

# The importance of early clinical exposure (ECE) for undergraduate medical students

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## ABSTRACT

The primary objective of medical college education is to produce competent physicians who can deal with the common ailments of society. To this end, the medical curricula should preferably be practically oriented and provide medical students a chance to polish their skills during the college years, and not after graduation in the hospitals and clinics. This can only be achieved by providing them with opportunities to interact with patients and disease management at an early stage of their college life. Given that four or five years of supervised clinical exposure and training would provide students with the confidence and competence to deal with common diseases, this model of early clinical exposure should be the recommended format of medical curricula.

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## INTRODUCTION

The entry of meritorious students to medical profession in Pakistan is based on Higher Secondary School result merit and an entry test called MDCAT. Tens of thousands of students appear annually to this test and get admission into public and private medical colleges across the country.

The entry of students in most of the medical colleges is entirely based on their academic performance with no weightage for humanistic attitude and communication skills. Literature shows that the institutes commonly employ academic tests or pre-entry academic performance as admission criteria.<sup>1</sup>

A study conducted in Pakistan exploring the relationship of various admission criteria with academic performance in medical college concluded that there was weak correlation between professional exam scores and Matric and F.Sc. scores while MDCAT did not correlate at all.<sup>2</sup>

Large classes, intense competition, exploding vocabulary, and voluminous content delivered over a short time are some of the challenges faced by the first year MBBS students.<sup>3,4</sup>

Although early medical professional training is a long and tedious course, there exist lots of expectations from undergraduate medical students by the family, friends, and society. They need to be confident to address the common problems, issues, and ailments from the initial years.

In Competency Based Medical Education (CBME), Early Clinical Exposure (ECE) is incorporated to develop interest, enhance motivation, and increase the concept building during earlier years of medical professional training. ECE does not overlap or replace the basic medical sciences but enriches and contextualizes learning through performing skills and procedures.

Early clinical exposure (ECE) is a teaching-learning methodology which fosters the exposure of medical students to the patients as early as the first year of medical college.<sup>5</sup>

ECE provides clinical context and relevance to the learning of basic sciences. It also facilitates early involvement in the healthcare environment to serve as motivation and a reference point for students leading to their professional growth & development. The ECE program entails vertical integration of clinical sciences with basic medical sciences along with inculcation of certain soft skills (personal traits) like professionalism, ethics, communication & interpersonal skills, empathy, and positive attitude.

ECE as an educational model has been adopted by many medical colleges and universities across the world to bridge the gap between early theoretical years and clinical posting of the final year in undergraduate medical education.<sup>6</sup> The ECE program had a positive impact on medical students' satisfaction with medical education, and it also enhanced their understanding of the role they will play as future physicians.<sup>7</sup>

Early Clinical Exposure boosts the performance and confidence of medical students. This helps students develop clinical skills and moral attitude with active learning overtime. In this model of learning, students can have roles such as passive observer, active observer, and as assistant to a resident.

As given in guidelines for undergraduate medical education curriculum 2024 by PM&DC, there are 40 competencies required in a doctor at undergraduate level. These competencies relate to patient assessment, procedural skills, patient care, prescribing, and therapeutic procedures. Some of these competencies can be inbuilt from the first year and onwards in the MBBS curriculum.

This will pave the way for making the initial period of medical school more interesting, highly interactive, and medical students will be more motivated for acquiring the skills by going to OPDs, emergency rooms, and wards.

I, therefore, suggest inclusion of ECE in the curricula of universities along with certain percentage to be given to assessment of these performance skills and procedures.

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