Dilemma in Medical Education: who is a good medical teacher?

Kemahli, S., Alkattan, W. Alkattan, K., Ganguly, P.

Abstract

Purpose: The qualities of a medical teacher are many, ranging from lecturing to role modelling and motivating students, in addition to being an expert and knowledgeable in his/her area. The present article attempts to answer certain questions to identify whether the composite of the criteria listed in the text can describe a good medical teacher.

Methodology: We compiled a list of the qualities expected from a medical teacher and suggested a grading system to guide medical schools in assessing teachers. The intention is not to define the “best”, but the “good” teacher.

Results: The grading relies on 10 criteria to be assessed by different stakeholders, thus, to give a 360° assessment. The present article describes an innovative system, where the listed criteria can be scored and converted to a scale out of 100.

Conclusion: We suggest that a “good” medical teacher should score at least 80 out of 100 with these criteria, but it may vary from one institution to another.

Keywords: Medical educator; assessment in teaching; criteria for assessment; medical school performance; grading system

Introduction

Every medical teacher has different capabilities and characteristics. Some teachers may excel in one area while the others in another. Therefore, the definition of the good medical teacher should be something beyond disciplines. An effective medical teacher has been previously defined as someone who has qualities such as congruence, unconditional positive regard, and empathic understanding (Biehn, 1976). A long list of qualities for a good medical teacher have already been discussed in many publications. A good medical teacher does not have to be the best nor excellent or average but should be someone who can be a good example for his/her teaching activities, as well as interaction with the students (Harden & Crosby, 2000; McLean et al., 2008, Sutkin et al., 2008; Singh et al., 2013; Kumari et al., 2016). Qualities expected from a medical teacher are classified by Harden and Crosby (2000) under 6 headings as facilitator, role model, information provider, resource developer, planner, and assessor. Teacher characteristics have been further defined under a variety of but similar headings (McLean et al., 2008).

Objective

The present manuscript has attempted to answer certain questions to identify whether the composite of the criteria listed can describe a good medical teacher:

1. Does qualification matter?
2. Does student feedback matter?
3. Do curriculum objectives matter?
4. Does digital teaching or use of most advanced methods matter?
5. Does easy approachability matter?
6. Do communication skills and use of humour matter?
7. Does availability of the teacher outside the class matter?
8. Does the style of the teacher (working only on concepts of the resource material- being more explanatory, more informative) matter?
9. Does assessment system matter?
10. Does creativity, interest in the subject, matter? (Homework for students)

Methods

In order to achieve the objectives as to whether they are relevant in identifying someone as a good medical teacher, the detailed methods are indicated below:

1. Qualification

The teacher should be an expert in his/her area and be able to deliver the information needed, with exceptions made for some teaching/learning activities such as PBL. There are many teachers or tutors who are loved by the students and contribute a lot to the teaching and learning environment without having any high academic title. Academic rank or title can be important, but a title does not make one a good teacher on its own.

2. Student feedback

Feedback can give valuable information about the properties of the teachers/faculty members if received and evaluated and used properly. However, getting reasonable feedback from the students is not a reliable measure for a good teacher in itself, but should in any case be taken into consideration.

3. Curriculum designing

Although curriculum objectives are defined by the related committees and should be followed by faculty members, medical teachers have the obligation of preparing course content and implementing designated methods of teaching and assessment in the most appropriate way to address the students’ needs. Thus, the way a course is designed shows the ability, knowledge, enthusiasm, and dedication of the teacher for the teaching role.

4. Use of digital teaching and most advanced methods

There is a need to be up to date with the advanced technologies and use them for teaching. Using digital teaching alone does not make one a good teacher either. Some teachers prefer using more advanced methods in their classes such as the use of flipped classrooms and some use interactive digital technologies. On the other hand, most of the teachers are lecturing using slides and some are even using the board. Although use of novel technologies can engage the students and raise their interest, it is not always the case. Therefore, using digital teaching alone does not make one a good teacher either. It should be used properly, where appropriate.

5. Approachability

Each person has his/her own character and style. Students may find some faculty exceedingly difficult to approach and may even be hesitant or afraid to approach them, though many of such faculty can be excellent teachers. Some easy approachable teachers, who are well-known to be student-friendly on the other hand, can be lacking many of the other qualities.

6. Communication skills

This has been shown to be one of the most important qualities of a good medical teacher. If there is a good communication between the two parties everything will be much smoother, and the learning environment will be much satisfying for all. If the teacher and the students are laughing at the same time to the same joke or incident it is an incredibly positive sign of good teacher-student interaction, unless it is abused.
7. Availability outside the class

Students are facing many different difficulties and problems and they frequently want to ask questions about the course or a lecture. The faculty are required to be available, at least at designated times, to address these problems.

