

FACILITATING CLINICAL EDUCATION IN MEDICAL AND HEALTH PROFESSION EDUCATION

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ABSTRACT

Background: The clinical supervisor's roles influence the quality of clinical education as a teacher and their interaction with students. Underlined the importance of refreshment on clinical teaching skills for clinical supervisors, the 3rd Webinar series of IAMHPE has inspired the recommendations on essential elements in the clinical education of medical and health profession education.

Gaps: Recent studies have highlighted the complexity of facilitating clinical education and the socio-cultural influence on clinical supervisor-student relations. As a gap, Indonesia has a hierarchical and collectivist culture and thus the potential to hinder improving students' learning development during clinical education.

Recommendation: An understanding of the Gaps between literature and Indonesia's socio-cultural influence on clinical education, we develop several recommendations, including 1) Building Clinical Supervisor-Student Relations that support students' development; 2) Making role modeling explicit and integrating into teaching and learning; 3) Facilitating the gradual development of students' clinical abilities, and 4) Re-conceptualization of feedback in clinical education as a "dialogue".

Keywords: clinical education, role modeling, feedback, Indonesia

PRACTICE POINTS

- The relationship between clinical supervisors and students is fundamental to improving clinical education quality.
- Role modeling is a clinical learning method that can be developed by facilitating dialogue and students' self-reflection skills.
- The clinical learning process requires the ability of clinical supervisors to facilitate and coach the gradual self-development of students.
- The clinical supervisors need to reconceptualize the feedback in clinical education as a form of bidirectional dialogue and facilitate students' improvement.

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INTRODUCTION

Clinical education is the final stage in health profession education which determines the quality of future healthcare professionals and thus health services.^{1,2} To achieve qualified clinical education, the progression from a medical student to a doctor is shaped through participation in practice, the curriculum, the clinical environment, and students' interaction with clinical supervisors.¹⁻³ Therefore, clinical supervisors have an essential role in leading the student to become healthcare professionals.¹⁻⁴

Harden and Cosby classified six significant tasks of the medical teacher as 1) information provider, 2) the role model, 3) the facilitator, 4) the assessor, 5) the curriculum planner, and 6) the resource material creator.^{1,5} In clinical education, these tasks are often performed simultaneously with clinical supervisors' role as physicians. The problems that arise in clinical education are the workload of clinical supervisors in healthcare services and facilitating students' learning.^{1,4} However, the roles of clinical supervisors as physicians are renewed frequently by training in clinical competence, contrasting the limited training to enhance their role as a teacher.¹

The complexity of clinical education underlined our recommendation for facilitating clinical education for medical and health professions education. Therefore, the 3rd IAM HPE webinar series focused on clinical supervisors' skills in Facilitating Clinical Education and inspired the authors to develop this recommendation.

GAPS BETWEEN GUIDES AND PRACTICES IN THE INDONESIAN CONTEXT

According to the complexity of clinical education, works of literature also highlight the socio-cultural perspective that explains the importance of interaction between clinical supervisors and students in clinical education.⁶⁻⁸ The social interaction between clinical supervisors and students is the main factor in forming conducive relationships and supporting students' progress in achieving their competencies.^{2,6,7} The study on clinical education through a socio-cultural

approach has shown the specificity of each culture and subculture. Wong finds that there is a tendency for residents in Thailand to work in a team, while residents in Canada tend to work more individually.⁸ In line with that, Wilbur et al. found differences in the perspectives of Canadian and Qatari clinical supervisors in clinical assessment.⁹ Ramani et al. explored the influence of institutional subcultures on feedback at the residency stage in the USA.¹⁰

In Indonesia, the socio-cultural influence in clinical education has been studied using the Hofstede national culture classification. Hofstede classifies the culture of the Indonesian state with a hierarchical relationship pattern or high power-distance index and collectivist.¹¹ Within Indonesian cultural characteristics, studies shows that clinical supervisor position themselves as a parent, the student tends to have less autonomy or ownership of their learning, and the dominance of unidirectional top-down conversations.¹²⁻¹⁴ This mindset is likely to become a significant socio-cultural barrier in the clinical education process in Indonesia.

