Canadian Medical Education Journal
Revue canadienne de l'éducation médicale

A new model of understanding 'service' versus 'education' in medical education

Un nouveau modèle de compréhension du « service » par rapport à « l'éducation » dans l'éducation médicale

Stephanie Park, Grace Zhou, Calvin Ke and Fok-Han Leung

Volume 14, Number 6, 2023

URI: https://id.erudit.org/iderudit/1108935ar
DOI: https://doi.org/10.36834/cmej.77633

See table of contents

Publisher(s)

Canadian Medical Education Journal

ISSN

1923-1202 (digital)

Explore this journal

Cite this document

Park, S., Zhou, G., Ke, C. & Leung, F.-H. (2023). A new model of understanding 'service' versus 'education' in medical education. *Canadian Medical Education Journal / Revue canadienne de l'éducation médicale*, *14*(6), 125–127. https://doi.org/10.36834/cmej.77633

Canadian Medical Education Journal

Commentary and Opinions

A new model of understanding 'service' versus 'education' in medical education

Un nouveau modèle de compréhension du "service" par rapport à "l'éducation" dans l'éducation médicale

Stephanie Park,[1] Grace Zhou,[1] Calvin Ke,[2,3,4] Fok-Han Leung[1,5]

[1]Temerty Faculty of Medicine, University of Toronto, Ontario, Canada; [2]Department of Medicine, University of Toronto, Ontario, Canada; [3]Department of Medicine, Toronto General Hospital, University Health Network, Ontario, Canada; [4]ICES, Toronto, Ontario, Canada; [5]Department of Family and Community Medicine, St. Michael's Hospital, Ontario, Canada

Correspondence to: Fok-Han Leung, MD CCFP FCFP MHSc, Associate Professor, University of Toronto, Department of Family and Community Medicine; 80 Bond Street, Toronto, Ontario, Canada, M5B1X2; phone: (416) 864-3011; fax: (416) 864-3099; email: fokhan.leung@unityhealth.to

Edited by: Marcel D'Eon (editor-in-chief)

Published ahead of issue: Sept 18, 2023; published: Dec 30, 2023. CMEJ 2023, 14(6) Available at https://doi.org/10.36834/cmej.77633

The role of clinical service in residency training has been much debated since the emergence of the post graduate medical education (PGME) infrastructure.[1] Residency is designed in an apprenticeship model where residents play a dual role in being medical trainees as well as hospital employees fulfilling clinical duties. However, conflicting views about the appropriate balance of clinical service and education in PGME has resulted in a problematic lack of guidelines or approaches to inform the development of residency training.[2]

Determining an appropriate balance between service and education remains challenging. This may in part be influenced by the fact that the balance of service and education is often perceived as a ratio. Associated imagery could be that of a seesaw (Figure 1). When applied to medical education, this concept creates the perception that service and education are dichotomous entities that are neither complementary nor dependent on one another. As such, service and education are pitted against one another, wherein one side gains and the other loses. This view also sets an unrealistic expectation for medical educators and learners to strike a perfect balance between service and education, even though such a balance may not exist.

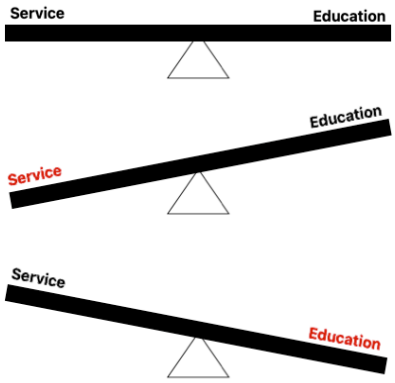

Figure 1. Visual representation of service and education as dichotomous

In this commentary, we are proposing a new framework of understanding and approaching service and education informed by ancient Chinese philosophy. The Yin-Yang philosophical theory is one that has been widely recognized for centuries to represent opposing but interconnected forces. In the Yin-Yang model, there exists a dynamic balance between the two as visually represented by the circle of opposing colour in each half of the universal Taijitu symbol (Figure 2). While the two elements may at a cursory glance represent two opposing ideas, their properties are intrinsically complementary and dependent on one another.

