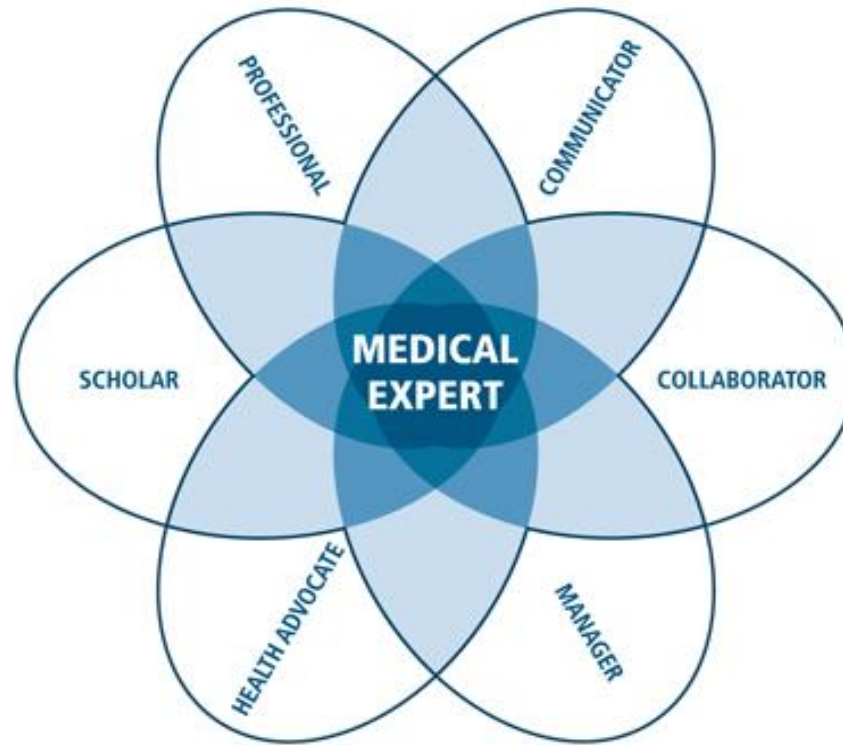


The future of medical education

Albert Scherpbier and many others

Now



Medical expert



Communicator



Collaborator



Leader



Scholar



Endoscopisch beeld van normaal dikke darm slijmvlies



$$\chi^2 = \sum \frac{(o-e)^2}{e}$$

where

χ^2 is Chi-squared,
 \sum stands for summation,
o is the observed values, and
e is the expected values.

Professional



Health advocate



Educational continuum

MD programme (6)

Specialist (6)

(40)CME





Changes

- Changing global world
- Technical and digital evolutions
- Diversity
- Change in organisation of health care
- Patient is different
- Students are different
- Ehealth
- Welbeing of students/ doctors

Burnout



Burnout

- Learn students to take care of their balance
- Organize environment so that health workers can survive
- Accept changes in work/life balance
- Learn to be flexible and learn about change
- Know your strong and weak points

EHealth



"The **doctor** of the future
will no longer treat the human frame
with **drugs,**
but rather will **Cure** and
prevent disease
with **nutrition."**

- Thomas Edison



Natural News.com
Natural Health, Natural Living, Natural News



Future doctor (preparation new programme)

- Knowledge (facts and practical)
- Digital and technical literacy
- Cultural knowledge
- Patient centered
- Holistic view
- Team player

Future doctor

- Adaptive power
- Entrepreneur
- Communicative
- Inspired
- Connect other workers
- Empathetically
- Work/life balance

Conclusion

- High expectations for a doctor
- We should not think only about medicine
- Other issues then we had in the past
- Our environment changes very fast
- Life cycle of a program will be shorter
- We need other people to help us

Lets start !





Prediction levels

- How broad is the scope
- Who should work at new programs
- Evidence for an educational approach
- Evidence for a kind of curriculum
- Organizational consequences
- Consequences for staff

How broad

- Because the whole system is changing, we should think about the whole system and the different educational programs in the system
- So it is not only the future of medical education, but about education in the health system
- And even broader, because we want to prevent that people come into the system

How broad

- Think about the whole continuum, not only about undergraduate and postgraduate. Most of the young people will have to work 40 years after their initial training
- Because of the fast changing environment learning in this 40 year will be much more important

Who should work at new programs

- Not only senior staff, but also other disciplines from the health system and not to forget patients
- And young people , like students. If you think about IT, don't ask me
- People that know the evidence about different approaches in and outside medical education , for example about change management

Evidence for an educational approach

- Huge amount of evidence in favor of PBL, but definitions are unclear, many different names are used for comparable approaches
- We can mention some important components of the approach

Educational approach

C onstructive
C ontextual
C ollaborative

Educational approach

- Small groups
- Self directed learning
- Not page based
- Communication and other skills
- General competencies
- And so on

Curriculum

- No global curriculum, take your own culture into account
- Not only digital curriculum or distance education in undergraduate programs
- Different in postgraduate and later

Organizational consequences

- We need to connect with other health systems
- We need to talk with organizations that train other health workers
- We need to come out of our hospitals and think about and with the population

Organizational consequences

- We have to start working in networks, and many of you do already
- These AAHCI meetings are therefore so important
- Although we live in different cultures, the big issues about the future are often the same
- So we can learn from each other

Organizational consequences

- In a fast changing world we have to check much more if we are going in the right direction
- It is wise to invite other people to look at us, sometimes we don't see it clear
- Our organizations and budget should become flexible to be able to adapt

Control is needed, but not too much



We need others to find out the truth



Consequences for staff

- They should be able to adapt to changes, because in their future career changes will come faster then ever
- We should pay much more attention on flexible careers and not only a research career
- They need feedback, so that should be organized
- We need to organize possibilities to learn





Mission statement

To provide the best possible
care
and improve health in the
region
through integration of
patient care, research and
education

Healthy living



Accomplishments

- In the strategy: bridging to population
- More emphasis on prevention, participation
- Networking:
 - Bridging to other care and cure organizations (e.g. family doctors, RPHS, nursing homes, rehabilitation)
 - Bridging to other hospitals - also cross-border (Belgium, Germany)
- “Keep the patient out of the hospital”

