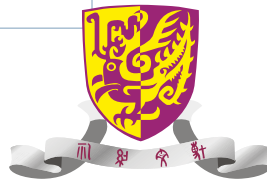


Involving Junior Medical Officers in Teaching – Barriers & Concerns

Philip WY Chiu

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A snapshot on clinical teaching in a general surgical team (2011-12)

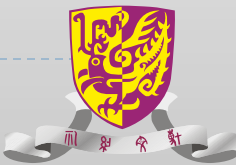
▶ Med 5 teaching

- ▶ Total number of rotations: 8
- ▶ Total number of clinical teaching sessions delivered: 89
 - ▶ OPD teaching 21
 - ▶ OT / Endoscopy teaching 17
 - ▶ Tutorials 32
 - ▶ Bedside teaching 19



▶ Med 3 teaching

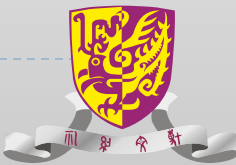
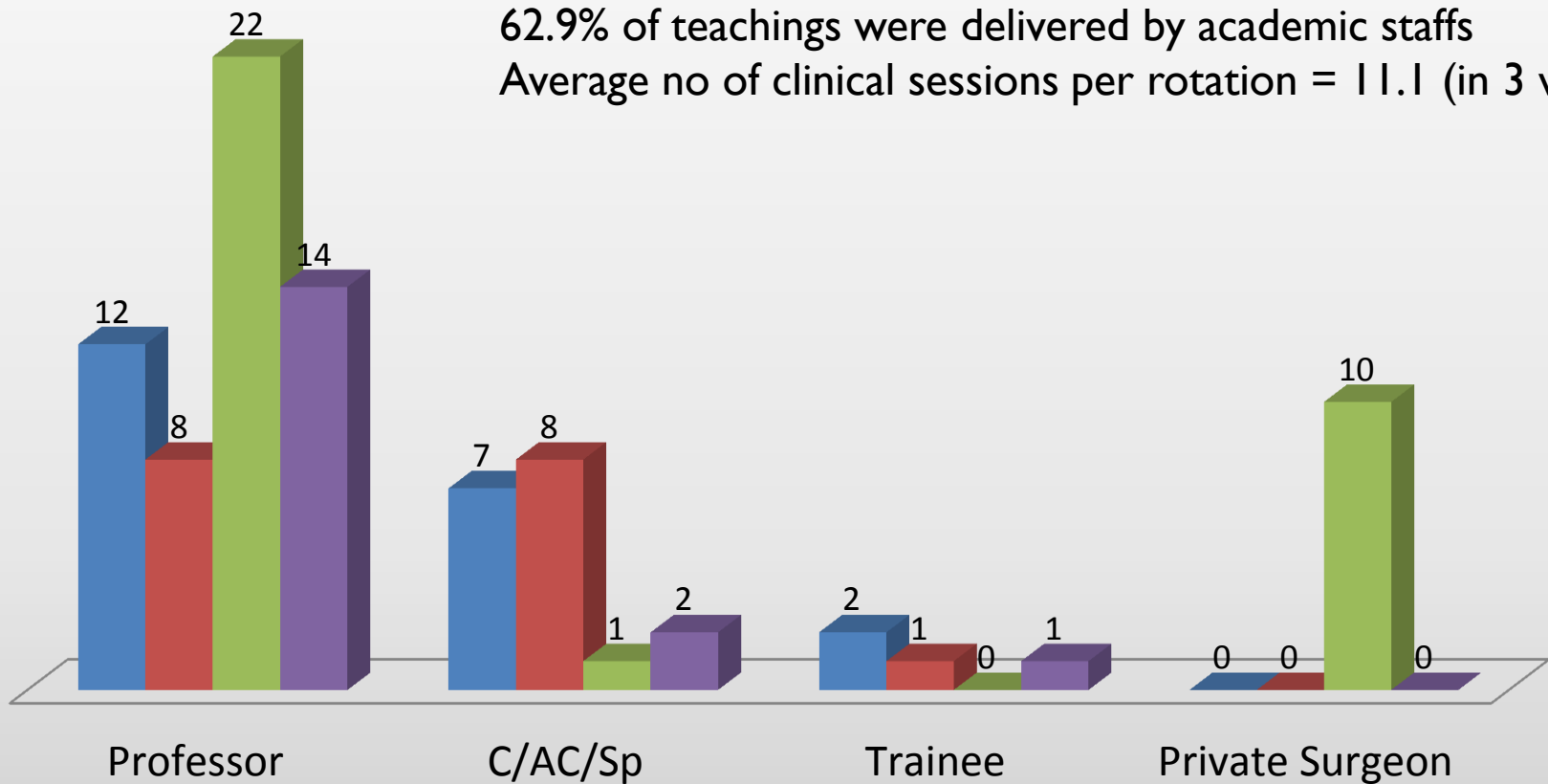
- ▶ Total number of rotations: 8
- ▶ Total number of clinical teaching sessions delivered: 77
 - ▶ OPD teaching 8 (students are not present during our general OPD session)
 - ▶ OT / Endoscopy teaching 32
 - ▶ Tutorials 29
 - ▶ Bedside teaching 8



