Mastering the art of teaching as a doctor and how to make it easier done than said.

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Abstract

Being a doctor is often equated to being a teacher, primarily known for passing our clinical acumen to the ones behind, at the same level, or even higher than us on the career ladder. Being a doctor offers a fantastic opportunity to build teaching abilities, be it in medical school, residency, or even after being an attending physician. We become instructors as we pursue careers in medicine. While instructors interact with students often, many teaching opportunities are lost due to several common factors, including a lack of time, appreciation, proper structure, motivation, and a heavy clinical burden. But these challenges can be overcome by adequate compensation, self-reflection, enrolling in teaching training programs, considering as a teach-back method, and for developing critical thinking ability by indulging deeper into the subject matter as and when a question arises. Using different teaching methods in our learning experiences can go a long way in enhancing individual knowledge, skills, and attitudes of our students which results in better training of the medical professionals, leading to enhanced patient care and positive outcomes.

Keywords: Doctor, physician, teacher, teaching, importance of teaching, teaching skills.

Introduction:

Whether in medical school, residency, or even after being an attending physician, being a doctor offers an excellent opportunity to develop and practice your teaching skills. As we pursue the medical profession, we also become teachers. Although professors frequently engage with students, many teaching chances are wasted because of several common reasons, such as a lack of time, appreciation, motivation, and a significant clinical workload.

3. Enrolment in training programs:

Doctors should enroll themselves in teaching training programs. The teaching techniques that medical educators build should be periodically updated and consolidated to reflect their unique level of involvement in teaching. Every doctor should demonstrate relevant teaching competence and possess fundamental teaching skills. It is vital to encourage and provide opportunities for medical academics with official teaching responsibilities, consultants, and general practitioners with leadership positions in education.

4. Fair compensation:

Doctors’ contributions to education should be fairly compensated. They should receive compensation based on their contributions to teaching, their teaching experience, and the acknowledgment of appropriate teaching credentials. Professional and financial growth should be among the rewards for doing the same.

5. Self-reflection:

After each teaching session, we should reflect on the lessons taught, your strengths, faults, and any room for improvement. Through their feedback, learners can aid us in this process.

6. More retention and critical thinking:

Teaching someone helps one better grasp the topic and improves retention. It also uses critical thinking to explain the topic and helps us find the missing links in the subject matter when we teach someone, which can also come up when the listener asks the questions that arise in their minds. It leads to further research and a deeper understanding of the subject matter.
One of my attending physicians rightly said, “You get to learn each day, even from medical students who come well versed with the latest guidelines.” So, even the attending physicians get to learn from the medical students. We will go through a few pitfalls for inculcating teaching as part of the curriculum and seek ways to avoid them.

**Challenges to inculcate more of formal or informal teaching in the curriculum:**

1. **Time constraints:**

Doctors face various pressures restricting them from teaching, including growing patient and administrative burdens, the need to perform research, and various competing needs that frequently leave little time for planning and instruction. These demands on healthcare professionals and organizations are expected to increase over the period of time as the shortage of doctors becomes worse in the healthcare system.

2. **Practical challenges:**

The effectiveness of teaching in the medical field is constrained by several practical challenges, including fewer opportunities to teach due to shorter hospital stays; patients who are too ill or frail to be taught upon; more patients who refuse to consent to be seen by junior doctors, a lack of resources, and a lack of clinical settings that are ‘teacher friendly.’

3. **Lack of proper structure:**

Although all doctors are required to teach, there are no mandatory teacher education programs, and doctors have no professional training or teaching credentials. Although the knowledge of the topic is vital, it is unacceptable to presume that just because a doctor is well knowledgeable about their field, they can effectively teach it in a formal or an informal setting. Due to a lack of acknowledgment of their position as teachers, there are issues with responsibility, quality control, and recognition.

**Conclusion:**

Being doctors, we should continue to exhibit the skills and make use of every opportunity to teach, be it teaching our colleagues, juniors, or even seniors, if given a chance. Apart from the formal teaching sessions, like morning reports, noon conferences, grand rounds, etc., various informal teaching sessions should be held regularly. We should use different teaching and assessment methods in our learning experiences, which can go a long way in enhancing the individual knowledge, skills, and attitudes of our students and for the subsequent generation of teachers. These result in the better training of the medical professionals, which will go a long way in enhancing patient care and positive outcomes, the ultimate goal of medical fraternity.

**References:**


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4. A lack of appreciation:

The time and compensation received by the doctors who teach are often scarcely rewarded. The demand for doctors to accomplish clinical care goals, manage resources, and uphold administrative processes is unparalleled. Professors are often underpaid for their teaching responsibilities and are largely hired for their research-related contributions. A doctor's appointment or promotion is unlikely to be based purely on their aptitude for and expertise in teaching. There are only a few resources available to support and motivate medical educators, and clinicians are often prevented from teaching by institutional and personal restrictions. These issues result from the profession-wide underappreciation of the value of teaching.

Importance of teaching and helpful tips to include more teaching in our day-to-day schedule:

1. Being an example:

Doctors can act as role models as soon as they start their training, sometimes unintentionally. Attending physicians who are fond of teaching are always liked by the whole team. It is crucial to support doctors who have a passion and talent for teaching or are viewed as role models. Excellent teachers of medicine should be encouraged to serve as role models for their peers, juniors, and medical students. Another deliberate action to act as a model for students is compiling a list of attitudes doctors need to adopt based on examples. For instance, we may recall a specific manner an attending physician counseled a family about nuances of a new treatment, which we can recall when providing examples to our students.

2. Professional obligation to teach:

All doctors should recognize their professional obligation to teach and take responsibility for developing appropriate teaching skills. Doctors should require employers to provide the necessary time, support, and infrastructure to adequately fulfill these obligations, which can be accomplished by inculcating it in their job contracts.

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