I AM HPE RECOMMENDATION

FACILITATING CLINICAL EDUCATION IN MEDICAL AND HEALTH PROFESSION EDUCATION

Background:
The quality of clinical education is influenced by the clinical supervisor's roles 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 formulated recommendations on important elements in the clinical education of medical and health profession education.
Gaps:
Recent studies have pointed to the importance of improving the clinical supervisor-student relations as the foundation in facilitating clinical education. Indonesia has a hierarchical and collectivist culture and thus the potential to hinder the process of improving students' abilities during clinical education.
Recommendation:
An understanding of the Gaps between literature and Indonesia's socio-cultural influence in clinical education, we develop several recommendations, including 1) Building Clinical Supervisor-Student Relations that supports progress; 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 a fundamental aspect in improving the quality of clinical education
- 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.

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 should be shaped through participation in practice. The student’s clinical ability progression is influenced by curriculum factors, the clinical environment, and students' interaction with clinical supervisors.[1-3] Therefore, clinical supervisors have an important role to lead the student to become healthcare professionals. [1-4]

Harden and Cosby classified six major 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. Hence, the problems that arise in clinical education are the workload of clinical supervisors in healthcare service as well as facilitating students' learning at the same time.[1,4] Besides, the roles of clinical supervisors as physicians are frequently renewed by training in clinical competence, however, limited training is derived to enhance their role as a teacher.[1]

The complexity of clinical education underlined our recommendation in facilitating clinical education for medical and health professions education. This recommendation is based on the 3rd IAM HPE webinar series: Facilitating Clinical Education on 29th April 2021.

GAPS BETWEEN GUIDES AND PRACTICES IN THE INDONESIAN CONTEXT

The sociocultural perspective is capable of explaining the importance of interaction between clinical supervisors and students in clinical education that is closely related to the nation's culture or other subcultures.[6-8] The social interaction that exists between clinical supervisors and students is the main factor in the formation of conducive relationships and supports students' progress in achieving their competencies. [2,6,7] The study on clinical education through a sociocultural 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] This is reinforced by the study from Ramani *et al.* who have explored the influence of institutional subcultures on feedback at the residency stage in the USA.[10]

Hofstede classifies the culture of the Indonesian state with a hierarchical relationship pattern or high power-distance index and collectivist.[11] Studies in Indonesian clinical education show the influence of hierarchical and collectivist cultural characteristics has led to consequences such as clinical supervisor positioning himself/herself as a parent, the student tending 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 major 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.[6,7,8,10] Meanwhile, the hierarchical and collectivist culture in Indonesia has the potential to serve as an obstacle in 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 the quality of relationships between clinical supervisors and students, in role-modeling, facilitation of clinical learning, and feedback in clinical education in Indonesia.

I AM-HPE RECOMMENDATION

We formulate four main recommendations that we will describe in ten specific interrelated recommendations for improving the quality of clinical education in Indonesia. 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) Re-conceptualizing feedback in clinical education.

Table 1. *"One to ten"* I AM HPE Recommendations for facilitating clinical education in Indonesian Context

I AM HPE Recommendations	
A. Building Clinical Supervisor-Student Relations that supports progress	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	5. Deliberate role-modeling effort 6. Facilitating the process of reflective dialogue and follow-up on modeling results
C. Facilitating the gradual development of students' clinical abilities	7. Understanding the clinical stage of the student development process 8. Facilitating the development of abilities through mentoring
D. Re-conceptualization of feedback in clinical education as "dialogue"	9. Understanding feedback as a "dialogue" process 10. Giving directions using the "coaching" method to improve students' performance

A. Building Clinical Supervisor-Student Relations that supports progress

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 abilities gradually. Students need to be trained to be responsible, aware of their limitations, and able to determine their steps to improve their abilities through self-reflection skills.[15,16]

Recommendation 2. Initiating dialogue

Based on the consideration of the hierarchical and collectivist aspects of Indonesian culture, 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 or impressions, their strengths, and areas for improvement.[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 clinical supervisors develop a growth mindset themselves. 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 Gibs,[16,17] clinical supervisors need to facilitate students to be able to reflect on their feelings and thoughts in the clinical experiences they have faced. This self-reflection ability is an important aspect in the preparation of conceptualization and constructing new knowledge in students.[3,16,17]

