

# EDITOR'S MESSAGE

## Education in Bloom: New Crop of Students Honing Skills to Develop Better Care Solutions

Paula Gregory, DO, MBA, FACOFP

I trust you all enjoyed ACOFP '23 as much as I did and were interested to hear the lecture about on our osteopathic college's growth and community preceptors. Learning with those who see and treat patients is the highlight of medical school. The physician preceptors accelerate learning about the "real world" as well as diagnosis, treatment, and connecting with patients.

As I write, I'm reminded of my own journey into medicine, the excitement I experienced as a student, and the endless possibilities of learning about health and disease. Learning what is relevant and moving, from the zebras to reasonable paths for patients, is a big part of the journey. This brings to mind Bloom's taxonomy, which begins with learning the fundamentals or basic facts about a subject in order to create a solid foundation on which to stand. This is followed by an application of those facts, an analysis, a synthesis, and evaluation. Our learners will progress through those stages and become dependable over time. Students begin by learning and assimilation of facts, gradually progress to being good reporters of the facts they've absorbed, and then move on to applying those ideas to paper cases and eventually to real patients. As a student progresses, they eventually reach a level of competency that makes them dependable and reliable in analyzing and creating solutions based on what they have learned.

Common discussions revolve around what learners need to know at each stage of development. This guides teachers in understanding what needs to be taught. A learner should be able to recognize certain chronic diseases and acute problems by the beginning of their third year of medical school. They need to be competent in examining patients and judicious in ordering the labs and x-rays necessary to confirm diagnoses. Our proposed medical school will ensure that students, at the early-third-year stage, will be able to gather and assess information, perform a competency-based physical exam, and report back to the physician with some degree of accuracy.

A graduate candidate of a medical school should, by the end of their fourth year, be dependable enough to analyze, evaluate, and create solutions to treat most of the diseases that they encounter daily in patients. Residency provides students the ability to see a number of different cases, so that recognition of most of the common diseases we treat is possible. It's a long journey to becoming the accomplished physician who will care for patients. I'm certain that with the help of the proposed Meritus School of Osteopathic Medicine inaugural faculty, students will be far richer in knowledge than physicians of our generation were as newly minted graduates.

Of course, our journeys do not stop with graduation from residency. As we become increasingly confident in our care, we recognize that there are many other confounding problems to the health picture. We are sometimes at a loss to understand patients who have delayed care and neglected to control some of the simple problems we learned about in medical school. Issues of hypertension and diabetes, for example, and diagnosing diseases such as cancer all are better managed early. Every issue has its own temporal nature where the damaged system only gets more difficulty to treat.

Our patients are sicker and have more difficulty than ever before. Can we apply Bloom's criteria to health disparities? We are aware from our respective fields that so many of our patients have neglected to take advice and or have been unable to receive care early on after their diagnoses.