A new model of understanding ‘service’ versus ‘education’ in medical education
Un nouveau modèle de compréhension du "service" par rapport à "l'éducation" dans l'éducation médicale

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The role of clinical service in residency training has been much debated since the emergence of the post graduate medical education (PGME) infrastructure.1 Residency is designed in an apprenticeship model where residents play a dual role in being medical trainees as well as hospital employees fulfilling clinical duties. However, conflicting views about the appropriate balance of clinical service and education in PGME has resulted in a problematic lack of guidelines or approaches to inform the development of residency training.2

Determining an appropriate balance between service and education remains challenging. This may in part be influenced by the fact that the balance of service and education is often perceived as a ratio. Associated imagery could be that of a seesaw (Figure 1). When applied to medical education, this concept creates the perception that service and education are dichotomous entities that are neither complementary nor dependent on one another. As such, service and education are pitted against one another, wherein one side gains and the other loses. This view also sets an unrealistic expectation for medical educators and learners to strike a perfect balance between service and education, even though such a balance may not exist.

In this commentary, we are proposing a new framework of understanding and approaching service and education informed by ancient Chinese philosophy. The Yin-Yang philosophical theory is one that has been widely recognized for centuries to represent opposing but interconnected forces. In the Yin-Yang model, there exists a dynamic balance between the two as visually represented by the circle of opposing colour in each half of the universal Taijitu symbol (Figure 2). While the two elements may at a cursory glance represent two opposing ideas, their properties are intrinsically complementary and dependent on one another.
This idea can be applied to the service to education ratio in medical education, where service and education are two forces that are necessary for the development of medical professionals. For example, there is a growing recognition that medical education needs to better prepare trainees for the increasing demands of medical practice across vastly different settings spanning large academic centers to remote or global settings. Our framework highlights that approaches to education must be therefore reshaped to provide the knowledge and tools to address the real-world challenges encountered when providing medical services. At the same time, the experience of clinical service can be better understood as an opportunity to deepen knowledge and skills in a safe and supervised setting, while ensuring an appropriate breadth, depth, and volume of exposure to a variety of patient populations. This is an example of the Yin-Yang approach to medical education in the development of the medical expert role from the CanMEDS framework. We provide specific examples of the Yin-Yang relationship of education and service through the rest of the CanMEDS roles in Table 1.

The application of the principle of Yin-Yang to medical education may provide an illuminating viewpoint from which to understand the dynamic balance between education and service in medical teaching. In using a conceptual framework such as this, we may have a unique approach for educators and learners to find common ground. In the concept of Yin-Yang, the two opposing forces are not only complementary but mutually reinforcing. As such, the interplay between Yin and Yang creates a dynamic equilibrium that allows for growth and transformation.

Conflicts of Interest: CK reports consulting fees and honoraria from Sanofi, Abbott, and AstraZeneca outside of the submitted work. The other authors declare no conflicts of interest.

Funding: There was no funding for the completion of this commentary.

Authorship: Park and Zhou contributed equally as first authors.
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