interprofessional health education

- Patient with complex diagnosis and multiple chronic conditions require team of professionals
- Evidence indicate highly functioning collaborative teams lead to better outcomes
- Interprofessional education programs are being implemented to train healthcare professionals

Institute of Medicine. Educating for the Health Team: Report of a Conference on Interrelationships of Education Programs for Health Professions. Washington, DC: National Academy of Sciences; 1972

Elements for successful implementation of IPE

- Leadership from the top
- Intensive planning with clear educational goals and metrics
- Learners must be engaged through real, meaningful work that advances patient care and professional development
- Use of technology
- Faculty development
- Strong uni-professional leads to strong inter-professional

Challenges for setting up IPE

- Logistical obstacles
- Strong cultures of each professional
- Political dominance of the physicians
- Lack of sense of urgency

Advantages of IPE

- Better health outcomes
- Better patient experience
- Lower costs

Competency-based education

- Responsibility to society to produce practitioners who are competent across broad domains of knowledge, attitudes, and skills.
- Time in place should not be a proxy to competency
- CBE begins with translating the needs of contemporary society for improved health care into competencies that must be mastered by health professionals across all disciplines.

Time as a resource in medical education

- Learners are allowed adequate time to achieve educational goals but are not required to spend time that is not needed to achieve these goals.

- Teachers are afforded adequate time for observation, assessment, and coaching to feel comfortable with their judgments.

- In many instances the total time may be the same, but how that time is used will be different from one learner to another.

Challenges in CBE

- Curriculum and faculty development reforms.
- Regulatory changes to permit greater flexibility in accrediting programs and certifying individuals.
- Assessment systems and to evaluate outcomes.

Longitudinal integrated clinical education

- Continuity of care is a concept that is being emphasized.
- The current environment is based on hospitals .
- Which may not have representative , will be the sickest , require most intense care , less opportunity to learn.
- The suggestion is the use of community hospitals, outpatients in order

Longitudinal integrated clerkship

- Permit horizontal (across disciplines) and vertical(basic to clinical) integration.
- Compared to traditional method, has comparable knowledge and clinical skills acquisition.
- But has greater satisfaction , higher confidence and strong sense of patient centeredness.

Advantages

- Opportunity for IPE
- Learn impact of illness on patient and social determinants of health
- Relationship between learner and faculty in feedback
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- Satisfaction reduces burnout and leads to lifelong learning

Challenges of LIC

- Infrastructure to support teaching in many ambulatory settings
- Economic pressures for productivity
- Departmentally based culture
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- Deficiencies in faculty development and incentives for teaching

Education in social determinants of health , social and humanistic mission

- Social determinants of health are important because they are major contributors to health.

- They also are the principles cause of health disparities (or inequities) that we find in our society.

- Aspects that are part of the main trends
  - ❖IPE
  - ❖Transprofessional learning
  - ❖Longitudinal and community-based educational experiences.
  - ❖Commitment to life-long learning across the whole continuum of the career

Humanistic professions

- Health professions are at their core humanistic professions, which mean that they place human interests, values, and dignity at the center of their focus.

- Combination of scientific and humanistic heritage

- Diversity and inclusivity

Social contract with the society

- Health professionals should learn to be advocates for constructive social change.
- It is part of our professional responsibility to fulfil our social contract.
- The new content would be economics , humanities, social sciences .
- This will require new models for clinical education and community engagement

Continuum of health professions education for the life-long learning

- Continuum of health learning from undergraduate to postgraduate.

- External regulations is essential to instil quality of training required for life-long and self-motivated learning from the beginning of the educational trajectory.

- The learning environment is essential for life-long learning

Quality of learning environment

- Learning environment consist of
  - Personal perspective of the learning
  - Community in which teaching and learning occur
  - Organizational culture and physical space
- Facilitates wellbeing of learners
- Empower learners to feel they are doing meaningful work
- Increased responsibility

Artificial intelligence and technology

- Technology is changing in every aspect of our lives, and the pace of that change is accelerating.
- Many ways technology is embedded like simulation-based teaching that has helped in
  - ❖Skill development
  - ❖Learning clinical reasoning
  - ❖Development communication and teamwork skills and IPE
- Online learning that gives more time for reasoning, team skills (flipped classroom)
- Online certificate courses

AI and future success in medical practice

- AI may not replace but successful doctors may the ones who know how to manipulate AI for clinical care and education.
- Know probabilities, confidence intervals, and use and limitations of data bases
- Understand algorithms of large data bases and how they can have biases
- Understand use and limitations of telemedicine for learners and faculty
- Use and limitations of EMRs

Accreditation issues

- Effective accreditation is considered an essential ingredient for any system of HPE.

- Accreditation in the health professions is the process of formal evaluation of an educational program, institution, or system against defined standards by an external body for the purposes of quality assurance and continuous enhancement.

- Accreditation contributes to ensuring high quality training for a competent workforce prepared to serve societal needs effectively.

Regulatory framework

- Accreditation can be mandated by government or another oversight body or it can be part of a profession's self-regulation.

