

A number of approaches to education

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This issue contains articles that look at education—of both doctors and patients—and some of the tools, new and newly invented, to use in teaching.

Those of us from the generation for whom typing with thumbs does not come easily may not use some of the new Web 2.0 technologies to look for answers, communicate ideas, or collect information—but we should. We need to venture into the world of Wikis, blogs, and RSS because the doctors who succeed us are already relying on those methods, and so, more and more, are patients. Lozeau and Potter offer a nice review, still available for those of us who like to hold journals in our hands when we read, of what is going on in the rapidly changing Internet world (Medical information and the use of emerging technologies. *WMJ*. 2009;108[1]:30-34).

The doctors' dining room in the hospital full of ideas and opinions has been replaced with a much larger venue, where opinions are offered by colleagues around the world (blogs) working together on a common idea in virtual collaborations (wikis) and our own particular interests are substantially enhanced by a "reader service" that we control (RSS feeds). And we can watch those Continuing Medical Education presentations that we had scheduling conflicts with by using either podcasts or computer

video at a more convenient time. Find a medical student and ask for a tutorial about all this. For them, it is intuitive. In turn, they may ask you about how "transistor radios" and "record players" worked.

Hoeg and colleagues trade human ingenuity for high technology to describe a wonderful method of teaching students ophthalmoscopy (Evaluation of a tool to teach medical students direct ophthalmoscopy. *WMJ*. 2009;108[1]:24-26). While "virtual" ophthalmoscopy undoubtedly exists on the Web, this article describes how easily available canisters and some photographs proved a fun, reliable, and accurate way to get more students to gain confidence with eye exams before trying them on patients. It reminded me of one of my favorite articles from years ago that described using fruit to teach colonoscopy (Empkie TM. Another exciting use for the cantaloupe. *Fam Med*. 1987;19[6]:430). Sometimes low tech is better.

Ever since the Institute of Medicine's first report on medical errors, educators have advocated for transparency with patients and families as a way of decreasing misunderstanding and perhaps more constructively dealing with errors. Keller and colleagues report success with third year students, using a combination of didactics and role-play (An effective curriculum for teaching third-year medical stu-

dents about medical errors and disclosure. *WMJ*. 2009;108[1]:27-29). One can hope that the openness of students talking with patients after this exercise persists into their clinical careers. Also, using this curriculum with practicing physicians would be an important step to making sure that student openness is reinforced in their clinical rotations. Including first and second year medical students in research ensures that their curiosity about people, communities, and clinical work will continue as clinicians.

The essays in this issue of the *Journal* from the students who had summer internships sponsored by the Wisconsin Medical Society Foundation are well worth reading. For students, who spend the vast majority of their first year in classrooms, a chance to work with investigators in clinics and communities is a wonderful opportunity to try out the reasons they chose medicine. This commitment to support students is another important component to their education.

And finally, Salmon and colleagues' important study of the reason that Wisconsin parents either refuse vaccines or question their value for their children should make us all examine both the way that we educate parents and our ability to listen to their concerns (Parental vaccine refusal in Wisconsin: A case-control study. *WMJ*. 2009;108[1]:17-23). What the

authors call “non-medical exemptions for philosophical reasons” has increased in Wisconsin over more than a decade. The parents who refused some immunizations are talking with others and looking more widely for information than parents who adhere to immunization schedules. Those same Internet resources that we use for our education are being used by others, such as parents, to find information that might support a different point of view.

The Web is an open source for opinions and beliefs. The issues raised in Salmon’s study challenge health professionals and groups that advocate for additional immunizations to clearly understand the risk/benefits that parents see and take those into consideration. We need to be educated by our patients and do a better job of educating them if we are to protect children against preventable illness.

Wisconsin Medical Journal

The mission of the *Wisconsin Medical Journal* is to provide a vehicle for professional communication and continuing education of Wisconsin physicians.

The *Wisconsin Medical Journal* (ISSN 1098-1861) is the official publication of the Wisconsin Medical Society and is devoted to the interests of the medical profession and health care in Wisconsin. The managing editor is responsible for overseeing the production, business operation and contents of *Wisconsin Medical Journal*. The editorial board, chaired by the medical editor, solicits and peer reviews all scientific articles; it does not screen public health, socioeconomic or organizational articles. Although letters to the editor are reviewed by the medical editor, all signed expressions of opinion belong to the author(s) for which neither the *Wisconsin Medical Journal* nor the Society take responsibility. The *Wisconsin Medical Journal* is indexed in Index Medicus, Hospital Literature Index and Cambridge Scientific Abstracts.

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