Undergraduate medical education; how far should we go?

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Medical education is a leading step in improving the quality of health services all over the world; in recent years such an important issue has changed tremendously. New concepts and theories were introduced particularly in undergraduate medical education [1], these may include beyond curriculum education and the concept of problem based learning (PBL) [2,3]. The latter was introduced by Barrows at McMaster University, Canada [4] over three decades ago and will gain the main emphasis in this article. PBL has shown to be valuable and reflects major improvements in undergraduate medical education. Incorporation of such changes will rarely bear priority in developing countries such as Libya, where the debate about the challenges of undergraduate medical education and the importance of the problem-based learning has just started [5]. However, every one who is involved in medical education has his own views about the process of teaching and that tends to reflect on the way he teaches.

Here are my personal views about undergraduate medical education which will be discussed by answering three main questions 1) How did I develop my views? 2) What are my views? 3) How these views affect the way I teach?

My educational views were shaped over the years, but there are two important educational experiences, which had a huge impact on the shape and form of what I believe.

Firstly, my experience as a medical student has had the most important influence on my educational views. The majority of the courses were teacher-centred rather than learner-centred. The courses were based mainly on large group teaching in the form of poorly structured lectures. No guidance was given to the students to find their way in the jungle of medical knowledge and facts. The bedside teaching was based mainly on putting the students under a tremendous stress and pressure, which usually leads to humiliation. No effort was made to teach medical students to think about and understand medical facts; rather the teaching methods resulted in students mainly memorizing complex medical knowledge. The whole educational culture was to promote the fact that medicine is a difficult subject and it was up to the student to prove him or herself with very little help from the teachers.

Secondly, after years of experience in the field of neurology, teaching both undergraduate and postgraduate students, I quickly realized that there is a myth around neurology. Neurology was perceived as a complex subject and a major hurdle for students to pass in their examinations. I strongly believe that this is a baseless concept, which results from the way neurology is taught in medical schools. Therefore I am trying to change this perception in the students I teach.

The above experiences led me to believe that teaching should be based upon the following principles:

a) Teaching should be learner-centered.

b) The learner should be taught how to think and understand the facts and knowledge.

c) Teaching should be delivered in a comfortable environment. However, I do believe that some stress helps in the process of learning, but the learner shoulder not be pushed to the panic zone as no body learns under panic.

d) The process of teaching and explaining facts should be simple and up to the level expected from the learner. Complex subjects should be introduced in stages.

e) The learner should understand fully the relevance and the importance of the subject they are learning about.

f) Guidance is very important, as students can get lost during the process of learning. However, the concept of “spoon feeding” should not be adopted, as it is very damaging.

g) The teacher should act as a guide or facilitator.

Therefore, the way I teach evolved over the years as my views were taking shape, and to apply what I believe to my real life practice I adopted the following steps:

a) Finding out about the learners and their level of knowledge.

b) Giving explanations about the principles and importance of the subject.

c) Developing a good rapport with the learner through a good introduction.

d) Being focused, clear and simple.

e) Humor and entertainment always help the learning process.

f) Involving the learner in the teaching process. Putting the students on the spot to induce slight stress helps concentrating minds.

g) Summaries and take home messages are cornerstones of any teaching sessions.

Conclusions

Probably the majority of my views incorporate new concepts of undergraduate medical education. However, I do not advocate the detaching of some of the advantages of the traditional way of medical education. A combination of both old and new concepts is, in my view, the best way forward, which I hope will be shared and appreciated by those delivering medical education in Libya to enable our medical schools to leap forward into the 21st century.

References

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