

## A Modern Day Paradox: Service Versus Education

The article on service versus education by Galvin and Buys<sup>1</sup> in the December 2012 issue of the *Journal of Graduate Medical Education* highlights a fundamental dilemma in graduate medical education: the balance between service and education. The authors found that learners attribute different levels of educational value to similar activities despite a marked overlap between the characteristics of service and education. The lack of clear distinctions between service and education, combined with a negative connotation attributed to the term *service*, may be detrimental to any educational process in residency and should not be ignored. Because perception is reality, learners who are exposed to a certain activity may not actually learn if they believe there is nothing to be gained. In short, negative messaging about service by peers and supervisors may prevent learners from fully benefiting from educational activities despite its intentions.<sup>2</sup>

As we look toward the Next Accreditation System to emphasize individual differences in learners,<sup>3</sup> we should also examine the service versus education debate. Kolb<sup>4</sup> and others have shown that learners vary in their preferred learning style. A learner who thrives with repetition and practice will likely have a different perception of multiple opportunities to perfect a single skill as compared to a learner who prefers exploration and discovery. These differences may also vary by level of learner. For instance, a novice learner may find direct supervision and hands-on teaching environments supportive while a more advanced learner considers the same environment overbearing and stifling. Thus, the exact same activity may prove to be educational to one learner and not to another because it serves one learner's needs while another learner, having already mastered the skill, will view that same experience as service lacking educational value.

In a sense, the problem of service versus education is the modern day equivalent of the paradox of the 1-room schoolhouse: How do we teach learners of varying skill levels and with varying needs simultaneously? Such a paradox can only be solved by the understanding that the learning process has 3 components, not 1: the experience, the learner's needs, and the teaching style or method. The experience alone cannot define its educational value without understanding its relationship to the individual learner.

One solution to this paradox lies in emphasizing skills in problem-based learning and improvement. Whereas novice learners may require supervisors to create learning objectives for each activity, advanced learners only require mentors to guide them in recognizing their own needs and creating their own learning plans. Teaching these skills would require a shift away from designing curricula based on topics and subjects and toward creating experiences where learners can choose their own objectives.

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### References

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- 2 Kesselheim JC, Cassel CK. Service: an essential component of graduate medical education. *N Engl J Med*. 2013;368(6):500-501.
- 3 Nasca TJ, Philibert I, Brigham T, Flynn TC. The next GME accreditation system—rationale and benefits. *N Engl J Med*. 2012;366(11):1051-1056.
- 4 Kolb DA. *Experiential Learning: Experience as the Source of Learning and Development*. Englewood Cliffs, NJ: Prentice Hall; 1984.