

Editorial-Educational

The Role of Doctors as Teachers

Eamon Tierney, MBBCh, FFARCSI, FJFICMI*

When we read an article about the role of teaching in the medical profession, we are reminded of the emphasis placed by ancient doctors on teaching the next generation of doctors. Teaching was considered a large part of a doctor's duty then but nowadays there is less emphasis on teaching as we all quote greater pressures of work, more difficult working conditions and more complex procedures as reasons not to have time to teach. Patients' expectations are greater than ever before and the demands of hospital management rise, as health costs and complexity increase. It is easy in this difficult mix to forget our duty to teach.

However, our duty to teach should be a major part of our working day. Our obligation to teach all those around us, not just medical students, is part of being a doctor, either junior or senior. We, as doctors, and especially those of us who are senior general practitioners and hospital consultants, must teach all of our colleagues – medical students, nurses, junior doctors and members of the management. Everyone who comes into contact with us should depart from the interaction having learned something, whether they learn an item of fact, the skill of how to conduct a successful human interaction, or how to perform a difficult operation or to deal with a difficult situation. Usually this act of teaching and learning is not even at a conscious level on the part of either the teacher or the student but it is teaching by example. Some doctors are lucky to receive specific payment to teach but even those who are not in receipt of such payment have this continuing duty to teach by example.

A senior doctor's teaching does not consist solely of imparting medical knowledge and techniques. In fact this is a small part of what a doctor teaches. Every move a doctor makes teaches his colleagues. How he walks, talks, solves problems – his entire comportment – demonstrates his style of practice to his staff and teaches them by example. Conversely, when a senior doctor misbehaves in any way – whether it be in dealing with a patient, a colleague or at a staff meeting, his misbehavior has an extremely negative effect on those around him, and renders void his credibility as a teacher. The expectations of how a doctor should behave are extremely high, and every doctor should try to meet those expectations. It is because of our high standards of behaviour and practice that doctors are highly respected and well-paid members of society, and a doctor

* Director, Intensive Care Unit, King Hamad University Hospital
Associate Professor of Anaesthesia and Intensive Care
RCSI Medical University of Bahrain
Kingdom of Bahrain
Email: eamon.tierney@khuh.org.bh

who does not try to meet these standards disappoints both himself, his profession, his institution and has no credibility as a teacher.

Honesty is a virtue that should be part of every doctor's daily teaching routine. The doctor should teach honesty in all his interactions with others. He should teach honesty with patients and families, his team, and it must not be forgotten that he should teach honesty in his interactions with his employer. A doctor has a greater duty than others to give value for money to his employer, attend all his scheduled sessions, and should teach commitment by staying in his post until all the work is completed, even if that means working a few extra hours.

Every doctor must be able to listen to everybody with whom he interacts. He must be a good listener and he must teach the next generation to listen. Listening to what others say, and especially to what the patient says, is one of the skills of a good doctor, but listening to the concerns of his team members is also an important skill to pass on to the next generation of doctors.

Teaching can be silent. Possibly the most important lessons are the ones you teach silently – how you dress, how you treat staff, all staff, with courtesy, how you arrive punctually for your operating list, ward round or clinic, and teach a high standard of modern medical practice by your example.

Teach the simple things. Remember that students can complement your teaching with their own private study of complex things, but they need to learn the simple things first. Students must learn to walk before they can run. In this regard it is important to remember that the final M.B. examination will test students, not on their ability to know about exotic syndromes, but on their ability to do the ordinary and common things well, and to be allowed out into the community as safe junior doctors. A doctor who knows all about Takotsubo's cardiomyopathy but does not know where to listen for heart sounds is not a good doctor.

If accompanied by students at a clinic, a doctor should demonstrate to them that, even in a busy clinic, one can exercise the normal courtesies of society to his patients. He should stand up when the patient enters the room, shake hands with him if it is culturally appropriate, introduce himself to the patient by name and invite him to be seated. The doctor should be sure to introduce the patient to any medical and nursing colleagues who are in the room. How he greets and reassures a patient arriving in the operating theatre is equally important. Clearly the patient will be nervous in this situation, and it is necessary here to teach the art of consideration and reassurance.