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

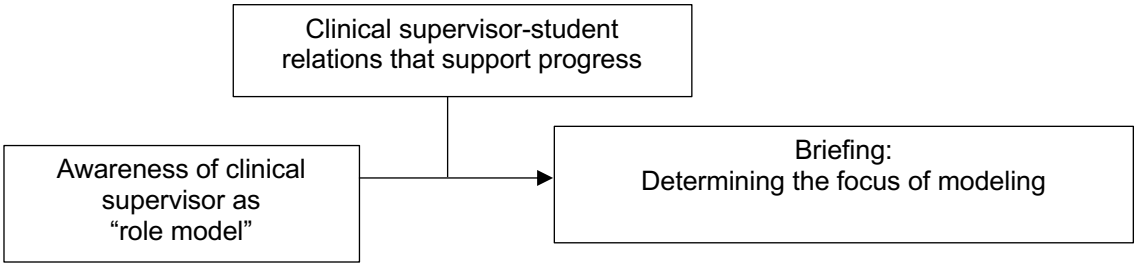
There are two main definitions of role modeling which we will discuss in this recommendation. Firstly, the definition of **role modeling as a learning method** that emphasizes the demonstration of clinical skills or professional behavior from a "role model". Secondly, several other studies define **role modeling as a process that occurs naturally** 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 mostly implicit 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 he/she is 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 the clinical supervisors initiate the dialogue as well as be open-minded and willing to accept comments from students.[18,21]



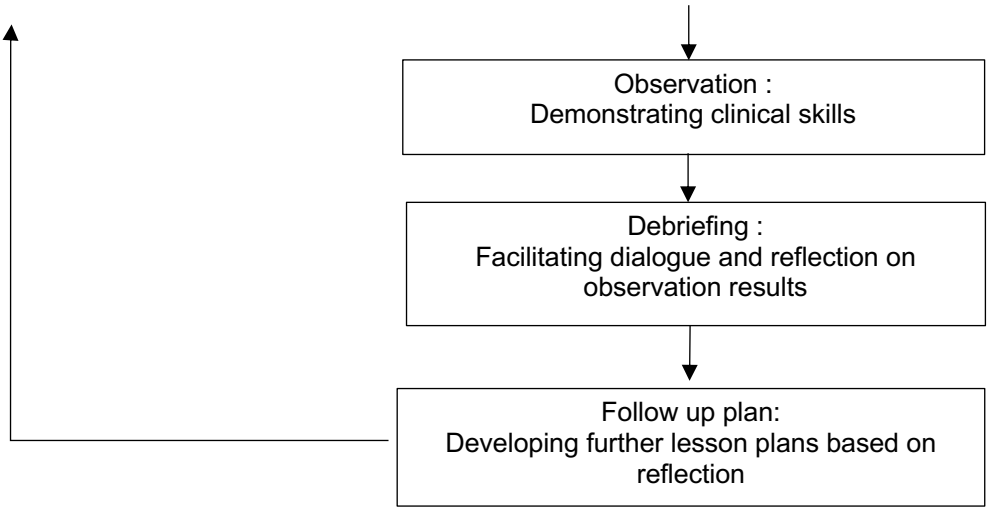


Figure 1. Making role modeling explicit and integrating to teaching and learning

C. Facilitating the gradual development of students' clinical abilities

Following the experience-based clinical learning model, mentoring can facilitate students in their journey towards clinical competence. The progress of students 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. At this stage, the clinical supervisor can implement role-modeling as a deliberate teaching approach. The **second stag**e 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 students who have been able to perform skills independently (performers), then the clinical supervisor plays more of an observer role. Based on these stages, the role of clinical supervisors is very crucial in determining the success of students to achieve their capabilities.[3]

Recommendation 8. Facilitating capacity development through mentoring

With the previous recommendations, clinical supervisors' skills are needed to facilitate students so that they can reach the next stage of their learning. In general, the clinical mentoring model begins the session with briefing / pre-round or as an initial commitment of learning outcomes. Furthermore, clinical experience sessions can vary according to the stage of student 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 improve themselves gradually will support the credibility of feedback.[10,24] Indonesia with the collectivist culture, allows clinical supervisors to have the perception of 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 supervisor has the awareness of facilitating feedback as a form of dialogue as well as 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*. develop a feedback model known as the R2C2 model, namely 1) **Build Relationship**, in which the clinical supervisor initiates the conversation to form the collegial relationships that allow bidirectional discussion and conversation to 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 come up with 1-2 areas 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 sociocultural barriers, we recommend the R2C2 as one of the alternative models for facilitating feedback in clinical education.

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COMPETING INTERESTS

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

AUTHORS' CONTRIBUTION

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