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Is it time to reconsider our understanding of lifelong learning in medical training?

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Is it time to reconsider our understanding of lifelong learning in medical training and other professions?

Abstract

In this discussion article, based on research conducted as part of a master's project at the University of Dundee School of Medicine, I argue that professional training programmes may benefit from more scrutiny of the concept of lifelong learning and less reliance on cultural norms and implicit professional narratives.

Keywords: Lifelong learning, medical education, undergraduate, curriculum, professional education.

Main Body

As a general practitioner (GP) and senior clinical teacher within the University of Dundee's medical degree programme, I have become increasingly interested in the semantics of the term lifelong learning (LL). A cursory journal search for the term will return thousands of entries as researchers justify their work in its name. This is understandable. Most of us will have a sense of what it means to be a lifelong learner and, as a concept, it features in the narrative of many professions (Del Gaizo and Laudermith, 2021). In medicine, the World Federation for Medical Education (2015) stipulates that medical schools must set outcomes that demonstrate graduates' commitment to LL. In the United Kingdom, the General Medical Council (GMC) state that, as a matter of professionalism, newly qualified doctors must be able to 'explain and demonstrate the importance of professional development and LL and demonstrate commitment to this' (General Medical Council, 2018, p. 10). Clearly LL is considered an important concept but, despite its ubiquitous use, what exactly does it mean? Is having a general understanding of the concept sufficient?

The GMC describe LL as being able to 'keep up to date with developments in medical practice and trends in disease at population level' (General Medical Council, 2018, p. 3). The World Federation for Medical Education similarly describe it as:

> the professional responsibility to keep up to date in knowledge and skills through appraisal, audit, reflection or recognised continuing professional development/continuing medical education activities, (World Federation for Medical Education, 2015, p. 16)

In isolation these would seem reasonable as there is clearly a link between LL and maintenance of clinical competence (Sehlbach *et al.*, 2018). There are, however, many aspects to the concept that are absent in these definitions, seeming to exclude the richness of several decades of academic discourse. It has been argued that LL has been a focus for social action and cultural reform; a set of outcomes for individual growth; and a platform to enable individuals and societies to manage rapid and large-scale cultural change (Bagnall, 2000). It is frequently associated with adult learning theory and the attributes required for adult learning (Greveson and Spencer, 2005; Mazmanian and Feldman, 2011; Berkhout *et al.*, 2018) as well as being associated with the 'generic skills' required of graduating students in order to meet the demands of contemporary society (Candy, Crebert and O'Leary, 1994; Pitman and Broomhall, 2009; Steur, Jansen and Hofman, 2012).

Amidst this conceptual haziness there is - despite thousands of articles referencing LL - very little examination of how the concept of LL develops during medical training. This motivated me, as part of a master's degree, to explore graduating medical students' understandings of the concept, whilst attempting to uncover elements of their curriculum that contributed to those understandings (McMillan and Jones, 2022). The results of the study showed that students understood LL across several themes which, perhaps not unexpectedly, closely parallel the existing narrative within medicine. There was particular emphasis on the professional obligation to continue learning in the pursuit of competence. Other themes that emerged were the importance of reflective skills, an individual's intrinsic motivation to learn, and the capacity for critical thinking. Students generally felt prepared for LL - but this was more based on trust that the curriculum had delivered the relevant knowledge and skills - rather than being able to evidence competency. In terms of curriculum influences, by far the strongest theme to emerge was the relationship between students' understanding of LL and their experiences in the clinical workplace.

In addition, there were two particularly striking themes. Firstly, the students were not aware of any formal curriculum interventions exploring the meaning of LL, suggesting that their conceptualisations had formed predominantly through the informal and hidden curriculum (Hafferty, 1998). Secondly, the extent to which students' conceptualisations of LL were formed was almost entirely around clinical competence and career progression. There was little suggesting that their understanding of LL encompassed adult learning skills more broadly or socio-cultural aspects of learning that are part of the wider discourse on this topic.

Although limited to a single institution, this study provides some insight into how students' understandings of LL develop in the absence of a defined educational strategy during professional training. It also raises further questions. For example, are the themes identified above the intended outcomes of the training programme, because there would appear to be a reliance on the implicit professional narrative rather than a defined educational strategy? Even if they are, should they be left to the informal or hidden curriculum? Finally, and perhaps most crucially, are these outcomes related to LL being assessed as robustly as the more easily measurable outcomes such as knowledge and practical skills?

There are, arguably, broader imperatives for answering these questions in professional education programmes. In medicine, current models of healthcare would appear to be failing, having an impact on physician and patient alike (The Lancet, 2019; Wellings *et al.*, 2022) and indicating a need to explore alternative perspectives on health and the role of the medical practitioner. One such perspective is to be found in the concept of salutogenesis, a paradigm of health which places a greater emphasis on resilience and health literacy and, consequently, prioritises learning at an individual and societal level (Lindström and Eriksson, 2011; Jonas *et al.*, 2014; Lindström, 2020). Within such a paradigm the practitioner is required to understand LL not only for their own benefit but also to facilitate the development of a similar understanding in others (Alivia, Guadagni and Roberti di Sarsina, 2011).

In summary, if a profession, such as medicine, demands that its members engage with LL, then it would seem appropriate that this is supported by interrogation of the concept and formal pedagogical strategies to develop relevant competencies. Defaulting to implicit cultural norms regarding the concept of LL may risk restricting practitioners' personal growth, their resilience, and the wellbeing of the communities they serve.

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