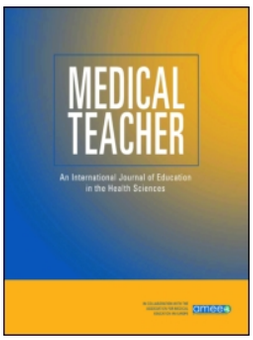

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# In reply to Purohit & Walsh

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LETTER TO THE EDITOR

# In reply to Purohit & Walsh

Dear Editor

I would like to thank medical students, Purohit and Walsh (2019), for bringing up an important challenge that medical education currently faces. How can we ensure an autonomous motivation supportive learning environment for our learners in workplace learning? They point out three concrete problems and also suggest solutions which I will address one by one:

*Having a role in the healthcare team* – Learning situations in which medical students have authentic tasks with patient responsibility play a big role in enhancing their autonomous motivation (Visser et al. 2019). I can give two concrete examples from two University Medical Centers in the Netherlands: (i) An interprofessional education (IPE) ward at University Medical Center Utrecht, and (ii) A learner-centered student-run clinic (LC-SRC) run by medical students from different years, in which undergraduate students have patient responsibility (Schutte et al. 2017; Visser et al. 2019). The combination of authenticity and patient responsibility support the students' feelings of autonomy, competence, and relatedness in their learning, thus their autonomous motivation. Innovations like these are necessary to provide early patient responsibility to students. Enhancing autonomous motivation should be core to the philosophy of a medical school (Kusurkar 2019). Only then can it be rolled out into the curriculum-in-action and practice.

*Competency assessments* – I agree that formative competency assessments, like mini-CEX (clinical evaluation exercise), which are meant as assessments for learning should be conducted in the wards by the regular supervisors. The summative assessments (assessment of learning), however, could be conducted in the wards either by the regular supervisors or those appointed centrally for the task. The latter should not matter because the summative evaluation is meant for deciding if the student has gained the required skills from the clerkship. It may actually reduce the conflict that happens when the same person is the supervisor and the assessor (Daelmans et al. 2016).

*More time in core clinical placements* – If core clinical placements are shortened in order to provide student selected modules, students should alongside be given the opportunity to learn in longitudinally integrated clerkships (LICs). This can be a more authentic experience and training owing to the aging population in Europe and a change in the healthcare from hospital-based to a community-based system. Student selected modules also enhance autonomous motivation, but the loss of ward task time needs to be compensated with other opportunities to gain authentic experience.

I think that holding these dialogs between medical educators and students about the way we shape education and training is important in taking the field forward and making an impact in practice. I would like to take this opportunity to request the Editor-in-Chief, Prof. Ronald Harden, to consider introducing a new manuscript type for Medical Teacher called "*Dialogues between educators and students*".

## Disclosure statement

The author reports no conflicts of interest. The author alone is responsible for the content and writing of the article.

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