

# how to:



## Become Recognised for Your Teaching

John Bligh and Julie Browne

*“Teaching is a central function of clinical practice. All doctors teach, and good teachers directly improve patient care.”* (Bligh and Brice BMJ 2010)

All doctors are involved in medical education, some in a variety of roles: but it's easy to overlook how much they do and how skilful and demanding it can be. Many would like to develop their interest and skills in medical education, but it's sometimes difficult to identify what their needs are and what opportunities are available.

### What do medical educators do?

Doctors perform a huge range of medical education functions, in addition to their clinical, research or management roles. They offer teaching, mentoring, assessment, evaluation and support both formally and informally to a wealth of different groups of health care professionals and others. They teach in a wide variety of locations using many different media and multiple teaching methods and may also be involved in other activities that support and inform teaching delivery such as research into medical education, and/or management of medical education.

Seven areas of activity of the medical supervisor:

- ▶ Ensuring safe and effective patient care
- ▶ Establishing and maintaining an environment for learning
- ▶ Teaching and facilitating learning
- ▶ Enhancing learning through assessment
- ▶ Supporting and monitoring educational progress
- ▶ Guiding personal and professional development
- ▶ Continuing professional development as an educator (Swanwick et al. 2010)

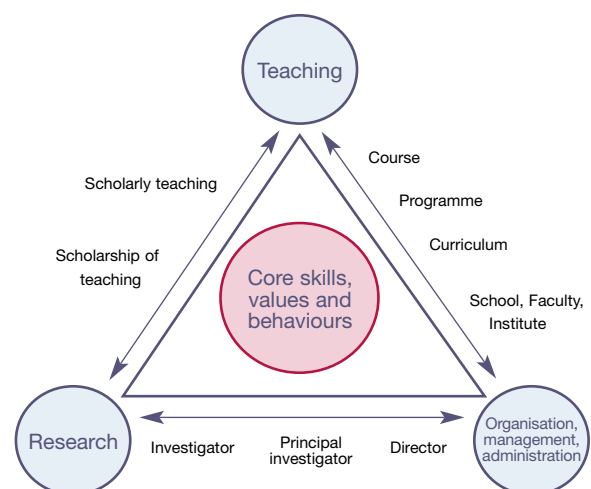
### What do medical educators need?

Medical educators sometimes feel overwhelmed by the scale of the medical education enterprise and many new medical teachers report feeling ‘flung in at the deep end’, with little training, while experienced teachers may sense that their work is undervalued. Medical educators often say they wish they had more career support, and in particular they want:

- ▶ better opportunities for teacher training
- ▶ recognition and reward from employers, including more time for preparation and delivery of teaching
- ▶ support, advice and feedback on their skills (Simpson 2000)

### What sort of medical educator are you and where do you want to get to?

The following diagram will help medical educators conceptualise and explain to others their educational roles within their institutions. All medical educators will be able to fit themselves somewhere along at least one of the sides of the triangle. Look to see where you would fit yourself; in which direction are you travelling, and where would you like to go?



(Bligh and Brice 2009)

Wherever you locate yourself on the above triad – whether teacher, manager or researcher - quality improvement is the key to progress and innovation in medical education, and this can only be achieved by taking a more scholarly approach to your work.

## What is a scholarly medical educator?

Fincher et al. (2000) maintain that the definition of scholarship in medical education is consistent with “*creative teaching with effectiveness that is rigorously substantiated, educational leadership with results that are demonstrable and broadly felt, and educational methods that advance learners' knowledge*”. The important thing to note about this definition of scholarly practice is that it lays emphasis not only on being a good practitioner but, crucially, on seeking verifiable evidence of the impact of that practice. In so doing the individual professional is likely to receive important feedback, not just on areas of strength but also on areas for improvement, thus setting up a beneficial cycle of quality improvement.

## How can you obtain feedback on your teaching activities?

There are many ways to make feedback a more deliberate part of your teaching practice, of course, and here are some suggestions:

- ▶ Ask a sample of the students if you can read their notes - this exercise gives some insight into what students have learned and understood.
- ▶ Ask questions while you're teaching to see how well the students are following.
- ▶ Ask for verbal feedback from individual students. Ask for specifics: for example, ask them for examples of what went well with today's session and how could it be improved for next time.
- ▶ Ask the students to write a very short (one minute) note about the key things they have learned.
- ▶ Ask the students to complete an evaluation questionnaire. (Cantillon 2003)

Colleagues and peers are also a valuable resource. Their experience and skills can make a vital contribution to your development as a medical educator:

- ▶ Ask a colleague to observe part or all of a teaching session and provide feedback afterwards. Try to be specific about what aspects of your teaching you would like evaluated.
- ▶ Videotape a teaching session for private viewing, and watch it together with a colleague later.
- ▶ Write up some of your teaching innovations and submit them to a conference or journal for peer reviewed publication.
- ▶ Submit your portfolio of teaching activities to the Academy of Medical Educators for formal peer review.

## What is the Academy of Medical Educators?

Until quite recently it was difficult to achieve consensus on what clinical teachers do, let alone define what constitutes excellence in medical education. That is why the publication of the Academy of Medical Educators' Professional Standards for Medical Educators (2009) has been such a landmark development in the field. For the first time, the medical education community has, following a process of extensive consultation, produced a set of standards that form the basis of a curriculum for medical educators. The Standards have been explicitly designed to:

- help medical educators work towards excellence;
- offer an opportunity to benchmark against standards agreed by consensus within the wider community;
- provide a means by which healthcare and higher education bodies can identify skills and competences of those undertaking educational tasks.

Membership and Fellowship of the Academy is awarded to those applicants who demonstrate their commitment and achievements in medical education, measured against six themes ([www.medicaleducators.org](http://www.medicaleducators.org)). The application process is relatively straightforward, and peer reviewed feedback is supplied to all applicants. Successful applicants are invited to join the Academy of Medical Educators and permitted to use the post-nominal letters MACadMED (Members) or FAcadMED (Fellows). Even if you don't feel ready to apply for full Membership or Fellowship, you can still apply for associate membership as a sign of your commitment to your personal development and we would encourage you to do this.

**Academy of Medical Educators**  
Website: [www.medicaleducators.org](http://www.medicaleducators.org)

Teaching, training, appraising and assessing doctors and students are important for the care of patients now and in the future. You should be willing to contribute to these activities. If you are involved in teaching you must develop the skills, attitudes and practices of a competent teacher.

(GMC. Good Medical Practice 2006)

## Further Information

Academy of Medical Educators. *Professional Standards for Medical Educators*. London AoME, 2009.

Bligh J and Brice J. *Further insights into the roles of the medical educator: the importance of scholarly management Academic Medicine*, 2009; 84: 1161-5.

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