

Study Directed toward Imparting to Persons Seeking to Become Physicians

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Description

Medical education and training varies considerably across the world. Various teaching methodologies have been used in medical education, which is an active area of educational research. Medical education is also the subject-didactic academic field of educating medical doctors at all levels, including entry-level, post-graduate, and continuing medical education. Medical education applies theories of pedagogy specifically in the context of medical education. Specific requirements such as entrustable professional activities must be met before moving on in stages of medical education. Entry-level medical education programs are tertiary-level courses undertaken at a medical school. Depending on jurisdiction and university, these may be either undergraduate-entry (most of Europe, Asia, South America and Oceania), or graduate-entry programs (mainly Australia, Philippines and North America). Some jurisdictions and universities provide both undergraduate entry programs and graduate entry programs (Australia, South Korea).

The Association of American Medical Colleges (AAMC) has recommended thirteen Entrustable Professional Activities (EPAs) that medical students should be expected to accomplish prior to beginning a residency program.[4][5][6] EPAs are based on the integrated core competencies developed over the course of medical school training. Each EPA lists its key feature, associated competencies, and observed behaviors required for completion of that activity. The students progress through levels of understanding and capability, developing with decreasing need for direct supervision. Eventually students should be able to perform each activity independently, only requiring assistance in situations of unique or uncommon complexity.

Medical education is increasingly utilizing online teaching, usually within learning management systems (LMSs) or virtual

learning environments (VLEs). Additionally, several medical schools have incorporated the use of blended learning combining the use of video, asynchronous, and in-person exercises. A landmark scoping review published in 2018 demonstrated that online teaching modalities are becoming increasingly prevalent in medical education, with associated high student satisfaction and improvement on knowledge tests. However, the use of evidence-based multimedia design principles in the development of online lectures was seldom reported, despite their known effectiveness in medical student contexts.

Research areas into online medical education include practical applications, including simulated patients and virtual medical records (see also: telehealth). When compared to no intervention, simulation in medical education training is associated with positive effects on knowledge, skills, and behaviors and moderate effects for patient outcomes. However, data is inconsistent on the effectiveness of asynchronous online learning when compared to traditional in-person lectures. Furthermore, studies utilizing modern visualization technology (i.e. virtual and augmented reality) have shown great promise as means to supplement lesson content in physiological and anatomical education. At present, in the United Kingdom, a typical medicine course at university is 5 years or 4 years if the student already holds a degree. Among some institutions and for some students, it may be 6 years (including the selection of an intercalated BSc—taking one year—at some point after the pre-clinical studies). All programs culminate in the Bachelor of Medicine and Surgery degree (abbreviated MBChB, MBBS, MBBCh, BM, etc.). This is followed by 2 clinical foundation years afterward, namely F1 and F2, similar to internship training. Students register with the UK General Medical Council at the end of F1.