

FOSTERING A CONDUCTIVE TEACHING ENVIRONMENT FOR POSTGRADUATE MEDICAL TRAINING IN PAKISTAN

Nudrat Sohail

Editor PPMJ / Prof of Obstetrics & Gynaecology

Postgraduate Medical Institute/Ameer-ud-Din Medical College/Lahore General Hospital, Lahore

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Correspondence to: *Nudrat Sohail*
Editor PPMJ / Prof of Obstetrics & Gynaecology,
Postgraduate Medical Institute/Ameer-ud-Din Medical
College/Lahore General Hospital, Lahore, Pakistan

Email: nudrat_sohail2006@yahoo.com

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On job training for postgraduate medical students remains a testing task, whereas on one hand the acquisition of knowledge, skills and attitudes remains the priority. On the other hand, they face the real challenges of practical life where they encounter patients, their attendants & most important their senior peers and teachers. The environment in which this training takes place becomes big and complex. The general consensus remains that the onus to keep environment conducive is the responsibility of instructors and the teaching faculty^{1,2,3}. However, the challenge of keeping the trainees focused on healthy, enthusiastic and keen is difficult.

The training of clinicians to become consultants, researchers and future teachers is studied with challenges like long service hours, patient load and less than adequate mentorship resulting in production of specialists who may not be aptly trained.

Within the context of Pakistan which is the 5th most populous country touching a figure of 255 million people, has critical inflection with growing burden of both communicable & non communicable diseases in a resource limited country becomes difficult.

The service training imbalance across the public sector teaching hospitals with both emergency and clinical duties compromise the protected academic time of the

trainees; many a time, learning becomes incidental rather than planned.

In the present competency based, universal postgraduate training curricula where evidence-based appraisal, simulation, reflective practices and audit are essential components in the making of a good clinician are omitted.

A conducive training environment³ can be achieved through a planned strategy making use of following.

- Scheduling and timetabling for teaching rounds, case-based discussion, journal clubs and skill demonstrations.
- These activities empower the trainees not only to learn correctly under guided supervision but make them confident.
- The supervisors must own trainees and should guide them aptly through the entire training program. They can act as their mentors for carrier guidance and help them gain links both at national and international levels to give them bigger opportunities.
- Burnout and poor physical and mental health among trainees are a well-researched area. Flexibility in rosters when needed with rest periods and trainee wellbeing must be sought.⁴
- Institutions must develop facilities within the approach of trainees like, skill labs, internet and journal subscriptions.⁵

No training can be completed if the regulatory bodies fail to focus on the evaluation of the training centers. This calls upon looking after supervisor-to-trainee ratio, trainee and supervisor feedback.⁶ Today within the Pakistan context, we observe that the supervisor to trainee ratio in public sector hospital; is inadequate.

The number of trainees must be allocated according to vacant slots with supervisors in an institute and must also include patient workload in that particular training facility. So that neither the training slots remain vacant, nor the number of trainees exceed the required number per supervisor. This practically calls upon developing robust induction policies to cater for the national postgraduate training needs.⁷

In recent times AI has emerged as an added nuance to the learning environment with promise to make the learning personalized, more detailed and more helpful^{9,10,11} but at the same time, unexpected and undesired outcomes are plausible which needs proper ethical review, guard rails and regulation of AI.¹² All this may ensure a real training advantageous setting. To conclude, the learning environment to be conducive and fruitful all the stakeholders the policy makers, the institutional heads, the trainers, the trainees, the patients and the society must all play their roles understanding that quality of future specialists will be determined today by the environment we create together.

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