8. Style of the teacher (working only on concepts of the resource material versus being more explanatory, more informative)

A good teacher should be able to inspire students and show them aspects that are not necessarily covered in the curriculum. This should not be misinterpreted as giving the students a lot of information above their level. A good teacher should be able to show that learning does not end when the course objectives are met.

9. Assessment

The assessment should of a course should be valid, reliable, and just. For courses delivered by a single teacher he/she can have the opportunity to know all or many of the students (depending on the class size) and assess them not only based on the exam results but their continuous performance during the course as well. Courses which are delivered and assessed by a team of faculty members, such as block, or clerkship committees have other problems and the assessment system should be more vigilant to avoid any mistakes and unjust decisions. Thus, a good teacher is someone who assesses the students reliably and/or who can provide good questions to be asked in the exam.

10. Enthusiasm, creativity, interest in the subject

Being enthusiastic for teaching and being proud of the students’ achievements is a quality that every teacher should have. No success can be achieved without enthusiasm.

Results and Discussion

The qualities expected from a good medical teacher are similar in different publications and they fit to the properties which we have listed above. The assessment of teachers is usually based on feedback received from students and to some extent on reviewing data such as teaching load, publications, presentations, etc. It may be pointed out that the present dilemma in medical education does not strengthen the contention that “one size fits all” as proposed earlier for curriculum design. The present manuscript has proposed an innovative system, where the listed criteria can be scored and converted to a scale out of 100, as given in Table 1.

The table has accounted for all criteria and would satisfy the definition of a “good medical teacher”. There are inevitable difficulties in implementing the system and pilot studies are required to assess the proposal and to re-define the system. It is suggested some parts can be assessed by the students, some by peers and/or the university administration, resulting in 360° assessment for the medical teachers. Such an effort is credible particularly if a medical school is looking for excellence as it is also evidence-based and on fixed criteria.

Conclusion

Although there are several publications defining the roles of medical educators and who is perceived as a “good” medical teacher, it is often difficult for medical schools to conclude who really is a good teacher. Several qualities of teachers are considered in the defined system. We suggest that a “good” medical teacher should score at least 80 out of 100 with these criteria but it may vary from one institution to another. On the other hand, some of these criteria may be seen as very subjective but objective definitions can be made for some.
Table 1: Criteria to judge and score medical educators. The numbers reflect the overall performance/education that one can achieve (highest) in an area based on institutional need of a given curriculum.

| Qualities                                                                 | To be assessed by | Score out of |
|--------------------------------------------------------------------------|------------------|--------------|
| Qualification                                                            | Dean/University   | 5            |
| Student feedback                                                         | Students         | 10           |
| Curriculum/course design                                                 | Curriculum head/committee | 15          |
| Digital teaching or use of most advanced methods                          | Students         | 10           |
| Easy approachability                                                     | Students         | 5            |
| Communication skills and use of humour                                   | Students         | 15           |
| Availability of the teacher outside the class                            | Students         | 5            |
| Style of the teacher (working only on concepts of the resource material- being more explanatory, more informative) | Students         | 15           |
| Assessment                                                               | Students (5/10) and university (5/10) | 10          |
| Creativity, interest in the subject (Homework/motivation for students)  | Students         | 10           |
| Total                                                                    |                  | 100          |

References

Biehn JT. 1976. Characteristics of an effective medical teacher. *Canadian family physician Medecin de famille canadien*, 22, pp 135–136.

Harden RM, Crosby J. 2000. AMEE Guide No.20: The good teacher is more than a lecturer-the twelve roles of the teacher. *Medical Teacher* 22: pp. 334-347.

Kumari KL, Laxman Rao PL, Sekhar C, Elena GK. 2016. Qualities of best medical teacher: a student perceptive study *International Journal of Research in Medical Sciences* 4(12): pp. 5436-5439.

McLean M, Cilliers F, Van Wyk JM. 2008. AMEE Guide No. 36: Faculty development: yesterday, today, and tomorrow. *Medical Teacher* 30: pp. 555-584.

Singh S, Pai DR, Sinha NK, Kaur A, Soe HHK, Barua A. 2013. Qualities of an effective teacher: what do medical teachers think? *BMC Medical Education* 13:128.

Sutkin G, Wagner E, Harris I, Schiffer R. 2008. What Makes a Good Clinical Teacher in Medicine? A Review of the Literature. *Academic Medicine* 83: pp. 452–466.