AN EDUCATIONAL SERIES

An educational series: introduction

M Davis, D Kilroy

In this series we explore some issues of relevance to the medical profession as it examines its role in medical education

There is increasing interest in the way in which the medical profession is examining its role in educational matters at both the undergraduate and postgraduate levels, and in continuing medical education. The emergency department provides unique opportunities for clinical learning and plays an influential role in the medical education of students and junior and senior doctors. The pivotal role of emergency medicine in the reforms of Modernising Medical Careers reflects recognition of this importance by the Department of Health. In this short, three issue, series we explore some topics of particular relevance to the specialty. The papers we present reflect interests in the community organised into three main strands:

- issues or potential arising from changes in provision determined by government thinking and policy making,
- the challenge of new technologies, whether e-learning or the use of high fidelity simulators, and
- the more parochial, reflecting the work based practices and the educational opportunities that can arise from these.

The emphases of these three issues, therefore, will switch from the national, to the virtual, to the local.

Strand 1 explores some national issues. McGowan opens the section by rehearsing some of the implications of Modernising Medical Careers (MMC). Harden offers an overview of MMC and some of the other themes and concerns that have emerged in recent years. Brown takes a look at some of the thinking behind changes to the

membership and fellowship examination that have emerged as a result of a number of pressures, both internal to the College of Emergency Medicine (CEM) and from other sources. Current work is being undertaken that will explore this further following investigations at a recent Fellowship diet in Glasgow undertaken by Davis and Brown and by a group centred at John Radcliffe Hospital in Oxford. Both of these studies will support college based developments in the examinations and all of these will be reported in future issues of *EMJ*. Newton explores the educational needs of associate specialist doctors at a time when, because of other changes to systems, their needs and aspirations are of renewed importance.

Strand 2 (the virtual) offers three papers that explore the potential of new technologies. Lloyd, Kendall, Meeke, and Younge examine the use of high level simulators from the perspective of the trainer rather than the trainee. Ashton and Bhati explore the use of remote technologies and their contribution to programmes being delivered to trainees who are distant in both time and space. Their examination of the asynchronous network is of particular relevance to work based learning where trainees can log in at times convenient to themselves. Finally, Binks and Bengier look at the contribution of telemedicine to the provision of safe clinical support in a geographically challenged environment.

Strand 3 (the local) examines the way in which work based learning can be offered in the context of nationally directed training programmes. Symington, McGugan, Thakore, Graham, and Gordon explore how recommendations from medical Royal

Colleges can be operationalised in local settings. Carley, Morris, and Kilroy take the Board Round as a source of potential informal and incidental learning.

From issue 2 onwards, we would welcome responses to the articles and suggestions for future studies, both in *EMJ* and elsewhere. The intention of the series is not to provide definitive answers but rather to contribute to the ongoing debate as to how best practice can be widely circulated, particularly at a time when pressures from a number of sources are becoming impossible to ignore.

The guest editors of the series share an interest in education. Kilroy is a consultant in emergency medicine with a masters degree in medical education, and is now pursuing educational research at doctoral level. Davis comes from a background in the humanities and social science, has a PhD in Teaching and Learning in Higher Education, and is an educator working with colleagues from a number of colleges and charities involved in developing CME programmes. Together they are working to continue to stimulate debate among the emergency medicine community and they welcome responses to the papers included in forthcoming issues. The second and third issues will have a responses section and where possible, we will invite original authors to respond to comments and criticisms. Our final paper will do three things: provide a comprehensive literature review of contemporary work in the field, summarise and locate the debate within *EMJ* and the CEM community, and explore the wider implications of what we have been reading. Among our conclusions will be an attempt to clarify a research agenda for the specialty which is the emergent task for 2006.

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Authors' affiliations

M Davis, Blackpool, UK
D Kilroy, Stockport NHS, Stockport, UK

Correspondence to: Dr Mike Davis, 36 Tarragon Drive, Bispham, Blackpool, FY2 0WJ, UK; mikedavis8702@aol.com

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