

SPECIAL COMMUNICATION

An Ideal Medical Teacher

Tabinda Hasan¹, Ibrahim Bani¹, Hussein Ageely¹ and Mamood Fauzi²

¹Faculty of Medicine, Jazan University, ²Jazan General Hospital, Kingdom of Saudi Arabia.

Abstract

Science is knowledge and it needs to be dispersed and disseminated in order to translate into an improved quality of life for the local, regional and global community. The responsibility of conveying and decoding the language of medical science into the minds of learners falls upon the shoulders of medical educators. They are the ones who pave the way in the making of our future physicians and surgeons. The functions of medical teachers extend far beyond the mere imparting of theoretical, stereotype bookish concepts or developing the routine protocol of clinical skills. Their duties include the framing of personal and professional growth among medical students, while developing among them, a sense of responsibility for themselves and the community and instilling within the medical learners, the requisite ethical standards for fulfilling the Hippocrates Oath of physicians. The expectations from the 21st century teacher of medicine are often too many and unrealistic, but they constantly strive towards fulfilling their roles. This article pays a tribute to all such persona along with highlighting some of their unique characteristics.

Keywords: medical teacher, ideal, medical education.

Introduction

The trends of medical education in the “classroom” as well as “the bed side” are greatly changing with the incorporation of new learning technologies and advocacy of novel educational approaches. The key underlying factor for this change in perceptions and practice of educators as well as learners lies in the recent “quality control concept” and the “consumer centered approach” in health care and education delivery systems. Today, we are not just satisfied with “what we deliver”, we want to know “how well we deliver” it. The role of a medical teacher is pivotal in dealing with these challenges. He/she has to deal with student over-loads and has to ensure uniform distribution of medical information among a diverse population of learners. The quality of

the teacher largely determines the successful outcomes of all the novel curricula modifications in academic medicine. Today, the teacher of medicine is expected not only to be well versed in the theoretical concepts of books or appropriate clinical skills; he/she is expected to be a technological multimedia expert as well; who can effectively operate the modern pedagogic tools of computer assisted learning, digital imaging and e-learning. How a teacher approaches the task is critical, with a proper understanding of roles, a passion for work, professionalism in the environment and appropriate skills to achieve learning objectives in completeness with the students. One can well guess that being an ideal medical teacher who can impart progressive, holistic education is a herculean task.

Discussion

Teaching is a means of offering a unique, definite, and essential social service through specialized training. This service is in the form of facilitation of learning, based on the beliefs, needs, and practices of each community and each individual (1). Teaching is considered as one of the most important aspects of the student learning process. The first principle of true teaching is that nothing can be taught. Rather, it has to be fetched out and developed from within the learner; and this is the art of a true teacher. The medical teacher is not just an instructor or a task master; he/she is a helper and a guide who fits into many different roles; all at the same time.

The numerous roles of an ideal medical teacher

The facilitator of group learning: The role of a medical teacher constantly varies in small group learning according to the stage of academic development of learners, their familiarity with the process and their maturity as a group. The teacher attends to issues of importance like equal participation of all group members, development of critical thinking, reflection, time management and encouragement of constructive feedback (2). The tutor must act as a facilitator rather than a source of linear information and fitting into this role requires some initial training or senior peer guidance. Tutors must clarify local expectations and practical details.

The trainer of clinical skills: The professional responsibilities of a medical educator are usually grounded in the areas of teaching, research and practice aimed at improving the quality of health care systems. The role of the medical teacher becomes all the more important during imparting of concepts related to medicine and health sciences. The teaching methods in clinical skills are different from the straight forward didactic lectures. The clinical skills learning is a complex process because it includes a wide spanned training in eliciting normal and abnormal physical signs, effective communication skills, clinical reasoning, practical procedures, attitude and ethics. A

useful strategic approach in this area would be small group learning, student centered interactive sessions, case based scenarios, role playing and use of patient volunteers, simulations, manikins etc. to facilitate student training. An effective tutor must create a favorable climate for acquisition of clinical skills in terms of providing a stress free environment where students can practice without fear of embarrassment and negative criticism (3).

