Adapting teaching to the 21st century

USING DIGITAL TECHNOLOGIES TO MAKE LEARNING MORE EFFECTIVE

Dr Namita Panicker
Over the next 15 mins...

- My Background
- Educational design
- Changing the existing teaching format.
- Feedback and going forward...
What do I do?

- Clinical teaching fellow at WMUH (Chelsea and Westminster NHS trust).
- Teach and organize teaching for Imperial College Medical students on their clinical attachments at WMUH.
- Create/run IPL sessions with undergraduate medical and nursing students
- Medical education research
My Focus

- MBBS syllabus – vast; limited time allocated to formal classroom learning.
- Passive learning → Active learning
- My Students – ‘DIGITAL NATIVES’*
- Learning theory – CONNECTIVISM (Siemens, 2004)

* Prensky (2001)
Module design

- Topic – Vascular Surgery
- Theory heavy subject
- Limited – 1 hr classroom time

30 students – Groups of 6, with 1 elected leader/facilitator

1 week prior - Clinical cases with pictures and guiding questions (ILOs)

Students present their solved cases and teach on the related topic during classroom session

Mentimeter quiz to assess
Case 4

70 year old lady, Mrs Claire Delaney presented to the foot clinic with history of - Painless ulcer that has been gradually increasing in size and depth over the right sole (below the big toe) – 3 weeks;

Pmhs - k/c/o DM type 2 and Essential Hypertension – on oral medication. There is planned review with her GP for poorly controlled DM.

FH: Mother had DM; Father passed away of MI.

SH: Ex-smoker – stopped 5 years ago- previous to which she smoked ~20 cigarettes a day for over 50 years; drinks a glass of wine daily.

Lives independently – has a healthcare worker visit twice weekly; is generally active, but, mobilises with a stick.

O/E: HR 68/min, regular; RR 14/min; BP 142/90 mm of Hg

Lower limb examination –

Left lower limb – warm to touch; peripheral pulses felt normally; light touch and pain sensations felt normally in all the dermatomes of the limb

Right lower limb- warm to touch; femoral; popliteal; dorsalis pedis ,ant. Tibial and post. Tibial – felt normally; pain and light touch sensations impaired over L5 and S1 dermatomes
Elements in my design

- Active learning
- Problem-based learning
- Flipped learning
- Peer instruction
- Blended learning
• Observations and Reflections

• Going forward...
QUESTIONS?

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Please contact me if you want references