ELECTIVE (SSC5c) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

There has been enormous advances in technology over the past few decades but despite this, it could be argued, medical education has remained untouched and unaltered at large even in a country such as UK. many of it's features has of course been implemented in the course, such as the use of computers and having the ability to render images and videos which were previously only described and drawn by collaborations between doctors and artists such as Henry Gray and Henry Vandyke Carter which gave birth to Gray's anatomy textbook. but despite all these, it could be argued that the rapidly progressing technology is out pacing any implementaion of it in medical education.

there are great difficulties in implementing any of these advances in medical education however. these difficulties are usually more than what you would expect for any other course and this could be because these courses are well established and are tightly regulated as they are dealing with human life. and as a result such implementations require a lot of time and energy to be put in for a small step. i witnessed this as we tried to implement a simple streaming system from a surgeon's point of view. the difficulty here was not only the technical aspect of programming an application that could deliver such seamless experience, but the fact that a lot of consenting and other paperwork needed to have been done to just get the system running. and yet it would still have not been implemented directly in the medical course though it could of course be used as something in conjunction with the established learning objectives and lectures.

having worked for a showcase of the streaming technology from the surgeon's perspective in Dubai, it was evident that though there is a need for such things in other countries, there are greater obstacles on the course that are not considered much at all here in the UK. things such as the access to the hardware or to the could that would be required for these streaming sessions even if the appropriate hardwares were to be purchased. such differences mean greater workload for the implementaion of such innovations.

it is evident that use of such innovations could massively improve medical education and developing a database of all the available operations from the surgeon's point of view and having live Q&A with a surgeon could prove invalubale since currently such opportunities don't come by easily and students would have to try to get theatres and even if they do, their vision is usually restricted and they couldn't necessarily learn what they could learn potentially from those operations. having access to a surgeon's point of view on a large screen as someone else or the surgeon himself is walking you through exactly what is happening without worrying about any contamination of any reductions in the quality of care being provided for a patient is probably the best experience any student could have. granted they won't have the feeling of a theatre but they could aquire that by actually attending surgeries at a later date.

there is yet a lot to be done. i'll be working closely with the team to see through the obstacles and come up with a seamless system. after wich, we could showcase this to the medical school and illustrate how useful it would be to have this as part of the education future medical students will be getting.