The designer of interesting learning: A medical educator has to impart huge loads of ever evolving scientific information to a large number of students having low and high ability of understanding. The tutor has to be patient, methodical and smart enough to reach out to students of all levels of understanding. The teaching design must be interesting if it has to be effective. The key to achieving this goal is to define what is 'core' (relevant) and 'non-core' (wider aspects of topic) in the curriculum. This will highlight useful information and at the same time prevent boring, confusing or exhausting the learners. Incorporating variety in the teaching style can make even a classic didactic lecture interesting and memorable for students. This can be done by development of a structured teaching program, organizing educational strategies, providing students with an introductory overview, introducing assessment style, parallel patient presentations, symposiums etc. It can be rightfully said that a medical teacher is a performer whose role is to entrance his audience in the educational realm. The presentation skills of a teacher are pivotal in the achievement of learning goals (4). Speaking style, keeping contact with students, encouraging questions, an occasional joke, usage of computer aids, audiovisuals, flip charts, slides, lecture handouts and website can prove useful tools in this area.

The master of good communication: Effective communication is the core of a teacher-student or doctor-patient relationship. It is not an option; rather it is an obligation to the effective practice of medicine. The medical teacher who establishes open communication in the learning system is usually able to achieve most of the learning goals in completeness. Several useful

communication models have been described in literature, like the Pendleton model (5).

The survivor of daily challenges: A medical teacher often faces tight situations during the course of teaching-learning activities. These may be in the form of student interruptions like late arrivals, unexpected queries, talking or sleeping students and uncooperative or rude students. There can be technical interruptions in the form of projector, computer or power blowouts. Such situations need to be dealt with in a calm manner. It is usually helpful to arrive early for the lecture, prior familiarizing with the equipment, keeping some sort of supplementary backup and reconstructing or re-scheduling the lecture if everything else fails.

The follower of an ethical code: A good understanding and implementing of medical ethics is central to the practice of good medicine. A medical teacher is the one in whose hands lays the quality of our future physicians and surgeons. He/she trains the students not only in biomedical skills, but also in bioethical values that form a core set of morals in the humanitarian physician's profession. An ideal medical teacher, believes in the worth and dignity of each human being, recognizes the supreme importance of the pursuit of truth, devotion to excellence, and the nurture of democratic principles. Essential to these goals is the protection of the freedom to teach and learn and the guarantee of equal educational and health care opportunity for all. The medical teacher must accept this responsibility to adhere to the highest ethical standards in the pursuit of knowledge and service to the community (6). He/she must possess spiritual humility, intellectual purity and have an empathizing heart along with sound professional skills. There can be no better reward or stronger incentive for a medical teacher than developing the attitude of humanity in 'tomorrow's doctors' (7).

The "class personality": An ideal medical teacher is a role model who rules the minds and hearts of his students not out of fear and intimidation; but out of respect and admiration. The nature of such a teacher is polite,

empathizing and gentle rather than authoritative, impatient or ill-tempered. The respect earned from students is based on the rapport established between the facilitator and the student. To achieve this sort of deep impact on the learners, the roles of ranks, power-play, race, background or gender are not important. The most important aspect lays in the teacher's overall personality; that includes knowledge level, pedagogic strategy, professional, personal and social skills (1).

The eager learner: The ideal medical teacher is not stagnant and values growth of intellect and perception; with the motivation to teach and the desire to learn with an impartial, unbiased attitude. He /she learns of ways to improve skills from students and peers. This motivation is internal rather than a departmental requirement. We can say the ideal medical teacher is an eager lifelong learner. He/she is highly knowledgeable and maintains that core level of knowledge life-long. To achieve this expertise, one needs to be energetic, enthusiastic, have a good memory power and stay "up to date" regardless of age.

The ardent researcher: A good teacher continually researches and experiments with teaching strategies to find out the best way to reach for the students. He/she is flexible; in keeping what works and discarding what doesn't. The best way to learn what's really working in teaching is to provide sufficient opportunity for constructive feedback from peers and students. The watching of one's own lecturing session can also provide opportunity for self-critique (8).

