Advances in Medical Teaching

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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 the 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Knowledge gained during undergraduate medical curriculum almost becomes outdated by the time the student graduates.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

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

References