

Advances in Medical Teaching

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Medicine is not just a profession, but a preoccupation and an obsession. Teaching medicine is an art and our medical teachers ought to be artists. This art is learnt over the period of time from the real masters and mentors. The learning and teaching need to move together. From the inception of this art, to its current demonstration, it has undergone a total metamorphosis. Thanks to science for unraveling new methods of teaching. There has been a tremendous change in the modes of teaching and the learning has become easy. From classroom lectures, chalk and talk, we have moved to e-lectures, audiovisual demonstrations, to yet other fascinating mode of teaching known as simulation based teaching. This new gadget for teaching has crept in our medical schools and is now successfully practiced all over the world. One can predict the future of medical education touching the new horizons of success. We too need to change and accept the technology, if it is for good. The Simulation based learning is a newly emerging discipline that can provide safe; effective and real life like learning environments for students^[1]. There is no question about bedside teaching that has stood the test of time and is still valued the most. All applauses to our medical teachers who would sweat down teaching the art of medicine by the bedside of patient. At present clinical situations for teaching and learning are created as scenarios using mannequins; endotrainers; simulated patients or computer generated simulations^[2]. Who knows, what new hybrid simulations will evolve by combining these methodologies quoted here in. we need to explore the merits and limitations of simulation technology as a teaching; learning tool^[3].

Our medical schools are facing considerable challenges in providing suitable teaching faculty and clinical experiences in medical curricula. Stress on MCQ (multiple choice questions) pattern of assessment examination for selection of post graduates had led to a phenomenon of medical students shying away from clinical wards. The tertiary hospital clinical experiences thus no longer meet the need of the curriculum and moreover the requirements of society. In this context simulated learning environments can contribute to and expand student's opportunities for gaining clinical skills and experiences.

An important driving force on the use of simulation teaching is the patient safety agenda which is certainly emerging in clinical practice. Adverse events and resultant patient harm are often attributed to failure in individual's expertise. Simulation based learning has the potential to provide greater efficiency compared with learning through opportunistic clinical experiences^[4]. Simulation technology can also ensure that the students have a degree of clinical competence before exposure to real patients in hospital wards, opds (out patient departments) and causality. This has positive implications for both patient safety and training time. Furthermore, simulation learning can enhance the transfer of theoretical knowledge into practical play in the medical cinema^[5]. While bedside experience with real patients will always be fundamental to developing clinical expertise, there are areas in different domains of medical practices in which instruction can be supported and enhanced by simulation teaching. It can safely be said that simulation learning emerges as a strong supplement and not a substitute to good bedside teaching. The key advantage of simulation technology as a teaching-learning tool is to facilitate designated practice. Students can rehearse their clinical skills in a focused and repetitive manner, thereby refining their skills, until their performance becomes fluent and spontaneous. Integrated teaching is yet another new tool practiced in our medical schools. Video demonstrations of live anatomy and physiology have made our job easier as teachers and fascinating for our students.

Knowledge gained during undergraduate medical curriculum almost becomes outdated by the time the student graduates. Undergraduate medical qualification is no longer regarded as a lifelong certificate of competence. Continuing medical education defined as any and all the ways by which doctors learn after formal completion of their training provides the platform in this endeavor. The teachers of medical students rarely receive formal training in teaching. Unfortunately, the teacher's performance is taken for granted and his or her competence in teaching is never questioned. It is mandatory that while the student is learning, the teacher needs to be trained in his teaching skills^[6]. This will boost the morale of a teacher and student. It is safe to conclude that conventional bedside teaching needs to be

promoted and at the same time new methods of teaching need to be integrated into medical curricula for better teaching, learning and patient care.

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