

Balliol College Medicine: Dr Lisa Walker - video transcript

The tutor, Doctor Lisa Walker, is seated, facing the camera. The tutor's name and course subject are shown the first time they appear. The tutor answers the questions that are displayed on screen.

>> DR LISA WALKER, FELLOW IN MEDICAL SCIENCES: My name is Dr Lisa Walker, and I'm a Fellow and medical tutor here at Balliol. What that means is that I look after the undergraduate medical students and also the biomedical scientists. I'm also a practising clinician, which is fairly rare among Oxford medical tutors. My job in the NHS is that I am a consultant in cancer genetics for the Oxford Regional Genetics Service and that means that I'm responsible for cancer genetics care across a region encompassing about three and a half million people.

[Question displayed on screen:]

What work do you give to students to prepare for tutorials?

>> DR LISA WALKER: To prepare for tutorials, it can vary enormously in terms of what subject we're studying that week. A good example would be when we did bacteriology in the second-year tutorials, I asked students to select a bacterium of their own choosing, and of course lots of them did things like anthrax and plague, and then, prepare a short presentation for their colleagues. What I was really asking them to do was to talk about how this particular bacterium might cause disease and what the treatments might be, and what are the clinical features. I think it's really important within medicine to try and emphasise the clinical features of everything that we're doing, because of course the students are going to be doctors, so it's all very well learning about all the molecular stuff but actually the clinical stuff is really important. Another example would be: next week we're doing tutorials with the first-year students on cancer genetics. What we're going to do in that tutorial is that we have several family trees that are ideal for teaching and we analyse these family trees within the tutorial in terms of what the molecular mechanisms might be, what the genes might be that are mutated within these families, and then we can kind of discuss what you do for the patients, again with a real sort of clinical emphasis. Sometimes we do essays, sometimes we'll set an essay.

What we tend to do in the tutorial is, if I've given the students an essay to do beforehand, then I will always have marked the essays when we get to the tutorial and we can go through any points of misunderstanding or any points of difficulty within what they've written. Then, we can move on to do some other stuff because actually, the whole idea of giving the students an essay to do beforehand is that in a sense, they've done that work and if they understand it we can do some more clinically relevant stuff, we can move on to do some more kind of extension stuff and really talk about the more interesting stuff, because the students have already done a whole chunk of the work that we need on that particular topic.

[Question displayed on screen:]

How are tutorials structured?

>> DR LISA WALKER: What we tend to do in the tutorial is, if I've given the students an essay to do beforehand, then I will always have marked the essays when we get to the tutorial and we can go through any points of misunderstanding or any points of difficulty within what they've written. Then, we can move on to do some other stuff because actually, the whole idea of giving the students an essay to do beforehand is that in a sense, they've done that work and if they understand it we can do some more clinically relevant stuff, we can move on to do some more kind of extension stuff and really talk about the more interesting stuff, because the students have already done a whole chunk of the work that we need on that particular topic.

[Question displayed on screen:]

How do you explore ideas with students?

>> DR LISA WALKER: I think one of the things that's really important, particularly in a medical field, is that students feel free to explore a whole load of different things within a tutorial and that it feels like a safe environment for them to do so. A good example is at the moment I'm teaching medical genetics to the first years and there's an awful lot of ethical issues that are so important that the students have thought about and considered. A good example of that would be in mitochondrial disease. It is now common practice to create embryos using a three-parent technique, whereby you can use the mitochondria from one mum, the nucleus from another mum and then fertilise with sperm from dad. Exploring what the students think about that and encouraging them to have their own opinions but feel really able to discuss that in detail with their colleagues in a totally non-pejorative way. I mean, one of the things that I said to the students last week is that they need to go away and think about this stuff and they need to formulate what they think. Of course, when you're treating patients who have these conditions our job as geneticists is very much to explain to them what's legally available, and not put our own spin on it, but in order not to put your own spin on things you have to have an opinion. We need to be able to explore that really, really safely. Another great example is that we've been doing sex determination as part of genetics and we had a really interesting discussion about sex and gender and about the differences between all of those things and about what we're talking about in terms of genetics is chromosomal sex. It's not really gender and the two things might well diverge - really kind of encouraging them to kind of have a real think about that.

I suppose another great example is the tutorial that I do in second year, about HIV/Aids and the perspective that people nowadays having on HIV/Aids being completely different from when I was that age, you know back in the late 80s and early 90s, and the fact that I think the students need to have a bit more of a historical perspective to be able to understand where we've got to. We explore things in all sorts of different ways depending on what it is that we're talking about. Sometimes, we may well explore the politics of problematic funding for HIV drugs or antibiotics and antibiotic resistance and the problems that that's kind of causing at the moment and of course the fact that the big-pharma companies don't really want to fund new antibiotics because there's not an awful lot of money to be made out of them.

[Question displayed on screen:]

What do you enjoy about conversations with students?

>> DR LISA WALKER: I love the fact that they ask questions that we don't know the answer to. Particularly, I think as a geneticist you often end up in a situation where people ask questions that we don't know the answer to. I love the fact that sometimes they reach the point in a tutorial where they've exhausted what we do know and they've realised what the question is that we don't know the answer to, or they've realised that there isn't an answer to something. A great example of that is in determination as to whether you're male or female and the fact that we as females inactivate all but one of our X chromosomes, but even if you've got four X chromosomes you'll still inactivate all but one of them, but nobody really understands what the counting mechanism is, so how do you know you've got four? We don't know, and in a tutorial, the point at which the students realise that actually we don't know what the counting mechanism is, we don't really know how that works, that's great. That's really great. And also just the fact that they bring a completely different perspective.

[Question displayed on screen:]

How do students inform your own understanding of your subject?

>> DR LISA WALKER: Because I have to explain clinical genetics, medical genetic concepts, on a daily basis in the NHS to patients, I think the students sometimes do help with the things that they find difficult to understand, may be relevant in terms of explaining things to particularly my younger patients. Then there's also all of the other subjects that I teach, and having to be able to explain things to students can really deepen my understanding of something, because you can't explain something to a group of students if you really don't quite get it yourself.

[Question displayed on screen:]

What qualities do you look for and seek to develop in students?

>> DR LISA WALKER: The Oxford medical course is really challenging. There's no point in hiding that.

They need to be able to undertake a sustained amount of academic work. Oxford terms are really intense and when you have lectures and tutorials and practicals to balance, you need to be able to cope with all of that. I think you also need to be somebody who you can see the qualities of a doctor in when we interview them. So, you need to have the academics, you need to have the people skills, and you need to fundamentally be interested in people, not just see them as conditions - they're people. That's really, really important. You need to be able to think on your feet, and to me it never particularly matters if people can think on their feet and they might come out with something that's not quite right, that doesn't matter.

[Question displayed on screen:]

What is the best thing about teaching at Balliol?

>> DR LISA WALKER: The students. You know, I think one of the lovely things about being able to interview a group of students, select a group of students and then teach a group of students, is seeing those students grow and develop over the course of six years as it is in the medical course and pop out the other end as doctors is totally brilliant. We've been able to access some seriously brilliant teachers and bring them into our team here. I think the students really appreciate the fact that, you know, we do have a bunch of experts teaching the students, but they're not just experts, they're really good teachers, and

sometimes those two things don't correlate but I think they do here in Balliol, because we've been able to really build that team with the support of the College.

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