



Medical students should engage themselves more in academic medicine

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Letters to the Editor

Do medical educationalists like to teach?

Dear Sir

It is well known that doctors are expected to teach. Whatever form they use may differ from small group to lecture hall teaching. However, the requirement to instil knowledge and experience to their peers, juniors and dare I say it, seniors, is heavily recognised. And, there is no need to take my word for it – here in the UK, the General Medical Council seems fairly hot on the matter.

Interestingly, I have noted an apparent disinterest by many educationalists when it comes to teaching. Unlike their counterpart clinicians, many doctors with a keen interest in the field of medical education seem more concerned with the critical appraisal of current systems, more focused on intense over assessment for students based on their apparent lack of knowledge as they see it, and publish, as opposed to solving the problem at hand.

Recently, I held a data interpretation workshop based on my observation that junior doctors often find this concept hard to grasp. The major difficulty I faced was attracting educationalists to teach, the very people I would have thought would have been willing to do so. Their excuses all seemed to fall along the lines of them being busy preparing for conferences or their next scheduled meeting. Instead, it was the clinical staff putting their names forward without reluctance.

I think, we all realise that the practice of medicine is a long, hard road, hence the many years it takes to specialise. However, what is surprising is those individuals with a more educational focus, who feel our undergraduates are not up to scratch, turn the other way when asked for guidance. If educationalists are calling the shots when it comes to assessment methods, surely they should be proving their ability to teach the very knowledge our undergraduates are being tested on.

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Medical students should engage themselves more in academic medicine

Dear Sir

Many medical students reduce themselves consciously to passive consumers of academic education. Every student, however, should assume an active role throughout undergraduate education, and there is a number of ways through which this can be achieved. Joining a student association, engaging in student representative councils or working as a near peer teacher represent fulfilling and also highly instructive options of active student engagement.

This year I decided to live out my keen interest in medical education by attending AMEE 2013, the annual meeting of the Association for Medical Education in Europe. It was my first time at an AMEE conference and I left Prague, this year's host city, deeply impressed. With thousands of participants from all around the world, I do not have any doubt that AMEE 2013 constituted the 'epicentre' of medical education over its five-day duration. From the first minute on I enjoyed the vivid, international and highly scientific, yet casual and collegial atmosphere among AMEE representatives, educators, students and everyone engaged in and dedicated to medical education.

As a medical student, the attendance of such a renowned conference offers numerous advantages. Plenary sessions and symposia featuring some of the most bright-minded and well-known educators not only offer precious insights about various aspects of educational practice, but furthermore set the stage for fascinating and at times also humorous debates. This year's conference topic "Colouring Outside the Lines" was catalyst for particularly creative and provocative presentations. Short communication sessions, PhD reports and poster presentations summarize state-of-the-art studies on a wide range of topics related to medical education and offer students the chance of presenting own research projects. To me the innovative ePoster format, which I have been given the chance of experiencing first-hand as a presenter, was an especially enticing component of AMEE 2013. Dozens of workshops constituted another way of actively improving educational knowledge and skills in multifaceted ways.

The collective amount of expertise and authentic enthusiasm regarding medical education by attendants of AMEE 2013 truly impressed me. To all my student colleagues, I can only

suggest to engage more in medical education – AMEE offers numerous possibilities, so save the date for next year's conference in Milan!

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Inspiring trainees to consider a career in medical education

Dear Sir

No sooner than newly qualified medical graduates have found their feet in their first jobs, they are already being asked to consider their long-term career direction. Many trainees spend vast sum of money and time on taster weeks, conferences and courses to become better informed and show 'dedication to a specialty'.

Medical education is rarely considered as a career by first year trainees, with the majority pursuing more established pathways such as surgery and general practice (Svirko et al. 2013). Although there are several courses that aim to improve teaching skills, opportunities for foundation doctors to discover how to pursue medical education as a career are lacking. Furthermore, the absence of a clearly defined career pathway (Cheung 2010) may deter some trainees.

We organised a heavily subsidised National Medical Educators Conference, aimed at foundation doctors and medical students. Eminent medical educationalists gave keynote speeches on pathways of career progression and inspired delegates to consider medical education as a career. Delegates were also given the opportunity to present their work in the field of medical education to share and disseminate ideas and examples of best practice.

The field of medical education may miss out on talented individuals who slip through the net because they are unaware of the opportunities available to them. We feel that more conferences aimed at junior trainees as opposed to those further along the career ladder as well as more of an emphasis on 'teaching and training' in the foundation curriculum, would encourage more trainees to explore medical education further.

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A faculty-facilitated near-peer teaching programme: An effective way of teaching undergraduate medical students

Dear Sir

Near-peer teaching, where trainees of similar experience teach one another, is carried out informally in hospitals throughout the UK. Princess Alexandra Hospital (PAH) uniquely has a *Junior Clinical Fellow* (JCF) programme, a scheme which formally recruits FY1s in near-peer teaching roles. Five JCFs were competitively selected from a cohort of FY1s for the following roles: two PBL fellows, one OSCE lead, a fellow responsible for journal club/teaching seminars and one fellow responsible for bedside teaching, recruiting mentors and teaching seminars. The faculty provided logistical support and a study budget for the JCFs. These roles were negotiated with the hospital directorates. We conducted a retrospective qualitative study to assess whether the programme was successful.

A questionnaire was designed to determine whether there was greater quantity of teaching from FY1s compared to other trusts, good standards of teaching compared to senior doctors, and whether teaching was relevant to their course and learning needs. In addition, we asked the FY1 JCFs and mentors about whether the programme provided teaching opportunities, encouraged a future in teaching, developed teaching skills and consolidated learning.

The following percentages of students ($n=15$) agreed or strongly agreed with the statements in the following categories: teaching quantity; 87%, content; 93%, relevance; 100%, needs; 100%. Teachers ($n=11$) agreed or strongly agreed: teaching opportunities; 91%, enhancement of skills; 100%, consolidation; 100%, further teaching; 100%. The semi-structured interviews were predominantly positive; one student stated: "Being taught by F1s was better than being taught by registrars/consultants. The junior doctors know exactly where we are in our clinical knowledge and the distinction between what you need to know on the ward and what you need to know for the exam". We also identified key problems: obtaining relevant feedback, demonstrating evidence of teaching activity and personal development as a teacher.