

Apprenticeship 2.0

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Short Communication

We learn by doing. There is oft a phrase that medical school instructors in the United States of America say to their pupils: See one, do one, teach one. But it seems that, for many years, we had veered away from doing and, rather, focused more on didactic learning. Until recently, it was not uncommon to have no patient contact until the latter years of medical school. While this had initially been in place to ensure that medical students have a basic understanding of the science behind a disease, institutions are increasingly promoting patient contact and the basic sciences synergistically, rather than sequentially. Global trends indicate the following common theme: patient contact starting as early as possible and systematically building up towards the more heavy clinical years.

In addition, the introduction and use of new technologies (e.g., interactive dummies and smartphones) have helped enhanced clinical simulation for training and reinforcement of practical skills. Through such simulations, students are able to practice and become more comfortable with several procedures, such as intubation, well in advance of their clinical years. Across the globe, rising medical professionals must meet core competencies, and these include patient care, professionalism and interpersonal communication skills [1]. Numerous studies have indicated that the more time students have with patients in the clinical setting, the more comfortable and better they become at such core competencies [2-9]. With evidence as strong as this, let us continue to 'do' more; let us give homage to the fact that medical training is an apprenticeship; and let us continue to optimize the practical application of medicine through earlier exposure to procedures through simulations, in addition to patient contact.

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