

## Students' perspective of a competent medical teacher: A qualitative study

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### ABSTRACT

**Background:** Current experience shows that at the end of the medical education process, there is relative lack of knowledge, skills, communication, and attitude which are necessary for an effective young doctor. It is the gap in medical teaching. Competency of medical teacher plays an important role in transforming the young medical student into an efficient young doctor to meet this gap.

**Objectives:** To formulate the students' perspective of a competent medical teacher. **Materials and Methods:** Qualitative descriptive study was conducted using focus group discussions. The study participants were consented medical students. **Results:** The transcribed text data were subjected to conventional content analysis and identified 278 meaning units. These codes were categorized and eight themes were generated regarding the students' perspective of a competent medical teacher. They are good communication skill, adequate knowledge, attitude to demonstrate, concern for students, teaching skill, professional development, personal qualities, and interpersonal skill. **Conclusion:** The findings of this study can be discussed in teachers training activities under medical education units which may help to bring out attitudinal change and skill development among the medical teachers.

**Key words:** *Clinical competence, Focus group, Medical education, Qualitative research, Teacher training*

Graduating a medical student to an independent clinically competent doctor is a complex process [1]. Medical schools have obligation to produce physicians who are capable to address broad social issues relating to well-being [2]. However, experience shows that at the end of medical education process, there is relative lack of knowledge, skills, communication, and attitude which are necessary for an effective young doctor [3]. Throughout training process, importance is given for cognitive domain, but not for the psychomotor, and affective domain or attitude and communication skill. In many situations, the young doctor is not able to communicate properly with people and to empathize with the patient or their relatives. This is the key issue in straining of the doctor-patient relationship in the contemporary society.

This reflects the inadequacies in our curriculum and teaching-learning-evaluation process in making of an efficient young doctor. We have to instill the principles of holistic approach than a simple curative approach. Effective teaching is essential to produce good quality doctors, [4] which can be done only by competent teachers. This plays an important role in transforming the young medical student to an efficient doctor. A competent medical teacher will effectively train and transmit knowledge, skill, and attitude to new incumbent of medical profession [5]. Many researchers have studied the characteristics of an effective teacher through student rating and expert opinion [4].

Students' perspective of a competent medical teacher may come closer to the concept of an ideal teacher. Perception

of students has role in recognizing the qualities of a good teacher [6-9]. Understanding regarding students' perspective of a competent medical teacher can be utilized in training activities of medical education units so that the competency of teachers can be improved. In this background, the present study aimed to formulate the students' perspective of a competent medical teacher.

### MATERIALS AND METHODS

This is a qualitative descriptive research which used the focus group discussion (FGD) conducted among medical students of Government Medical College, Thiruvananthapuram. Students of Phase II who have given consent were included in the study sample and were selected according to purposive sampling technique. Focus groups were formed with six students each. We continued the FGD till we reached a saturation point regarding students' perspective of a competent medical teacher. With 4<sup>th</sup> FGD, we reached a saturation point; we did not get any more new responses regarding the topic. The data were analyzed using conventional content analysis [10].

The study has started only after getting ethical clearance from Institutional Ethics Committee. The audio-recorded interviews of each FGD were transcribed verbatim immediately after group discussion. All transcribed data were read repeatedly to obtain a sense of the whole [11]. After understanding, transcribed data were read using line-by-line analysis to identify meaning units

about participants' perspective of a competent medical teacher. Then, meaning units were abstracted through condensation and were labeled as codes (condensed meaning unit). Participants' statements and implicit concepts were used for coding. Codes were compared for similarities and differences and subcategorization and categorization. Categorization of codes generated themes. Each theme was collated with participants' statements to produce ultimate definition of theme [12,13]. Finally, identified themes were compiled to formulate students' perspective of a competent medical teacher. Qualitative rigor and trustworthiness of data were ensured by two independent researchers who analyzed data separately.

## RESULTS

All participants were single and majority was girls (75%). Data analysis revealed 278 meaning units, and on categorization, eight themes were generated. They were communication skill, knowledge domain, teacher as a demonstrator, concern for students, teaching skill, professional domain, personal qualities, and interpersonal skill. 38 categories or subthemes were identified under eight themes. These are students' perspective or reflections about medical education and medical teacher.

### Theme 1: Communication Skill

Four subthemes were identified in this theme, poor interactive class, poor humor sense, poor audibility, and necessity of imparting training to teachers to develop communication skill. Students discussed about poor communication skill of teachers during theory, clinical, and practical class. They reflected that "It will better to start the class in a pleasant and interactive manner," "We are not getting chance and time to see and learn how to build up rapport."

