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State Establishment "Dnipropetrovsk Medical Academy of Health Ministry of Ukraine"***ABSTRACT**

Medical teaching involves interchange of ideas between teachers-doctor, future doctors and the lecture and practical content. It refers to increase the discussion among the participants and their active involvement. This article describes the importance to promote medical teaching and the urgency of medical teaching in modern education. This article explains the main points of adequate usage of medical teaching.

Keywords: education, medical teaching, future doctor, medical school,

Actuality. Medical education is one of the most challenging courses in the world as it deals with the life of human beings. To understand and retain the medical subjects, it needs lot of hard work and proper knowledge of the basic concepts that is possible only through good teaching methods. The main purpose of medical teaching is to facilitate learning and encourage the learners to learn more effectively.

How students learn is affected by how teachers teach. Interaction between student and teacher in medical education means a dynamic communication and teamwork between a student and teacher to improve educational quality, academic success and to produce successful doctors. Interaction between student and teacher plays an important role in medical education to improve understanding the subject, academic success, quality of medical education student skills, and more opportunities to clear the student's doubts and to give the lectures to reach every student. And new society and new methods of medical teaching uses interactive teaching which involves interchange of ideas between teachers, students and the lecture content. It refers to increased discussion among the participants and their active involvement.

Modern medicine develops swiftly and is characterized strengthening of competition, that conduces to the change of requirements to preparation of graduating students of higher school. General clinical and theoretical preparation is at high enough level, but here possibility of practical activity grew short. Therefore at creation of model of preparation of specialist the use of methods of educating, assisting effective development of present for students capabilities and forming of skills of independence, thinking system, to ability to reform in swiftly changing society, is assumed.

Main material. In nowadays the principles of effective medical teaching for doctors have changed, but earlier in previous generations of doctor there was no training in specific skills that were provided. In medical education professionals often teach without any teacher training, viewing teaching as an individual pursuit.

That is why this theme is very important and vital not only for our students and of course first of all for teachers, who are doctors, because they have more responsibility than just only being a teacher. These kind

of teachers have to use effective teaching techniques which are now like a requirement for doctors, this aspect was highlighted by the general medical council [1], and can be learned and performed like any other medical skills which every doctor is expected to deliver in teaching, whether to medical students, health professionals or postgraduate doctors. And this theme is very actual in our days and all doctors have to require basic training in teaching skills.

Because being a medical teacher it more difficult process than being just a teacher. Teaching means the activities of education or instructing, activities that impart knowledge or skill. Teaching includes a great number of resources in this century. Teachers are able to effectively train students in any subject, with print textbooks, Internet resources, and interactive technology. Theories abound in our present day culture. Teachers are to assist students to be seekers of the truth, and often this means studying varying opinions to find the one most suitable for presentation. The purpose of medical teaching is to facilitate learning and encourage the learners to learn more effectively

The word 'doctor' means physician, and is derived from the Latin *docere*, to teach. The role of doctors as teachers is increasingly recognized as a core professional activity that should not be acquired through chance, aptitude or inclination alone. Teaching occurs at all stages of the medical career pathway, from formal classroom-based learning at undergraduate level through to informal training in the clinical environment. The problem is compounded by a lack of flexibility in the time allocated to teaching and the development of teaching skills, suboptimal levels of funding and support, and a failure to reward and recognize the educational contributions of healthcare professionals in the form of career incentives and financial remuneration. In the current climate, doctors are under unprecedented pressure to meet targets for treating patients and administration, and the responsibility to teach puts another significant demand on their time [1,2,3].

Have a professional obligation to contribute to the education and training of other doctors, medical students and non-medical healthcare professionals on the team, and those who accept special responsibilities for

teaching should take steps to ensure that they develop and maintain teaching skills [6,7].

With increased patient and administrative loads, and the requirement to conduct research, doctors have a number of competing demands that often mean there is insufficient time for preparation and teaching.

The teacher doctor is the information provider, the role model, the facilitator, the assessor, the curriculum and course planner, the resource material creator [5].

Teaching methods and the role of the teacher has changed in recent years. Better communication networks have made the world seem smaller. The Internet has made information accessible to everyone, students as well as parents and teachers. The result is that modern students are being encouraged to carry out more independent learning. They have the facilities to complete their own research.

This problem was studied by the scientists of all over the world such as Gage & Berliner, (1991), Foley & Smilansky (1980), Frederick (1986), Saroyan & Snell, (1997), White G. (2011), Mc Leish 1(976), Mc Laughlin K (2001), Kumar (2003), Copper (2008).

In *The Doctor as Teacher* (1999) the General Medical Council set out their “expectations of those who provide a role model by acting as clinical or educational supervisors to junior colleagues....(and)..to those who supervise medical students, as they begin to acquire the professional attitudes, skills and knowledge they will need as doctors” [1]. The General Medical Council noted that teaching skills can be learned and that those who accept special responsibilities for teaching should take steps to ensure that they develop and maintain the skills of a competent teacher [2,3]

Medical teaching of the medicine is divided into three phases, namely medical public courses, basic medical courses, specialized courses teaching mode, or collectively referred to as the foundation stage (including medical public courses, medical basic course) and clinical stage (including clinical practice and clinical practice teaching), the teaching methods used to instill traditional teaching methods based, teacher-centered, classroom-centered, textbook-centered, discipline-centered, for the purpose of imparting knowledge; emphasis on theoretical knowledge teach, contempt practical skills training operations and research capacity, resulting in a disjointed students and practice, limiting students' independent thinking and self-learning ability.

In medical education, decisions about curriculum content are often made without first determining the overall goals and learning objectives. As usual educators select a teaching strategy without a clear idea of what they are trying to accomplish, e.g., incorporating small group teaching methods without understanding what such methods can reasonably accomplish or when they can be used most effectively.

