Chapter 70

Preparing Future Physicians to Adapt to the Changing Health Care System:
Promoting Humanism through Curricular Design

Joanna Lauren Drowos
Florida Atlantic University, USA

Sarah K Wood
Florida Atlantic University, USA

ABSTRACT

One vital goal of medical education is to promote the development of desirable professional qualities among future physicians, such as compassion, empathy, and humanism. Future physicians must finish their training prepared to meet the changing health needs of society, yet in reality many students graduate from medical school more cynical and less empathetic than when they began. During clinical clerkships, many students experience an "ethical erosion" as they transition in to real world clinical settings. Through innovative longitudinal integrated curricular designs focusing on continuity, medical students participate in the comprehensive care of patients over time and have continuous ongoing learning relationships with the responsible clinicians. As patients place increasing importance on the doctor-patient relationship, learning models that foster stronger connections between medical students and their patients, as well as with their teachers and communities, are needed in order to better prepare the next generation of physicians to serve a changing health care system.

INTRODUCTION

As the health care system continues to evolve, medical education must advance to meet society's and patients' needs. As Cohen (2009) described, current trends in patient expectations for health care, requires the development of a patient-centered physician workforce, made up of individuals with good communication and teamwork skills. One essential goal of medical education is to promote the development of

desirable professional qualities among future physicians, such as compassion, empathy, and humanism. Future physicians must finish their training prepared to meet the changing health needs of society yet in reality many students graduate from medical school more cynical and less empathetic than when they began. Students enter medical school with core values of altruism, humanism, and service, which may drive them toward medicine as their career choice in the first place. These traits, however, may actually erode during training, as students graduate feeling cynical and less connected to patients, as found by Coulehan and Williams (2001). The reasons for this transformation include changes in the learning environment, an evolving health care system, and traditional curricular designs that may promote a loss of empathy. In general, medical education has become more fragmented, with highly specialized physicians performing more specific tasks for each patient during brief encounters. During clinical clerkships that occur mostly in the third year of medical school, many students experience an "ethical erosion" or loss of empathy, as they transition from preclinical classroom learning experiences in to real world clinical settings. In response to these troubling trends, medical educators have been developing innovative educational models and curricula that can promote desirable professional traits among medical students. This first year of clinical learning is typically challenging and overwhelming, and for many students, moral and ethical development can be impacted negatively as they navigate their new role in providing patient care. In response to the often dehumanizing "hidden curriculum" that exists in health care delivery settings medical educators have begun to develop innovative clinical curriculum designs using continuity as the leading principle. One example of an educational innovation is longitudinal integrated clerkships (LICs), which allow students additional opportunities to participate in comprehensive care, while building relationships with both patients, faculty, and other health care professionals. This new integrated clerkship model, based on longitudinal exposure to physician preceptors and continuity with patients is being implemented across the nation and around the globe. These longitudinal integrated clerkships (LICs) vary in structure but have the central goals of continuity of care, continuity of curriculum, and continuity of supervision. Medical students participate in the comprehensive care of patients over time and have continuous ongoing learning relationships with these patients' clinicians. Expected changes from this model include enhanced clinical skills, more attention to values and ethics, improved quality of the learning experience, more meaningful direct clinical supervision and feedback, as well as a possible positive impact on career goals. Some LICs have outcome data suggesting a possible relationship between student participation in an LIC, and future interest in primary care or working with rural or underserved populations. Overwhelmingly, results from this model demonstrate students finish their education with strong clinical skills and more empathy than students who complete traditional block clerkship models (Norris et al., 2009). As patients place increasing importance on the doctor-patient relationship, learning models that foster stronger connections between medical students and their patients, as well as with their teachers and communities, are needed in order to better prepare the next generation of physicians to serve a changing health care system.

BARRIERS TO HUMANISM AND PROFESSIONALISM IN MEDICAL EDUCATION

Ethical Erosion Among Medical Students

The medical education process impacts student empathy. Deleterious changes in humanistic qualities have been described as students become "immunized" against these values after matriculation, particularly

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