

What the educators are saying

Is it worth training university teachers?

Universities are increasingly offering medical teachers training in teaching skills, but where is the evidence that this makes a difference? A controlled study looked at the training offered to teachers by 22 universities in eight countries and found that the trained teachers became more student focused in their approaches to teaching (while the control group became more teacher focused as they progressed in teaching)—and that students' scorings across five different teaching skills also improved. Most importantly, the training of teachers led to positive changes in their students' learning patterns, reducing the extent to which students adopt surface approaches to learning, in favour of more effective approaches. Interesting evidence for clinical managers who begrudge time off to learn how to teach.

Active Learning in Higher Education 2004;5:87-100

Exposing the hidden curriculum of medical schools

Two Californian medical students and a psychologist have collected a series of 22 personal statements or essays about medical student life, which make compulsive reading for medical teachers. Although there is a very "west coast of America" feel to the book, it includes useful insights into the lives of individual students, giving the lie to the idea that medical education is increasingly about cloning. What comes through is not only the idealism of many of today's students facing challenges to their traditional belief systems, but also the resourcefulness with which medical students approach financial difficulties, personal health problems, and cultural stigmatisation.

Takakuwu KM et al, eds. *What I learned in medical school: personal stories of young doctors*. Berkeley: University of California Press, 2004.

The benefits of bedside teaching

Three doctors spent nearly 100 person hours directly observing bedside teaching in the Mayo Clinic, and they commend the process as one that is beneficial for observer and observed teacher alike. Despite finding that the variety of teaching strategies defied categorisation, peer reviewers were able to agree on who were the excellent teachers. What the

Clinical students learn from rats



S MILLER/CUSTOM MEDICAL STOCKS/SPFL

Not another indictment of hospital teaching, but a novel approach to teaching clinical anatomy on fresh tissue. Los Angeles anatomy teachers claim that dissecting recently killed rats is a valuable exercise for fourth year medical students. They say that the advantage of working with fresh tissue more than compensates for the disadvantage of learning about humans from animal work, as the students are able to "pass tubes down the oesophagus, cannulate the trachea to inflate the lungs, inject dye in the kidney to trace the ureters and pull the testes through the inguinal canal." Their contention, based on student and faculty questionnaire responses, is that "active manipulation of organs promotes retention of knowledge" and that "the dissonances in human and rat anatomy enhance abstraction and transfer of knowledge."

Academic Medicine 2004;79:711-6

bedside teachers tended to miss out on were the important opportunities for giving immediate feedback to learners. The observers also noticed learner fatigue when clinicians asked too many questions at the bedside (but others asked too few questions), and they found that effective questioners were often those who explored questions in parallel with the learners. The authors contend that medical teachers improve with age. The benefits that more mature teachers bring, they say, lie in their ability to ask simple questions at the bedside and to expose their own uncertainty, which students found helpful.

Academic Medicine 2004;79:343-6

Prolonged study leave for general practitioners is worth the money

Prolonged study leave improves job satisfaction and retention of GP

principals, with additional benefits to the NHS as a result of their commitment to new appointments and opportunities, according to a questionnaire study in London deanery. Study leave fulfilled expectations in over 88% of cases, and nearly 60% of participants achieved a postgraduate qualification as a result of the study leave, suggesting that the £50 000 plus per doctor of deanery money was money well spent.

Education for Primary Care 2004; 15:378-82

Medical education can learn from industry

An erudite article from Harvard medical educators exposes the haphazard nature of clinical placements for medical students and challenges us to try to be more systematic in allocating medical students to placements in a sequence that makes sense of their learning. Citing the example of Toyota, the authors point out that other knowledge intensive industries have learnt to manage complex systems in a way that makes sense of the interaction between different elements. Included in the principles to make this happen for learning in medical schools is a set of four rules, one of which is the obvious connection rule, which seems to be honoured more in the breach than the observance. This states: "Define criteria for determining whether a student is prepared to advance from one learning stage to the next."

Academic Medicine 2004;79:721-8

What can health educators do about disparities in health?

The Network—towards unity for health is the rather cumbersome title for a health education organisation with 278 members. It is a non-governmental organisation in an official relationship with the World Health Organization, and it takes a very holistic view of health education. The network celebrates being 25 years old at a special conference in Atlanta, 6-10 October 2004, which focuses on health disparities and what educators can do about them.

Ed Peile professor (Ed.peile@warwick.ac.uk)
Peter Ferry senior clinical lecturer
Lara McCarthy assistant registrar
Warwick Medical School, University of Warwick, Coventry CV4 7AL