

Revitalizing Clinical Education: Creating an Active and Engaging Learning Environment for Medical Students

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Abstract

Clinical education is an essential component of medical training, providing students with the opportunity to apply their knowledge and skills in a real-world setting. However, the traditional model of clinical education has been criticized for its reliance on passive learning and limited opportunities for students to engage in meaningful clinical experiences. A clinical education redesign is needed to address these challenges and create a more effective and engaging learning environment for medical students. The first step in a clinical education redesign is to move away from a passive learning model and towards an active learning model. This involves creating opportunities for students to engage in hands-on learning experiences, such as simulation exercises, case-based discussions, and small-group activities. These activities encourage students to apply their knowledge and skills in a practical context, and promote critical thinking, problem-solving, and teamwork. Another key element of a clinical education redesign is to provide students with a more personalized and flexible learning experience. This can be achieved through the use of technology, such as online learning platforms and mobile apps, which allow students to access educational resources and complete assignments at their own pace and on their own schedule. By providing students with greater flexibility and control over their learning, clinical education can become more engaging and effective.

Keywords: Clinical education • Active learning model • Environment

Introduction

In addition to these changes, a clinical education redesign must also address the issue of limited clinical experiences. Many medical students are assigned to rotations with limited patient volumes, limiting their exposure to a range of clinical cases and experiences. To address this issue, clinical education programs can leverage technology to provide students with access to virtual clinical experiences, such as online patient simulations and interactive case studies. These experiences can supplement traditional clinical experiences, providing students with a more comprehensive and diverse learning experience. A clinical education redesign should also focus on providing students with mentorship and support. Many medical students report feeling overwhelmed and unsupported during their clinical experiences, and this can negatively impact their learning and overall experience. By providing students with dedicated mentors and support networks, clinical education programs can help students feel more confident and engaged in their learning.

Literature Review

A clinical education redesign is needed to address the challenges of traditional clinical education and create a more effective and engaging learning environment for medical students. This redesign should focus on promoting active learning, providing personalized and flexible learning experiences, supplementing clinical

experiences with virtual experiences, and providing students with mentorship and support. By embracing these changes, clinical education programs can better prepare the next generation of medical professionals for the challenges of clinical practice. Clinical education is an integral part of medical training, providing students with the opportunity to apply their knowledge and skills in a real-world setting. However, the traditional model of clinical education has been criticized for its reliance on passive learning and limited opportunities for students to engage in meaningful clinical experiences. This has led to calls for a clinical education redesign that can address these challenges and create a more effective and engaging learning environment for medical students [1,2].

Discussion

A clinical education redesign should focus on promoting active learning by creating opportunities for students to engage in hands-on learning experiences, such as simulation exercises, case-based discussions, and small-group activities. These activities encourage students to apply their knowledge and skills in a practical context, promoting critical thinking, problem-solving, and teamwork. The use of technology is also a key element of a clinical education redesign, providing students with more personalized and flexible learning experiences. Online learning platforms and mobile apps can allow students to access educational resources and complete assignments at their own pace and on their own schedule. By providing students with greater flexibility and control over their learning, clinical education can become more engaging and effective [3,4].

Another important aspect of a clinical education redesign is addressing the issue of limited clinical experiences. Many medical students are assigned to rotations with limited patient volumes, limiting their exposure to a range of clinical cases and experiences. By supplementing traditional clinical experiences with virtual experiences, such as online patient simulations and interactive case studies, clinical education programs can provide students with a more comprehensive and diverse learning experience. Finally, a clinical education redesign should focus on providing students with mentorship and support. Many medical students report feeling overwhelmed and unsupported during their clinical experiences, negatively impacting their learning and overall experience. By providing students with dedicated mentors and support networks, clinical education programs can help students feel more confident and engaged in their learning [5,6].

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Received: 01 April 2023, Manuscript No. jcre-23-101569; **Editor assigned:** 04 April 2023, PreQC No. P-101569; **Reviewed:** 17 April 2023, QC No. Q-101569; **Revised:** 22 April 2023, Manuscript No. R-101569; **Published:** 29 April 2023, DOI: 10.37421/2795-6172.2023.7.188

Conclusion

A clinical education redesign is needed to create a more effective and engaging learning environment for medical students. This redesign should focus on promoting active learning, providing personalized and flexible learning experiences, supplementing clinical experiences with virtual experiences, and providing students with mentorship and support. By embracing these changes, clinical education programs can better prepare the next generation of medical professionals for the challenges of clinical practice.

Acknowledgement

None.

Conflict of Interest

No potential conflict of interest was reported by the authors.

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How to cite this article: Taylor, Paige. "Revitalizing Clinical Education: Creating an Active and Engaging Learning Environment for Medical Students." *J Clin Res* 7 (2023): 188.