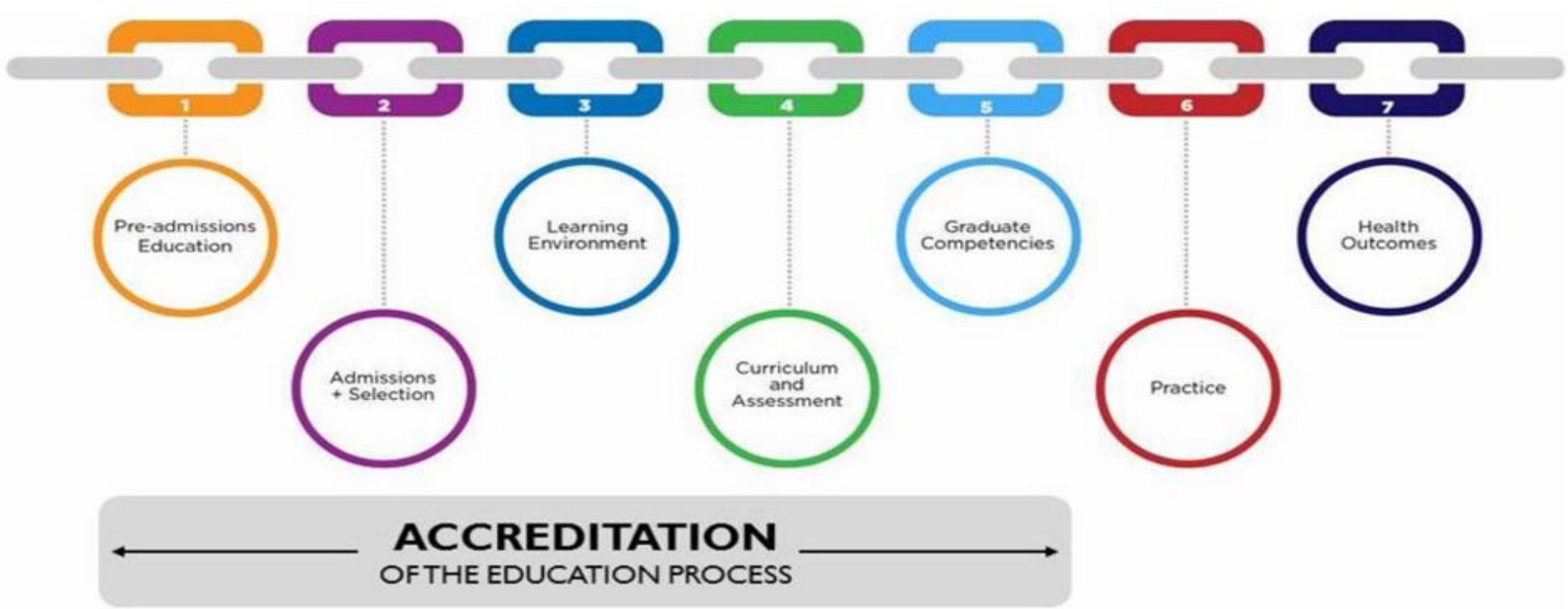
- Funding for accreditation can be part of a government or regulatory scheme, or it can be from the profession itself.

- Accreditation's dual functions of QA and CQI can improve HPE through enhanced training and improved graduate abilities.

Accreditation as either QA/CQI function

	Quality Assurance	Continuous Quality Improvement
Goal	How can we ensure achievement of minimum standards?	How can we promote excellence and innovation?
Focus	What is below the standard?	What can be done to improve?
Characteristics	Summative Quality judgments Measurement against predefined requirements and thresholds Preventing harm to learners and patients Culture of episodic, high-stakes evaluation Audit mode	Formative Actionable feedback Feedback on strengths and areas for improvement Dissemination of innovations, leading practices, and "next" practices. Culture of continuous enhancement Coaching model

How does accreditation contribute to health care outcomes?



Assessment

- Assessment practices are aligned with program goals, learning outcomes at each stage of the program and learning methods .

- There should be right balance between “for learning” with feedback and “of learning” with controlled processes.

- Work-based assessment, small bits with multiple data rather than episodic high-stake assessment.

Assessment

- Traditional dependence on using numerical ratings to assess learners is being supplemented by consideration of meaningful narrative data.
- This approach may assess better 'meta-competencies' needed for complex tasks, including components of humanism and professionalism.
- This can be difficult to implement because of resource needs and costs, as well as uncertainty about how much information from what sources provides the best decisions.

Summary of the evolution

Traditional curriculum	New innovative curriculum
Teacher-centred	Student -centred
Information gathering	Problem-based
Discipline -based	Integrated
Hospital based	Community based
Standard program	Electives
Apprenticeship-	Systematic

Summary

- SPICES model of curriculum , smaller group, interactive, student-centred learning is now common in case-, problem- or team-based methods.
- Clinical placements now often utilise non-hospital and community settings .
- Accreditation and assessment with multiple data points
- All these leads to transformative with self-reflection, critical thinking, patient centred , lifelong learning, interprofessional collaboration and social accountability.