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Editorial

Teaching in Emergency Medicine

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Editorial

Teaching is that rare thing among occupations in that it is one that everyone has experienced in one form or another. Most medical practitioners and other healthcare professionals in emergency medicine have attended school, generally for 12 or more years and all will have undergone further training, whether in medicine, nursing, physiotherapy or whatever. They will have encountered a diversity of teachers; have been impressed by some and perhaps depressed by others.

Because being taught is such a universal experience, the myth persists in many places that just because an individual is an expert in a subject that s/he can teach it. Good teachers frequently demonstrate the skill of making the complex accessible. They may demonstrate this in all manners of style but they will always do so in a way that makes the learner feel that this material is open to the likes of them, whoever or whatever that may be. A lasting impact of these skillful performances is that the learner may be left with the impression that teaching is easy. The good teacher teaches with ease and it is easy to lose sight, or never to see at all, the level of skill, attentiveness and empathy that good teaching demands.

However, to claim that one can teach a topic just because one has been taught the topic is akin to saying that one can treat disease as a result of having been ill.

In my own country, the UK, it is generally clinically-related research which carries value and teaching is assumed to be doable by anyone. A light on the horizon is the increasing demands from the UK General Medical Council that those who teach medical students and residents be able to teach and that they have some training.

The UK General Medical Council states that

If you are formally involved in teaching in the workplace – for example, teaching trainee doctors on placements – you must develop the skills, attitudes and practices of a competent teacher [1].

Unfortunately, there are no standards, there are no programs to be followed and the quality of teaching delivered may vary from outstanding to woeful. Indeed, in a survey I conducted in early 2014 of all medical students in the clinical phases at one major UK medical school, a frequent complaint was of the variable quality of the teaching. This was across grades, sites and specialisms.

Emergency medicine presents its own, very special, set of challenges to those who teach and those who are taught. Whether it is termed the emergency room, the emergency department, accident and emergency or, as was once common in the UK, casualty, these departments all have certain characteristics in common. For one, there is no predicting what ailment or injury will come through the door, nor of predicting its severity. Certain times of the day, times of the week and times of the year may be more frenetic than others. Certain injuries and ailments may have a seasonal aspect. Some injuries will be accidental, or born of stupidity. Others will be intentional, self-inflicted or inflicted by others. Regardless of the cause of the injury or ailment, one thing is certain: there is no predicting what will come through that entrance or how it will respond to whatever stimulus it encounters in the department.

This is a very different context from almost any other in which healthcare professionals, trainees and students teach and learn. It is one where carpe diem is most usually the order of the day. But it is also a context in which the greatest range of learning opportunities can arise. The question is of how to take advantage of them.

Houghland and Druck [2] suggest the ADDIE method – analysis, design, development, implementation, and evaluation – whereby one assesses the learner, determines the gap in the learner's knowledge, determines the instructional method, and then determines the effectiveness of the instruction. In other words, one creates a lesson plan. Houghland and Druck focus on planned teaching rather than the ad hoc opportunities that emergency medicine presents. However, the same technique can be applied to teaching on the fly; one just has to be quicker off the mark and recognize an opportunity when it arises.

Like any skill, there are those who are naturally good at it, who was perhaps taught well and who teaches well in their turn. Others are not so fortunate and neither are their learners for when, like HG Wells' Mr. Main wearing [3], they teach as they were taught, the result may be neither pleasant nor educational. Like any skill, teaching can be taught and if one is to have any idea of the quality of teaching, then it has to be taught and the quality has to be monitored, by educationists who can comment on the pedagogy without getting entangled in the content as well as by subject experts who, in their turn, can focus on content and by the learners who can comment on how it was for them. Like any skill, teaching can only be learned by practice. Principles may be learned online or from text but practice and feedback on practice are essential.

References

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