

BOOK REVIEW**“BASICS IN MEDICAL EDUCATION”**

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For those of us who are heavily involved in teaching medical students or in continuing medical education as part of our professional responsibilities, the fact that medical education is emerging as a recognised field is an exciting revelation. The truism is that, for the majority of us who are deeply immersed in our own clinical specialities and are “-ologists” of some sort, we cannot conclude that that we automatically know how to teach our own “-ology”. Anyone responsible for educating medical students and postgraduates should be informed and skilled about pedagogy, and this book provides the relevant information on the present state of medical education.

Overview

Basics in Medical Education represents a refreshing contribution to the current literature on education. Given its slant on medical education and its focus on the bare essentials, the book has lived up to what its title claims. However, the beauty of the book lies not so much on its content but on its simplicity of language and its reader-friendly style of presentation. Consistently, learning objectives are stated upfront in the beginning paragraph of each chapter while the main messages of each chapter are summarised at the end. The coverage of the book is ambitious. A wide range of topics in education are included, ranging from historical perspectives and basic educational concepts to the more specific topics of curriculum development, learning objectives, instructional methods, assessment, evaluation, e-learning and research. The approach adopted by the authors is obviously one of breadth over depth, as evidenced by the way 38 chapters are being condensed into a small volume. Understandably therefore, the chapters have to be brief yet succinct if the book stands a chance of effectively capturing the myriad of educational concepts which the readers are expected to grasp.

What is well presented

Brevity does not turn out to be a liability in this book. In Chapter 7, the authors have been able to encapsulate the ingredients of the learning cycle with a text of only about 700 words. The simplicity in which Bloom’s taxonomy is explained in Chapter 8 on Classification of Educational Objectives, makes it a pleasure to read and likely to be understood painlessly by the newcomer to medical education. However, I would love to see the inclusion of an illustrative scenario in the description of the psychomotor domain like what the authors have done for the cognitive and affective domains.

Chapter 10 on Overview of Teaching and Learning Methods, and Chapter 11 on Making Lectures Effective are other examples of effective writing that promote enjoyable reading. In Chapter 31 on Multiple Choice Questions, the examples of MCQs with hierarchical cognitive objectives are pertinent and likely to substantially enhance the reader’s understanding of Bloom’s taxonomy.

What could be further improved

Chapter 20 on Teaching Procedural Skills is another well-written piece but lacks a concrete example that effectively illustrates the principles that the authors set out to explain. In this context, I think training in microsurgery skills (surgery under a dissecting microscope) would constitute an appropriate example of procedural skills being broken up into component parts while being taught. Having personally been involved in laboratory-based microsurgery training for several years in the mid-1990s, I am aware that

standardised, graded laboratory exercises are now developed and available for training purpose worldwide. Trainees start by learning to handle the microsurgical instruments and the micro-sutures under the operating microscope. They then practice purely suturing and knot-tying procedures on cut ends of silicon tubes or cut edges of latex gloves. Only having mastered these skills would they proceed onto the exercise of dissecting and anastomosing of the cut ends of the carotid artery in the rat.

In the Preface, the authors attempt to market their book on the basis of three premises: understandability, portability and affordability. While I do not see a problem with understandability, because it is indeed the hallmark of this publication, I see the other two as weak marketing tools. In the authors' shoes, I would have chosen to market the way the content has been contextualised in this book, since this is the book's main strength.

What might be controversial

In the introductory paragraph in the Preface, the authors have touched upon an area about which I personally have some reservations:

"We reached a phase where we are not limited to understanding what is at fault in our education but we also know how to correct these faults. We have progressed from the role of problem-identifier to that of solution-provider."

While these statements represent a concerted effort to impress the readers on the pace of progress of medical education, it may not represent education fairly and accurately in terms of its status as a scientific discipline. We all agree that medical education has come a long way since the days of George Miller in the 1950s, but it does induce a sense of prematurity if one claims that we are now in the era of providing solutions. Perhaps one should take a humble step backwards and graciously call ourselves "solution-explorers" rather than "solution-providers"?

The issue of non-availability of suitable books on education for the medical reader is highlighted in the Preface. It is uncertain if the issue is more apparent than real. As a frequent library visitor, I do come across many education texts in both University as well as our public libraries locally. However, these books are generally not written in the context of teaching Medicine and therefore do not appeal to most medical professionals. The medical community is known for being insular. As doctors, we like to perceive medical education as a unique specialty rather than a generic knowledge discipline that is adaptable to the special context of Medicine. Perhaps non-acceptability rather than non-availability is the issue here.

What is inappropriate

The following paragraph on page 66 merits the readers' attention. The first sentence contains a factual inaccuracy which the authors use as a premise to support their argument in the second sentence:

"The Chinese character for "change" has dual connotations to it: on the one hand it means "danger", on the other hand it also means "opportunity." During a change in an educational organisation it is up to the initiator of the change process to determine whether the change would turn out to be an opportunity or danger. With clear understandings of the underlying principles of curriculum and proper planning of the change during curricular reform, it is more likely to be an opportunity for the medical teachers to create a nurturing and supportive learning environment."

The truth is that the Chinese word for "change" (改变 *gai bian*) does **not** have dual connotations of "danger" and "opportunity". The first character 改 (*gai*) implies "change", whereas the second character 变 (*bian*) implies "transition". Taken together, the composite word refers to "change" or the "change process".

Conventional management wisdom has taught us to use the dichotomy of *opportunity vs threat* to describe strategies that help people manage the emotional trauma of change. It is not appropriate to apply the notion of *danger vs opportunity* in this context, and the reason is self-apparent in the next paragraph.

As far as I am aware, the obvious word in the Chinese language that has dual connotations of "danger" and "opportunity" is the word for "crisis" (危机 *wei ji*). The first character 危 (*wei*) means *danger* and the second character 机 means *opportunity*. As the readers would have guessed by now, the usage of the dichotomy of *danger vs opportunity* would be more apt in the context of *crisis management*⁽¹⁾ rather than change management.

What could have been done differently

Given the large number of short chapters in the book, the reader's difficulty in grasping the big picture would increase. It is pertinent that there should be a way of displaying the content in a more manageable manner. The use of sections to group the chapters is one way, but its use must necessarily be parsimonious. Eleven sections are far too many and four to five may be just right. The designation of single-chapter sections on subjects like the Internet and Research does not add value. It may be more useful to group these chapters together to yield a more compact image for the book.

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