

Notes for the Primary Care Teachers TIPS FOR THE NEW MEDICAL TEACHER

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INTRODUCTION

Many family doctors have become full-time or part-time medical teachers, either for undergraduate or postgraduate family medicine training. The first few months in teaching can be daunting. Common grouses include feeling ill-equipped in knowledge and good teaching skills. This article is our personal viewpoint and offers some tips for new family medicine teachers in coping with their new role.

TIP 1: RE-EXAMINE WHY YOU WANT TO BE A TEACHER IN FAMILY MEDICINE.

You would have asked this question even before embarking on the new role! Reasons for family doctors going into teaching include the following¹:

- o An opportunity for a more varied and intellectually stimulating career
- o An increase in self-esteem by becoming a teacher
- o A need for a change of career at mid-life
- o Loneliness and isolation working in family clinics
- o The challenge of research

Re-examining this question will strengthen your interest to pursue, and motivation for self-development in, the new career pathway.

TIP 2: KNOW YOUR DIRECTION AND FOCUS.

Pathways in being a medical teacher can be multiple: one can remain as a predominantly clinical doctor with some teaching and assessment roles; choose a more formal role in teaching as full-time lecturing in medical universities; or one can pursue research and leadership roles as a medical educationalist.²

In Malaysia, popular part-time teaching positions include being 'clinical preceptors' for undergraduate or postgraduate

family clinic attachments, as well as being 'mentors' and 'examiners' of the Academy of Family Physicians of Malaysia. Part-time teaching gives the opportunity of contributing to the training of colleagues whilst being focused on clinical work and maintaining own clinical practices.

However, for family doctors who wish to develop further in medical education, being a full-time university lecturer might be a better option. This has its own attractions, but a common complaint is having to reduce clinical work and experience.

TIP 3: KNOW THE VARIOUS ROLES OF A MEDICAL TEACHER.

Being a teacher does not mean that you are merely an information provider, but also a guide, a facilitator, a mentor, a role model, as well as a friend to your trainees.³ More experienced teachers, especially those in universities, would also need to manage academic programmes, plan courses, create resource material for teaching, assess students' performance and evaluate teaching courses. Apart from continuing with the delivery of clinical duties, conducting research and academic writing would be the other roles of university lecturers. Knowing these various roles will keep you aware of the various training that you might need to improve your teaching skills and professional development.

TIP 4: EQUIP YOURSELF WITH BASIC KNOWLEDGE ON MEDICAL EDUCATION INCLUDING BASIC TEACHING PRINCIPLES AND TEACHING AND LEARNING METHODOLOGIES.

Apart from mastering the content or specific knowledge in the area that you teach, medical teachers should have some formal training in basic principles of medical education. Medical education courses usually offer knowledge acquisition in the following areas: Curriculum development, teaching-learning methodologies and assessment methods.

Books on the basics of medical education⁴ or training courses for new teachers are abundant. These include the one to be offered by the Academy of Family Physicians of Malaysia.

Knowing some basic and universal principles for teaching do help new teachers to be more confident and relevant in their teaching sessions^{4,5}. These principles include:

- o Always be relevant to the needs of learners. Adult learners learn best (and thus better retain knowledge) when they find learning relevant to their immediate needs.
- o Identify and communicate learning objectives to learners
- o Have good planning on the conduct or structure of session or topic
- o Ensure active learning – always try to engage learners by using interactive methods that enhance critical thinking and independent learning.
- o Read and learn the content of teaching too! At least know where to direct students for further information.
- o Check the teaching-learning environment – students learn better in a supportive and happy environment

Some of the principles above have been discussed in detail in previous articles in this series (“How adults learn”, “Tips on preparing a tutorial”, “Mentoring- a personal experience”).

Medical teaching has moved from merely didactic teaching styles and is best delivered in an interactive manner. Learning and mastering different methods would enhance the confidence of medical teachers. Do learn about the best way to conduct small group tutorials, clinical teaching in ambulatory care or office practices, teaching procedural skills as well as delivering interactive lectures.

TIP 5: IMPROVE YOUR PERSONAL MANAGEMENT SKILLS.

Teachers tend to lead busy lives and personal coping strategies need to be in place as one embarks in this challenging career pathway. These include:

- o Self and stress management techniques
- o Efficient time management – acquiring skills in prioritising may help to expedite chores
- o Communication skills – teaching involves a lot of oral and written communication. Taking courses in this area may prove beneficial.

