



The Role of Teachers in the Education of Health Professionals in the 21st Century

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Editorial

Two questions that today's health professors should ask themselves are: Am I teaching my students in the most effective way possible to train professionals with the standards and needs demanded by today's society? Are my students memorizing facts and concepts or are they developing skills that they integrate into their personal and professional lives? In 1910 the Flexner report was published, which gave rise to the first reforms that sought to establish innovations in the education of health professionals, but the great revolution in world education arose from a study published by Barr and Tagg in 1995 where they stressed the importance of changing the paradigm of education centered on content to a new paradigm where education is centered on learning; Thus, in 1998, within the framework of the World Conference on Higher Education, UNESCO expressed the need to update higher education, bringing it closer to the current challenges of society, and in response to this request, in 1999, several European countries signed the Bologna agreement that seeks to improve the quality of higher education by creating the European Higher Education Area.

But why is it necessary to make this change?

At the beginning of the 20th century the curriculum was based on science and knowledge, known as informative learning, towards the middle of the 20th century it was based on teaching for problem solving and in the 21st century it is oriented towards the development of competencies in specific contexts, globalization and evidence-based medicine, this is known as transformative learning; where students have the possibility not only to acquire knowledge but also to develop skills where they integrate that knowledge to other areas of knowledge and different contexts; that is to say that

they are adaptive learners. This process seeks that the student can learn in a permanent, self-regulated and autonomous way. But the problem lies in the fact that health education has become fragmented and has not kept pace with the continuous advances, scientific discoveries and globalization, which leads to graduating professionals who do not respond to current contexts and needs. This paradigm shift proclaimed by Barr and Tagg in 1995 seeks that the teaching process is centered on learning and on the student who must construct his own meanings, therefore the role of the teacher changes since teaching is not centered on the content, it is the student who must self-regulate his learning and develop it autonomously. This is a fundamental aspect of education in the 21st century since society as a whole faces constant changes and developments where knowledge advances faster than it can be processed, the world economy needs to have human capital that adapts to labor mobility and new contexts, which implies that the student must be able to make decisions quickly and effectively. This paradigm shift also implies that the responsibility for the teaching-learning process is shared between teacher and student, it is built between both. Precisely this shared responsibility gives the student the possibility to propose alternatives, make decisions, participate and self-evaluate, thus increasing motivation and allowing active involvement in the teaching/learning process; in other words, it facilitates autonomy and self-regulation of learning on a permanent basis, not only during the duration of a course.

Are we committed to this process?

Many teachers are not prepared for this change and a first step is to formally prepare themselves as teachers, this training provides

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them with the bases and resources to understand how the teaching/learning process works since the contexts change every semester with the arrival of a new cohort of students, so it is important to understand how each group works and this poses a series of challenges for the teacher; For this it is necessary to develop a great capacity for analysis, observation and planning to ensure the quality of teaching with each new group, the teacher becomes a researcher and his laboratory is his classroom and his students the subjects of intervention and control. Some authors talk about the desirable characteristics of teachers today and highlight the personal treatment with students, empathy, commitment to the subject and its development, passion for what they teach, motivation, course organization and the ability to make the knowledge useful and applicable. This ability to simplify and identify the key concepts of a subject is what is defined as the effectiveness of teaching, finding the application and usefulness of knowledge. As we have seen up to this point the role of the teacher changes since he is not the main actor and the students are the spectators, the teacher is the scriptwriter and director of the play where the students go from being spectators to actors, this makes the learning process open and dynamic, without the preparation of the teacher in the field of education it is difficult for this process to be effective and the student continues with the tendency to learn by imitation, which is not bad but should not be the only option. The way in which the teacher assumes and leads his role has a direct influence on student learning and on his professional performance.

8 Actions to positively impact teaching outcomes on student learning in health careers

1. Receive formal and professional education in the field of education. It is essential that health professionals engaged in teaching receive as much training as possible to develop teaching competencies that meet the needs of the modern educational world.
2. Reflect on our teaching practice. Evaluate what happens with students, the results of their learning in quantitative and qualitative terms, analyze those results; in other words, the teacher becomes a researcher during the teaching exercise, which gives him/her the opportunity to make improvement and consolidation plans.
3. Create a flexible and open Competency-Based Curriculum, where information is not fragmented, this allows contextualizing teaching. The curriculum should incorporate interdisciplinarity to respond not only to new challenges in health (deadly diseases, pandemics, violence, aging, mental illnesses), but also in social, clinical and administrative areas in local and global contexts. The aim is not to cover as much content as possible during the course but to filter (the teacher becomes a curator or content manager) which are the most relevant and practical so that the student has a notion of the basic aspects of a subject and can continue to deepen in other aspects.
4. Invite reflection, participation, teamwork and discussion with arguments. Our mission is to train leaders who will

be agents of change in society and in the contexts where they work.

5. Develop emotional intelligence in our students. Since students are going to work on human beings (patients) and are careers where students are more subjected to situations of stress and anxiety, rapid decision making and under pressure that involve in some cases the patient's life itself, therefore they must handle these situations efficiently.
6. Use educational technology tools. Evidence-based medicine within everyone's reach allows globalization of education and knowledge. A clear example of this need is the current world crisis due to the pandemic decreed by Covid 19 where teaching has become 100% virtual. Educational technology tools facilitate globalized and open education and provide teachers with resources to improve, complement and facilitate their work.
7. Educate in professionalism: Understanding it as the set of values, attitudes and behaviors that the student develops to become an integral, honest, impartial professional, who is responsible for his or her behaviors and decisions under the premises of ethics and with a high sense of service to the community.
8. To develop critical thinking and reasoning: Understood as the ability to make a judgment by evaluating and analyzing the existing information on a topic, trying to clarify the veracity of such information to reach a justified idea about it, ignoring possible external biases. Faced with so much information, it is essential to filter its quality and usefulness. This point is relevant in medical education since it leads the student to develop clinical judgment to reduce errors in diagnosis by understanding the health-disease process, where the emphasis is not only directed towards the treatment of symptoms but also to their origin. That is, the application of Evidence Based Medicine.

Probably the question that the professor should ask himself is not if it is worth changing my way of teaching, or if it is worth the economic and mental effort of training in teaching and Tics, this is a reality, society, students and institutions are demanding it and are already working on it, if I do not keep up with the pace of change, the time will come when my way of teaching will be obsolete and lacking in foundation. Nowadays, the practice of any health profession is based on scientific evidence, and education is also at that level. The success of a course is not based on how many students pass the subject but on how the teaching and learning strategies, the course design, the evaluation and feedback change the student's way of thinking, if he was able to work in a team, develop skills, integrate knowledge with other areas of knowledge and with his life, if he is able to identify his difficulties and achievements and find alternatives that allow him to improve his performance and self-regulate his learning.

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