

Ethical Implications of Interactive and Experiential Medical Education

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Commentary

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ABOUT THE STUDY

The objective of this commentary is to further elaborate the positions and state practical and ethical applications for medical teachers, based on our focal article [1]. First, we consider it essential to reflect on the philosophy of experiential learning that influenced the pedagogical methods implemented in the Pathology student study groups and provide evidence supporting the effectiveness of these methods. The premise of interactive, experiential learning has been supported in the emblematic Jean Jack Rousseau's work "Emile; or, On Education" (1762) [2], throughout which, concepts such as "learning through actions and experience" and "attention to the learner's interest as a valuable educational practice" have been firstly addressed in modern times. Later on, leading figures in the educational philosophy field, such as John Dewey, and constructivists, like Jean Piaget, adopted and expanded this direction towards active learning. Dewey argued that students thrive in educational environments where they are allowed to interact with the curriculum and reach their full potential [3].

Furthermore, contemporary, influential philosopher Paulo Freire strongly opposes traditional, "banking education" and recognizes the need for interactive, engaging and problem-based education [4]. Student engagement is also supported by a growing body of literature for its effectiveness on performance and learning outcomes [5,6]. Moreover, numerous studies provide evidence in favor of active learning methodologies in medical education compared to traditional, passive learning [7]. Despite the strong evidence, it is empirically evident that the majority of medical curricula does not integrate active learning methodologies and continues traditional lecturing practices.

The applied interactive education of medical students develops communication and interaction skills in them through experiential learning, away from the generally dominant strategy of impersonal theorizing. We attempted to implement the fundamental principles of experiential learning; then we investigated the satisfaction of students regarding their participation and identified the characteristics that shape students' perceptions of the foundations of medical education. As our study highlighted the necessity for teaching to acquire a clearly communicative and experiential character, let us reflect on the role of the medical teacher. In the majority of cases, medical educators are scientists with important research and clinical/laboratory work, but they have never been trained in pedagogical approaches or evaluated either with regard to their skills to deal with teaching with passion, to stimulate the spirit of their students or with regard to their disposition to present their remarkable medical experience to younger colleagues so that the latter can benefit from it.

Often, medical teachers are content to lock themselves into an icy image of authority that "does favors" when addressing a student personally, ignoring the fact that they were once students themselves who had needs to communicate with their professors, beyond the acquisition of knowledge. As the acquisition of practical medical skills has been exclusively their own business, medical educators do not believe in a supportive educational system that cultivates substantial professional qualifications in students at the level of daily practice of Medicine, both as medical thinking and practice as well as communication and interaction with patients but also with colleagues from the same or other specialties. The explosion of scientific data in modern medicine more than ever necessitates the cooperation and mutual respect between different medical specialties and, of course, this concept must start to be cultivated from the years of pre-graduate studies so that young doctors get rid of an often unwarranted, long-ingrained competitive spirit. Removing narcissistic elements from the personality of professors will improve both their communication with students and promote their empathy with patients, creating the right role model of the modern physician and providing it for younger students to emulate. Of course, this cannot be imposed exogenously on teachers, but it can be achieved endogenously on those of them who are still receptive to appropriate humanitarian stimuli; the latter should certainly be included in "train the trainers" programs with the aim of making trainers remember the forgotten humanitarian values of selfless giving and solidarity.

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