Chapter 1

Introduction to Clinical Teaching: Why a Handbook for Clinician Educators

"Anybody who believes that all you have to do to be a good teacher is to love to teach also has to believe that all you have to do to become a good surgeon is to love to cut." Laura Mansnerus.

The word doctor derives from the Latin *docere*, to teach, and it is therefore appropriate that so many clinicians consider teaching to be one of their major responsibilities. While it is possible to be a very adequate clinical teacher without special training in education, it is difficult to be a superb teacher without some guidance or special experiences. Until recently, most clinicians have had little or no formal training in teaching, and while exceptional clinical teaching doesn't necessitate a degree in education, it does require investing time to learn about the science of adult education and investing effort to examine, evaluate, and improve one's teaching techniques. It also requires practice and is greatly facilitated by peer-review and self-reflection.

As the discipline of general education has advanced, so has the field of medical education, and clinician-educators now have a wealth of educational information and an arsenal of teaching tools at their disposal. The competition for promotion as a medical educator is becoming more and more formalized, with defined expectations and explicit criteria, and others in your field may have the advantage of specific educational training. Babe Ruth was a "natural" and established a home run record of 714 that lasted for 39 years, despite a dissolute life style and often missing training. Few are so gifted. Today, successful sports figures invest an enormous amount of their time training. Politicians are tutored in public speaking. Even criminal defendants are instructed in how to act in court. Now, it is almost impossible to get to the top without training.

It is time for clinician-educators to take advantage of the educational resources that can help make them better, more effective teachers. Neher et al. have reviewed data showing that "untrained clinical teachers tend to give mini-lectures rather than conduct discussions, provide inadequate feedback to learners, and allow residents to present haphazardly or bluff their way through presentations."

Experience is a powerful teacher, but as many authors have pointed out, there are dangers associated with learning in this way. "Experience teaches slowly, and at the cost of mistakes." (James A. Froude) "Experience is a hard teacher because she gives the test first, the lesson afterwards." (Vernon

Sanders Law) "Good judgment comes from experience, and often experience comes from bad judgment." (Rita Mae Brown) "Experience is what you get by not having it when you need it." (Unknown) "Wisdom is recognizing a mistake when you make it again." (Unknown)

Clinical experience must be acquired safely. Physicians in training rely on the knowledge, judgment, and experience of their teachers. When learning by experience hurts only the learner, that's life. If you overstep your ability and wipe out on the ski slope—you have taken a lesson in the school of hard knocks but have hurt only yourself. In medicine, it is the patient who suffers from the misjudgment or error of the learner. Physicians in training need teachers who are both clinically and educationally competent.

A review of the literature by Gerrity and coworkers delineated what clinicians saw as the rewards of medical teaching. The intrinsic satisfaction of teaching and the stimulation of working with students and residents were the major items. Many clinicians reported a renewed sense of importance of their work and found that teaching helped keep them abreast of current changes in medicine. Some appreciated that their learners helped with patient care. Finally, clinicians noted that teaching facilitated recruiting learners into their own specialties or their own practices.

On the downside, the authors identified challenges and problems with teaching in the clinical setting. Most notable was concern that teaching takes time and can decrease productivity. In certain settings, patients may not accept being seen by a learner and may be less open with the attending physician in the presence of a learner. A number of clinicians felt that the presence of a student interfered with the physician-patient relationship. Some clinicians were uncertain of their teaching skills, as well as their ability to accurately evaluate learners, while others noted that providing feedback to problematic learners was unpleasant, intimidating and dissatisfying.

In his book, *There Is No Gene for Good Teaching: a handbook on lecturing for medical teachers*, Neal Whitman, Ed.D., says "Good teachers are made, not born." As an example, Whitman relates how Thomas Huxley, a renowned lecturer felt during his first lecture: "I did feel most amazingly uncomfortable." On that occasion, Huxley was criticized for running his words together and pouring out new and unfamiliar matter at breakneck speed. Judging by Huxley's ultimate esteem as a lecturer, improvement is possible, but it takes commitment and a conscious effort to strengthen your skill, not just in lecturing, but in all aspects of teaching.

References and other reading material

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