### Theme 2: Knowledge Domain

Here, three subthemes were identified, adequacy of knowledge, poor expressivity, and preparation. They observed, "In our experience, all the teachers are having good knowledge, but poor expressivity."

### Theme 3: Teacher as a Demonstrator

This theme reflects the attitude of clinical teachers to demonstrate clinical signs to students in the wards. Here, two subthemes were identified; poor ward demonstration and no bedside clinics. Many participants were highly critical and reflected, "Only 20–30% teachers demonstrate," "Some teachers will take clinical class away from the patient in a room so no cross-checking and our errors won't be detected".

### Theme 4: Concern for Students

This reflects attitude of teachers toward students in various situations including academic and non-academic environment

and includes cognitive and non-cognitive skills. The maximum number of meaning units (84) and subthemes (10) were identified here, and it reflects the importance students given to this theme. Subthemes were poor concern for variations in the academic level of students in lecture class, punitive approach while making the class interactive, student insensitive classroom management, unfriendly and ridiculing attitude of teachers in clinics, poor concern for weaker student, uneven distribution of good clinical teachers among clinical units, negative perception and improper collection of feedback, unfriendly and non-generous attitude of examiners, unapproachable teachers, need for mentoring, and tutorial system. Students criticized that "Teachers won't explain some words with the assumption that everybody knows it." Unfriendly and ridiculing attitude of teachers are a problem faced by students. They complained that "Some teachers ridicule us in front of patients and nursing staff by asking," "Is this the way to take history? Is this the way of physical examination?," "It is humiliating and we will lose confidence." Students reflected their wish as, "Teachers should inspire us," and "Empathetic and understanding teacher will create interest in students."

Majority of the students observed that many teachers are unapproachable, "We are afraid to approach 90% of the teachers," "We are having bonding with our school teachers; but, we don't have such intimacy with anybody here." Students need emotional support. They commented, "Teachers should give attention to our personal matters also."

### Theme 5: Teaching Skill

Students were highly critical of poor teaching methodology. Here, eight subthemes were identified. Poor teaching methodology, ineffective use of powerpoint presentation, time-tested chalk and blackboard, poor clinical teaching method, unsupervised class by residents, defects of symposium, no integration in integrated teaching sessions, and the need of training in teaching-learning methodology.

Among these, first four narrates the problems in theory teaching. Some of the critical observations were, "Teaching methodology should be changed in between and attention can be maintained by giving a situation to think and interact." They also stated "It will be better a topic is linked with current affairs or an old story to start with," "It will be better if class topic is summarized at the end." Their criticisms about power point were, "Slides contain text passages and rush through them without explaining" and "Blackboard will increase interaction and intimacy with teachers." Many students criticized poor clinical teaching methodology. Some of them were "In some clinical postings, classes were taken without proper planning and preparation," "Some teachers will ask us to take a case with finding, without showing specifically any patient. How can we identify the patients with finding? All will look alike." Here, also, they commented that some teachers were excellent.

The majority were critical about the class is taken by some residents like "Postgraduates will paste text in powerpoint slides

and read it in class. Their aim will only be to finish the topic.” Many were highly critical about the way symposium is being conducted. They stated “In symposium, students present, and teachers say ok at the end. However, they won’t talk or summarize anything.” “Only simple topics should be given for seminars. Otherwise, we can’t understand.”

All students unanimously criticized about the status of the integrated teaching. They criticized that, “Integrated teaching has never been taken effectively,” “On a few days some teacher came alone and took class, but never together.” Regarding teacher training, they suggested “For improving the teaching skill, teachers should do homework,” “Teachers should be trained in teaching skill development.”

### Theme 6: Professional Development

This specifies the need for continued learning and research activities among teachers. The subthemes identified were teacher as a researcher, awareness and concern for the curriculum/syllabus and teacher as a lifelong learner. Some of their observations were “Teachers should be researchers also,” “Some students are interested in research. It will be good if some interested and competent teachers talked to us about research.”

### Theme 7: Personal Qualities

Here, five subthemes were identified, passionate teacher, role model as a committed doctor, role model as an ethical doctor, modest dressing, and unbiased attitude. Many students talked about passionate teachers they know. They stated, “Some teachers are willing to take extra class for us. They are hardworking and dedicated.” However, they observed, “Only 50% have the desire to teach.”

Regarding subtheme role model as a committed doctor, they stated, “If they behave empathetically toward patients, it will be a positive role model for us.” They demanded that “Classes should be given us for character development also, not for knowledge alone. We should be given some role models.” In subtheme role model as an ethical doctor, reflections of students revealed their awareness in ethics. One student felt very bad about a teacher who received bribe and stated that “We feel respect for some teachers from their ethical behavior as role model.”

