

# Recent Teaching and Learning Trends in Health Professional Education

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The way medicine is taught and learnt has changed beyond recognition. Technology of education has undergone fabulous modification. More emphasis is laid on education which must be competency, contextual and outcome based. The technology had a significant impact on the practice of teaching, and this is increasingly becoming evident in the field of medicine; where technology-enabled curriculum is more and more introduced in unison! Active learning modalities are adopted rapidly across the globe. Scientific knowledge and principles, as well as understanding how knowledge is justified revolves around the understanding of biological complexity, genetic diversity, interactions of systems in the body, human development, and the influence of the environment and the ability to synthesize information and collaborate across disciplines.

Medical practice has significantly altered the outlook of a physician's work. Technological innovation in diagnostics, therapeutics, preventive and socio-economic aspects of medical practice demands overhauling of medical curriculum, program evaluation, assessment, teaching and learning, research and innovation, quality assurance, leadership management, professionalism and bioethics. Core competencies are well defined, more emphasis are on clinical and communication skills. The curriculum is more holistically integrated. We see bigger influence of curricular committees, including student influence, on program development. Information and communication technology is becoming essential component of teaching and learning in medical education. Accreditation and quality assurance is becoming essential for of all programs offered by the health education institutions. Assessment has become more integrated, reliable and valid and many institutions are now adopting total virtual assessment tools. The education is linked to the healthcare need of the societies with clearer budgetary and fiduciary responsibilities. Moreover health professional education can no more develop and prosper in isolation rather it has now become an integral

component of global educational process, where interdisciplinary integration goes beyond health care disciplines. 21st century learning skills are more collaborative, participative and dynamic where creativity, digital literacy and enquiry mandates fresh trends in learning like: emphases on active, rich contextual, diverse and meaningful learning rather than passive, didactic and segmental learning. Therefore a medical teachers is forced to adopt more participatory teaching strategies, initiate creativity and motivation among the learning to foster persistence and sustainable learning tools for preparation of finest quality medical graduates who are not only confident and competent but also lifelong learners, self-aware and bear a caring attitude for the patient and the ability to let the patient know that you care. These traits can only be incorporated among the health professionals if the educational format is designed according to the requirement of the learners and not that of teachers. During the past two decades colossal changes were introduced and successfully evaluated for the efficacy and affectivity to achieve the desired aims and objectives. Among those over-the-hill were few teaching and learning strategies like: self-directed learning (SDL), collaborative learning, cooperative learning strategies and others like: problem based learning (PBL), team based learning (TBL), and Task oriented learning (TOL), Peer Assisted Learning (PAL) and many others. At the same time several learning groups actively involved in learning process were introduced like; scholar's forum, writers group, discussion groups, learning communities etc. One of the effective, imperative and easily practiced learning strategy in health professional education is PAL.

"Peer assisted learning" (PAL) is one of the learner centered instructional strategy where "people from similar social groupings who are not professional teachers help each other to learn and learning themselves by teaching" There is wide range of terminology used for PAL, for instance; peer teaching, peer tutoring, peer group learning, peer supported study and many more. PAL remained part of our

informal and hidden curriculum but it has never been acknowledged officially as an instructional strategy. Concept of peer assisted learning is as old as history of collaborative learning has been implemented productively for more than three decades in medical schools of USA. In 2003 General Medical Council made it obligatory for “all UK medical graduates to demonstrate appropriate teaching skills” and “recognize their duty to teach their colleagues”, leading to official adoption of PAL as an instructional strategy in various medical schools of the country. PAL being practiced with established benefits in Germany, Australia and UK.

Medical Education in Pakistan is still evolving; as most of the medical schools in the country are planning to shift from traditional to integrated curriculum, under the directives of regulators, in pursuit of preparation of finest quality graduates and international accreditation. This shift has led to the acceptance of learner centered instructional strategies because they are prerequisite for integrated curriculum. Concept of PAL is not new for the medical education scenario in our country. Informal PAL is a usual observation in every medical school here like anywhere else. A number of studies have been done to explore its utility and have reported encouraging results in terms of students’ acceptance and learning. Likewise other modern learning strategies can be espoused with passable modification and adjustment befitting the local needs of our communities and health care system.

It has been proved by different studies that formal adoption of these teaching and learning strategies will benefit not only the learners and teachers but also the system at large scale and the institution in many ways. These learning strategies definitely improves confidence and communication skills of learners, bridge gaps in learning and encourages existent learning culture resulting in greater understanding of the content and better scores beside promotion of personal and professional development for superior service to the humanity at larger scale. Any quality medical school will quickly adopt these trends in the best interest of their stakeholders.