

# GAT Page

Exploring the challenges for the medical educators of the future.

## ***'He who can, does. He who cannot teaches.'* George Bernard Shaw (1903)**

Notwithstanding the masculine bias of this quote, a terrible burden was placed on the teaching community by this acerbic rhetoric that unfortunately still has resonance (and many closet proponents) today. The principle flaw in the axiom is the binomial nature of the observation, that you are either a 'doer' or a 'teacher'. Medicine, paradoxically, has always followed a more integrated approach, suggesting that the 'doer' should be the 'teacher' as well. Neat idea but how prepared is the 'doer' to be the 'teacher'? One of the fundamental problems with the art of teaching is that it is difficult to evaluate. In an ever-louder clamour for an evidence-based, reductionist process, it is challenging to assign a meaningful p-value to an art form. When did you last have an 87% excellent tutorial? That is not to say education cannot be valued, but its value is more esoteric and ethereal. A society can often be judged by its educational success, and indeed, progressive societies often invest a significant part of their national wealth in educating their people. Societies generally respect learning and value wisdom. Also, the alternatives to education are rather unpalatable...

***'If you think education is expensive try ignorance!'* Peter Bok**

Ideally 'teaching' itself is merely the means to the end, the activity; the real value proposition is learning. As Winston Churchill rather belligerently observed, 'I am always ready to learn although I do not always like being taught.' This adage also allows an interesting glimpse into another challenge of teaching, especially adults, of how to get engagement with

the learner. Engagement is a prerequisite to creating effective, learning environments. This challenge requires a very different conceptual approach to that of a 'good', pedagogic, didactic instructor or 'teller'. So perhaps the *activity of teaching* would be more usefully defined in terms of *learning generated or learning outcomes*, rather than the actual *teaching done*. Cast your mind back to medical school and visualise good and bad learning experiences, the relationship between teaching and learning is not implicit. We all, I would suggest, have had those 'Winston Churchill' moments.

The need to learner-centre education, especially with adult learners is also critical to success. The educational techniques employed must include competence and clarity in presenting ideas and concepts but, as important, is the ability of the educator to adapt their content delivery to catalyse learning – to try and precipitate that 'Eureka!' moment for the learner. The buzz of seeing the lights going on is one of the many rewards of effective teaching. Central, however, to this success is an insight into educational models and theories well established

in professional training contexts. The educational content includes such varied themes as learning styles, teaching styles and teaching methodologies, educational models, communication, facilitation skills, and wide range of other techniques tailored to particular contexts, such as video feedback training and high-fidelity simulation training. The mark of a versatile educator is to have the teaching ability to illuminate what may be difficult concepts in accessible terms for the learner, through a variety of educational techniques.

Medical undergraduate and postgraduate training can be considered as vocationally directed learning and is a subset of professional education. This training presents many singularly unique and difficult challenges to the learner and educator alike. The relentless and unpredictable nature of the clinical workload can be intrusive, and may appear to overwhelm teaching opportunities on occasion; however, with appropriate educational insight, an adaptive opportunistic teaching style, particularly in postgraduate training, can enhance experiential learning in the clinical context. Experiential learning in the workplace is a very powerful learning vehicle, as it is very real and tangible for the learner. That same raw experience is potentially even more powerful if the teacher can guide that learning ever more effectively through prompt, enquiry and challenge – The Socratic Method.

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## **GAT Tastic!**

Increasing demands for high quality services, shortened specialist training and time-sensitive European Working Time Directives are some of the most significant challenges faced by the medical profession today. If we are to produce high quality professionals, the profession will have to train better and more pro-actively. Higher specialist training cannot be reduced in experiential terms from about 30,000 to 8,000 hours without a significant improvement in the quality of the education and training to compensate for the loss of experience. With the introduction of structured competency-based training programmes across all training grades in anaesthesia, the introduction of Modernising Medical Careers and two year Foundation Programmes in August 2005, the Unified Training Grade proposed for August 2007, the training demands are rising inexorably. The complexity of the assessment methodology being proposed across these reforms is also increasing in pursuit of consistency, objectivity and standard. The mini-clinical examination, case-based discussion, direct observation of procedural skills and mini-peer assessment (360 degree appraisal) are all challenging educational techniques, and require the establishment of educational standards and capacity within the assessors hitherto unseen in medical professional assessment.

If the profession is not to be overwhelmed or resort to a cynical 'tick box exercise', then the capacity for trained and competent trainers can only increase. Therefore, it would appear that there is a prescient need to increase the educational capabilities of the training faculty within anaesthetic departments nationwide. The Royal College of Anaesthetists has many innovative ideas to develop this capacity further, including the Institute of Education. Individuals with a particular interest can develop an

educationally - themed portfolio that will be attractive to potential employers. This interest may stem from a basic interest in training; this crude enthusiasm, a rough diamond that can be shaped and polished into that desired, rarefied object, a competent trainer with basic educational knowledge, skills and insight.

There are many rich training avenues available to those wanting to develop their educational skills further. Advanced life support franchises run basic generic instructor skills courses, often over three days. For the more enthusiastic and committed, many educational institutions are now offering postgraduate certificates, diplomas and masters certificates in medical education. Consider those approved by the Higher Education Academy. These courses are often modular and have core compulsory areas and elective elements. Most are transferable through a credit system. Teaching may be through distance learning packages (motivation and discipline required) or taught components, pick the format that suits you best! The increasing use of low- to high- fidelity simulation in technical and human factors skills training also requires considerable insight into more complex areas, such as facilitated behavioural feedback. Another emerging theme in healthcare training is the recognition of the implicit value of developing multi-professional training. Training together should enhance effective working in teams.

So where do medics and, in particular, anaesthetists sit with insight into teaching, training and education? Hippocrates set the ball rolling in antiquity with a stated obligation of those in the profession to train and, here's the rub, 'without fee or obligation'. Ever since, medical teaching has been a 'bolt on'; an 'also ran' to the main task of doing clinical

service and research (G B Shaw would be delighted!). However, in the last few decades, with an increasing recognition that training isn't all it once was, there has been largely external pressure brought to bear on the medical profession to change its training practices. The traditional 'training' technique of 'see one, do one, teach one' had served us well – hadn't it? Perhaps it had served us well but what about the patients? You might reasonably expect, if you were a fee-paying passenger, that a pilot should be trained and competent to fly a plane before he/she would be allowed to take off with several hundred souls at their mercy. I don't think 'see one, do one, teach one' would go down so well in the aviation industry. Interestingly, however, in the early pioneering days of manned flight, experiential learning was the norm and there was a high price paid by both aviators and passengers. They embraced training, and in a few short decades revolutionised the industry. Now you would have to fly continuously for 425 years before, statistically, you would be cheating odds at having an accident. If only medicine could induce such a profound organisational, educational reform, many lives might be saved.

Clinical service is clearly core NHS business but education and training in healthcare is equally important, given its monopoly status. The need for capable healthcare educators will only grow. Returning to the opening quote by George Bernard Shaw, perhaps on reflection it would be more usefully framed as

***'He who can teach; must teach!'***  
**Ian Curran 2005**

**Ian Curran**  
**Consultant Anaesthetist**

1 George Bernard Shaw (1856-1950) in *Man and Superman* (1903) Maxims: Education