

BOOK REVIEW

Understanding Medical Education: Evidence, Theory and Practice Second Edition [2014]

Tim Swanwick [Editor]
ISBN 978-1-118-47240-8
Wiley Blackwell

The editor's opening remark in the first chapter struck a chord. He wrote that medical education "is a place where institutions and professional bodies compete for political leverage, and the wheel of reform and 'improvement' revolves faster than, and often independently of, the cycle of evaluation and research".

This statement reflects the scenario in Malaysia with rapid changes occurring in undergraduate, postgraduate and sub-specialty training.

This book has 33 chapters and consists of 5 sections. Part 1 is on the foundations, providing an introduction to medical education, curriculum design, quality improvement, teaching and learning principles. Part 2 discusses various educational strategies including problem-based learning, mentoring, e-learning, and simulation. Part 3 discusses the different modes of assessment. Part 4 is on research and evaluation while Part 5 discusses staff and student development including educational leadership.

Key messages are highlighted in boxes. Some of the pearls I've gleaned included the following:

Grant [Chapter 3] highlighted the difference between a syllabus and a curriculum. A syllabus is a list of core topics of an educational programme and is a part of the curriculum. The curriculum is trickier to define. It includes a description of the training structure, the methods of teaching and learning and must reflect local needs.

Bleakley, Browne and Ellis [Chapter 4] stressed that excellence in medical education is essential for excellence in patient care.

Freeth [Chapter 6] introduced the concept of inter-professional education where multidisciplinary teams learn from each other to improve the quality of care.

Gordon and Evans [Chapter 16] proposed the learning of humanities (e.g. philosophy, history and literature) to deepen understanding and foster empathy of human sickness and disability.

Boursicot, Roberts and Burdick [Chapter 21] argued that the traditional long and short case clinical examinations are unreliable for assessment as they are unstructured. The Objective Structured Clinical Examination (OSCE) to assess specific clinical skills is more reliable for assessment of clinical competence.

Steinert [Chapter 32] pointed out that medical education is a community effort which requires public and private collaboration.

McKimm and Swanwick [Chapter 33] emphasized that educational leadership is about leading change by setting new directions.

This 506-page book published by The Association for the Study of Medical Education (ASME) has 59 international contributors. It's an eye-opener on the principles and practice of medical education and is a must-read for all medical educators.

Sharaf Ibrahim
Department of Orthopaedics and Traumatology
Faculty of Medicine
Universiti Kebangsaan Malaysia
Kuala Lumpur
Malaysia