The occasional teacher. Part 2: the good teacher

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What makes a good teacher? We all remember teachers we respected. They were good clinicians, enthusiastic and respectful. Research indicates that good teachers engage students by asking questions and having expectations.[1] These expectations will change with the learner's level of education. As doctors obtain more experience, they progress through stages of clinical performance: the novice, the competent practitioner and the expert. The novice will rigidly stick to "the script" with a similar approach to every patient, regardless of the patient's age, sex or situation. For example, chest pain in a 17-year-old boy will be seen as a cardiac event. The competent practitioner (e.g., a second-year resident) will be more realistic but is still heavily invested in guidelines and scripts. The expert will rely more on clinical experience, approaching situations based on past events, and will take into account the situation and patient characteristics.[2] Teachers need to be aware of this transition to understand why a student takes 45 minutes to sort out simple muscle pain in a 22-year-old shot putter.

As we progress from student to graduate, we move beyond information gatherers to become information processors and decision-makers.[3] Be aware that students' approaches to medicine will reflect their previous clinical rotations. If they have just completed internal medicine, expect pages of history; if they have finished general surgery, their approach will be closer to that of a family doctor — short and to the point.

Goertzen and colleagues[4] interviewed students and rural preceptors in Manitoba to define effective teaching. They found that an effective teacher blends supervision and independence, develops a supportive interpersonal relationship with the student, emphasizes problem-solving and medical knowledge, can balance teaching and clinical care, is competent and organized, and provides the student with appropriate feedback and evaluations.

Good teachers always attempt to hold students in positive regard. Fortunately, this is usually not difficult. If you are having difficulty, step back and ascertain where the problem is. After all, might it be you?[5] If there is a personality conflict, acknowledge it, at least to yourself, and take it into account when assessing the student. This does not mean you have to tolerate persistent attitudinal issues or behaviours. If there is a serious concern, call the university and discuss the situation with the undergraduate or postgraduate director. A plan of remediation may need to be instituted.

Doctors hold themselves and others to high standards. We can become irritated when these standards are not met. If students don't meet our expectations, it is important that we don't belittle them. Ongoing feedback is important but must be given respectfully.

Ask questions. Repeatedly.[1] When you reach the point where students exhaust their answers, engage them in a discussion that will lead to the answer, or direct the student to resources that provide the solution. Physicians learn from patient encounters,[2] so do your best to teach around these encounters.

The teacher should be clear in his or

her expectations. Educate the student if your expectations change (e.g., the need for increased efficiency in a busy emergency department). Asking students to pick up speed and putting them under a little "creative stress" will force them to focus their histories and examinations. Daily feedback is important but needs to be labelled as such; otherwise, the student may be unaware of your intent.[1] At the end of shift or a day in the clinic, thank the learner if he or she has been helpful. Students often feel they are an impediment to the smooth functioning of the team, and some of them are, but most of them are a benefit. Tell them if they are doing well.

Having a student should be fun. Students will benefit from your knowledge and experience, and you will benefit from their curiosity and enthusiasm. Your community may benefit if students return after graduation.

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FURTHER RESOURCE

Queen's University: online resources for Ontario rural preceptors (meds.queensu.ca /ruralpreceptors/)

Country Cardiograms

Have you encountered a challenging ECG lately?

In most issues of *CJRM* an ECG is presented and questions are asked.

On another page, the case is discussed and the answer is provided.

Please submit cases, including a copy of the ECG, to Suzanne Kingsmill, Managing Editor, *CJRM*, 45 Overlea Blvd., P.O. Box 22015, Toronto ON M4H 1N9; cjrm@cjrm.net

Cardiogrammes ruraux

Avez-vous eu à décrypter un ECG particulièrement difficile récemment?

Dans la plupart des numéros du *JCMR*, nous présentons un ECG assorti de questions. Les réponses et une discussion du cas sont affichées sur une autre page.

Veuillez présenter les cas, accompagnés d'une copy de l'ECG, à Suzanne Kingsmill, rédactrice administrative, *JCMR*, 45, boul. Overlea, C. P. 22015, Toronto (Ontario) M4H 1N9 ; cjrm@cjrm.net