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Why not leave teaching to enthusiastic clinical staff? A student's perspective

Lukas Peter Mileder

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Letters to the editor

Medical schools should develop medical educators, not just doctors

Dear Sir

A vertical study programme (VESPA) for medical students, Kam et al. (2012): peer-assisted learning (PAL) in practice was discussed at our Cardiff Surgical Society Journal Club. We felt that the assessment by Kam et al. (2012) of their VESPA allowed us to reflect on our own course structure at Cardiff.

Upon graduation, doctors in their first Foundation year in the Welsh NHS are expected to provide teaching for medical students during their working day, therefore, structured programmes such as VESPA would provide communication skills and teaching experience within the more informal setting of PAL.

The use of 'pre-intern year' students as facilitators in VESPA translates as 5th year students leading sessions in the UK; we felt there is also potential for a faculty tutor to bridge any gaps in the group's knowledge. Another problem faced by organisers is ensuring cases encourage students to pull their weight no matter their level of study. Active encouragement and early release of questions and guidance would help junior students feel useful, instead of out of their depth, and 5th year facilitators would feel more comfortable using teaching techniques and leading sessions under guidance. Cardiff Medical School's new C21 course places emphasis on case-based teaching with integration of pharmacology and progression testing. This incentive, alongside Monash University's case-based structure (Kam et al. 2012) could really benefit students at Cardiff as a continuous revision component that would ultimately lead to a thorough knowledge for Finals and beyond.

We discussed how to maintain numbers with suggestions of online sign-ups and having mandatory implementations of year-specific roles within the group. White et al. (2011) found a positive correlation between role identity and a greater longevity of attendance to ensure quality of PAL sessions, which could become an essential tool to active learning.

Elizabeth McAleer, Rachael Parker & Owain Rhys Griffiths, Cardiff University, UK. E-mail: mcaleere@cf.ac.uk

References

Kam JK, Tai J, Mitchell RD, Halley E, Vance S. 2012. A vertical study programme for medical students: Peer-assisted learning in practice. Med Teach 35:943–945.

White K, O'Connor E, Hamilton K. 2011. In-group and role identity influences on the initiation and maintenance of students' voluntary attendance at peer study sessions for statistics. Br J Educ Psychol 81:325–343.

Why not leave teaching to enthusiastic clinical staff? A student's perspective

Dear Sir

As a medical student and skills laboratory instructor, I read the recent publication by O'Keefe et al. (2012) with great interest. The article highlights suggestions for improvement of student learning in multidisciplinary clinical environments, and on these, I would like to offer the perspective of a consumer of undergraduate education.

Clinicians have three major responsibilities: patient care, research, and teaching. However, as the authors pointed out, "whilst education is the major focus of university programs, it is not the major priority for many staff in clinical settings". Workload and resource restrictions render effective teaching difficult, and this is usually accepted by students. Little teaching motivation on behalf of clinicians, on the other hand, is hard to accept, as effective learning requires educators both to challenge and support students ("Support active learning in students").

But, how can universities ensure the best clinical education in today's outcome-oriented life? One possible solution is to integrate medical students in multidisciplinary teams, as they will be later in their careers ("Encourage students to learn from other healthcare professionals"). Yet, universities predominantly implement a discipline-oriented approach (O'Keefe et al., 2012). Although the reasoning behind is understandable, I beg to argue that students value every kind of teaching as long as it is constructive, helpful, and well-founded. An experienced nurse may offer just as much clinical expertise as a FY1 doctor.

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Research is an important part of clinicians' work. However, I have gained the impression that successful researchers are sometimes valued over enthusiastic clinical teachers. Research success is easy to quantify whereas teaching quality may be not, particularly not objectively (Katarey 2012). This *per se* holds true, but that is where students again come into play. Courses are evaluated regularly, and who is better to judge a teacher's performance than participating students? I, therefore, propose that universities should systematically identify qualified educators – based in part on student evaluations – and support this important clinical sub-population with the same resources as research staff.

And, what enables clinical teachers to be good at their craft? In this student's opinion, it is as Steve Jobs once put it, "The only way to do great work is to love what you do" (Stanford News Service 2005).

Lukas Peter Mileder, Clinical Skills Center, Medical University of Graz, Auenbruggerplatz 33, 8036 Graz, Austria. E-mail: lukas.mileder@medunigraz.at

References

Katarey D. 2012. Re: Jackson et al. – Medical education: Time to go back to school. Med Teach 34(11):997–998.

O'Keefe M, Burgess T, McAllister S, Stupans I. 2012. Twelve tips for supporting student learning in multidisciplinary clinical placements. Med Teach 34(11):883–887.

Stanford News Service, 2005. Available from: http://news.stanford.edu/news/2005/june15/jobs-061505.html (Accessed 11 February 2013).

Using the DRECT to assess the intern learning environment in Australia

Dear Sir

We assessed the learning environment of interns at our hospital to establish the practicality, acceptability and internal consistency of the Dutch Resident Educational Test (DRECT) in an Australian teaching hospital.

In the past, the Postgraduate Hospital Educational Environment measure (Roff et al. 2005) has been used in Australia, but its ability to measure different dimensions of the learning environment using three distinct subscales has been challenged.

We made two modifications to the DRECT for the local environment ("consultant" instead of "attending" as the doctor supervising the interns and "educational supervisor" instead of "speciality tutor" (Boor et al. 2011, 5 March 2013 personal communication). We also asked the interns if they could state three aspects of the learning environment they would change.

Following Ethics Committee approval 53 of the 60 (88%) interns completed the questionnaire and also indicated the three aspects of the learning environment they would change if they could. The overall Cronbach alpha was 0.95and the overall mean scale scores differed by rotation ($p < 0.05$).

There was no difference between the male and female interns mean scores for either the individual items or subscales. The interns' responses to what they would change in the environment did not identify any new issues previously unaddressed in the questionnaire. The changes they requested were consistent with the ratings in the questionnaire.

The Cronbach alpha, the high response rate and the fact that all questions were answered, suggests that the DRECT is suitable and practical to use in our environment. No new items in the learning environment were raised in the free question suggesting that the DRECT is comprehensive for our environment.

Our two lowest mean subscale scores were for supervision and feedback. These are fundamental to clinical training and need to be urgently addressed in all intern rotations. A follow-up study is needed to ensure the necessary changes are made.

The Medical Board of Australia accredits intern positions every five years but, with our intern positions increasing annually we need to quantitatively assess unit quality more frequently. The DRECT also provides greater detail than the accreditation process on the quality of each intern rotation thus making it easier to address weaknesses.

Ralph Pinnock, Paul Welch, & Hilary Taylor-Evans, Townsville Hospital, James Cook University, Queensland, Australia. E-mail: ralph.pinnock@jcu.edu.au

Frances Quirk, James Cook University, Queensland, Australia.

References

Roff S, McAleer S, Skinner A. 2005. Development and validation of an instrument to measure the postgraduate clinical learning and teaching educational environment for hospital-based junior doctors in the UK. Med Teach 27(4):326–331.

Boor K, Van der Vleuten C, Teunissen P, Scherpbier A, Scheele F. 2011. Development and analysis of D-RECT, an instrument measuring residents' learning climate. Med Teach 33(10):820–827.

Expanding the objective structured clinical examination (OSCE) to teach documentation, coding and billing

Dear Sir

The Objective Structured Clinical Examination (OSCE) can augment traditional written tests to assess medical trainees' clinical competencies. Coding and billing is poorly taught and inadequately evaluated, and trainees report feeling unprepared for this aspect of medicine (Fakhry et al. 2007). One