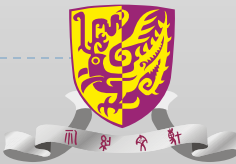
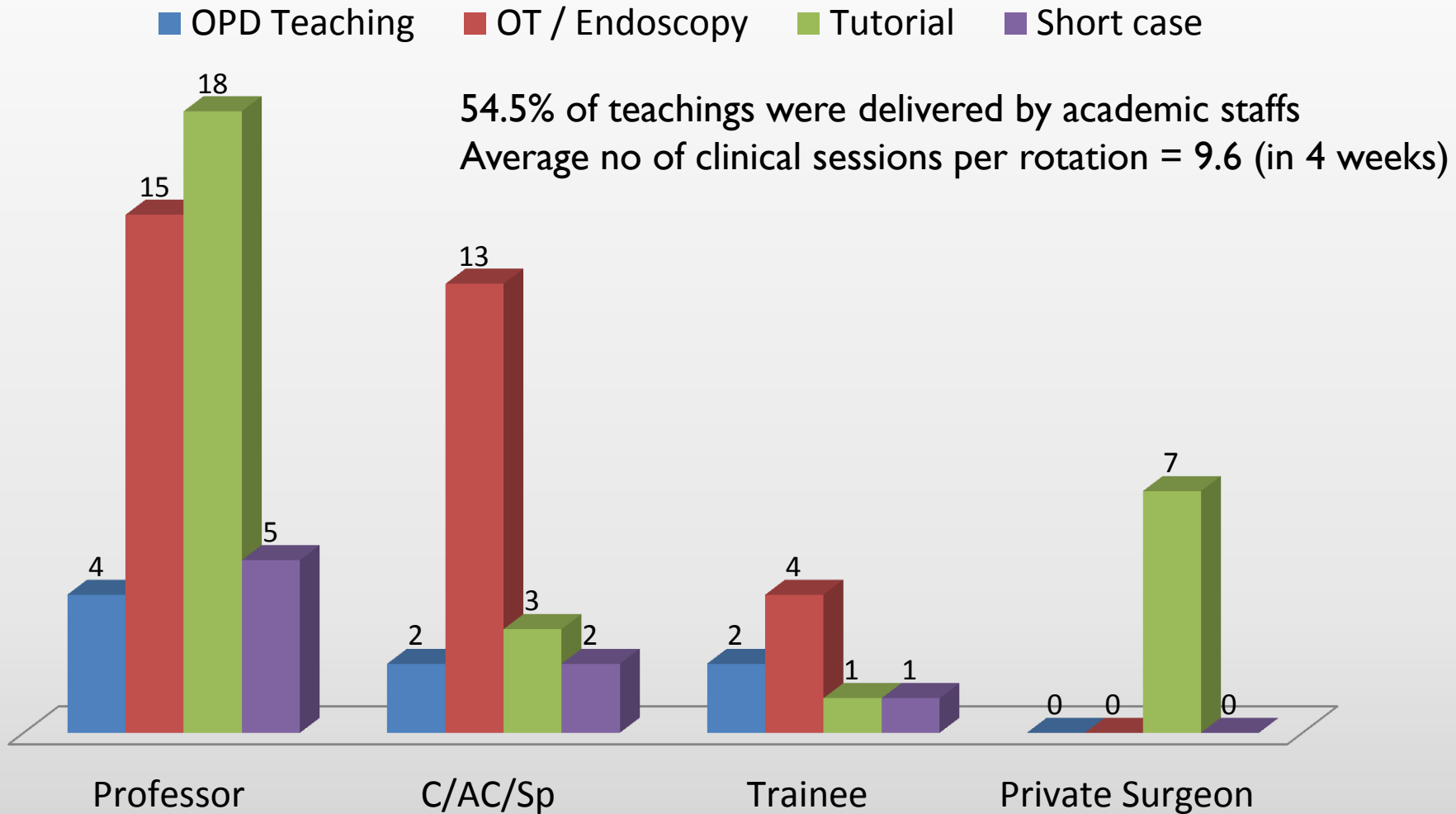
Med 5 2011-12 Team 2 Surgery Clinical Teachings

