Postcards from the Fringe

AUTHOR(S):

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ABSTRACT

Fringe has always been about withdrawing from the standard PowerPoint Didactic Disaster. Are we addicted to being told how to learn? Over the years, our team has employed a wide range of styles and approaches in trying to draw us away from injections of knowledge. From shadow puppets to online games to improv, a highly mixed cocktail of success and otherwise: not all has worked, with some excruciations appearing at the worst of times. Looking back on over a decade of edgy performances, we take a fond look at some of the themes pursued, techniques employed, emergent activities and lessons learned. Some of these will be useful to future Fringe addicts... er... authors, with technical tips on how to leverage limited resources; some will be caveats of rabbit-holes to avoid. We even manage to show some examples of the impact when these sessions get under your skin, even though their original intent was definitely tongue-in-cheek. And, of course, we will continue to surprise with an infused innovation or two.
View my View - Using Point Of View (POV) with smart glasses

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ABSTRACT

Smart glasses are a wearable computer device that has been adding a splash of colour to clinical education. Smart glasses offer unique functions: voice recognition, a head-mounted screen and a Point Of View (POV) camera. Recent research tested voice recognition function on nursing students in operation theatre training where their hands must be kept sterile. The head-mounted screen was utilised to demonstrate basic surgical skills to medical students. Live-streaming displaying students’ POV provides a quantum leap to clinical examinations by eliminating the examiners’ “blind spots” and highlighting the students’ point of focus when performing a task. In acquiring procedural skills, reviewing the POV video-recording created a positive impact by augmenting self-reflection and feedback.

Our pilot study evaluated the usefulness and usability of POV in a suturing workshop for medical students. On completion, twenty-four students answered the semi-structured questionnaire that exclusively focused on students’ perspectives. The students believed the video recording was a powerful tool in self-reflection and feedback. POV live-streaming also showed a positive impact on their experience. The students shared their perspectives in a broader view such as induced anxiety, legal dispute and their innovative applications in undergraduate and postgraduate education.

It seems to me – and I hope that many people will View my View – that this new innovation can change the game of surgical education. My presentation will take the audience on a journey of cutting-edge applications of smart glasses in healthcare education in the recent years. I will share my view by live-streaming my POV during a live performance. I will, then, illustrate how the students’ perspectives, which were uniquely identified in our pilot study, are supported by the recent publications. Finally, I will share my vision that smart glasses will revolutionise the surgical training by transforming the trainees’ mundane perception of their compulsory work-based assessments.
The beetle-in-a-box: a call to stop measuring the unmeasurable

**AUTHOR(S):**
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**ABSTRACT**

“Suppose everyone had a box with something in it: we call it a "beetle". No one can look into anyone else's box, and everyone says he knows what a beetle is only by looking at his beetle.—Here it would be quite possible for everyone to have something different in his box. One might even imagine such a thing constantly changing.”

- Ludwig Wittgenstein, Philosophical Investigations §293

In this Fringe session, we will use Wittgensteins ‘Beetle-in-a-Box’ as an analogy, in which the beetle is symbolic for private, personal and invisible experiences. Aspects such as reflection, empathy, personal growth, the shaping of an identity are important in medical education, yet are impossible to measure or assess: they are beetles. We cannot see other people’s beetles, we can only talk about them.

We will share with you our concerns when we see researchers aiming to describe & study beetles and when we see educators judge the quality of students’ beetles. Beetles such as empathy, reflection or professional attitude are treated like they are the same kind of beast as measuring blood pressure (skills), or producing the correct answers on an exam (knowledge), yet they are fundamentally different. We call for the medical education community to stop measuring the unmeasurable and to leave students’ beetles alone!

