

The view from here



The five 'Es' of an excellent teacher

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The Royal College of Physicians' website (http://www.rcplondon.ac.uk/college/committee/tc/personal_02_interview.htm) lists 215 potential questions at consultant interview. One of these is 'What makes a good teacher?'. When this same question was 'googled', I got 1 440 000 hits. Consider the following five 'E' qualities that I suggest make a teacher excellent:

1. Education
2. Experience
3. Enthusiasm
4. Easy
5. Eccentricity

Education and experience are the two 'Es' that underpin good teaching. It is vital that teachers themselves, through an educational process and a wealth of experience, have a good grasp of the material presented to the students. Experience alone does not equate to being a good clinician, nor does it necessarily make a good teacher. A recent article in the *British Medical Journal* looked at the subject of whether certification improves medical standards.¹ It quoted a systematic review of studies published between 1966 and 1999, which found that over half (16 of 29 analyses reported in 11 articles) showed positive and statistically significant associations between certification and superior outcomes. Many years of clinical experience are helpful, but they

need to be balanced with diligently keeping clinical and teaching practices current. One of the joys of teaching students is the effort required to prepare up-to-date and good quality material, which acts as an impetus for one's own development. Having said this, a teacher's knowledge base should not be restricted simply to his or her own subject, but also include an understanding of learning theories, e.g. adult learning theory, self-directed learning and self-efficacy, and how to incorporate these into practice.² There is an increasing appreciation that clinical teachers benefit from learning how to teach, this being reflected in a growing number of courses. One of these is 'Teach the teacher course', which aims to give participants the practical techniques,

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knowledge, skills and confidence to design and deliver one-to-one and group teaching sessions.³

No number of the most elaborately constructed PowerPoint slides can substitute the third 'E' – genuine, palpable **enthusiasm**. Enthusiasm is infectious. True passion holds the students' attention and makes a lasting impression on them. The most gripping teachers burst with an enthusiasm for their subject that cannot be contained within the classroom, but extends into the clinical environment, providing inspirational examples for their students to follow. Strong role models have a part to play even in choice of specialty among medical students. An online survey of medical students at Manchester

University, assessing factors important in making a career choice, ranked the influence of a role model eighth out of 25. It is worth noting that the influence of role models in this study was significantly more important to clinical than to pre-clinical students.⁴ Another study used a questionnaire, scoring factors according to their importance in career choice, with third-year medical students at Ninewells Hospital and Medical School Dundee on the first day of their 1-week attachment to otolaryngology. Of the factors to be ranked, teacher as a role model came third, after career progression and on-call commitment.⁵ A postal questionnaire of 236 final-year medical students from the Johns Hopkins University School

of Medicine found that strong role models, regardless of specialty or gender, were one of a number of factors considered to encourage choice of specialty.⁶ A small ($n = 76$) telephone survey of third- and fourth-year students at Northeastern Ohio University's College of Medicine, looking at what influenced their choice of surgical careers, found that students interested in or attracted to surgery were significantly more likely to have been encouraged in their career choice on the basis of a role model than students in no way interested in or attracted to surgery.⁷ Role models are clearly important, but their impact on career choice may vary between specialties and whether students are clinical or pre-clinical.

Make it **easy** is the fourth 'E'. Albert Einstein said 'make everything as simple as possible, but not simpler'.⁸ Nowhere is this truer than in teaching. The great teacher will take the most complex concepts, abstract theories and bring them down to earth, making apparently dead obscurities live. The truly awful teacher can make the simplest facts weigh heavily on the students' intellects, and complicate the most basic ideas. Never forget, it is always possible to make the most exciting and dynamic facts dry, dull and uninteresting with convoluted explanations. Keep it simple.

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A healthy and measured degree of **eccentricity**, the fifth 'E', can be effective in transmitting unforgettable facts. I still remember as an undergraduate my ophthalmology professor jumping on top of the front desk and imploring us never to forget about retinoblastoma. This, he said, is all that you will remember about my lecture. He was quite right; years later, the importance of detecting retinoblastoma is the only thing that I still recollect about that particular lecture!

A closing word of caution: there is an inherited predisposition to being a good teacher. Perhaps the maxim 'those who can't, teach' would be better rendered, 'those who can teach teach'. Certainly Harold Ellis, a surgical superstar with almost six decades of experience at clinical teaching, agreed with this at a recent interview. He said: 'teaching ... is something that can't be taught. You can pass on tips and make a good teacher brilliant but you can't make someone teach who hasn't got it.'⁹ Just as some people are born faster or stronger, some are born natural teachers. There is a genetic component.

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How enthusiasm has shaped my career

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As a second year medical student, I found radiology a fascinating but difficult subject. I had attended various X-ray meetings – sitting at the back, feeling I knew very little, and dreading getting asked a question. I decided that I would like to learn more about the speciality, and arranged to undertake a short research project to see what went on within a department that is supposedly 'in the dark' all day.

I approached a radiology consultant who arranged for me to perform some research into how ultrasound was taught to undergraduate students. I spent 4 weeks in the department trying to learn some ultrasound, which seemed very confusing. The pictures all looked like different shades of grey, and I found it hard to believe

how anyone could interpret them.

During that month I observed various investigations and procedures, and felt that I was very privileged, as medical students at that time didn't have formal radiology training. The consultant I was primarily attached to gave me lots of individual teaching, and passed on his enthusiasm for the speciality. I soon realised that radiologists didn't sit in a dark room all day staring at a light box, and became determined to become a radiologist myself one day.

Following graduation I spent a few years doing general medicine, and gained my MRCP(UK) (membership of the Royal Colleges of Physicians of the United Kingdom) before

applying to become a radiology registrar. I had moved away from the university town in which I trained, but applied to that radiology scheme, and was fortunate enough to be given the position.



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