The subtheme modest dressing suggests for dress code for doctors. They stated, “There should be strict dress code and role model to students,” “They should dress normally and have doctor-appearance,” “Some lady teachers will come with over makeup and body exposure. People will respect only people with modest dressing. One’s dressing should not divert the attention of others.” They cried that “Teachers will ask us to put up hair, but they will not do it.” Many students criticized about biased attitude of some teachers. They observed, “In certain female-dominated departments, all will be terrifying,” “In these departments, there is discrimination toward girls.”

### Theme 8: Interpersonal Skill

Students responded about their perceived interpersonal relationships and problems among faculties and how it affects them. One student stated “Some teachers quarreled with each other on behalf of us, it is bad,” “We will be made scapegoat.”

## DISCUSSION

In the present study, all identified meaning units and generated subthemes and themes from transcribed text of FGD reflect the students’ perceptions about their current experiences. The majority of reflections were about how a competent medical teacher, “should not be.” Even though students were highly critical about the current situation, their attitude was positive in hoping for a better change. It was reflected in their responses at the end. They stated, “Criticism should be taken in a broad mind; not personally,” “These points should be informed to every department. Our criticism is for the improvement. We hope this study may help in this direction.” We have to take their reflections positively. Students described that a competent medical teacher should have communication skill, adequate knowledge, and attitude for demonstration, concern for students, teaching skill, professional development, personal qualities, and interpersonal skill (Fig. 1).

Students’ perspectives of the characters of a competent medical teacher in the present study agree with the descriptive study by Malik and Bashir [14] and other studies [1,5]. Irby in his famous qualitative study proposed that an effective clinical teacher need to have clinical knowledge of medicine, patients and context of practice as well as educational knowledge of learners, general principles of teaching, and case-based teaching scripts [15]. Identifications of the characteristics of a teacher will help to enhance teacher-student relationship [16,17]. Reflections of students in the present study very well narrate the importance of communication skill in teaching-learning activities and patient care. The significance of communication skill as a desired trait for medical teacher was elicited by many researchers [4,7,18]. The importance of adequacy of knowledge was perceived by students [14] and teachers [4,15] in many other studies also.

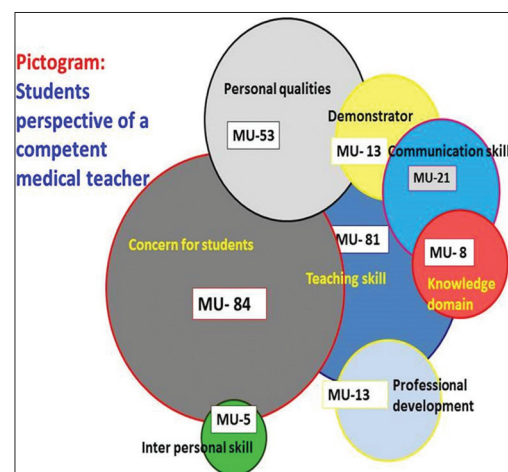


Figure 1: Students perspective of a competent medical teacher

The importance of attitude to demonstrate in the ward was perceived in the present study. Many will have practical skill; however, a competent medical teacher should have the attitude to demonstrate clinical signs in the ward and tests in the laboratory. The importance of providing authentic clinical learning experiences, good organization of clinical sessions, and good supervision in the effective clinical learning was perceived by students in other qualitative studies also [1,5]. As one student stated, "Students will go after good teachers who take class and demonstrate to us." The acceptance for such a clinical teacher will be high.

The concern for students was the highly discussed and perceived as a requirement for a competent medical teacher in the present study. It includes the student-friendly attitude that a teacher has to develop. According to them, the concern for the student makes the difference and builds up the student-teacher intimacy. It is very well reflected in their comment, "Basically, they should have love toward us. If they have love toward us, they can understand and teach us effectively." Importance of non-cognitive skills was identified by many other researchers [14,19]. Students expect teachers help and assistance beyond academics. They wish for the continuance of tutorial system. They also seek teachers help for solving personal matters. Other studies also stressed the importance of tutorial system [19]. The teaching skill was mentioned as an important competency for a competent medical teacher in many studies conducted among students [14] and teachers [4,15]. Here, students specifically mentioned about issues to be improved in theory and clinical teaching. They suggested effective use of powerpoint in theory classes. Students pointed out the necessity of providing training in teaching-learning methodology to teachers. Researchers stressed the problem of the lack of training for teachers in this regard [20].

