Editorial

Post Graduate Medical Education

From last couple of years there has been lot of discussions for improving professional education and identity. Most of us admit that there is a need for a fundamental redesign of the medical education and skill acquisition. Even the theme of next conference is "competency based education", so I considered of providing food for thought beforehand.

Abraham Flexnar, a research fellow from Carnegie Foundation published a report on medical education in 1910 which has influenced medical education in the United States, Canada and rest of the world1. After almost hundred years, we are experiencing pressure to change the training programs to a new paradigm, competency based medical education (CBME) which is defined as "an outcomes based approach to the design, implementation, assessment and evaluation of a medical education program using an organised framework of competencies. In CBME, the unit of progression is mastery of specific knowledge, skills, and attitudes and is learner centred."2

To work towards CBME four stepsare required (1) standardisation of learning outcomes and individualisation of learning process, (2) integration of formal knowledge and clinical experience, (3) developing habits of inquiry and innovation and (4) focus on professional identity formation, To fulfill the order we require innovative, radical & paradigm changes while keeping in mind our nation's need and a time frame.

The first step will be having a consensus on standardisation of learning skills, even though Medical Council of India has laid down minimum standard guidelines for post-graduate teaching we still have large gaps in training across India. The residency training units should maintain minimum clinical standards and high level of professionalism otherwise a trainee cannot effectively learn competency in a poorly functioning clinical environment and mediocre academic leadership. Still we'll have learning gaps which can be filled by more innovative, online collaborative learning environment, teaching the same content at multiple sites. This virtual environment will also help to develop interpersonal skills, networking and team based approach.

Physical Medicine and Rehabilitation trainee in particular, must accept to respect interdisciplinary environment, and this calls for complex, contextually rich conception of professionalism; where we move to relational autonomy which recognizes that human agents are interconnected and interdependent, meaning that autonomy is socially constructed and must be granted by others.4 Trainees should be encouraged to interact more and more with the other team members and to attend goal setting or discharge meetings of inpatients. In public hospitals outpatients are busy and trainees should use this opportunity to discuss their patients with faculty followed by short teaching and discussion.

There is substantial evidence in literature to demonstrate that most physicians cannot determine their own strengths and weaknesses without external data and feedback. Thus clinical competency of assessor is equally crucial component which has received no attention; a recent study found that, compared with residency clinics, practicing physicians provided only marginally better care to older patients in a number of areas.5 Faculties must be trained for the assessment process and should give unbiased opinions of the trainee performance, or the trainees may fall into traps of nonspecific assessment, escapism and shortcut approach.

To effectively evaluate post-graduate education many countries have adopted programmatic assessment in clinical work place based on tools such as mini Clinical Evaluation Exercise (mini-CEX), Direct Observation of Procedural Skills (DOPS), Multi-Source Feedback (MSF), Critical Appraisal of a Topic (CAT) and progress tests along with OSCE. This combination of tools along with regular progress meeting and on floor mentoring should be practiced for comprehensive competency assessment.6

Lastly, the unstated aim of teaching professionalism has been to ensure the development of practitioners who possess professional identity. First step to identity creation happens during residency where we get identification and enrichment of identity. Identity creation process includes career & role transitions, socialization and identity work. Identity is dynamic and relational and as an individual moves into new roles, these transitions facilitate changes in creation of "sub-identities". Organizations and groups also are actively engaged in shaping member's identity in society. The third more direct process "identity work" which focuses on individual's active construction of identity in social context, this includes contribution of role models, stories and rhetoric. Some others emphasise the role of "working and doing" in creation of self. Feedback from peers and society will help establish and strengthen this identity.7

I look forward to see more discussions, presentations, articles and sessions to cumulatively address this issue for the betterment of postgraduate education.

References

1. Flexner A. Medical Education in the United States and Canada. A Report to the Carnegie Foundation for the Advancement of Teaching. Bulletin No.4. Boston, Mass: Updyke; 1910
2. Frank JR, Mungroo R, Ahmad Y, Wang M, De Rossi S, Horsley T. Towards a definition of competency based education in medicine: A systemic review of published definitions. *Med Teach.* 2007; **29:** 642-7.
3. Cooke M, Irby DM, O'Brien, Bridget C. Educating Physicians: A Call for Reform of Medical School and Residency. 2010 San Francisco, Calif Jossey-Bass.
4. MacDonald C. Nurse Autonomy as relational. *Nurs Ethics* 2002; **9:** 194-201.
5. Lynn LA, Hess BJ, Conforti LN, Lipner RS, Holmboe ES. The effect of residency clinic systems on the quality of care for older adults in internal and family medicine residency training program. *Acad Med* 2009; **84:** 1732-40.
6. Erik W Driessen, Jan Van Tartwijk, MarjanGovaerts, PimTeunissen, Cees P M Van Der Vleuten. The use of programmatic assessment in the clinical workplace: A Maastricht case report. *Medical Teaching 2012; **34:** 226-31*
7. Michael G Pratt, Kevin W Rockmann, Jeffery B Kaufmann. Constructing professional identity: the role of work and identity learning cycles in the customization of identity among medical residents. *Academy of Management Journal* 2006; **49:** 235-62.

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