How well students learn is influenced by a variety of factors. Their own prior knowledge and motivation are certainly important. The environment can also have a profound effect on learning. Creating a collaborative learning environment is particularly challenging in medical education, as students who are admitted to medical school often have gotten there because of indi-

vidual achievement, not because they have been working in collaborative learning environments. Physicians must know how to work with other professionals and with their patients. So it is important to create a learning environment in which collaboration is encouraged.

It seems obvious but a good teacher must be knowledgeable about and up-to-date on their subject area but doesn't pretend to know it all. Do not be afraid or embarrassed to admit you don't know the answer to a question you could offer to find out the answer and get back to the student, or direct the student to where the answer may be found. And as a person the teacher try to do the next steps:

- Try to be a warm and open teacher who is approachable and understanding.
- Never make a student feel intimidated or ridiculed. Answer every question seriously.
- Continually observe the students watching out for any signs of boredom or failure to keep up and act upon these if they are noted.
- Try to be flexible in your teaching style to keep students interested. Be willing to change.
- Encourage participation throughout from all members of the group.
- Take time to help a student work through a problem in detail if they have any difficulties.
- Show empathy with the students and how they my think.
- Be enthusiastic.
- Want the students to learn [4].

As William Arthur Ward (1921 - 1994) told the mediocre teacher tells, the good teacher explains, the superior teacher demonstrates, the great teacher inspires these are the great truth of education. And inspires just only that teacher who loves his job.

And the lovers of their work can perform the lectures and practical skills in such way:

- Foremost ensure that patient care is never affected by a teaching session.
- Make the purpose and content of the session very explicit many teachers do this by outlining learning objectives e.g. “By the end of this session you should be able to”.
- Give the students signposts e.g. “Firstly today we will discuss interpreting ECGs, then you will interpret some examples from patients I have looked after, and then we will discuss some common pitfalls.”
- When teaching on a subject encourage the students to engage and think for themselves.
- Understand that within a group there will be a spectrum of previous experience and knowledge. Aim your sessions to include a range of questions and topics of differing complexity so that it includes those who are less familiar with the topic but also stretches the more advanced students.
- Try to give feedback throughout the session which is positive and encouraging.
- Consider using different teaching methods throughout the session eg power point, handouts, practical elements and case studies.
- Return to your learning objectives at the end of the session.

- Leave time for questions [4].

In our research we tried to give some examples of timeline or how to plan a teaching session for example it is to identify a subject area that would benefit the medical students. Use your own experience of what you found useful as a student, or discuss with the students to identify their learning needs.

The teacher must think about the best way to deliver a session on the chosen topic which encourages as much student participation as possible and makes the students think for themselves. This is likely going to involve various teaching methods and resources which will need to be prepared in advance. Research the topic thoroughly. Gain up-to-date guidelines to ensure you are teaching evidence based up-to-date best practice wherever possible.

Book an appropriate teaching venue. If this is going to be the ward try to gain any patient consent before the session and avoid meal times to prevent your session being interrupted.

Ask a peer or senior to appraise the session to both improve your teaching and as evidence for your portfolio.

Deliver the session- and keep to time.

Hand out feedback sheets (an example sheet is attached).

Give handouts to back up the teaching you have just provided.

Reflect on the session. Think about what went well, what didn't go so well [6].

And after the lecture and practical classes the teacher can give to each student a feedback form to evaluate his medical teaching. This feedback form first of all stimulates the teacher, and if the student know about this form the beginning of the lecture he will be more attentively and more motivated.

We show the example of the main questions of feedback form:

Date: Session: Tutor:
 How do you rate this session:
 Usefulness 1-10 (1 poor, 10 excellent)
 Content/relevance 1-10 . (1 poor, 10 excellent)
 Teaching 1-10..... .(1 poor, 10 excellent)
 Overall 1-10 (1 poor, 10 excellent)
 Do you feel more confident on the subject?
 What were the good points? [6]

These are the main questions that could be asked after the session to feel each student more confident, and become more close to them.

Medical teachers should understand the characteristics of medical students, students are learning the subject, a comprehensive understanding of the situation of medical students, help maximize student initiative. A comprehensive understanding of the characteristics of medical students, including students' learning, the learning process heavy and difficult, from reality, teaching for most students. Meanwhile, medical teachers should choose to create advantages for personal teaching methods and styles, weaknesses, there is self-knowledge, and often continue to carry out self-analysis. Choose appropriate and advanced teaching methods, such as teaching slides, television, film teaching,

PBL, SP, computer simulation teaching. And they want to do with the times, in the teaching process, according to the teaching environment, objects, teaching feedback, timing and other constantly changing, so the best control.

The use of modern ways of teaching in medical education is a powerful tool to supplement traditional teaching methods. The next generation of future doctors will automatically embrace these changes and the teachers must do the same to enlarge the potential benefits and improve medical teaching for bringing up a good qualified specialist.

Conclusion. First of all this study shows that students prefer good student-teacher relationship this is like the most important feature in medical teaching, feeling the student and his needs in education. Each student has the belief that good interaction with teachers is effective, improves their learning skills and overall knowledge. And the next important fact is that teaching methodology must be given more and more importance, especially in medical education.

In our opinion, the wide involvement of modern teaching methods to the pedagogical process in high medical school, such as interactive methods of teaching, is a significant step to the adequate changes that will directly lead to the best results of the educational process. However, we must continue to go through the development of modern methods of medical teaching. The materials that we have chosen must be contribute very effectively to the achievement of good results in learning outcomes. And at last all doctors should recognize their professional obligation to teach and Medical teachers should develop teaching skills that reflect their individual level of teaching involvement, and these skills should be regularly consolidated and updated.

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