

“there is a big difference between being in the classroom... & being in the clinical setting, everything sounds good & easy in the book, but it’s not always that way. You learn a thousand times more in a week than you learn in a semester in the classroom...” *(Anonymous)*



# BRIDGING THE GAP BETWEEN CLASSROOM & CLINICS

*Lecture created by Dr. Maria Elizabeth Grageda for  
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Grageda for HP 223 - NTTCHP



- Present educational paradigm

- Why do we say there is a gap
- Incongruences

- A Paradigm Shift

- Knowledge & experience

- How it can work

- Integration of the learner into a community of practice



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What's in  
store...



Traditional Flexnarian curriculum which presents the basic & clinical sciences in sequence:



Basic  
Science  
Courses



Professional  
Courses &  
Internship



Postgraduate  
Courses



- relevant information from the basic sciences

- application to patients in the clinics



Why do we say there is a gap?

- affective + cognitive & psychomotor



CLINICAL  
KNOWLEDGE

+

MANUAL  
SKILLS

+

ATTITUDES

Knowing *that*  
& Knowing  
*how*

Demonstration  
& skill *transfer*

*Professional*  
behavior





Why do we  
say there is  
a gap?





Dimensions of Reflective Learning by Karen Barnstable

# Incongruence – Nature of clinical education

- Learning vs Testing
- Clinical teaching time vs Evaluation time





BIOMEDICAL  
KNOWLEDGE

+

EXPERIENCE-  
BASED  
KNOWLEDGE

=

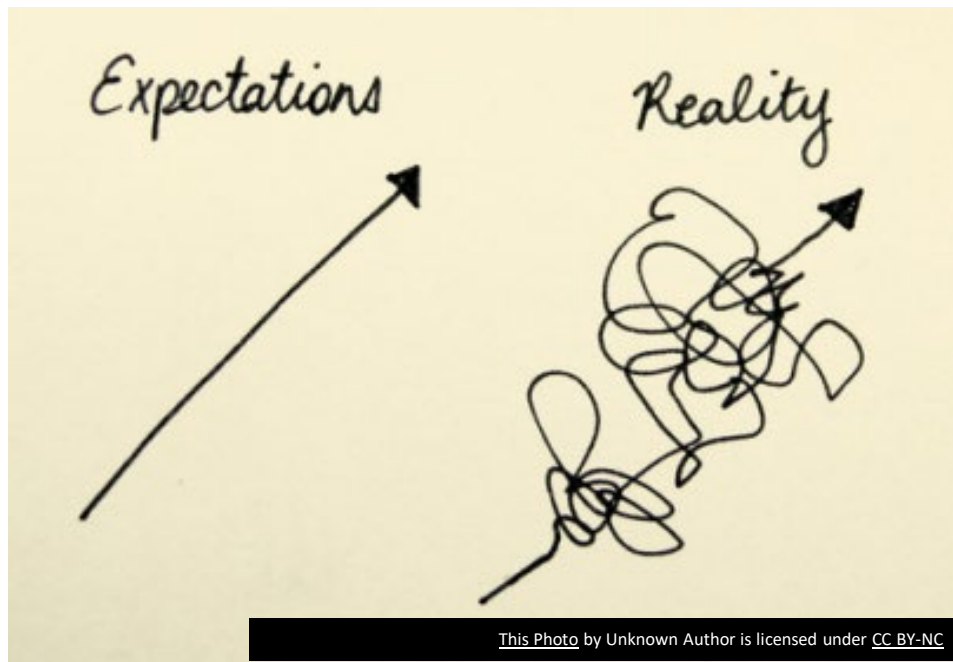
ROBUST  
KNOWLEDGE

(Boshuizen et al. 1992)

## CLINICAL EDUCATION EXPERIENCES



- Learned during academics vs Expected by CS
- Students' expectations of demands of CS vs Actual demands by the CS
- Perceptions of “readiness” by the clinicians vs Perceptions of “readiness” by the academicians



## Incongruence- Perceived expectations



From this:



to this?



+



## Incongruence- Strategies

- Incongruent teaching & learning strategies students are not used to
  - Large group to small group
  - Lecture where they listen to questioning where they have to answer
  - Information is given to discovery
- Lack of standardization in the clinics



# What can be done?



**Clinically relevant teaching**

Changing the paradigm from sequential to parallel



- Engaging students as active learners at an early stage to acquire skills that are relevant, organized, accessible & functional
- Helps student construct their knowledge in context of its future applications

How it can  
work:  
Integration of  
the learner  
into a  
community of  
practice



- Importance of:
  - being involved in activities germane to practice: staff meetings, rounds, informal social activities
  - being exposed to a variety of people
    - learned by observing & interacting with role models: professors, previous employers, family members, other professionals, CI's (positive & negative)
    - patients of different personalities, behaviors, backgrounds, & diagnoses

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- Clinical education is a **continuous** process of integration of basic sciences with clinical care. It is not EXCLUSIVE to the clinical environment.

## Summary

- **Identifying gaps** in the learning experience is important to be able to fill in these gaps
- **Education of clinical staff** on clinical teaching is of utmost importance so that quality education may be achieved.





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