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MEDICAL EDUCATION AND THE FUTURE DOCTOR

Medical Education should be a concern of every medical student as it shapes not only the quality of future doctors, but also the quality of healthcare. Medical students attain an optimal professional and personal development to reach their full potential as future doctors for better health care worldwide.

Healthcare is changing at an unprecedented rate and at multiple fronts. Medical science has increased our understanding of the body and created an explosion of new information. However, medical schools are not or only slowly introducing changes in their curriculum. Teachers at many medical faculties are not educated to teach; they are doctors and mostly lack knowledge of how to show their skills to their students.

As medical students are directly exposed to medical curricula, they are the first quality-check of medical education and they should rightfully have an influence on the creation of new curricula and curriculum development. The second check of medical education is if the graduates are able to meet the standards of the medical profession, of their healthcare systems and the needs of their communities.

Ten the most important areas for highly oriented doctor:

1. Lifelong Learning;

Lifelong learning must be defined as a learning outcome of the medical school and the curriculum must be designed in order to prepare the students to develop life-long learning skills, such as self- assessment and preparation for continuous education. These skills must be specifically assessed by the medical school. Medical schools and healthcare institutions should also provide opportunities to students and doctors to attend conferences, meetings and workshops, in order to gain international experience, have boarded perspective on medical education, creation of partnerships, stimulate proactive approaches.

2. Sustainability;

The adjustment of the number of entries must continuously be accessed by the medical schools, for which they should take into account the teacher/student ratios and the feedback of the students on their learning conditions.

The number of entries must also be defined in accordance to the necessities of the country, both in terms of total number of doctors and the specific needs in some specialties. It is fundamental to consider as a principle the adjustment of medical students, in order to be possible for the students to get a place in a residency of specialized medicine in the future. This will minimize wasted financial and human resources and to foster fair access to medical school.

Strong and reliable collaboration protocols to health centers should be a priority for medical schools, in order to assure adequate clinical training facilities for all the medical students. Learning outcomes and the curriculum in medical school must reflect the competences and abilities required of a practicing doctor. Medical students should also be assessed before graduation to ensure that they have the competencies and abilities expected of a doctor.

3. Research and Innovation;

Medical schools must consider as a learning outcome for all the medical students, the ability to undertake original research and to appreciate and to evaluate published research findings. Research must be supported financially and logistically by the medical schools and healthcare institutions.

4. Education, and the Teaching Mission;

A motivational learning environment must be created by medical schools and healthcare institutions, where members of the healthcare team are working together as team-workers from the very beginning of their careers.

Medical schools must move from a teacher centered approach to more student centered learning with empowerment of the students, flexible learning paths, an important elective component of the medical curriculum and learning tailored to the needs of individual students. Medical schools should also foster the development of Medical Education Centers that should be responsible for the

construction and advancement of the medical teaching and assessment methods, in accordance to the current lines of thought in Medical Education.

Medical schools must provide learning opportunities that stimulates medical students to be advocates of improvement of healthcare and their leadership skills. The medical schools should also facilitate and support extra-curricular activities to support, encourage and motivate student involvement. Medical students must also be encouraged to learn Medical Education, in order to be competent teachers in the future and assure the sustainability and constant improvement of the medical teaching system. Medical schools must provide mandatory workshops where teachers can improve their didactic skills. These didactic skills must be assured by the medical schools at all times.

5. Readable and Comparable Degrees;

Medical schools must make information on the educational programme including the curriculum and learning outcomes accessible for the public.

Medical schools must provide a document accompanying the diploma, providing a standardized description of the nature, level, context, content and status of the studies completed by the medical student. This will allow to the diploma be recognized internationally in order to improve international transparency and facilitate academic and professional recognition of qualifications. This information must be provided automatically in the end of the studies and free of charge. Medical schools should implement a system of credits based on the workload expected from students to achieve the learning outcomes. This will allow a better mutual recognition of degrees at global level and promotion of mobility.

6. Mobility;

Medical schools must recognize the time spent and competences acquired by medical students when they were abroad. Medical curricula must be structured in a way that encourages medical students to spend time abroad or students from abroad to spend study periods in the receiving school. Medical schools should provide electives to allow medical students to do part of their education abroad. These electives must be based on ethical principles that benefit both parties.

Mobility shouldn't be limited to medical students, but also teachers and staff must have access to mobility opportunities. Medical schools should have an officer or a staff member whose responsibility is to facilitate/manage the mobility of teachers, staff and students. These mobility opportunities should be supported financially by the medical school and/or government.

7. International Openness and Global Health Education;

Medical education must reflect international aspects of medical practice. Schools should be involved in global collaborations with other medical schools. This will create opportunities such as implementation of international health programs.

8. Social Dimension, Equitable Access and Completion;

Medical Schools and governments must create systems where access to medical education is based on ability, aptitude and potential of a candidate and not on their financial status, in order to increase the diversity of our future doctors and the ability of the medical profession to be representative of the population it serves.

Medical Schools must aim for financial independence from tuition fees to minimize their impact on medical students and exempt medical students of low socioeconomic status from tuition fees or to provide alternative means of student financing that fully cover education and living expenses. Students should not be forced to participate in paid employment to supplement their finances to the extent that it negatively impacts their access to, participation in and completion of medical education.

9. Quality Assurance;

Medical schools must have internal and external quality assurance programmes. Medical schools must create mechanisms to evaluate the quality and competency of staff involved in teaching and to ensure that resources available for the support of student learning are adequate and appropriate for each programme offered.

Medical schools must also regularly publish up to date, impartial and objective information regarding quality assurance results. Medical schools must improve the effectiveness of the feedback process through having real analysis and effective implementation. The gathering of information must be done in a way that protects the identity of the student.

The purpose of accreditation should be to help medical schools improve their standards in medical education. If a medical school does not meet the standards by an accreditation agency, a deadline should be set by the agency and suggestions given on how to meet the standards. If the medical school still does not meet the standard, then it should have pre-established consequences for the school. Governments must support national/regional accreditation centers, in which the policies and decisions are independent from the government. Students must be involved in all aspects of quality assurance and not only contribute with data but also be included in analysis and dissemination of the results.

In the topic of accreditation, we call for the governments and accreditation agencies to implement the following criteria:

- Students must be included as full members on of the expert committees involved in the accreditation of institutions
- The selection of the students to the Accreditation Agencies bodies must be done in a transparent process based on specific criteria that guarantees the selection's fairness
- Involvement of the Students Unions in the process
- Involvement of Students in the local site visits of medical schools
- Accreditation agencies must provide a training/briefing course for the students before they participate in the accreditation process
- Creation of pools of student reviewers, who take part of the review teams which carry out the medical schools' reviews

10. Governance.

Medical schools must mandate a minimum level of student participation within all medical education bodies, on all important matters, including but not limited to:

- Curriculum development
- Assessment methods
- Post-graduate entry procedures
- Evaluation of faculty and teaching
- Quality assurance and improvement at institutional, national and international levels

Medical schools must also promote the development and ongoing functioning of student organizations, which are necessary to promote student representation based on democratic principles. To accomplish this, medical students must have access to comprehensive transparent information of the educational policies of the school, in order for them to make informed decisions about medical education.

In order to ensure this measures, student representatives and organisations must facilitate bilateral communication between university and students, advocate on behalf of the students they represent, promote democratic processes within student organisations and the student representation at faculty level, communicate and collaborate with students and student organisations on local, national and international levels and advocate for transparent processes to facilitate student evaluation of medical education

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