‘I’m a doctor, not a teacher’: the roles and responsibilities of paediatricians in relation to education

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INTRODUCTION

Medicine and teaching are intrinsically linked. Traditionally, medical education was an apprenticeship model, where practical experience superseded book learning and the student/teacher relationship was paramount.1,2 In recent years there has been increased professionalisation of medical education at both undergraduate and postgraduate levels.

Although this development should be embraced, there is concern that clinical and educational roles are now often seen as separate and, at times, conflicting entities. Leonard H ‘Bones’ McCoy, the chief medical officer of the Starship Enterprise, was known to Star Trek fans for his catchphrase ‘I’m a doctor (Jim), not a… bricklayer/psychologist/coal-miner etc.’. While the academic lecturer should be clear and enthusiastic about their role as a teacher, the ‘jobbing paediatrician’ can have a more challenging time balancing clinical and teaching responsibilities. In the busyness of the hospital environment it becomes easy to prioritise clinical duties and mirror ‘Bones’ in adopting the attitude that ‘I’m a doctor, not a teacher’.

Despite many recent changes in how medical education is delivered, experiential workplace learning remains crucial.3,4 This article encourages all paediatricians to reconsider their role as both clinician and teacher.

WHY SHOULD I TEACH?

Professional obligation

The importance of the clinical teacher was first outlined within the Hippocratic Oath (box 1). Although this has been eclipsed by more extensive codes, variations are still used in many medical graduation ceremonies. In

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Box 1 The Hippocratic Oath

‘To hold my teacher in this art equal to my own parents; to make him partner in my livelihood; when he is in need of money to share mine with him; to consider his family as my own brothers, and to teach them this art, if they want to learn it’. The Hippocratic Oath 1923 Loeb edition

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Fig 1 Benefits of workplace learning.

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Learning and teaching

Figure 2 Five take-home messages.

1. Teaching is not optional...
   As clinicians we have a professional obligation to teach.

2. Clinicians are in a unique position...
   - Clinicians have a unique insight into their workplace and specialty enabling them to identify what the learner needs to know.
   - Clinicians are uniquely positioned to guide learners through many of the immersive and authentic learning opportunities that come with workplace learning.

3. It’s not just the learner who benefits...
   Through teaching, clinicians can be encouraged to reflect and learn from their experiences and current practice, promoting continuing professional development.

4. Re-shape your view of ‘teaching’...
   Overcome the challenge of finding time to teach by seeking opportunities to incorporate teaching opportunities into your routine practice.

5. Improve your teaching...
   Seek feedback on your teaching and consider undertaking a formal medical education course.
addition, The General Medical Council require that all doctors
should be prepared to contribute to teaching and training
doctors and students.  

Personal obligation
Most of us have evolved into the clinicians we are
today thanks to those that have taught and inspired
us. Should we not, in turn, also seek to inspire and
learn? For some clinicians this may involve
undertaking a formal education or teaching role. For
others, this may be in a more informal capacity by
facilitating learning from the opportunities that occur
in the working environment around us.

Recognition of our unique position
Clinicians are uniquely positioned to facilitate the
transition of medical students and junior colleagues
from being able to know, to being able to do. Through
role modelling, learners gain insights into more
abstract concepts such as what it means to be a profes-
sional, clinical reasoning skills and the hidden curric-
ulum. This competency-based learning is impossible to
achieve through traditional ‘book’ learning alone but
can be facilitated through the immersive and authentic
learning experiences that come with workplace
learning (figure 1).

Clinicians also have unique insights into their work-
place. Learners will often have an idea of what they
want to learn or what they need to learn to meet the
learning objectives of a particular syllabus or curric-
ulum. While it is important to consider these learning
needs, clinicians are ideally situated to identify what
they need to know to do the job. When teaching on a
particular topic is always good practice to ask ‘What do
I wish that others had taught me about _________?’

This is particularly relevant in specialties such as
paediatrics where opportunities to gain clinical expe-
rience may be limited. Paediatric rotations for medical
students tend to be short. Trainees in other specialties,
such as General Practice, may have limited exposure to
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It's not just the learner who benefits
By engaging in clinical teaching, we are intuitively
encouraged to reflect on our own experiences and

current practice. This reflective process is crucial to
our continuous professional development.

Teaching can also benefit service provision. It has
been demonstrated that early undergraduate exposure
to paediatrics and the establishment of high quality,
local, curriculum-based educational programmes can
promote recruitment and retention to the specialty in
later years.  

OVERCOMING THE CHALLENGES
‘I don’t have time to teach’
Teaching is often perceived to be confined to time-

intensive, structured teaching events such as education
meetings, tutorials, and so on. As the clinical demand
on paediatricians continues to increase, it is essential
that we reshape our view of teaching.  

We should seek opportunities to incorporate teaching into our routine
practice by:
► Actively seeking to exploit learning opportunities that
arise during daily clinical activities such as patient hand-
overs, ward rounds, outpatient clinics, and so on.
► Learning strategies for teaching effectively when time is
tight.
► Recognising our position as role models and striving to
exhibit to learners the professional attitudes expected of
a doctor.
► Verbalising our actions and thought processes—this will
assist learners to develop their clinical reasoning skills.

‘I am not qualified to teach’
Teaching comes more naturally to some clinicians.
However, all have the generic skills that allow us to
exploit the unique educational opportunities that
present themselves during clinical practice. We should
actively seek to improve our teaching by regularly
requesting and reflecting on feedback. Those with a
passion for teaching and who may wish to incorporate
Teaching roles into future job plans should consider
undertaking a formal postgraduate medical education
course.

SUMMARY
The clinician continues to have a vital role as a teacher
to those wishing to learn the art of medicine. We must
recognise and embrace this role in day-to-day practice.
We are blessed with learners that are motivated and
keen to learn. By facilitating interactions with patients
and signposting learning opportunities we can create
a supportive learning environment that will allow
our learners to reap the benefits of workplace-based
learning (figure 2).

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