

Teaching anesthesia: make it attractive!

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There are great varieties of different experiences in teaching anaesthesia in clinical practice in different countries. It depends on educational level of the teachers themselves, as well as organizational differences in everyday clinical practice, which usually includes teaching junior doctors.

There is a tradition for doctors to teach their junior colleagues and students. Obviously being a doctor usually does not equal being a good teacher as well. There are a lot of potential problems in teaching, such as lacking of time, knowledge, as well as specific training in teaching the others, hostile environment, lack of new ideas etc.

However, good teaching results in good clinical practice. Importance of this cannot be overemphasized. Not everyone is born as a good teacher, but that is a skill that can be improved and developed. Clinical doctors, anaesthetists, have a role to make the most of daily experiences and used them in the best way to pass the knowledge on.

Traditional learning is based on teacher as the central figure, and usually teachers are only active persons in the process of learning. Students are usually only passive recipients of delivered information. According to modern theories of learning, adults are independent and self-directing in learning which they tend to base on accumulated experience. They value learning that integrates demands of their everyday life, and are more interested in immediate, problem-centered approaches. Junior doctors are adults who want to learn. If we feel that they are not progressing in their knowledge, as they should, we should consider whether the style in which the teaching is organized matches the style of their learning.

This brings us to a different teacher's role. The 'instructor' frequently becomes a coach, which implies that lecture content should be modified to allow more active role of the learner and implementation of new techniques.

One of the good options is interactive lecturing, with more active involvement and participation by the audience so that learners are no longer passive in the learning process. The value of interactive lecturing rests on the premise that active participation and involvement is a prerequisite for learning beyond the recall of facts, and that students must be attentive and motivated in order for learning to occur. Interactive lecturing can facilitate problem solving and decision-making, as well as communication skills. This is particularly important in medical education.

Clinical cases can also be used in different ways in teaching. The use of cases heightens interest and promotes problem solving in an effective manner. It also encourages clinical reasoning and makes the learning of medicine realistic. This can be important for junior students with limited clinical experience, but also for more experienced practitioners who can easily see application to their own clinical practices.

New ideas are very important in making teaching in clinical practice effective. Good teachers are creative teachers. And usually, the best ideas are the result of not so bright teaching experiences, when person that did the teaching is forced to reflect on what went wrong and what can be done better.

But the most important thing is to remember that teacher-learner relationship has an enormous impact on the quality of teaching and learning. A good teacher is interested not only in good teaching but in the people who are learning. Central figure is no longer the highest authority of the teacher but the student with specific needs and the aim to reach the best possible result during the process of learning.

Suggested reading:

1) Dobson S, Bromley L and Dobson M. How to teach: A Handbook for Clinicians. Oxford University Press, Oxford, 2011.