Encourage students and trainees to get started in Medical Education

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Why get involved with Medical Education?

This article will highlight just some of the ways in which students and junior doctors can get more involved in medical education both formally and informally. It will also be useful to those who are more established in educational roles as trainers and educational supervisors, highlighting some of the ways in which they can encourage their students and trainees to become more actively involved in medical education. Involvement can fit around the time you have available, and it can be linked to whatever area of medicine you are working in at the time (or be developed from a special interest you may have). Few activities in medicine provide a flexible opportunity to gain a wealth of transferrable skills in such a fashion.

Do some teaching

Teaching is perhaps the most obvious and straightforward way to get more involved in medical education. Delivering a good teaching session is satisfying, and participants are usually keen to be taught and grateful for the sessions they receive. Teaching can be simple or elaborate, and take place on a large or small scale. There are countless opportunities to teach, and these vary between regions and by training level. Trainees and medical students can be encouraged to start with peer teaching, this involves teaching other students, who may or may not be more junior to them, and its successes are well validated. See for example the work of Vygotsky on zones of proximal development which shows the benefits of near peer teaching (Wertsch, 1985). The content may be revision, clinical or examination skills practice, basic or clinical sciences; select something you are comfortable with. For example, students can be encouraged to try teaching more junior students how to perform a cardiovascular examination and what signs to look out for. They may find structured activities such as this easier in the beginning, and this type of teaching is always in demand. Examination skills are a good start. If appropriate these can be performed on patients with clinical signs, and the case subsequently discussed with the teaching focussed around the appropriate topic. As the student or trainee progresses, their teaching repertoire will expand accordingly.

Despite it being a familiar concept, carrying out formal teaching can still be a daunting task. The best advice is to start small (both in terms of session length and group size), start with things you know well, and teach in the format you are comfortable with. As your experience, skills and confidence grow you can expand your sessions. Use feedback from your learners to help guide you. If possible try to attend one of the many basic teaching skills workshops which are held across the UK; the ‘JASME teaching toolkit for medical students’ is just one example (see ASME website) which consists of a one-day workshop focused on practising teaching skills and gaining individual feedback. Trainers can suggest this sort of activity to their students and trainees.

Making the most out of teaching – evaluation and reflection

There is a lot to be gained from teaching, and trainers can highlight this and show how it is maximised through appropriately collected feedback and reflection (Schon, 1984). There are many approaches to evaluating teaching, but the teacher must provide an opportunity for constructive feedback; asking ‘was that okay?’ at the end of the session does not usually suffice. Verbal feedback is useful as it allows for discussion with the participants so asking rather “what did you like about the session?” to each participant, followed by “what can be improved?” can open up a dialogue with the learners. Written feedback may be obtained on post it notes, or more formally on a structured evaluation form. Pendleton’s Rules of feedback can be invaluable as they are practical and easy to use (Pendleton et al; 1984).

Whatever method is used it is essential to encourage reflection on the feedback to enable the trainees to consider what they will keep doing and what they will change for next time. These reflections can be compiled into a portfolio as evidence of teaching and should complement similar short reflections for other medical education activities (Newton and Wright, 2011).
Useful organisations

Trainers can help raise awareness among trainees as to the various medical education organisations available. The Association for the Study of Medical Education (ASME) is a UK based organisation which “seeks to improve the quality of medical education by bringing together individuals and organisations with interests and responsibilities in medical and healthcare education.” ASME organise a range of workshops, awards, events and conferences which are a great way to get more involved in medical education. Junior ASME (JASME) is a section of ASME devoted to medical students and foundation trainees. They offer a range of undergraduate awards, and also contribute specific sessions for students at the larger ASME events. Benefits also include access to the ASME journals (Medical Education and The Clinical Teacher).

For those beyond foundation training, ASME recently established a group devoted to trainees – TASME. The Association for Medical Education in Europe (AMEE) holds a large conference in a different European country annually, and like the ASME annual conference it provides a great opportunity to learn more about medical education. Engagement with organisations such as these also helps show commitment to medical education. Remember too that some universities have their own medical education organisations available. The Association for Medical Education in Europe (AMEE) hold a large conference in a different European country and the American Medical Education organisation (ASME) is a UK based organisation which “seeks to improve the quality of medical education by bringing together individuals and organisations with interests and responsibilities in medical and healthcare education.” ASME organise a range of workshops, awards, events and conferences which are a great way to get more involved in medical education.

Academic Foundation posts in education

For those with a keen interest in pursuing medical education further, there are a number of academic foundation posts available with an education theme. Academic foundation posts generally have a period of protected time available over the two years which is devoted to academic activity. For the education posts, this usually consists of teaching, research into education, or a combination of both. Posts are available throughout the country and all have a slightly different focus. They provide excellent opportunities for foundation doctors to gain a significant amount of experience in medical education.

Qualifications in medical education

Discussing the wealth of face-to-face and e-learning courses available in medical education is beyond the scope of this article; however it is important to highlight some of the many different options available. Accredited qualifications include courses leading to Certificate, Diploma and Masters Qualifications in Medical Education (see for example medicaleducation@cardiff.ac.uk). The distance learning approach allows such programmes to be more flexible in terms of time commitment. A variety of Fellowships in medical education are available, which may also incorporate an accredited qualification. Even starting as a medical student, there are now several intercalated one-year BSc courses available.

Research opportunities in education

Like all areas of medicine, research is a good way of demonstrating your commitment and enthusiasm for medical education and is an activity which trainers could encourage. Research in education takes a variety of forms, although it may well come from a different philosophical perspective and adopt different methods to clinical research, it is none the less a rigorous mode of enquiry. Conferences and seminars provide numerous opportunities to share experiences and present lessons learnt from medical education projects. Encouraging juniors to submit poster presentations is often a good introduction to the discipline and provides an opportunity for them to get their work recognised; both ASME and AMEE offer student poster prizes at their annual conference. Another avenue to consider is an audit project, since evaluation of educational interventions can be undertaken in the same way as a clinical audit. Also remember that education journals are very open to contributions from students and juniors.

Other ways to get involved

There are still many ways for trainees and students to get involved beyond what has already been discussed. The best approach is to encourage them to find out what opportunities are available locally – the medical school, hospital, or deanery can all be good sources of information on what is available. Enthusiastic offers to become involved in teaching are seldom, if ever, turned down!

Key points

The key message for trainers is to encourage trainees and medical students to get involved: get some teaching experience, get feedback from those they teach, reflect on how they can improve, and keep a record of it! Ask them to consider attending events that are run by medical education organisations as these provide a great source of inspiration as well as being the ideal chance to develop presentation and communication skills and to make contacts. Medical education is full of keen and receptive people who are more than happy to work with students and juniors who show an interest. The activities they undertake will be exciting, rewarding, and advantageous in whichever branch of medicine they choose to pursue.

Further Information

ASME www.asme.org.uk
JASME www.asme.org.uk/jasme
AMEE www.amee.org

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Contact: medicaleducation@cardiff.ac.uk

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