The constant evaluator: An ideal teacher is a constant evaluator, not only evaluating the student's performance; but also one's own in achieving teaching-learning goals. This evaluation determines the quality of education in the long run. The medical teacher must realize effective evaluation in the context of what is to be evaluated, when it is to be evaluated and how it should be evaluated. Although discovering the perfect assessment tool is almost impossible, medical tutors need to be rigorous in the application of assessment

into professional training and continually search for experiential ways to improve it.

The technological whiz: Long gone are those days when the chalk and blackboard were the only demonstration tools available. A modern medical teacher has an access to a wide range of technological tools to embark on the program of 21st century medical education. Medical teachers need to obtain and transmit informatics skills and integrate informatics and evidence based practice to improve their quality of teaching and make it more enjoyable. Usually some professional development programs or technical training programs can be a big help for novices.

The provider of good educational climate: An ideal teacher is a facilitator who motivates the students and boosts their morale. In addition, he/she refrains from negative, offensive criticism while gently guiding the learner along the right direction. In other words, a good teacher builds the foundation for active, participant driven learning. Ideal student-teacher relationship environments are characterized by qualities such as flexibility, collaboration, mutuality, emotional investment, interdependence, and support for one's own identity. The medical teacher should recognize these characteristics and value each student as an individual person with a unique learning behavior. He/she must provide support and supervision to those under care. It is difficult to develop in students, a spirit of team work and cooperation if the environment in the medical school is competitive and comparative, rather than collaborative. Tools like the DREEM (Dundee ready education environment measure) can be used to assess the educational environment (9). The medical teacher must create an unrestrained classroom environment with the freedom of thought and doubt expression for all. Such a cheerful learning environment will enable students to learn with happiness and freedom.

The stimulator of deep learning: An ideal medical teacher identifies the nature of desired learning outcomes and follows it up by appropriately designing his/her teaching style.

This is vital for stimulating the 'deep approach' to learning. He/she inculcates in the students the power of direct use of knowledge, responsibility for their own education and the art of lifelong learning. A tutor can achieve this by letting the students understand the idea behind words, the concepts and principals involved; rather than handing out mere facts. The medical tutor can be a most powerful "recall stimulator" if he/she involves the context based association of all the senses of a learner during teaching sessions - namely; the student's vision, hearing, speech, psycho motor skills and critical thinking. Gagne's instructional design provides a useful and systematic approach to prepare students learning experience (10).

The teacher of evidence based medicine: All medical teachers must practice evidence based medicine. This will ultimately influence the learning style of students and create a new generation of evidence based doctors (11). A teacher of evidence based medicine must form good clinical questions in front of students, identify and admit knowledge gaps and specify the strength of evidence that supports clinical decisions. Such a teacher needs general qualities like good listening skills, high order thinking, enthusiasm and willingness to help learners develop.

The effective tutor: The most effective tutors are committed, enthusiastic and motivated volunteers who are accessible to their students. They possess the three A's to guide and direct the learner's journey- Able, Available and Affable. Such teachers are sensitive to the needs of medical students and have a genuine desire to help their students develop into professional, competent doctors. To fit into this role, one needs to identify the key areas of student concern, namely; academic, career, professional, personal and administrative. Tutors, if they are to be successful, must be perceived as credible and dependable by the student body right from the start of their interaction. Usually all that is required for fulfilling this role is a good listening capacity and enough trustworthiness to handle confidential information appropriately.

Education in medicine: The importance of relationships

Relationships hold a central position in medical education and are critical in achieving favorable learning outcomes (12). Emotions play an important role in students' retention of knowledge, conceptualization of phenomena, and future behaviors (13). The literature on medical and adult education similarly illuminates the effects of relationships on learning of explicit curricular content (14, 15). The relationship that a teacher forms with his/her students will be the key source of experience that those students will draw upon when they find themselves in the role of a doctor or educator with their patients or students in future (12). These student network relationships during medical school impact on the professional behavior and choices of students in the long run (12). Hence the role of a medical teacher is phenomenal; he/she is a friend, advocate, confidante, guide and educator; all rolled into one. In a nut shell, an ideal medical teacher is one who leaves a lasting impression.

