Letter to Editor

Attention span and assorted teaching

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Dear Editor,

I read with interest the personal narrative titled, “Taking a pause: A narrative perspective on teaching and attention” authored by Janice Blumer.[1] In modern times, the attention spans of Gen Z students have significantly decreased, and their demand for audio-visual appeal in the classroom is at an all-time high. I believe this trend is largely due to the impact of internet and smartphone use, whether through e-sports, social media, or general browsing, among other factors. Adapting to the changing times and embracing diverse teaching methods is crucial for us to remain genuine facilitators of learning, especially in the realm of basic medical sciences.

At our institution, we actively experiment with innovative teaching methods to enhance student engagement and critical thinking. We conduct extempore debates on socially impactful topics, such as the regulation of marijuana through legalization. Additionally, we assign students to watch films relevant to the curriculum and ask them to share their reflections with their peers during classroom discussions. To further enrich the learning experience, we divide students into peer groups, encouraging them to create scenario-based questions. These questions are then randomly assigned to teams for answering, fostering a dynamic and interactive learning environment. The COVID pandemic has disrupted all sectors, including medical education, and students now receive foundational curriculum content from online resources and prefer to learn at their own pace. So, it is not surprising that they expect more interactive and engaging classroom experiences, rendering traditional teaching styles obsolete.

During current times, when technology dominates every domain, including teaching, the beauty of the author, Dr Blumer’s, approach is the successful adoption of non-tech-based approaches like Haiku writing, Skwish-toy manipulation along with a ‘mindfulness pauses’ in to routine teaching sessions.[1] I congratulate the author for their effort in making learning a joyous experience for students.

Whether through Haiku or a 55-word micro fiction, incorporating artistic expression into our professional education is undoubtedly a

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stress buster.[2] It allows us to reflect and introspect on the purpose and meaning of our actions, and sometimes leads us to contemplate the larger questions of human existence. In fact, the whole purpose of the humanities is to understand the dynamics of what makes us the way we are, and to bring about positive change in our lives.

Alongside the non-tech-based approaches mentioned by the author, cinemeducation and gamification are two trending ‘assorted’ teaching approaches in medical education aimed at enhancing student engagement and attention span. Cinemeducation involves using movie clips and videos to educate medical students and residents about the psycho-social aspects of medicine. Gamification typically involves competing with others, or with themselves, in solving diagnostic dilemmas, honing skills in virtual reality settings, or engaging in ‘escape room’ scenarios to promote teamwork. Cinemeducation effectively utilizes the flipped classroom model for small group discussions, while gamification acts as a strong motivator, keeping students' dopamine circuits engaged in learning for extended periods.[3,4]

Both cinemeducation and gamification, in their true sense, are fraught with the disadvantage of requiring more time than is usually available. For this reason, clips or trigger films, as opposed to full-length films, have come to the aid of instructors. Trigger films (TFs) are brief video clips, usually lasting 3 to 10 minutes, that are used to provoke debate, promote reflection, and assist trainees in addressing ethical dilemmas.[5] The movie clip method has been extremely helpful in engaging the affective domain of students who haven’t yet been exposed to clinics.[6] In Israel, trigger films have been employed for over 20 years to teach and illustrate the doctor-patient relationship, medical ethics, diagnostic reasoning, professional conduct, and the application of the principles outlined in the Israeli Patient Bill of Rights. These films have proven to be effective for encouraging active participation in small-group discussions.[7]

In the context of curriculum gamification, Septris is a popular game that enables healthcare providers to learn how to identify early signs of sepsis and prevent its complications in a virtual environment.[8] Pulse!! is a simulation game where players work in a virtual hospital, responding to emergency situations, diagnosing, and treating patients just as they would in real-life scenarios.[9] Surgeon Simulator is an entertaining game that offers students an introduction to the world of surgery before they begin their clinical rotations. Recently, there's been a growing trend of using clips from the game stream of The Last of Us to educate students about real-life trauma management.

Using technology to facilitate participatory learning, such as presenting quizzes on cloud-based quiz maker platforms, is an effective way to keep students engaged during lectures. This approach offers an easy change from routine didactic teaching methods and also ensures that students won’t use their mobile phones for any other purpose beyond answering the questions.

I tell my students that they are lucky to have the opportunity to learn different subjects throughout their course of study. In a single day, they attend three or four departments for course work. In contrast, teachers like us are most often confined to one subject, reading, researching, and teaching the same throughout our careers. While we typically strive to make our lectures more participatory for the benefit of students, it’s also true that we, as teachers, can alleviate the monotony of our tasks through active engagement. Adopting innovative teaching strategies not only helps us stay engaged and focused while delivering the curriculum but also enhances our job satisfaction and mitigates burnout.

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