We will argue our case with live experiments in which we will playfully assess the audiences private experiences. Are they hungry? Are they happy? Are they tired? Are they in love? Are they inspired? If so, how can we tell? Come and watch us while we attempt (and gloriously fail) to study and judge audience members’ beetles.
The human voice tells a story about our experiences in life, the culture(s) we carry with us, and the body that speaks. We judge (and are judged by) the voice. The voice reveals cues about who we are. Voices fill the air of medical classrooms both by present and non-present agents. However, are we cognizant about the way voice influence us in daily life and in the medical educational setting? Based on my book (Stemmen. 2019. Aarhus University Press), I will tell a story about the cultural-historical psychological aspects of voice. Speaking and playing sound clips, I will illustrate how we believe we can infer personality traits from a voice e.g. in selection processes, patient communication, and personal situations such as partner choice etc. Drawing mainly from rhetoric, psychology, medical humanities and phonology, I will illustrate how the natural voice is a myth. What we think we have heard and hear in a voice depends very much on cultural context, although we also try to infer very much about the innate nature of the speaker. Based on evidence, I will speculate how our perception of voice evolved as soft- and hard-wired. Finally, I will consider the relevance of the voice to medical teachers. The voice is an all-pervasive yet illusive phenomenon, so much more than an instrument, and less than a new secret about teaching. Come and train your sensibility. The presentation will cover: A mixture of sound clips, photographs, and a PowerPoint. The aim is to describe how the voice is a product of culture and biology in order to raise awareness about our own and others’ voices.
Hacking Med Ed - A comparison of innovating medical education to running a startup

AUTHOR(S):

- Cynthia Sin Nga Lam, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong (Presenter)

ABSTRACT

Education researchers v.s. Entrepreneurs - both lose sleep over worrying about whether any funding comes through; both lose sleep being too excited about funding coming through. Innovate, sustainability, agile, multi-stakeholder, technology-enabled - yes, we share a lot of buzzwords. Running an education research v.s. Running a startup - both evidence-based yet highly unpredictable. There are so many similarities between innovating medical education and running a startup, yet also so many differences. My name is Cynthia, and I am a rookie social entrepreneur, medical education researcher and a TEDx speaker. In this fringe presentation, I will draw from my experience in these different roles and share how combining the hat of an entrepreneur’s with that of an education researcher’s can be a good idea. I will start by asking the audience to illustrate the distinctions between the two with me - literally, as I will be drawing the differences out. Then I will probe deeper into the differences that carry a significance. For example, entrepreneurs talk about pivoting a lot more than educators do - is it a matter of differences in nature, or should educators start considering pivoting as well? Entrepreneurs communicate very differently from researchers - how can we learn from each other? Entrepreneurship and research should both start lean, but one has got a more structured way of doing so - what can we infer from that? In this session, we will explore how methodologies and theories adopted by entrepreneurs can be modified to become a useful tool for educators and researchers to innovate medical education with. In this session, and in the true entrepreneur fashion of having an ostentatious slogan, we hack med ed.
Swinging Heart: music opens the door for understanding electrocardiography

AUTHOR(S):

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ABSTRACT

It is 02:00am at the emergency room and you are alone. A new patient comes in with signs and symptoms suggestive of an Acute Coronary Syndrome and you must analyze his EKG strip in less than 10 minutes from the admission. We all know the thrilling sensation that accompanies an EKG strip of an acutely ill patient - its graphic complexity, the dynamic changes, the physiology it represents... Understanding the EKG is a challenge to many medical students and the stakes are high: the correct interpretation is lifesaving, but a mistake can be fatal. But why is it so hard to decipher an EKG? Could we start to introduce the different heart rhythms and their EKG expressions earlier in the undergraduate medical education curriculum? We want to give it a try. Ok, lets set the metronome at 100bpm and start the journey through some rhythm disturbances and arrhythmias. With our playlist, we invite you to create new connections between what you see, listen and feel. Maybe you will only recognize the name of the artists or the song, but the harmony of this activity will develop a friendly atmosphere to guide you through electrocardiographic taxonomy or even further: to medical diagnosis. Record these tracks in your mind until the next night shift. Shall your favorite song lead you to the diagnosis? Let’s find out!