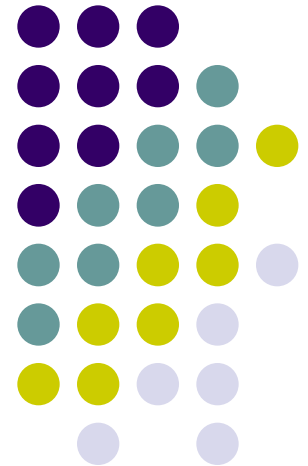
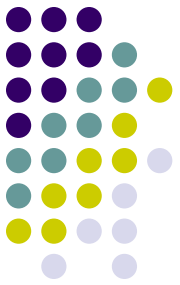
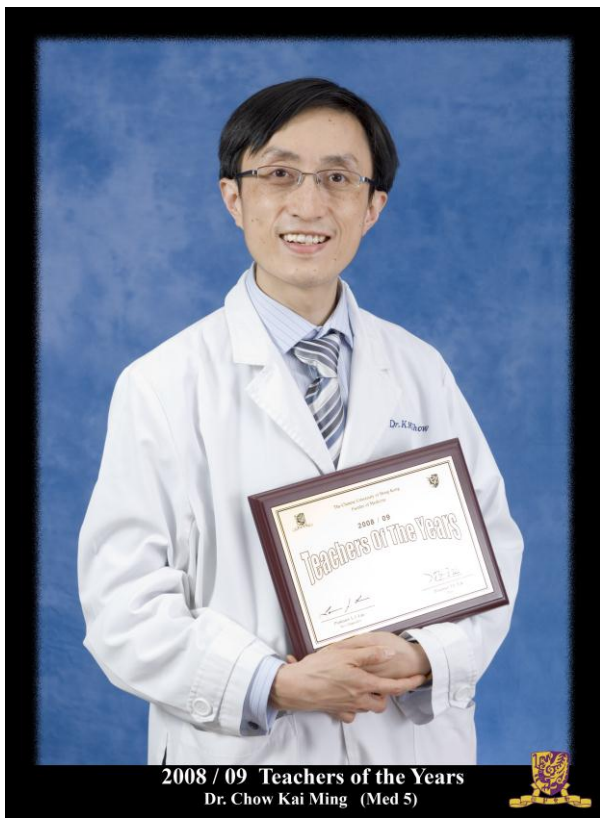


Curriculum Retreat

HA Medical Officers in Teaching







Problems of Doctors

- Workload of clinical service - little physical energy and time left to teach
- Perception that students may slow down the clinic flow (or ward round)
- “None of my business” - I am not an academic staff



Problems of Students

- Too much focus on short case examination (one-touch short case)
- Expectation of spoon-feeding style tutorial and physical examination skill teaching
- Lack of continuity - rotate among different wards every week (and not possible for them to follow up the patients' progress)

My Views (and Some of my HA Colleagues)



- Job description paradox - there are no academic staff (but many enthusiastic teachers) in peripheral hospitals
- Teaching is not a burden (but a bonus)
- Teaching style can be more pragmatic

Suggested Teaching Style



- Invite students to join service rounds (or seeing consultations)
- Let students learn from our doctor-patient communication, diagnostic skill, treatment plan and decision making (which can never be learnt from textbooks)
- Involve students directly in patient care (to make the learning more meaningful)



Why is Teaching Helpful

- When students follow our round (or clinic), we can make use of this opportunity to minimize our own blind spots (as we are more willing to study the cases in a more detailed manner while teaching)

Story of Left Shadow

