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MEDICAL APPRENTICESHIPS

Medical apprenticeships: using longitudinal integrated clerkships to tackle concerns of education and training

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Lynn's article clarifies what is known about the development of medical apprenticeships.[1] Little is currently known about specific educational approaches and oversight of medical apprenticeships in host practices or partner institutions.

To meet calls for transformation and successful outcomes, medical education leaders should employ modern, evidence based, effective solutions. Longitudinal integrated clerkships (LICs) are a well established method of clinical education that address educational and workforce mandates. The LIC structure centres educational continuity[2] and relationships (students, patients, healthcare team) and offers an evidence based route for clinical placements for medical apprenticeship programmes.[3]

LIC models tackle primary care doctor shortages and recruitment in underserved areas, providing superior training for future specialists and subspecialists, and succeed in community and large tertiary medical centres.[3 4] Students in LICs achieve three things:

- They participate in the comprehensive care of patients over time
- They have continuing learning relationships with these patients' clinicians
- They meet most of the academic year's core clinical competencies across multiple disciplines simultaneously through these experiences.[5]

In Lynn's article, Laura Bowater, head of Peninsula Medical School, raises concerns that apprentice students might study at night and provide service to the trust during the day.[1] In our experience of LICs, learning and practice are not partitioned. LIC students become part of the clinical team and move from novice incrementally to provide an important service valued by their patients and clinical supervisors.[6] LICs foster professional identity formation and drive social accountability with a patient centred approach with capacity to positively affect socioeconomic inequalities.[3]

Educational continuity,[2] the fundamental principle of LICs,[3] elevates professional relationships among students and supervisors, patients, and the healthcare system. Fundamental to learning and to care delivery, educational continuity seems perfectly suited to support medical apprenticeship programmes. The principle of "situated cognition" and cognitive apprenticeship theory posit that learning arises in context, where implicit processes of undertaking complex skills become visible: "students can observe, enact, and practice them with help from the teacher."[7]

This principled, proved approach of LIC can tackle some concerns raised about medical apprenticeship programmes.

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Full response at: https://www.bmj.com/content/384/bmj.p2939/rr-1.

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