| The six key competencies of an ideal medical teacher |
|--|
| 1 Passion: Inexhaustible, committed to work and focuses on student and faculty needs. |
| 2 Respect: Understands, encourages and nurtures diversity of people, thoughts and ideas. |
| 3 Integrity: Provides a role model of high ethical standards and is honest to the needs of the profession and the community. |
| 4 Motivation: Shows care, empathy, respect for students and peers and is available as the first line of help. |
| 5 Creation of good learning environment: promotes effective communication, skilful presentation, constructive feedback, mutual trust, teamwork and strategic thinking. |
| 6 Leadership: Contributes to curriculum design, structure, teaching strategies, publications and development of new knowledge. |

Conclusion

Medical educators have a fundamental role in teaching and clearly could play an important role in conducting pedagogical research studies. Such studies will be the first steps in improving teaching and learning practices, evaluating educational programs and generating and testing educational theories. These paradigms will ultimately shape the quality of medicine in the long run.

In a concluding note, it is worth mentioning that "Good judgment comes from experience and experience comes from bad judgment". The art of teaching is a continuous 'quality improvement' learning process. Teaching is more than a cocktail recipe of stereotype skills. It is the essence of being a doctor at heart. A good teacher is one who plays an effective role of a facilitator in training students to set their goals and in providing them a compass of values along with education to guide them towards their goal. A medical teacher has the social contract to train the best doctors possible and this good teaching should be nurtured, encouraged, cherished and rewarded.

Acknowledgment

Our parents.

References

1. Ronald J M. What makes a good teacher? Lessons from teaching medical schools. *Academic medicine*, 2001; 76:809
2. Walton HJ. ASME Medical education booklet one-small group methods in medical teaching. *Medical education*, 1997; 31: 457-464
3. Ledingham I, Harden RM. Twelve tips for setting up a clinical skills teaching facility. *Medical Teacher*, 1998; 20: 503-507
4. Butler JA. Use of teaching methods within lecture format. *Medical Teacher*, 1992; 14: 11-25.

5. Pendleton D, Schofield T, Tate P. The consultation: an approach to learning and teaching. Oxford university press, Oxford.
6. Molly C. American medical education. 100 years after Flexner report. *New England journal of medicine*, 2006; 355: 1339.
7. Fulford KWM, Yates A, Hope T. Ethics and the GMC core curriculum: a survey of resources in UK medical schools. *Journal of medical ethics*, 1997; 23: 82-87
8. Brown G, Tomlinson D. How to improve lecturing. *Medical Teacher*, 1979; 1: 128-135
9. Roff S, McAleer S, Warden RM, Al Qahtani M. Development and validation of Dundee Ready Education Environment Measure(DREEM). *Medical Teacher*, 1997; 19: 295-299
10. Gagne RM. The conditions of learning. 1985. 4th edition. Holt, Rhinehart and Winston, New York.
11. Sackett DL, Rosenburg WM, Grag JA, Haynes RB, Richardson WS. Evidence based medicine: what it is and what it isn't. *British Medical Journal*, 1996; 312: 71-72
12. Paul H, Howard FS. The role of the teacher student relationship in the formation of physicians. *Journal of Internal Medicine*, 2006; 21: 16-20
13. Seabrook MA. Intimidation in medical education: students' and teachers' perspectives. *Stud Higher Educ*, 2004; 29: 59-74.
14. Tiberius RG, Sinai J, Flak EA. The role of teacher-learner relationships in medical education, In: Norman GR, Vleuten M, Newble DI, editors. *International Handbook of Research in Medical Education*. Dordrecht: Kluwer, 2002.
15. Westberg J, Jason H. *Collaborative Clinical Education: The Foundation of Effective Health Care*. Berlin: Springer, 1992.

Corresponding Author: Dr Tabinda Hasan, Faculty of Medicine, Jazan University, Kingdom of Saudi Arabia. **Email:** drtabindahasan@gmail.com

Accepted: February 2011

Published: June 2011