

Faculty guide for Patient centered & Evidence based learning

Introduction:

Historically, medical students learned the art and science of medicine from the patients they encountered. While students were highly motivated to learn through this approach, the serendipitous nature of real practice and the variability in the skills of their teachers proved to be liabilities for learning. This apprenticeship-style education was replaced by a more formal didactic curriculum during the twentieth century.

The concept of patient centred learning (PCL) is a switch over from the traditional lecture based approach to an integrated case or patient based approach of *small group* teaching – learning with the ultimate aim of promoting professionalism of the medical student. The teaching here is no longer in subject based silos, but an integration of all relevant disciplines, both basic and clinical sciences, as applicable to the problem of the patient under consideration.

The power of computer technology enables medical educators to recapture the authenticity of patient-centred learning (PCL) through the creation of a virtual practice populated by a panel of virtual patients. In contrast to traditional problem-based learning cases, PCL virtual patients return for multiple visits with their student-doctors, demonstrating how diseases change over time, interact with other diseases and risk factors, and are influenced by psychosocial factors.

The Process

- PCL will supplement the didactic curriculum of basic and clinical sciences.
- Case based learning and PBL will form the backbone of the PCL.

The flow of the PCL will be along following steps.

1. The class should be divided into small groups (say 50 / group) and each group will attend a particular session among the many running simultaneously. The groups will keep on rotating in subsequent days so that all topics are covered for all students.
2. A clinical case with a particular problem will be selected for each group which will be mentored/facilitated a by designated faculty.
3. A brief of the case will be presented by the faculty.
4. Students will brainstorm and list the learning objectives from both basic and clinical sciences which help them comprehend the case.
5. Students will discuss the objectives of the case with the faculty and further streamline the objectives.

6. The objectives will now be divided among subgroups of students who will do SDL to find out details of the learning objective and build/fill up knowledge gaps. All information gathered should be evidence based.

7. Each subgroup will then present their findings in front of the class and finally sum up the knowledge gained to fully understand all clinical nitty gritty of the designated case with the faculty being the facilitator all along.

The learning module will be divided into sessions, e.g 3, 4, 5 (Session I), 6 (Session II), 7(Session III).

Assessment

A small assessment will be carried out at the end of each learning module in the form of MCQs, interpretation of lab reports, clinical skills as deemed relevant. This will be followed by feedback from students and feedback to students (as a group and individually) regarding level of knowledge attained, any shortcomings and remedial measures.

Final outcome analysis – Performance in examinations (both internal & University).