TITLE

The McMaster University Anesthesia Clerkship Curriculum: The Next Generation

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INTRODUCTION

Medical students can no longer count on learning all of their clinical skills on real patients due to the unpredictability of clinical exposure, diminished staff resources and medico-legal issues.¹ This paper describes how we revised the McMaster University Anesthesia Clerkship Curriculum to develop an efficacious teaching environment within the constraints of the current clinical milieu by combining clinical and simulation-based teaching.

METHODS

We renewed the clerkship curriculum by clearly articulating its objectives and underpinning it with the following tenets of educational theory: learner-centered focus, experiential learning, emphasis on “deep” rather than “surface” learning and use of multimodal teaching strategies. Simulation-based learning was strategically incorporated to enhance active experiential learning and preparation for the clinical operating room (OR) experience.

RESULTS

The curriculum design consists of a “simulation week” followed by a “clinical week”. The “simulation week” covers the principles and practical skills of anesthesia and includes hands-on workshops with part-task simulators, problem-based tutorials and lectures, multimedia presentations, and simulator sessions with a patient simulator (Sim-Man®). The “clinical week” consists of participation in the perioperative care of patients under the supervision of staff in the OR. Evaluation is based on performance in the OR, the simulation-based teaching sessions, and a multiple choice question exam.

DISCUSSION

The McMaster anesthesia clerkship represents a paradigm shift which focuses on the *quality*, rather than the quantity, of clinical exposure in improving the efficacy of teaching within today’s clinical constraints. While simulator-based teaching does not replace learning in the clinical setting, it can improve the traditional OR-based clerkship by standardizing the teaching of the curriculum, directly linking theory with practice and preparing clerks so they can make optimal use of their clinical exposure. Evaluation of the new curriculum’s educational efficacy will be the focus of future studies.

REFERENCE

1. Med Educ 2003; 37 (Suppl. 1): 1-5.