

What Makes a Great Clinical Teacher: Trainer and Trainees Perspective

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Abstract

The role of the master as a guide to the apprentice is one that has been at the core of medicine since its inception, but what makes this experience worthwhile? Is it the attributes of the teacher, the learner, or both? Here, those at different stages of their medical careers: student, intern, trainee and professor; discuss the qualities that a teacher must possess for optimum learning to occur. Such traits encompass far more than just knowledge-sharing, and instead focus on the relationship that a doctor fosters with his or her patient and the enthusiasm with which they carry out their work. Bestowing such qualities upon the next generation of doctors through learning opportunities is imperative for the profession to continue to improve and grow.

A Clinician's Perspective

As a medical student, then as a trainee and finally as a practising physician, clinical teaching remains the bed rock of medical education. It is an important duty, whether you consider it a sacred trust or a moral, ethical or professional obligation it is imperative to "pass the light" to the next generation

of healers. It can be a dull insipid experience or a truly inspiring and motivating learning engagement.

Throughout our varied journey of learning, through academia and clinical work, we have been in awe of medical artisans across various clinical disciplines who, by a patient-centric approach to their work, influenced and moulded generations of clinicians by lighting a noble spark that would stay for a lifetime.

The word doctor itself originates from the Latin word *docere*, meaning “teacher” or “to teach”. From the moment one enters medical school up until one leaves medical practice; there is a habit of life-long learning. First acquiring the knowledge and skills, then passing it on; teaching fellow students, medical and nursing colleagues, paramedical staff and the list goes on. “See one, do one, teach one” was, in essence, the driving force throughout our medical school learning. We were taught the theory and practice of medicine with the expectation, of then undertaking it with competence and confidence and then eventually passing it to those, that would follow us.

So what makes this “great” clinical teacher? A pleasing and graceful demeanour, a natural aptitude towards helping others, a strong commitment to learning and acquiring skills, the ability to impart the same, empathy, kindness, fair-mindedness with talent and stamina in abundance. Can this be taught or is this innate? A bit of both we think, but curriculums need to be developed at both the undergraduate as well as post-graduate level to inculcate and nurture these values.

In an ideal encounter between the learned and the learner, it is critical that expectations are laid out from the very beginning with clear guidelines given in verbal and written form. A good engaging practice is to make trainees feel welcome and inclusive within the clinical team so that they may take ownership of the patients at a level that their stage of training allows.

A good teaching opportunity is found within an ambulatory practice as one deals with a more healthy population as compared to an inpatient set up which may not be able to cope with 4-6 medical students doing an abdominal examination consecutively on the same patient. The outpatient clinic is also a good place to teach health promotion, protection and prevention, which is often overlooked in teaching.

As a clinical and educational supervisor by a process of evolution, one must appreciate the importance of “feedback”. This critique must always be sacrosanct and constructive for it can have a significant impact on those being taught and is usually well received. Always start with what was good and positive and then when looking at mistakes or slip ups, use language to uplift and improve their learning, feedback that would sustain and nurture lifelong clinical habits and character.

The current Covid-19 pandemic has transformed the way we live our lives, the way we work and the way we teach and learn. But it has also allowed people to be inventive, innovative and savvy.

Undergraduate and postgraduate teaching had initially come to a grinding halt before the working environment was reconfigured and deemed safe for imparting learning. It continues to be a challenge online as well as face to face but is tempered by the sheer sense of duty, enthusiasm and dedication of all concerned. This often negates the despondency and sense of melancholy that seems to permeate everything. It has therefore become even more important to critically appraise what we have available and how we could continue to build this vital commodity of “the great clinical teacher”.

A Trainee’s Perspective

As a trainee, I have had innumerable teachers throughout my educational journey but those that stand out possessed not only “cognitive but non cognitive attributes”. Bannister et al. describes these attributes and whilst being knowledgeable, well organised, providing feedback and direct supervision are all paramount in making a great clinical teacher, it is being enthusiastic, stimulating, encouraging and listening that truly define these great teachers.^{1,2} I have thus been drawn to those teachers throughout my studies who have inspired me with enthusiasm and whose non cognitive skills complemented their cognitive attributes. I wonder if these qualities can be nurtured and developed in tandem with innate qualities already present?

The relationship between the student and the teacher is vital to ensuring that what is being taught is being learnt and what is being learnt is being well delivered. Fred Herbert describes the essence of a true teacher - promoting learning by the questions asked not necessarily by the answers given.³ A true teacher is filled with curiosity, giving their time to those being taught and can enter the minds of the trainees.⁴ This concept is again driven by non-cognitive attributes that I believe should be the center of future teaching development programmes.