TIP 6: GET YOURSELF A MENTOR IN TEACHING.

This is normally a colleague with more experience and technical know-how in teaching. One can learn a lot by observing a mentor’s teaching sessions and learning from his or her experiences.

TIP 7: CONTINUE READING AND UPDATING YOURSELF WITH MEDICAL KNOWLEDGE.

You do not want the students to out-smart you too much!

TIP 8: BE CONFIDENT.

You do not have to know everything. Should you not know the answer to a question, admit it and encourage the students to get the answer themselves. This encourages independent learning.

TIP 9: BE INSPIRED BY THE REWARDS THAT YOU GET FROM TEACHING.

Work and the responsibilities of a family medicine teacher can be a great deal but many teachers can vouch that it is very rewarding indeed.

The presence of students in family clinics brings some change to the monotony of running a clinic, as well as keeps doctors on their toes to keep up with knowledge in medicine. Teachers also develop strong friendships with trainees, which may later turn into strong comradeship between fellow doctors.

In universities, interaction with other medical teaching colleagues can be refreshing and intellectually stimulating. It can also be a heartwarming experience to receive thank-you notes or even words of gratitude from young doctors that have graduated through your tireless efforts!

TIP 10: KNOW RESOURCES FOR NEW TEACHERS AND WHERE TO GET HELP.

There are an abundance of resources and reading material for teachers in family medicine. Listed below are some useful internet resources:

- o Society of Teachers of Family Medicine (STFM). <http://www.stfm.org>
- o Association for Medical Education in Europe (AMEE). <http://www.amee.org>
- o WWAMI Clinical Teaching Handbook. <http://clerkship.fammed.washington.edu/teaching>

CONCLUSION

From our personal experiences, being a medical teacher can be a good career option for family doctors. Well-informed decision-making and efforts in teaching skills acquisition would make teaching tasks easier – leading to an excellent and rewarding career pathway.

References

1. Goldacre M, Stear S, Richards R, *et al.* Junior doctors' views about careers in academic medicine. *Med Educ.* 1999;33(5):318-26
2. Hays R. Developing as a health professional educator: pathways and choices. *The Clinical Teacher.* 2007;4(1):46-50
3. Harden RM, Crosby J. AMEE Education Guide No 20. The good teacher is more than a lecturer – the twelve roles of a teacher. *Medical Teacher.* 2000; 22:334-47.
4. Amin Z, Eng KH. Basics in Medical Education. Singapore: World Scientific; 2002.
5. Parsell G, Bligh J. Recent perspectives on clinical teaching. *Med Educ.* 2001;35(4):409-14

Gigantic meta-analysis of observational studies

Prospective Studies Collaboration. Age-specific relevance of usual blood pressure to vascular mortality: a meta-analysis of individual data for one million adults in 61 prospective studies. *Lancet.* 2002;360:1903-13

Prospective Studies Collaboration. Blood cholesterol and vascular mortality by age, sex, and blood pressure: meta-analysis of individual data from 61 prospective studies with 55 000 vascular deaths, *Lancet.* 2007;370:1829-39

Prospective Study Collaboration is unique in many ways, among them: a meta-analysis of individual data from 61 prospective observational studies, very large sample size (close to one million patients), huge follow-up data (almost 12 million person years) and, not unexpectedly, a fairly complex statistical analysis that take into account the "regression dilution bias".

- The earlier meta-analysis, focused on blood pressure, concluded that "Throughout middle and old age, usual blood pressure is strongly and directly related to vascular (and overall) mortality, without any evidence of a threshold down to at least 115/75 mm Hg." It's finding that average blood pressure was more predictive of ischaemic heart disease than either SBP or DBP alone or pulse pressure, was challenged by investigators from Framingham Heart Study (*Lancet* 2003, April 17).
- The subsequent meta-analysis found "Total cholesterol was positively associated with IHD mortality in both middle and old age and at all blood pressure levels. The absence of an independent positive association of cholesterol with stroke mortality, especially at older ages or higher blood pressures, is unexplained." The lack of association between usual cholesterol level and stroke mortality in this meta-analysis is at variant with statin trials (cholesterol reduction led to reduced stroke rates).