Current studies on clinical education have indicated the importance of contextual factors, especially socio-cultural factors, in determining the quality of clinical education.^{6-8,10} Meanwhile, the hierarchical and collectivist culture in Indonesia has the potential to serve as an obstacle to the establishment of conducive and supportive relationships for students' development.¹¹⁻¹⁴ Bridging the gap from the literature in the Indonesian context, recommendations are needed to strengthen Indonesia's quality of clinical education.

I AM HPE RECOMMENDATION

We formulate four main recommendations that we will describe in ten specific interrelated recommendations for improving Indonesia's quality of clinical education. Our main recommendations are 1) Building clinical supervisor and student relations; 2) Making role modeling explicit and integrating into teaching and learning; 3) Facilitating the gradual development of students' clinical abilities; and 4) Reconceptualizing feedback in clinical education

Table 1. Subjects' Characteristics and Their Responses to the Virtual Neurology Examination (N=12)

| I AM HPE Recommendations | |
|--|--|
| A. Building Clinical Supervisor-Student Relationship | <ol style="list-style-type: none"> 1. Paying attention to the student learning process 2. Initiating dialogue 3. Facilitating Growth mindset 4. Facilitating student self-reflection ability |
| B. Making role modeling explicit and integrating it into teaching and learning | <ol style="list-style-type: none"> 1. Deliberate role-modeling effort 2. Facilitating the process of reflective dialogue and follow-up on modeling results |
| C. Facilitating the gradual development of students' clinical abilities | <ol style="list-style-type: none"> 1. Understanding the clinical stage of the student development process 2. Facilitating the development of abilities through mentoring |
| D. Reconceptualization of feedback in clinical education as "dialogue." | <ol style="list-style-type: none"> 1. Understanding feedback as a "dialogue" process 2. Giving directions using the "coaching" method to improve students' performance |

A. Building Clinical Supervisor-Student Relationship

In the initial part, we recommended the clinical supervisors' awareness in developing a relationship that supports students' competence development.

Recommendation 1. Paying attention to the student learning process

According to the concept of adult learning, students are learners who have experience and self-concept that will influence the way they think. In improving their abilities, adult learners need to involve and reflect on their experiences.¹⁶ Thus, students will reach their optimal skills gradually. Students need to learn how to be responsible, aware of their limitations, and determine their steps to improve their abilities through self-reflection skills.^{15,16}

Recommendation 2. Initiating dialogue

Based on the consideration of Indonesian culture's hierarchical and collectivist aspects, the dialogue process needs to be initiated by the clinical supervisors.¹²⁻¹⁴ The clinical supervisors can start a conversation by asking about their experiences, impressions, strengths, and improvement areas.^{1,12,16} In this case, the clinical supervisors need to have the flexibility to behave and be willing to take the time to discuss effectively.^{1,17,1}

Recommendation 3. Facilitating growth mindset

A growth mindset is a well-known psychological

theory that represents the ability to learn from challenges and mistakes, thus stimulating self-improvement.¹⁹ Based on this understanding, we recommend that clinical supervisors develop a growth mindset. In that way, clinical supervisors can facilitate student changes towards a growth mindset through supportive relationships and dialogue that trigger students' self-development.^{1,10,19}

Recommendation 4. Facilitating student self-reflection ability

Based on the self-reflection cycle from Gibbs,^{16,17} clinical supervisors need to facilitate students to reflect on their feelings and thoughts in the clinical experiences they have faced. This self-reflection ability is an important aspect in preparing conceptualization and constructing new knowledge in students.^{3,16,17}

B. Making role modeling explicit and integrating it into teaching and learning

There are two main definitions of role modeling which we will discuss in this recommendation. Firstly, the definition of **role modeling as a learning method** that emphasizes the demonstration of clinical skills or professional behavior from a "role model". Secondly, several other studies define **role modeling as a natural process** when students observe clinical traits, behaviors, or procedures that are exemplified by clinical supervisors and then adopted or imitated. Based on these two definitions, role modeling is a process that is implicit primarily

in the clinical learning experience.^{18,20,21} Therefore, we suggest that clinical supervisors deliberately use role-modeling as a teaching strategy and debrief these experiences with their learners.