One is constantly learning in medicine, something that drew me to the career in the first place. As I have progressed from Intern to SHO and now to a Specialist Registrar it is clear to see that my role as someone learning and someone that is teaching has also changed. Even on the busiest of ward rounds when asked a question about a patient from an SHO or Intern, I must continually remind myself to be patient and encouraging and remember that I was in fact in that very position a few years ago. The COVID-19 pandemic has required us as specialist trainees to think outside the box and create virtual teaching platforms to ensure that we can maintain access to high quality lectures and multi-disciplinary team meetings. Attendance at teaching has improved from previous years as those off-site can still attend virtually.

As I progress in my training years and chart a path to a consultant’s post, I continue to be inspired by the gift of learning opportunities at the patient’s bedside or in the outpatient setting whether

structured or opportune. I have also come to appreciate that I have in fact moved unknowingly into a teacher's role with medical students and those starting on their training pathway whilst sitting in on clinics and attending ward rounds. Can I be that inspiring role model and teacher that I was lucky enough to encounter in medical school? It is clear to me that we must strike a balance between the teacher and student relationship and to continually strive to be that great clinical teacher by constantly coming back to the non-cognitive attributes that are so often needed but sometimes forgotten.

An Intern's Perspective

The transition from medical student to medical practitioner can be a daunting one. As interns, we can find ourselves overwhelmed by clinical situations that feel out of our control. It is akin to being thrown into the 'deep end'. Therefore, it is imperative that supervising clinicians are both effective clinical teachers as well as good clinicians that interns can learn from. Interns concomitantly must do their part to learn by showing enthusiasm and good timekeeping habits. The practical application of that newfound knowledge may then be refined by involving ourselves at all levels of patient care.

A skilled clinician who is also a good clinical teacher should provide opportunistic teaching in ambulatory care, ward rounds and can make a brief patient encounter a meaningful teaching experience. Pearls of wisdom can be imparted by properly eliciting clinical signs or even taking a good history that the junior clinical trainees can learn from. Trainees also learn from great clinical teachers' empathy and care towards the patients and families. As Osler stated in his farewell address to the University of Pennsylvania: *"I desire no other epitaph... than the statement that I taught medical students in the wards, as I regard this as by far the most useful and important work I have been called upon to do."*, the attributes of imperturbability and equanimity are vital to a physician.⁵ These are non-cognitive skills that could be imparted to trainees by clinical teachers.

Clinicians must insist that trainees continue to elicit thorough histories and physical examinations, all while forming a relevant differential diagnosis and an informed management plan. Trainees must provide follow up and patient care until discharge. This could well be incorporated within the teaching programme which may include didactic teaching, journal clubs, x-ray conferences, topic presentations, MDT meetings, etc. Many or all of these sessions are now virtual, and because of this, the trainee does not get hands-on training like before. This may be overcome by simulation training and learning on one's feet when the opportunity arises.

It is vital for all involved to understand that a robust academic programme is vital for all concerned when it comes to patient care and prevention of adverse events.

A Medical Student's Perspective:

Medical students are well-placed to observe the role of clinicians as teachers as they are not under the same work pressures as medical professionals. They are also in the early stages of their medical education and so rely heavily on input and guidance from clinicians. What then, does a medical student value as the most beneficial trait in a clinical teacher?

It is clear then that the attributes required to be a good clinician differ from those required to be a great clinical teacher. Medical students value observing inter-personal skills and relationship building above simply demonstrating the required medical knowledge.^{2,6} Other key characteristics include good communication and student inclusion, both of which ensure that students get the greatest benefit from each clinical interaction. Oftentimes, particularly when we are placed on large teams, we feel as if we are a nuisance. Such feelings disappear in an instant when we hear the words: “Medical students, would you like to see...?” and we are brought to the front of the group. These experiences not only increase our feelings of involvement but also increase our willingness to learn as we form memories of patient interactions that help us in our future careers as doctors.

The importance of the student-doctor relationship cannot be understated as the effect that clinical educators have on medical students goes far beyond that of purely learning, as it also influences their career choices with students looking more favourably on careers in which their clinicians were a positive role model.⁷ Although incredibly important, many of these interactions are informal and take place at the bedside, where the aim of student education is secondary to that of patient care.

These informal learning opportunities then rely heavily on the actions of the medical student, who must be adept at absorbing the clinical scenario and the patient-doctor interaction. Those students that were regarded as “good” by clinical educators were those who were enthusiastic, motivated, proactive and visible in the wards.⁶ Medical students, like their educators, must be more than simply knowledgeable to be highly regarded. Thus, the responsibility for learning lies with both the educator and the student.

The role and responsibilities of both members in the educator-student relationship is a complex one as it also involves that of the patient. Further research is needed to assess clinicians’ teaching skills that makes them able educators, who invoke wonder and awe in those being taught as well as the traits that the students must exhibit in order to enhance and enrich their learning.

Declarations of Conflicts of Interest:

None declared.

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