A competent medical teacher has to acquire professional development. A medical teacher has to be a researcher and a lifelong learner. Students stressed the need for research and their interest in research. Many other studies stressed the importance of professional development [4,5]. A good researcher can inspire the students also in that direction. Good personal qualities are essential for a competent medical teacher. Students perceive teachers as the role model for ethics and professional dedication. An ethical and dedicated teacher can inspire the students in the good direction. A competent medical teacher has to be unbiased in their dealings. Importance of personal qualities for a competent medical teacher was given by other researchers also [14]. Students also suggested dress code for doctors.

The present qualitative study reflects the students' perspective on a competent medical teacher. It throws light into the gap between the expectations of the students and the reality with regard to the competence of a medical teacher. However, the present study is only an institutional one needs to be replicated to multiple centers.

## CONCLUSIONS AND SUGGESTIONS

The present qualitative descriptive study formulated students' perspective of a competent medical teacher. Students were highly

critical of present medical education system and teacher's attitude in their reflections. They hope for a marked improvement through their critical and reflective feedback. Students perceived that a competent medical teacher should have good communication skill, adequate knowledge, attitude to demonstrate in clinics, good concern for students, good teaching skill, professional development, good personal qualities, and good interpersonal skill.

## REFERENCES

- Alhaqwi AI, van der Molen HT, Schmidt HG, Magzoub ME. Determinants of effective clinical learning: A student and teacher perspective in Saudi Arabia. *Educ Health (Abingdon)* 2010;23:369.
- Gary NE, Ayers WR, Boelen C. Preface: Improving the social responsiveness of medical schools: Proceedings of the 1998 educational commission for foreign medical graduates/world health organization invitational conference. *Acad Med* 1999;74 8 Suppl:Sviii.
- Moercke AM, Eika B. What are the clinical skills levels of newly graduated physicians? Self-assessment study of an intended curriculum identified by a Delphi process. *Med Educ* 2002;36:472-8.
- Singh S, Pai DR, Sinha NK, Kaur A, Soe HH, Barua A. Qualities of an effective teacher: What do medical teachers think? *BMC Med Educ* 2013;13:128.
- Wealthall S, Henning M. What makes a competent clinical teacher? *Can Med Educ J* 2012;3:e141-5.
- Young S, Shaw DG. Profiles of effective college and university teachers. *J High Educ* 1999;70:670-86.
- Boor K, Teunissen PW, Scherpbier AJ, van der Vleuten CP, van de Lande J, Scheele F. Residents' perceptions of the ideal clinical teacher - A qualitative study. *Eur J Obstet Gynecol Reprod Biol* 2008;140:152-7.
- Busari JO, Weggelaar NM, Knottnerus AC, Greidanus PM, Scherpbier AJ. How medical residents perceive the quality of supervision provided by attending doctors in the clinical setting. *Med Educ* 2005;39:696-703.
- Metcalfe DH, Matharu M. Students' perception of good and bad teaching: Report of a critical incident study. *Med Educ* 1995;29:193-7.
- Dongre AR, Deshmukh PR, Kalaiselvan G, Upadhyaya S. Application of qualitative methods in health research: An overview. *Online J Health Allied Scs* 2009;8:3.
- Tesch R. *Qualitative Research: Analysis Types and Software Tools*. Bristol, PA: Falmer Press; 1990.
- Polit D, Hungler BF. *Nursing Research: Principles and Methods*. 6th ed. Philadelphia, PA: Lippincott Williams & Wilkins Co.; 1999.
- Holloway I, Wheeler S. *Qualitative Research for Nurses*. 2nd ed. Oxford: Blackwell Co.; 2002.
- Malik AN, Bashir S. Good teacher; Student's perception about top qualities in health sciences. *Professional Med J* 2015;22:670-3.
- Irby DM. What clinical teachers in medicine need to know. *Acad Med* 1994;69:333-42.
- Hatton N, Smith D. Reflection in teacher education: Towards definition and implementation. *Teach Teach Educ* 1995;11:33-49.
- Baker JA, Grant S, Morlock L. The teacher-student relationship as a developmental context for children with internalizing or externalizing behavior problems. *Sch Psychol Q* 2008;23:3-15.
- Peyre SE, Frankl SE, Thorndike M, Breen EM. Observation of clinical teaching: Interest in a faculty development program for surgeons. *J Surg Educ* 2011;68:372-6.
- Sutkin G, Wagner E, Harris I, Schiffer R. What makes a good clinical teacher in medicine? A review of the literature. *Acad Med* 2008;83:452-66.
- Biehn JT. Characteristics of an effective medical teacher. *Can Fam Physician* 1976;22:135-6.

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