■ OPD ■ OT / Endoscopy ■ Tutorial ■ Short cases

62.9% of teachings were delivered by academic staffs
Average no of clinical sessions per rotation = 11.1 (in 3 weeks)

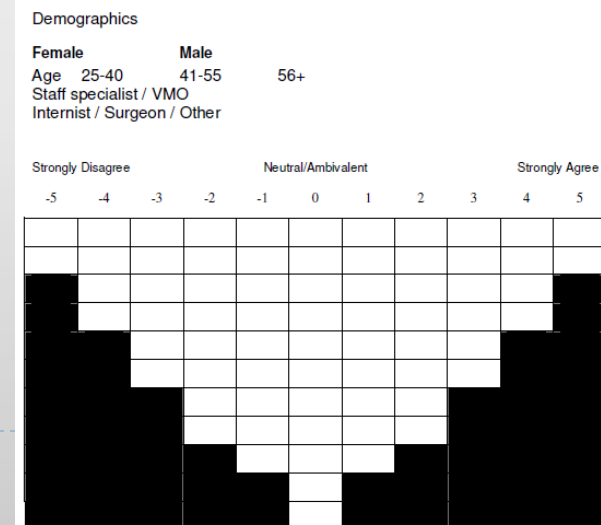


Med 3 2011-12 Team 2 Surgery Clinical Teachings



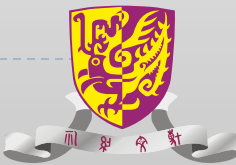
Why clinicians like to teach?

- ▶ 75 teachers at Australia National University
 - ▶ Age 30-40 = 16 (21.3%); Age 41-55 = 46 (61.3%); Age > 55 = 13 (17.3%)
 - ▶ 64% Staff specialist; 36% visiting medical officers
 - ▶ 52% Internists; 16% surgeons; 32% others
 - ▶ Arrange statements about teaching
- ▶ Factor I: “I teach because...” Positive factors (n = 68)
 - ▶ Helping students become good doctors
 - ▶ Enjoying the challenge of effective teaching
 - ▶ Valuing the presentation of one’s own specialty
 - ▶ Enjoyment of small group teaching
 - ▶ Inspiration from mentors and past teachers
 - ▶ Liking to be challenged in one’s views
 - ▶ Feeling responsible for students
 - ▶ Wanting to understand students



Why clinicians like to teach?

- ▶ Factor II: “I struggle to teach because...” (n = 7)
 - ▶ Lack of involvement in course design
 - ▶ Lack of enjoyment in teaching
 - ▶ Clinical load deterring involvement in teaching



Junior Surgical Trainees – The Situation

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Ward round & Grand round (0730 – 1000)	Ward round & Consultant round (0730 – 0930)	Ward round & Consultant round (0730 – 0930)	Ward round & Consultant round (0730 – 0930)	Ward round & Grand round (0730 – 1000)	Ward round & Consultant round (0730 – 0930)
GI cancer clinic (1030-1230)	OT (0830 – 1630)	Endocrine clinic(1030 – 1300)	OGD (1000-1300) / AHNH OGD / OT	OGD /Ulcer clinic(1000-1300)	
X-ray meeting / journal club (1300 – 1400)		ERCP (1000-1300)	Obesity clinic / AHNH OT (1400-1700)	Colonoscopy (once in 3 weeks) / EUS	
OPD (1400 – 1700)		OT (0830 – 1630)			
Complication meeting (1700-1800)	Endocrine X-ray meeting				

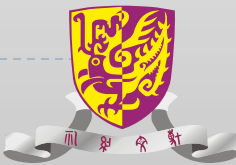
Manpower issue leading to need of more students
But more students induce pressure to teaching....

How to find time for junior MO to teach?



Near-peer teaching may be better!

- ▶ Evaluation of a revision package for final yr student for OSCE prepared by recent medical graduates
- ▶ 118 students completed questionnaire
 - ▶ Pre-course: 37.3% students did not feel confident about forthcoming OSCE
 - ▶ Post-course: 100% students felt better equipped
- ▶ 73.2% students agreed that teaching delivered by near-peer tutors was comparable to that of traditional consultant led teaching



Summary

- ▶ Number of medical students increased because of insufficient doctors in Hong Kong
- ▶ In the environment of insufficient doctors, our frontline junior medical officers are overwhelmed by intense clinical workload, it is difficult to recruit junior MO to teach
- ▶ Incentive for junior MO to teach
 - ▶ Recruitment of junior MO to design and discuss about their potential contributions
 - ▶ Reasons to teach: Better medical graduate may enhance their own clinical work
 - ▶ Teaching will enhance professional development in HK
 - ▶ Positive recognition of their contributions by Seniors
 - ▶ Recognition of contributions within their Department

