LECTURING IN MEDICAL EDUCATION.

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ABSTRACT

Undergraduate medical students attend more lectures than they see patients. Lectures provide an entree into a difficult topic, different perspectives on subject, up to date resume of research and relevant clinical and laboratory experience. They also provide hints and guidelines on how to learn a topic or a procedure. (Rawal Med J 2006;31:36-37).

INTRODUCTION

Every lecturer has at least one style of lecturing and those who are more discriminating have different styles based on their perceptions of different classes and audience. Five styles of lecturing have been identified through cluster analysis of the responses of lectures to an inventory and then validated by direct observation.¹ These include oral presentations that do not use blackboards or overhead transparencies to outline main points, Visual information givers using visual aids, Exemplary performers who are confident, well-structured and able presenters, Electric lecturers, who use a variety of techniques but lack confidence in their lecturing power, and amorphous talkers, who are over confident, but ill prepared and vague.
DIFFERENT METHODS OF STRUCTURING LECTURES

Five different methods of structuring lectures have been described. The classical in which a lecture is divided into broad areas and then subdivided. This is the easiest method of structuring lecture. The problem centered, where a problem is outlined and various solutions are offered. This method is of clinical interest of the students. The sequential, where a question is presented, followed by a chain of reasoning which leads to solution or conclusion. Many students easily lose attention when using this method. The comparative, in which two models or perspectives are compared. It is done visually. The thesis, in which an assertion is made and then proved or disproved through a mixture of arguments.

LEARNING FROM LECTURES

Students learn from lectures by listening, observing, summarizing and note taking. An explanatory model with key features of intension, transmission, receipt of information and output has been proposed. Intention of lecturer may be based on broad purposes of coverage, motivation and understanding topics. Student intention may be based on broad purposes of notes taking, acquiring information and developing interest. Transmission means sending information verbally and nonverbally. Receipt of information by student will be determined in parts by what they already know, what they are interested and what arises their levels of attention. Messages that are received are filtered and stored temporarily in short term memory. Output is reaction to lecture and lecturer, and if reaction in positive, the students makes notes of lecture and will ask questions if he gets more interested.

SKILLS OF LECTURING

Preparation of lectures should take account of knowledge of learners. It must posses specific purpose or outcome and provide a sequence. Contents of Lecture should be based on essential principles and a little rather than more details be included as students
recall and understand better presentations.\textsuperscript{2} \textit{Organization of lecture} is required so as not to overload or provide periodic summaries during lecture. \textit{Explaining} is a key skill, which creates understanding in the learners and clarifies topics of interest. \textit{Use of Audiovisual aids} is important in medicine but sometimes produces mental dazzle and sleep. \textit{Responsiveness to audience} is often neglected and includes monitoring audience, reading their reactions and responding accordingly. \textit{Summarizing and narrating} a story of a patient regarding topic to develop understanding of the students is very helpful.

**GENERATING INTEREST IN LECTURE**

To ensure adequate teaching, a detailed protocol consisting of teaching goals, preparatory materials (lecture handouts), time schedule for lectures and chronological description of steps included in lecture should be followed.\textsuperscript{5} It is important to show your own interest/commitment to the topic by being expressive. Techniques to encourage audience participation include questioning, brainstorming, small-group activities, role-playing, case-based examples, and directed listening. Attention should be given to posture, body movement, eye contact, and voice when speaking, as how one appears to the audience will have an impact on their reaction to what is presented.\textsuperscript{6}

**INTERACTIVE LECTURING**

Helping the learners to frame their own learning objectives, encouraging interactive sharing of ideas and provide constructive feedback opportunity to them will facilitate a good relationship formation between teacher and learner.\textsuperscript{7} Examples of interactive lecturing buzz group teaching are showing a video clip to be discussed, asking the students to prepare questions in relation to date (e.g. incidence, epidemiology, risk factors, precautions, diagnosis and treatment), asking students to discuss a case briefly and towards the end of lecture asking them to review the key points that they have learnt.

**ANXIETIES OF MEDICAL STUDENTS IN LECTURES**

Marama medical school showed that the main component of anxiety in medical students are, lack of effective integration between students and teachers and also between
premedical and medical students, and overloaded curriculum and a lecture based on only teacher centered approach without any consultation from students. Students complain consisted of inaudibility, poor use of audiovisual aids, incoherence, too many details, talking too fast, not giving sufficient time to copy diagram and not providing summaries of lecture. At the same time, lecturers disliked unresponsive audience, large group of student and lecturing on topic disliked by them.

CONCLUSION

Lectures are the most ubiquitous method of teaching. Intention, transmission and output are the basis of a model of lecturing. The key skills are, preparing lectures, explaining and narrating. Preparation is based on purposes, contents and organization of lectures. The essential ingredients of explaining are clarity, interest and persuasion.

REFERENCE