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In this issue

- **Editor's note**
- **Hot stuff**
 - Conferences & meetings
 - Useful websites
 - Resources
 - Don't forget to keep an eye on...
- **Announcement: publication opportunity!!!**
- **Announcement: joining JASME**
- **Doctors as teachers: basic techniques for your back pocket**

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Editor's note

JASME is a constantly evolving organisation, aiming to provide accessible and comprehensive information in the field of medical education and academic research. We hope that you find our monthly e-Newsletter useful and interesting. All issues are available online at <http://www.asme.org.uk/jasme-publications.html>. If you would like to write for the JASME e-newsletter, please send your ideas and articles to jasmnewsletter@googlemail.com.

Hot stuff

Conferences & meeting

- ASME (Association for the Study of Medical Education)
 - ASME Annual Scientific Meeting 2010 – Medical Education: Innovation in a Traditional World
 - 21 to 23 July 2010
 - Robinson College, Cambridge, UK
 - <http://www.asme.org.uk/conferences-a-courses/forthcoming-conferences/asm-2010.html>
- AMEE (Association for Medical Education In Europe)
 - AMEE Conference
 - 4 to 8 September 2010
 - Scottish Exhibition and Conference Centre (SECC), Glasgow, UK
 - <http://www.amee.org/index.asp?tm=59>

Useful websites

- BMA (British Medical Association)
 - <http://www.bma.org.uk/>
- GMC (General Medical Council)
 - <http://www.gmc-uk.org/>
- IFMSA (International Federation of Medical Students' Association)
 - <http://www.ifmsa.org/>
- Medical Research Council (MRC)
 - <http://www.mrc.ac.uk/index.htm>
- MedSin
 - <http://www.medsin.org/>
- Money 4 Medical Students
 - <http://www.money4medstudents.org>

Resources

- Medical Education
 - <http://www.mededuc.com/>
- Understanding Medical Education
 - http://www.asme.org.uk/pub_ume.htm
- The LancetStudent.com
 - <http://www.thelancetstudent.com/>

Don't forget to keep an eye on...

- ASME
 - <http://www.asme.org.uk/index.html>
- JASME
 - <http://www.asme.org.uk/jasme/>
- JASME Facebook group
 - <http://www.facebook.com/home.php#/group.php?sid=0dc9b4672d1ec00b69050706ccc888d5&qid=2222238701>
- Foundation Programme website
 - <http://www.foundationprogramme.nhs.uk/pages/home>

Announcement: publication opportunity!!!

Hello everyone!

We are currently looking for enthusiastic medical students and junior doctors, to write articles for our monthly e-newsletter. These can include announcements (maximum 150 words), viewpoints (maximum 200 words), short editorials (maximum 400 words) and interviews (maximum 1,000 words). We will welcome all types of submissions, on any topic that has attracted your interest, especially articles related to medical education and academic or scientific research.

You can submit your work as often as you want, even on a one-off basis. All submitted articles are peer-reviewed by the editor, the reviewers and the committee.

This is an amazing opportunity to get published!

If you want to write for us, please send your ideas or articles to: jasmenewsletter@googlemail.com.



Thank you 😊

Announcement: joining JASME

Are you interested in medical education and academic/scientific research?

If yes, then join JASME!!!



Who can become a JASME member?

All full-time medical/healthcare students

Why should I join JASME?

Receipt of our monthly e-newsletter

Regular mailing about ASME and JASME activities

Online subscription to Medical Education and The Clinical Teacher

Places on our forthcoming courses and workshops

Access to dedicated and experienced research mentors

How can I become a JASME member?

Join online

Send your application form by post

How much will it cost me?

Only £10.25 per year

I am already a JASME member

This is great!

Invite your friends to join as well

For more information on how to join JASME and our membership benefits, please visit: <http://www.asme.org.uk/membership/individual-membership-application.html> or <http://www.asme.org.uk/join-jasme.html>.

This is a real bargain!!!
Join JASME today 😊

Doctors as teachers: basic techniques for your back pocket

By Anthony Douglas, 3rd year medical student, University of Southampton (ad2w07@soton.ac.uk) & Katherine Erricker, lead practitioner, Cams Hill School (kkariya@camshill.com)

It has become apparent to me in my time as a medical student that as a doctor I can expect to spend a significant amount of my time teaching. Not only will I be required to deliver information to colleagues, but procedures and conditions will often need to be explained clearly to patients. In fact, the GMC's Good Medical Practice states that clinicians must develop the skills, attitudes and practices of a competent teacher.¹ Given this expectation, it surprises me how little instruction we get on how to teach.