Recommendation 5. Deliberate role-modeling effort

The modeling process begins with observation; therefore, the clinical supervisor as a role model needs to have "awareness" that they are being observed e by students or deliberate the role-modeling.¹⁸ Strengthening the learning process, role modeling requires learning objectives that can be stated in the form of a briefing at the beginning of the session. We recommended the learning cycle of remodeling in figure 1.

Recommendation 6. Facilitating the process of reflective dialogue and follow up on modeling results

After determining the learning objective of remodeling observation, the next step is to facilitate dialogue with students to trigger self-reflection skills. We recommended that the clinical supervisors initiate the dialogue and be open-minded and willing to accept comments from students.^{18,21}

C. Facilitating the gradual development of students' clinical abilities

Following the experience-based clinical learning model, mentoring can facilitate students' journey towards clinical competence. Students' progress requires a "positive state of mind," which is facilitated in clinical supervisor-student relations that support student progress.^{1,3,10}

Recommendation 7. Understanding the clinical stage of the student development process

In facilitating the development of student abilities, clinical supervisors need to understand the stages of professional development. In the **first stage**, students will act as passive observers. The clinical supervisor can implement role-modeling as a deliberate teaching approach at this stage. The **second stage** is an active observer or observing and helping, so the clinical supervisor can determine the initial skills that students can do. In the **third stage**, students can contribute, which means that in the clinical experience, the clinical supervisor can provide opportunities for students to contribute and show their performance. The **final stage** is for

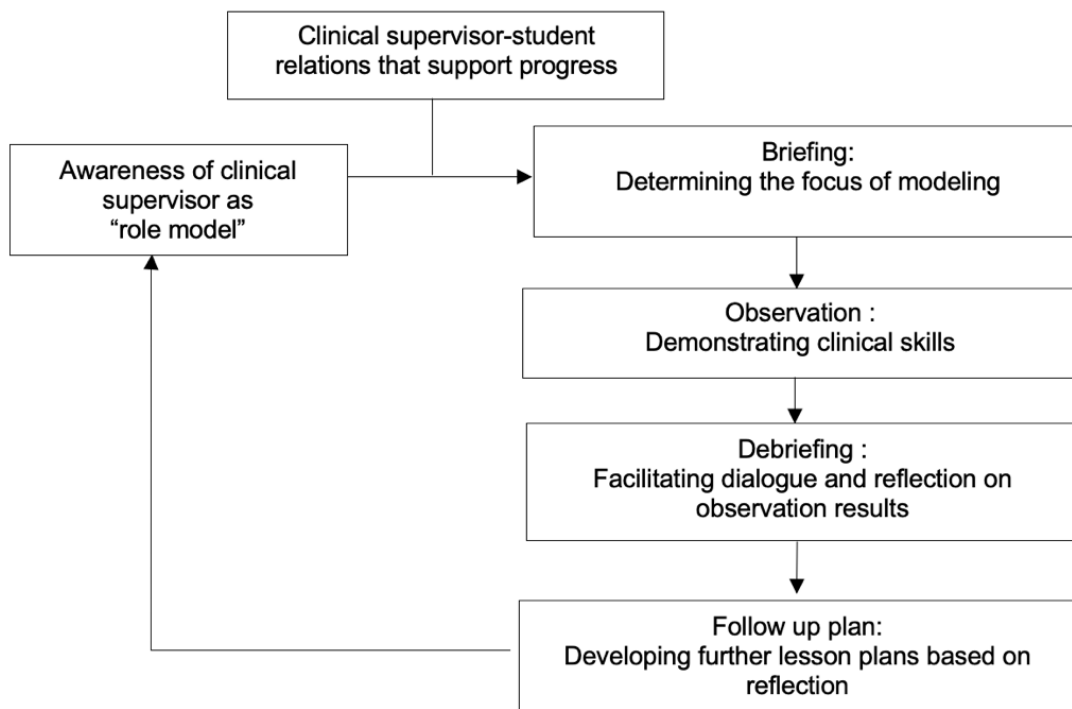


Figure 1. Making Role Modeling Explicit and Integrating to Teaching and Learning

students who can perform skills independently (performers), then the clinical supervisor plays more of an observer role. Based on these stages, the clinical supervisors' role is crucial in determining students' success to achieve their capabilities.³