Figure 2. Visual representation of service and education using a Yin-Yang approach

This idea can be applied to the service to education ratio in medical education, where service and education are two forces that are necessary for the development of medical professionals. For example, there is a growing recognition that medical education needs to better prepare trainees for the increasing demands of medical practice across vastly different settings spanning large academic centers to remote or global settings.[3] Our framework highlights that approaches to education must be therefore reshaped to provide the knowledge and tools to address the real-world challenges encountered when providing medical services. At the same time, the experience of clinical service can be better understood as an opportunity to deepen knowledge and skills in a safe and supervised setting, while ensuring an appropriate breadth, depth, and volume of exposure to a variety of patient populations. This is an example of the Yin-Yang approach to medical education in the development of the medical expert role from the CanMEDS framework. We provide specific examples of the Yin-Yang relationship of education and service through the rest of the CanMEDS roles in Table 1.

The application of the principle of Yin-Yang to medical education may provide an illuminating viewpoint from which to understand the dynamic balance between education and service in medical teaching. In using a conceptual framework such as this, we may have a unique approach for educators and learners to find common ground. In the concept of Yin-Yang, the two opposing forces are not only complementary but mutually reinforcing. As such, the interplay between Yin and Yang creates a dynamic equilibrium that allows for growth and transformation.

Conflicts of Interest: CK reports consulting fees and honoraria from Sanofi, Abbott, and AstraZeneca outside of the submitted work. The other authors declare no conflicts of interest.

Funding: There was no funding for the completion of this commentary.

Authorship: Park and Zhou contributed equally as first authors.

Table 1. Examples of how the Yin-Yang approach can be applied to medical education

CanMEDS Roles	Education	Service
Medical Expert	Provides the knowledge and tools to address the real-world challenges encountered when providing medical services for increasingly complex patients with diverse sociodemographic backgrounds.	Provides opportunities to deepen knowledge and skills in a safe and supervised setting, while ensuring an appropriate breadth, depth, and volume of exposure to a variety of patient populations.
Communicator	Learning about essential communication skills in clinical practice through simulations with standardized patients, and by reviewing specific communication protocols including SPIKES (setting, perception, invitation, knowledge, emotion, summary) protocol for breaking bad news.	Strengthening communication skills by developing relationships with patients and families and sharing health information
Collaborator	Learning about the scope of practice of various allied health care providers and their contributions to patient care.	Strengthening the understanding of the role of an allied health professional through consults and shared decision making on a patient.
Leader	Taking on leadership roles in committees, learning groups, and research/educational projects.	Strengthening the understanding of leadership by adopting a managerial role in health care teams; by mentoring junior learners.
Health Advocate	Increasing awareness and knowledge about the determinants of health and important health issues that patients, communities, and populations face.	Contributing expertise and influence to work with patient populations to improve health and mobilize resources to effect change on disease prevention, health promotion and health protection.
Scholar	Acquiring scholarly abilities in evidence-informed and shared decision-making and recognizing the need to continually engage in the practice of lifelong learning.	Committing to continuous learning, evaluating evidence, and contributing to scholarship in everyday practice to advance health care.
Professional	Learning about core ethical principles in medicine, clinical competence, promotion of the public good, adherence to ethical standards and the maintenance of personal health.	Working through ethical dilemmas for patients while on service and maintaining accountability to the society, to the profession, and to ourselves as professionals dedicated to the health and care of others.

References

1. Ludmerer KM. The development of American medical education from the turn of the century to the era of managed care. *Clin Orthop Relat Res*. 2004;(422):256-62. http://doi.org/10.1097/01.blo.0000131257.59585.b0
2. Galvin SL, Buys E. Resident perceptions of service versus clinical education. *Grad. Med. Educ.* 2012;4(4):472-8. http://doi.org/10.4300/JGME-D-11-00170.1
3. Patel, M. Changes to postgraduate medical education in the 21st century. *Clin Med.* 2016; 16(4), 311. http://doi.org/10.7861/clinmedicine.16-4-311