# MY LIFE AS A STUDENT TEACHER – SURGERY STYLE

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'So you're doing your research, are you?'

Numerous conversations have started that way since I began working at Furness General Hospital (FGH) in what seems to be a unique post. The general surgery community has long felt that a period of intensive research, leading to a MD or MSc is an essential component of training for a consultant post regardless of the type of work one may eventually undertake as a consultant. Though this is now debated frequently in the surgical literature, the practical realities of jumping the gap from SHO to SpR mean that most trainees do a formal research post simply to advance their careers. I was fortunate enough to enter the SpR ranks without a thesis and it was presumed that I would take a couple of years mid-training to obtain one.

The fourth year of training in surgery is designed to be 'flexible' – to allow the trainee to spend time in a post not directly related to clinical training in the UK, usually a period of research or a clinical fellowship overseas. I am spending my fourth year studying for an MSc in medical education, based at the University of Wales medical school (spending three days in Cardiff each month and working through a great deal of coursework) and working part-time, with a mixture of clinical and teaching responsibilities.

Many people have said 'you can either teach or you can't; it's an innate ability, you know'. There is certainly some truth to that. I have always enjoyed and sought out opportunities to get involved with teaching and had a fairly successful year as an anatomy demonstrator some time ago. However, as you may have noticed, medical education is being professionalised. It is a requirement of some of the new medical schools that all consultants wishing to be involved with teaching, even in a limited capacity, have to have some sort of qualification. You may not have noticed, though, that those leading the process are often not medically trained. People with backgrounds in sociology, psychology and management are directing the future of our profession. We need people who can speak their language and yet mould the new world of medical education in a way that will meet the future needs of us, the team of service providers in the community.

A period of time learning about the theoretical aspects of education has been immensely valuable. There is a world of difference between a syllabus, ie a list of subject headings, and a curriculum, which encompasses all the learning experiences a student may encounter. This may include a range of experiences, from the subtle but influential (such as advice I was given – 'Women can do surgery as long as they operate on small things like hands or children,' and 'You know, you'll never do an anterior resection operation with small biceps like those') to overt decisions, such as that to base courses on problem-based learning in an attempt to foster a questioning, information-hungry trainee. Educational theories of behaviourism, humanism and constructivism – words I would not have understood a year ago – have influenced the way I approach and carry out teaching, not by following didactic rules, but by choosing whatever seems useful for the task in hand. I have learned about managing change, designing educational media and planning assessments to influence the type of learning that goes on. Now better-informed, I can mix those things I have always instinctively done with new ideas and structures.

My new skills have had a very practical impact already. Two of my routine sessions are spent on teaching, one in theatre and one leading the formal SHO teaching programme at FGH. We have established a weekly SHO operating list. Of course, SHOs operate on the usual lists with consultant or SpR supervision but the opportunities to do so have been severely squeezed in recent years by a combination of factors. Many of the 'minor' cases are now done on waiting list initiative sessions, which are usually not accessible to SHOs. We use one of these sessions each week, limiting the number of cases to allow extra time, for the SHOs, who are directly supervised at all times. We hope to publish an evaluation of the programme, considering both the cost implications and the patients' experiences of these lists later in the year. The formal teaching sessions have been an opportunity to experiment with formats, such as using video playback self-review, concept mapping to link physiological concepts of sepsis, debating ethical and management issues of difficult cases, panel discussions and others.

Whilst concentrating on developing my educational skills, I have also had the clinical responsibilities of a flexible (part time) SpR, including one night a week on call, and am grateful to my trainers for ensuring my surgical skills do not slide. Most of my clinical sessions take place at the beginning of the week, minimising the impact of the trips to Cardiff at the end of the week, and this arrangement has allowed the flexibility needed also to work as an instructor on ATLS courses and to give lectures in other trusts.

The postgraduate dean and her colleagues would like to support individuals wishing to do something similar in the future. A new grant is being established which will allow two clinicians, working in any speciality at SpR or consultant level, to apply for support. The grant will pay for half the cost of the medical education course plus travel and accommodation. Of equal importance, there is currently a great deal of enthusiasm and political support for initiatives of this sort. The course I am taking in Cardiff was the first of its kind and is well-established, but there are now several others, leading to an MSc, postgraduate diploma or postgraduate certificate, depending on the theoretical depth the student requires. Courses can be taken over months or years and course formats vary from didactic teaching to distance learning. There is something available to suit everyone with an interest.

The future of healthcare depends on the type of trainees we produce. Clinicians should play a central role shaping the future of medical education and we need to be well-informed. I have no hesitation in recommending training in medical education.