Recommendation 8. Facilitating capacity development through mentoring.

With the previous recommendations, clinical supervisors' skills are needed to encourage students to reach the next stage of their learning. The clinical mentoring model generally begins the session with a briefing/pre-round or as an initial commitment to learning outcomes. Furthermore, clinical experience sessions can vary according to the stage of a student's abilities. Lastly, but very importantly, the main principle is providing feedback and facilitating student self-reflection, which is carried out in debriefing/post-round sessions. The session can always be applied at every stage of student capability.^{1,3}

D. Re-conceptualization of feedback in clinical education as a "dialogue"

Initially, feedback is defined as providing information from clinical supervisors to students about students' performance and directing them to further performance.²² From this definition, students are only allowed to listen to the opinion of the clinical supervisors. However, since the 2000s, researchers have begun to question the role of students in feedback.²⁴ Since then, more studies have focused on the relationship between clinical supervisors and students as the starting point for successful feedback.^{9,10,11,12}

Recommendation 9. Understanding feedback as a "dialogue" process

Supportive relationships and opportunities for students to ask questions and gradually improve themselves will support feedback credibility.^{10,24} Indonesia, with the collectivist culture, allows clinical supervisors to perceive a superior position in interacting with students, which has the potential to hinder the dialogue process (bidirectional) needed to

establish the credibility of feedback.^{10,13,24} Therefore, we recommended that clinical supervisors be aware of facilitating feedback as a form of dialogue and providing their growth mindset.

Recommendation 10. Providing direction using the "coaching" method to improve students' performance

The trend in the definition of feedback is a bidirectional dialogue or conversation. Following this approach, Sargeant et al. developed a feedback model known as the R2C2 model, namely 1) **Build the relationship**. The clinical supervisor initiates the conversation from collegial relationships that allow bidirectional discussion and conversation be created. This sets the stage for the supervisor to observe the student during a clinical interaction; 2) **Explore Reactions**, namely encouraging students to explore their reactions, including emotional responses, to the clinical experience and stimulate self-reflection; 3) **Understanding of Content**, where the supervisor discusses their observations of the clinical encounter, checks the accuracy of their observations with students, clarifies areas of disagreement. In this stage, the learner should be able to develop 1-2 rooms that they would like to improve 4) **Coach for Change**, the clinical supervisor guides the learner in formulating action plans for improvement, focusing on the performance areas identified by the student.²⁵ Along with the awareness of feedback dialogue and socio-cultural barriers, we recommend the R2C2 as one of the alternative models for facilitating feedback in clinical education.

Studies show that clinical supervisor teaching skills such as building supportive relationships, deliberate role modeling, and facilitating reflective feedback have improved clinical education quality. Therefore, these recommendations potentially became a part of clinical supervisors' awareness of their roles during clinical teaching.

However, Indonesia's hierarchical and collectivist culture potentially became a barrier to implementing these recommendations. Therefore, these recommendations also open opportunities for culturally specific studies in clinical education in Indonesia.

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COMPETING INTEREST

We declare that there are no competing interests related to the recommendations.

AUTHORS' CONTRIBUTION

Sylvia Mustika Sari - contributed the idea and design of the recommendation and wrote the manuscript

Subha Ramani - contributed to the idea and design of the recommendation and reviewed the manuscript

Ova Emilia - contributed to the idea and design of the recommendation and reviewed the manuscript

Yoyo Suhoyo - contributed the idea and design of the recommendation and reviewed the manuscript

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