

## Early clinical exposure: Points to ponder for its successful implementation in medical colleges in India

**Received:** 10<sup>th</sup> March 2020; **Accepted:** 16<sup>th</sup> October 2020; **Published:** 01<sup>st</sup> January 2021

### Dear Editor:

In general, students who enter medical institutions after completing their higher secondary education to become a doctor have limited knowledge and experience about the field of medicine. Many of these aspirants join medicine with an intention to take care of patients and play an important role in healthcare delivery, nevertheless the exposure to basic medical science subjects (first professional year) does not do any justice in accomplishing the same.

In-fact, it won't be wrong to say that a major proportion of students find it challenging to corroborate structural-functional-biochemical aspects of human life without being actually exposed to the patients. Thus, it has been envisaged that in the first year itself, active and planned efforts should be taken to expose the students to clinical sciences.

### Methods

An extensive search of all materials related to the topic was carried out for the initial 10 days of March month in PubMed and Medical Council of India website. Relevant research articles and documents focusing on early clinical exposure in medical education published in the period 2017-2019 were included in the review.

A total of 11 studies similar to current study objectives were identified initially, of which, five were excluded on account of irrelevance to the present study and one was excluded due to the unavailability of the complete version of the articles. Overall, five articles were selected based upon the suitability with the current review objectives and analyzed. Keywords used in the search include early clinical exposure, medical

education, and India. The collected information was divided into categories of early clinical exposure and SWOT analysis.

### Early Clinical Exposure

Early Clinical Exposure (ECE) has been emphasized to ensure that medical students understand the relevance and utility of first year subjects in diagnosis-patient care-treatment, empower them to apply their learning in practice, understand the problems encountered by patients and get motivated to shape their own learning, identify the role of socio-cultural attributes in the dynamics of disease and finally to adopt the path to become a true professional by observing the doctors in their clinical practice [1].

In order to accomplish the set objectives, the regulatory body has proposed precise framework for the formal introduction of early clinical exposure. It has been proposed to conduct ECE in each of the sessions of the first-year subjects in the initial period, so that sessions are conducted in an integrated approach (preferably nesting) and a total of 30 hours per subject has been allocated to all 3 subjects [1].

### SWOT Analysis

It is a must that each of the medical institutions has to implement ECE in their settings, nevertheless performance of a Strengths-Weaknesses-Opportunities-Threats (SWOT) analysis right at the start will significantly aid in the process of the implementation.

### **Strengths**

The strengths of implementing ECE can be looked from the perspective of students (viz. student-centric approach, application of knowledge in clinical care and thus inculcate clinical reasoning & problem-solving skills, learn bedside manners, understand professional responsibilities & importance of teamwork in healthcare), or the department (such as bridging the gap between basic and clinical departments, better coordination) level [2-3]. In addition, it enables reduction in the extent of overlap between various disciplines and thus plays an important role in improving the curriculum delivery [2].

### **Weaknesses**

The potential weaknesses in the current set-up could range from logistics (like lack of textbooks which envisage such form of teaching in first year, organization of sessions if college & hospital are far from each other), norms (viz. no precise directives to implement in terms of content & mode of delivery, formulation of a well-thought timetable which keeps everything temporally aligned, etc.), students (fear among slow learners due to lack of coping skills immediately after higher-secondary schools, poor awareness about the entire process if not sensitized about the need of ECE, difficulty in adaptation as clinicians might be exposed to very short period of time, etc.), faculty (such as need of more faculty members, untrained faculty members or poor facilitation skills, demotivated faculty, lack of coordination between faculty members or between departments, etc.) related factors [2-4].

### **Opportunities**

The conduction of ECE session gives an opportunity for students to understand the holistic approach towards a disease, better understanding of basic concepts & real-life situations and thus makes learning real and relevant, aids students to socialize to their profession, and gives them a chance to decide about their career right at the start [1-3].

In addition, it lays down the foundation for a better quality of vertical integrated teaching, employment of innovative teaching-learning methods, and better rapport between faculty from

basic sciences and clinical departments [2-3]. At Shri Sathya Sai Medical College and Research Institute, a constituent unit of Sri Balaji Vidyapeeth, Puducherry, the basic science departments have developed an annual calendar of early clinical exposure sessions in collaboration with different clinical departments. In-fact, the available 150 students have been divided into 3 groups comprising of 50 students each, and they are posted in 3 different departments for exposure to various aspects of the selected topic.

### **Threats**

The threats for a successful ECE program include designing & implementing ECE session, skeptical approach from students / faculty, logistic & resource constraints, assessment of the students, evaluation of the complete program and time factor (fitting all the content within the prescribed time span) [4-5]. At the same time, it is important to note that the overall success of the program will be determined by the role of Medical Education Unit, involvement of faculty members, support from administration, and well-designed time-table [3-5].

### **Critical considerations**

For a successful ECE program, the MEU, Curriculum committee, first year departments and clinical departments should sit together and discuss in depth about the topics which needs to be included as a part of ECE. The content should be the one which is not likely to change soon and should give some form of conceptual understanding and simultaneously also encourage critical thinking and clinical reasoning skills [1].

Further, the content should be designed in such a way that students get exposed to the health problems in the nation and then introspect them for their roles as a doctor in the society. It is a must to strengthen faculty development through periodic faculty development programs, wherein they are sensitized about the principles and practice of early clinical exposure in the life of a medical student [1-3].

In conclusion, early clinical exposure is a well-thought approach to accomplish the goals

set for an Indian Medical Graduate, the need of the hour is to work together and ensure that it is

implemented effectively keeping the interests of medical students and society in mind.

**Financial Support and sponsorship:** Nil

**Conflicts of interest:** There are no conflicts of interest.

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**Cite this article as:** Shrivastava SR and Shrivastava PS. Early clinical exposure: Points to ponder for its successful implementation in medical colleges in India. *Al Ameen J Med Sci* 2021; 14(1):80-82.

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