



## Lamenting the changes in clinical bedside paediatric teaching at Chris Hani Baragwanath Academic Hospital: More resources are needed to train effective doctors

**To the Editor:** Government imperatives to produce more doctors<sup>[1]</sup> in a manner promoting equitable access across population groups,<sup>[2]</sup> and curriculum changes to further this initiative, are impacting on the standard of undergraduate clinical teaching. Acknowledging that medical teaching must continually adapt to account for changes in disease patterns and diverse educational backgrounds of students, we raise a concern that the resources available for undergraduate medical training are insufficient, thus compromising the quality of undergraduate medical training.

As part of a broader study conducted in 2017 at Chris Hani Baragwanath Academic Hospital (CHBAH), Johannesburg, South Africa (SA),<sup>[3]</sup> 5 paediatricians with an average of 30 years of teaching experience were asked about the impact of these recent changes on their clinical teaching. These paediatricians, 2 of whom have been awarded the University of the Witwatersrand's highest teaching accolades, unanimously expressed concerns about their ability to teach effectively given the increased student numbers around the bedside, reduced teaching time due to shorter teaching blocks, additional content being included in the curriculum, and greater patient loads at the hospital. They felt that the confluence of these factors was compromising what they regard as the essential features of good clinical teaching: the hands-on examination of children under watchful, expert and individualised supervision. They also stated that the changes in clinical teaching impact most negatively on weaker students.

The paediatricians suggested several solutions<sup>[3]</sup> to avoid compromising the quality of the doctors being trained, including reducing the size of the groups of students being taught at the bedside; using different methods of teaching, for example, videos and simulations; and expanding the number of teaching platforms to include more district hospitals and secondary-level hospitals. However, given the improbability of these changes being implemented in the short-to-medium term, the clinicians expressed a sense of resignation and frustration at the futility of the situation.

The challenges facing paediatric teaching at CHBAH are very likely to extend to other clinical disciplines and other SA medical

schools. In our opinion, the current problems in undergraduate medical education are due to the collective failure of engagement between clinicians, educators, medical schools and the national departments of health and higher education. The training of larger numbers of competent doctors requires, in the first instance, urgent financial support from the relevant government agencies and departments. This funding will enable medical schools to improve the quality of undergraduate training, especially for students from disadvantaged educational backgrounds who require additional support. Furthermore, medical schools need to be held accountable for ensuring that cost-effective, evidence-based teaching methods (with ongoing evaluation and adaptation of teaching methods to meet changing student needs) are implemented to produce fit-for-purpose health professions graduates.

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