

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

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Received 17 July 2020

Revised 11 November 2020

Accepted 14 November 2020

Published Online First

3 December 2020

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 Traditionally, medical education was an apprenticeship model, where practical experience superseded book learning and the student/teacher relationship was paramount.^{1 2} In recent years there has been increased professionalisation of medical education at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

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

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

Formation of professional identity

- Internalising the characteristics, values, and norms of the medical profession resulting in an individual thinking, acting, and feeling like a physician.

Improving clinical reasoning skills

- The integration, organisation, and interpretation of information gathered as a part of medical problem-solving.

Addressing the hidden curriculum

- The set of implicit messages about values, norms, and attitudes that learners infer from the behaviour of individual role models as well as from group dynamics, processes, rituals, and structures.

Figure 1 Benefits of workplace learning.



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To cite: Mulholland M, McNaughten B, Bourke T. *Arch Dis Child Educ Pract Ed* 2022;**107**:223–226.



Figure 2 Five take-home messages.

addition, The General Medical Council require that all doctors

should be prepared to contribute to teaching and training doctors and students.⁵

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 teach others? 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 professional, clinical reasoning skills and the hidden curriculum. 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 learning⁶ (figure 1).

Clinicians also have unique insights into their workplace. 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 curriculum. 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 _____?'.⁷

This is particularly relevant in specialties such as paediatrics where opportunities to gain clinical experience 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 the specialty. Paediatricians must ensure that learning opportunities for students and trainees are maximised to ensure they develop the core competencies required to safely look after children.

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.⁷

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.⁸ 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 handovers, 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.^{9 10}

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).

Correction notice This paper has been updated since it was published online. Figure 2 has been increased in size to improve legibility.

Contributors MM wrote the first draft which was reviewed and amended by BMcN and TB.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Not required.

Provenance and peer review Not commissioned; internally peer reviewed.

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