Formerly it was an agreed principle that a learning curve, no matter how steep or treacherous, was the accepted way for trainees to learn new techniques. The adage "see one, do one, teach one." has thankfully been replaced by structured learning programs with skills laboratories teaching basic techniques before the doctor is allowed to perform similar techniques in the real environment. Senior doctors must continue to supervise training and to continually and objectively monitor progress. In the operating room

surgical trainees must be supervised until the consultant trainer is satisfied that the correct standard has been attained. Teaching these basic standards to medical and nursing students can only enhance future patient safety profiles. There is an obligation on senior doctors to check all the abilities of new junior doctors before allowing them to practice without direct supervision. Equally it is the duty of the senior doctor to advise trainees that, based on their performance, their career choice may not be the most suitable one for them and that they would benefit from choosing another career pathway.

The key word in the art of teaching the next generation is respect – respect for patients, their relatives, nursing staff, junior doctors, medical students and all others with whom the doctor comes into contact. If the doctor fails both to show respect and to teach respect to his team, he has failed in his duty as a doctor. Giving all people respect at all times is not the easiest thing to do, and every doctor has been pushed to his limits in this regard. Sometimes he will be behind schedule, under pressure simply from the volume of work he has to do, he will be pressurized by the complexity of what he has to do or he might have strong disagreements with colleagues on how to manage patients and situations. It is at times like this that a doctor is really tested in how he demonstrates professionalism, leading his team by example, and teaching his team how to behave in adversity. Senior doctors must teach their teams how to manage difficult situations with competence and aplomb. Anybody can manage the easy situations but it takes a good teacher to demonstrate how to manage the difficult ones.

Educating patients is a part of the teaching the doctor must do on an everyday basis. We sometimes forget this. When I was training forty years ago, doctors withheld much information from patients. This was well-intentioned at that time but it was a paternalistic and misguided tradition. Patients have the same right to be informed and educated about their disease as they have to know about any other important aspect of their life. Educating each patient about the basic facts of his illness is a duty of every doctor. The management of long-term illnesses such as diabetes involves a considerable amount of patient education, and a doctor must manage his team and his time to ensure that this patient teaching takes place. Teaching a person newly diagnosed with insulin dependent diabetes about diabetic issues - diet, lifestyle adjustments, insulin dose adjustment and timing, management of hypoglycemic attacks, foot care and eye care - is a mammoth task and not one that can be rushed or done in a sloppy manner.

As well as teaching a patient and his family about his disease, we must also teach our patients to have realistic expectations about their care. We have a duty to inform the patient and his family about which patient management is appropriate, and which management is inappropriate. If a family has unrealistic expectations about how their grandfather should be managed, we must point that out to them, gently but firmly, and lead them by educating them in the direction of correct management. In this regard, we must also teach them that we are not infallible, and should always be willing to offer a patient or his family the opportunity to obtain a second or even third opinion from another hospital or practice, especially if the patient or his family expresses doubts about our clinical management.

To be a good teacher a doctor must first learn. Being a senior doctor involves an obligation not only to engage in a continuing medical education (CME) program to keep his knowledge up to date, but the doctor should engage on a continuing basis in self-critique and analysis of his conduct and practice to ensure that all aspects of his patient care, and therefore his teaching, pass all tests of quality. No CME program can compel a doctor to do this. In fact, one of the failings of CME program is that, although they can compel a doctor to attend a lecture, they cannot force knowledge and wisdom into the doctor's brain. You can take a horse to water but you cannot force him to drink!

The drive for high standards, and the application of self-critique and analysis must come from within the doctor himself. A good doctor should teach his team this obligation of self-analysis. The worst doctors I have encountered are those who seem to conduct their practice on some instinctive basis without ever trying to analyze their actions as objectively as they can. These same doctors frequently will not listen to constructive criticism of their behaviour. A good teacher knows that he must be prepared not only to teach others, but equally importantly, he must be prepared to learn from others and to be taught by others, and so he must listen carefully when a colleague or a group of colleagues gives advice. A doctor who will not listen to advice is a problem doctor.

In summary, the doctor's role in teaching is all about respect for himself and for those around him. A doctor continually teaches those who come in contact with him. If a doctor's interaction with others is always respectful then he is teaching them well. As a teacher, a doctor's thoughts and actions are always being watched. If I may paraphrase the words of the pop song thirty years ago by Sting and The Police:

*Every breath you take,
Every move you make,
Every bond you break,
Every step you take,
Your students are watching you.*

A senior colleague reminded me the other day that a doctor has a vested interest in teaching his junior colleagues well in all aspects of medical practice. Who will look after him in his old age but those he has taught!