

TMSS Medical College Journal (TMCJ)

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Editorial

Postgraduate Medical Education: a ‘Pipeline’ to Competence

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Postgraduate medical education (PGME) contains training after graduation (MBBS) from a medical college before a physician is thought to be competent for independent practice. The establishment of outcome (competency) based education is now a key feature in curriculum planning in both undergraduate and PGME. The concept of outcome-based education (OBE) was promoted by Spady as ‘a way of designing, developing, delivering and documenting instruction in terms of its intended goals and outcomes’.¹ The competency based approach highlights the competencies achieved by the learner, rather than how they were trained. The learning outcomes/competencies expected at the end of training and at the end of each phase of training are clearly stated, and communicated to all concerned including teachers, students and other stakeholders, such as employers in the health service.

In addition to being a learners, Postgraduate medical trainees are unique in that way, they are simultaneously both workers and learners.² The postgraduate trainees perform a part of the patient care in teaching hospitals and other healthcare institutions, under the supervision of postgraduate trainers. A postgraduate trainee has got many roles apart from a learners and clinical practitioner including teaching the undergraduate medical students, and a researcher.³

Contemporary postgraduate education was based on trainees rotating through various basic, para-clinical and clinical departments for a defined period of time. Competency based learning in PGME creates an unique environment, with its emphasis on work-based learning, clinical supervision as a predominant method of training, performance-based assessment, and the challenge of simultaneously delivering education, training and service.⁴ In PGME, much of the learning occurs in a workplace predominantly in small group setting, while the trainees are concurrently caring for a patient or performing other clinical tasks. The trainee’s

clinical supervisors may coach, direct and teach informally. ‘Informal learning’ is described as unintended, opportunistic and unconstructed since it occurs in surroundings of an unstructured curriculum.⁵ Role-modelling is an important educational strategy that occurs at every level of education but is particularly important in PGME.⁶ As well as work-based learning, trainee education may occur in non-clinical settings through problem based learning activities, workshops, lectures, journal clubs, case-based discussions and in simulation contexts.³

As part of work-based learning, trainees undergo ongoing assessment, both formative and summative. The common assessment strategies are direct observation of trainee performance, Learning portfolios (e.g. records of performance achievements), Logbooks (e.g. records of activities or procedures etc.)

There are a number of controversial issues in PGME. The duty hours of the trainees, the length of training period, appropriate residence allocation, allowance during training period, and problem of managing deputation for government service holders are the main obstacles in the way of PGME competency in Bangladesh. Moreover, most clinical supervisors are practicing physicians who have trained in clinical medicine but do not necessarily have any training in teaching, assessment or supervisory skills. Without addressing these issues, competency based PGME can’t be obtained!

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