Teaching itself is a learnt skill and, like all skills, is something that needs to be practised before it can be done proficiently. Before embarking on a career in medicine I taught in secondary schools and, like most teachers, I spent a year developing my abilities before I was let loose in a classroom. Nonetheless, the general expectation seems to be that doctors possess some innate teaching ability. This may be true for a lucky few, but most doctors, like most teachers, will benefit from some instruction first.

Typically, teaching is something that is squeezed into an already overloaded day. With the many other duties placed on a doctor, there is precious little time to prepare. However, a few basic techniques borrowed from the classroom are sufficient for anyone to develop an effective teaching manner and begin to fulfil the GMC's requirements of competency.

Of key importance is the recognition that teaching is not a chance to show how much you know, but rather an opportunity for the learner to demonstrate how much they have understood. Furthermore, every once in a while, you will be asked a reasonable question to which you just do not know the answer. This will be an extremely valuable lesson, if you have the humility to admit that you do not know and you show how to find the answer.

Good teachers speak less than you would expect, instead they focus on listening and eliciting answers from learners and actively engaging the learner. For instance, making a diagnosis into a shared problem. This approach also allows you to explain your thought processes, something which is not commonly modelled - even in the classroom. Yet, how can learners be expected to learn how to solve a diagnosis unless they see it demonstrated?

Whilst there is no generic technique applicable to all situations, a format to keep in mind when teaching a skill is embodied in the mnemonic IDEAS. A session starts with an introduction, followed by a demonstration and explanation of the skill, then an activity that allows the learners to practice and finally a summary of the experience. Teachers now understand that individuals learn in different ways and provide for a range of learning styles. One system that has been recognised is VAK, which stands for visual, auditory and kinaesthetic learning styles. VAK encompasses visually absorbing information, learning by listening, and performing practical tasks respectively.² The advantage of the IDEAS approach is that it covers all of these learning styles.

In practice this means that if I had to teach how to measure blood pressure, I would begin with an introduction that shares the objective of the lesson and serves as an incentive to focus learning. I would then demonstrate the procedure and explain it verbally, before encouraging the learners to practice

the activity. A summary, which for me includes questions that readdress the objective, concludes the session. It should also encourage reflection and leave learners in a positive frame of mind, by promoting the benefits and uses of their new knowledge.

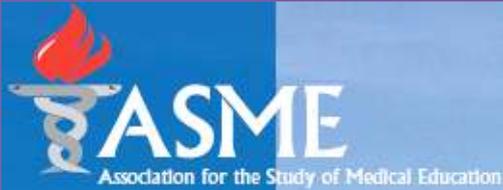
The IDEAS approach can also be utilised for less practical tasks. For example, when required to present information in a lecture. However, the demonstration phase needs to be adapted and I would rely upon images or diagrams to stimulate learners. In addition, the activity phase also needs to be altered and I would ask learners to discuss the material that has been delivered. This is a task to be completed in small groups and it requires the learners to summarise the presentation for each other in their own words, thus allowing them to interact and use the information I have given them.

Following a teaching session, I evaluate my performance as a teacher. This is especially important if no-one else is providing any feedback. I reflect not only on what was successful, but also what could have been learned or delivered better and consider how improvements could be made in my teachercraft for next time.

Seminars, that I have attended, on teaching revision skills stress that learning something three times means you are much more likely to remember it. The IDEAS approach allows you to give your learners this experience in a multi-sensory format. It also enables you a scaffold upon which to build your thoughts as you dash from the ward to the waiting medical students you have just been asked to teach.

References

1. General Medical Council (GMC). Good Medical Practice [online publication]. Available from: http://www.gmc-uk.org/guidance/good_medical_practice/
2. Reece I, Walker S. Teaching, training and learning. 5th Ed. Oxford: Alden Group Ltd; 2005.



Annual
Scientific
Meeting
2010

Robinson College
Cambridge, UK

**Medical Education:
Innovation in a Traditional World**
Robinson College, Cambridge, UK
21 - 23 JULY 2010

The programme will include pre and intra-conference workshops; keynote presentations, in particular The Lord Cohen Lecture; parallel/concurrent sessions; posters, policy fora, the award of the Sir John Ellis Student Prize and the Richard Farrow Gold Medal. The 2010 Lord Cohen Lecture will be delivered by Charlotte Ringsted, Professor of Medical Education, Copenhagen University, Denmark.

For more information and call for papers please visit the ASME website:

www.asme.org.uk

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Annual Scientific
Meeting 2010

