

Hacia un nuevo paradigma de enseñanza en las profesiones sanitarias: de la calidad docente a la excelencia clínica

Towards a new paradigm of teaching in the health professions: from teaching quality to clinical excellence

José López Castro¹, Beatriz Mira Miñones²

¹ Internal Medicine Department. Hospital Público de Monforte. Lugo.

² Health Department. CIFP A Carballeira-Marcos Valcárcel. Ourense.

Mrs. Director,

Fortunately, in the training of future healthcare professionals, the archaic model of the master class, in which the student was a mere spectator and learning was "by osmosis" and with practically no associated reflective process, has been partially overcome.¹ The current teaching hours are much more dynamic, with a greater weight of the practical part over the theoretical and, at least on paper, with smaller groups of students, all of which results in a more solid and comprehensive clinical training.

Many of the changes implemented are the result of successive legislative measures approved over the last two decades in our country, which have led to changes in teaching methodology, greater investment by public administrations in education and a requirement for the training of students through the Master's Degree for Teachers in intermediate and higher training cycles and accreditation by ANECA (National Agency for Quality Assessment and Accreditation) or other regional agencies for teaching quality in order to carry out the functions of university lecturer with a doctorate or tenured/professor. Internal and external audits are a key element in the supervision of teaching quality, studying the specific weaknesses in each centre and proposing guidelines for their correction and readjustment.²

Despite all these extremely valuable advances, many professionals entering the labour market feel there are profound gaps in their training, both in technical areas (management of critical patients, drug dilutions, etc.) and in psychological or bioethical areas (communicating bad news, grief management, etc.): lack of subjects oriented towards the management of specific clinical problems, poor quality of continuing education of the teaching staff,³ lack of contact with the patient in undergraduate training, intrinsic difficulties of the professional to face real clinical practice (fears, lack of experience,...), obsolete curricular designs, excessively rigid assessment systems, didactic inertia, lack of a practical approach and sometimes lack of motivation on the part of students who do not perceive the concrete practical applicability of the contents they learn in the classroom.⁴

However, the training system also has great strengths that should be mentioned and promoted:

ICTs (information and communication technologies) have managed to bring virtual patients closer to the classroom and to have advanced simulation equipment that makes it possible to recreate multiple real-life situations and stimulate the student's operational capacity to deal with diverse clinical problems in a wide variety of scenarios.

Quality system in place: allows for the detection of areas for improvement and serves as a stimulus for teachers and students.

Educational innovation and updated training offer for teaching staff: teaching teams have the opportunity to participate in educational innovation projects and teachers have a wide range of options available to them to choose their continuing education.

Stable and clear departmental structure: with an organisational chart adapted to the needs of the centres and departments.

Appropriate platforms for teaching programmes that allow continuous monitoring by students and which are already widely implemented in Western countries.⁵

Although much remains to be done, we in the health professions should be proud of our agile and well-structured educational system and try to mitigate its weaknesses by encouraging motivation, a culture of teamwork and appropriate quality management. Only in this way will we be able to aspire to the longed-for educational excellence that will result in excellent professionals.

REFERENCES

1. Decreto de 7 de julio de 1944, sobre ordenación de la facultad de medicina [Internet] [citado 17 de mayo de 2022]. Disponible en: <https://www.boe.es/datos/pdfs/BOE//1944/217/A05943-05950.pdf>.
2. The Executive Council, The World Federation for Medical Education. International standards in medical education: assessment and accreditation of medical schools'-educational programmes. A WFME position paper. *Medical Education*, 1998; 32:549-558.
3. Ruiz de Adana Pérez R, Elipe Rebollo P. Calidad en la formación continuada de los profesionales sanitarios: necesidad y reto. *Rev Calidad Asist* 2006;21(3):117-119.
4. Vicent García, MD. La Formación de Especialistas en las Instituciones Sanitarias. *Tribuna Docente* 2001;6(2):74-79.
5. Frenk J, Chen L, Bhutta ZA, Cohen J, Crisp N, Evans T, et al.. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *Lancet* 2010;4;376(9756):1923-58.