

# 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 skills, 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, we lose many teaching opportunities 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 a teach-back method, and 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 our students' knowledge, skills, and attitude, which results in better training of medical professionals, leading to enhanced patient care and positive outcomes.

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

## Introduction

Being a doctor offers an excellent opportunity to develop and practice your teaching skills, whether in medical school, residency or even after being an attending physician. As we pursue the medical profession, we also become teachers. Although professors frequently engage with students, we miss many teaching opportunities for familiar reasons, such as a lack of time, appreciation, and motivation and due to a significant clinical workload.

It is vital to encourage and provide opportunities for medical academics with official teaching responsibilities, and we should give consultants the leadership positions in education to motivate them.

## 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. Every program should give awards like the Trainee Teacher of the Year award for trainees and the Excellence in Teaching award for the faculty to encourage a healthy teaching environment in the hospital.

## 5. Self-reflection:

After each teaching session, we should reflect on what we taught, our strengths, weaknesses, and any room for improvement. Through 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 come up when the listener asks the questions arising in their minds. It leads to further research and a deeper understanding of the topic.

One of my attending physicians rightly said, "You get to learn daily, even from medical students who are 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 different competing needs that frequently leave little time for planning and instruction. We expect these demands on healthcare professionals and organizations to increase over time as the shortage of doctors worsens in the healthcare system.

#### **2. Practical challenges:**

Several practical challenges constrain the effectiveness of teaching in the medical field, including fewer opportunities to teach due to shorter hospital stays, patients being too ill to have bedside teaching on, patients who refuse 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 knowledge of the topic is vital, it is unacceptable to presume that just because a doctor is knowledgeable about their field, they can effectively teach it in a formal or an informal setting. A lack of acknowledgment of their position as teachers leads to issues with responsibility, quality control, and recognition.

#### **4. A lack of appreciation:**

The time spent by the doctors who teach is often scarcely rewarded. The demand for doctors to accomplish clinical care goals, manage resources, and uphold administrative processes is unparalleled.

### **Conclusion:**

As 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 enhance our students' knowledge, skills, and attitudes and for the subsequent generation of educators. It will lead to better training of medical professionals, which will go a long way in enhancing evidence-based patient care, the ultimate goal of the medical fraternity.

Professors are often underpaid for their teaching responsibilities and are mainly hired for research-related contributions. A doctor's appointment or promotion is unlikely to be based purely on their aptitude for and expertise in teaching. Not many resources are available to support and motivate medical educators, and clinicians often avoid teaching due to institutional and personal restrictions. These issues result from the profession-wide under-appreciation 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 often 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. We should encourage excellent teachers in medicine to serve as role models for their peers, juniors, and medical students. Another deliberate action to act as a role model for students is compiling a list of attitudes junior doctors need to adopt based on the examples. For instance, we may recall a specific manner an attending physician counseled a family about the 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. By mentioning them in their job contracts, employers should provide physicians with the necessary time and support to adequately fulfill these obligations.

#### **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.

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