

Case-based teaching: secrets and the pitfalls

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In recent years, teaching and learning changed, and moved from traditional lecture-based to more student centred manners. Case— based teaching is a popular form and has an important role in motivating the students to be active, to use already acquired great medical knowledge and a number of practical skills, to be able to educate other colleagues later, and to contribute to patient safety improvement in its own environment. Case learning sharpens student's communication and critical thinking skills. Case discussions teach them to listen carefully to each other, to respect others opinion and to work together to solve the problem.

Some of the authors compares case teacher with the orchestra conductor. A case teacher generates learning by eliciting individual observations and analysis, asking key questions, and knowing what learning outcomes he wants students to achieve. As composer need orchestra to produce music successfully, case teacher need to facilitate students with a large number of different ideas, experiences and opinions, and finally get nearer to conclusion and to comprehend the larger goals of the lecture.

Our aim is to underline identification of good teaching practice, to offer some improvement in planning and preparation, to discuss interaction, visual aids and eventually to do public scientific evaluation, and to discuss our experience as students and later on as teachers in International School of Instructors in Anaesthesiology (ISIA). We will analyse adoption and implementation of case-based teaching as a type of learning activity in the framework of great differences between anaesthesia practices in different societies. Also to enhance transition from traditional teaching and learning model, where professor is in the central stage, to modern one differ in the lecture plan, material and activity of the students. The difference is that active learning promotes deeper understanding and improved retention. The ISIA role in that process is of great importance.

Explaining foundation and arguing development and structure, we all will be encouraged to think about our own teaching methods, regarding different educational, cultural and linguistic backgrounds. Moreover, we hope to find out whether this approach or aspects are appropriate, and has been conducted in the context of current trends of medical science education in general and anaesthesia education in particular.

References

1. Blewett EL, Kisamore JL. Evaluation of an interactive, case- based review session in teaching medical microbiology. *BMC Med Educ.* 2009, 9: 56.
2. Barkley E F, Cross K P, Major CH. Collaborative Learning Techniques: A Handbook for College Faculty. 2005, San-Francisco: Jossey-Bass.
3. Savin-Baden M. Problem-based Learning: Moving towards its full potential. *The Newsletter for Nursing and Allied Health Educators* 2003, 12 (2) 1–2
4. Patel VL, Arocha JF, Branch T, Karlin DR. Relationship between small group problem-solving activity and lectures in health science curricula. *J Dent Educ* 2004, 68(10):1058–1080.