The qualities of a good teacher: how can they be acquired and sustained?

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The introduction of problem-based learning (PBL) in undergraduate medical courses necessitates the special training of teachers and monitoring of their performance.[1] In traditional courses the emphasis is on transmission of factual knowledge; teachers are the main source of information and students are offered few opportunities to identify their own learning needs or reflect collectively on their learning experience.[2] Then, if the outcomes are unfavourable, the blame lies with the student, for lack of skills or motivation. By contrast, in PBL courses the responsibilities of teachers include: encouraging critical thinking; fostering self-directed learning and curiosity; monitoring group progress; and creating a learning environment that stimulates all members in the group, generates deep understanding, and promotes teamwork.[1,3]

These activities demand special attributes. Over the past five years I have run over forty workshops for would-be PBL tutors as well as refresher workshops for existing tutors who wish to enhance their skills as PBL facilitators. These workshops usually begin with a session titled What makes good teachers? and I ask participants to write down the name of the best teacher they have ever had and list his or her good qualities: 'In what way did your best teacher help you to grow?' Certain qualities are common to many of these teachers—for example, 'He treated me with respect and was interested in helping and supporting me'; 'She motivated me to love the subject she was teaching'; 'She created a positive impact on my life that reshaped my vision and purpose'; 'He was able to keep us engaged in his lessons, think, and ask good questions'; 'I realized that learning can be fun and a life-long experience'. These responses stimulated me to examine the qualities of a good teacher in a more systematic way.

ROLE MODELS

Role modelling is thought to be an integral component of medical education. We identify people as role models when they inspire imitation and influence people working with them to develop new skills and achieve their potential.[4,5]

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Students learn from continuous observation of the ways their teachers handle difficult and stressful situations, how they relate to their patients, and how they deal with ethical and moral issues.

In one recent study, the most highly regarded teachers in a large department of medicine were asked to specify the personal qualities, teaching skills and clinical competencies they considered most critical for effective role modelling in medicine.[6] The findings indicated that good teachers are enthusiastic, friendly, easy-going, able to develop rapport with learners, committed to the growth of their students, approachable, interested in learners as people, and always conscious of their status as role models. The participants were then asked to list barriers to effective modelling and these included being quiet, being overextended, having difficulty remembering names and being impatient and impulsive.

Is ethnic background or culture relevant to the choice of role models in medical schools? The answer is yes,[7,8] and this needs to be borne in mind in selection of faculty teaching staff and appointment of teaching and assessment committees.[9] All medical educators should be aware of the impact of cultural differences on learning.

A search of the Medline and HighWire databases under 'good teachers' and 'mentors' indicates that the subject attracts growing attention. From January 1978 to December 2003 the number of publications was 1061, of which just over half appeared in the last 4 years. Box 1 lists the qualities of a good teacher highlighted in this published work, under categories derived from my own experience.

PROMOTING EXCELLENCE IN TEACHING

In PBL courses, the usual rewards for excellent teaching are personal prizes, grants for research in education, or funding to attend professional development courses. Among the benefits are the encouragement of young tutors to develop careers in medical education and establishment of links with local and international educators and researchers in medical education. A good tutor training programme fosters the arts of facilitation, group dynamics, and feedback.[10–13] Faculty training and mentoring programmes should be part of university policies for the promotion of academic excellence.[14] One initial training session for faculty

EDUCATION

Box 1 **Twelve qualities of a good teacher or mentor**

1 *Committed to the work*
Focuses on educational needs of the students
Works with passion
Keen to uphold the university's values
Enthusiastic about work and about teaching

2 *Encourages and appreciates diversity*
Does not stereotype or speak negatively of others
Nurtures and encourages diversity
Seeks and encourages understanding of, and respect for, people of diverse backgrounds

3 *Interacts and communicates respect*
Communicates effectively with others
Encourages input from others, listening deeply and giving credit for their contributions
Acts with integrity
Provides a model of high ethical standards
Shows a caring attitude

4 *Motivates students and co-workers*
Encourages students to achieve their goals
Provides constructive feedback
Monitors progress of students and fosters their success

5 *Brings a wide range of skills and talents to teaching*
Teaching is clearly presented and stimulates high-order thinking skills
Presents difficult concepts comprehensibly
Brings appropriate evidence to the critique
Teaches memorably

6 *Demonstrates leadership in teaching*
Contributes to course design and structure
Contributes to publications on education
Evidence of self-development in an educational context
Demonstrates creativity in teaching strategies
Committed to professional development in education

7 *Encourages an open and trusting learning environment*
Creates a climate of trust
Encourages students to learn from mistakes
Helps students redefine failure as a learning experience
Encourages student questions and engagement in the learning process
Encourages student growth with appropriate behaviour-based feedback

8 *Fosters critical thinking*
Teaches students how to think, not what to think
Encourages students to organize, analyse and evaluate
Explores with probing questions
Discusses ideas in an organized way
Helps students to focus on key issues
Trains students in strategic thinking

9 *Encourages creative work*
Motivates students to create new ideas
Fosters innovation and new approaches

10 *Emphasizes teamwork*
Builds links at national and international levels in education
Encourages students to work in teams
Encourages collaborative learning

11 *Seeks continually to improve teaching skills*
Seeks to learn and incorporate new skills, and information teaching
Seeks feedback and criticism
Keeps up to date in specialty

12 *Provides positive feedback*
Listens to students and discovers their educational needs
Values students, never belittles
Provides constructive feedback
Helps and supports people to grow
Teaches students how to monitor their own progress.

development at the beginning of a project (e.g., introduction of PBL) is not enough. Follow-up mentoring, coupled with opportunities to share ideas with other tutors as new skills are developed, is crucial to successful implementation of a new curriculum.[14,15] The academies of medical educators at Harvard Medical School and the University of California San Francisco (UCSF) are two examples of current trends in medical and health education. At Harvard, the academy aims to reward excellence in teaching and provide a forum for the exchange of ideas across departmental and institutional lines.[16] The academy at UCSF likewise rewards talent and has also initiated a mentoring programme to help junior faculty members enhance their teaching skills.[17] One aim of faculty development programmes is to improve teachers' abilities to write high-quality and reliable test questions. Assessment

of students' cognitive skills is a much neglected area in curriculum change.[18]

CHALLENGES

The emerging changes in medical curricula and the role of medical teachers necessitates the development of standards for medical education at international as well as national levels.[19–21] As research becomes the main criterion for promotion in academia, faculty time for education is at risk.[22] This is one of the main challenges facing educators in universities worldwide. Vice-chancellors and deans need to reassess the criteria for academic promotion and allocate more credit for education. A second challenge is the lack of training and mentoring programmes in medical and health professional schools. Although the introduction of PBL has

necessitated the development of training programmes in most schools, these need to be backed by mentoring and continuous support for new tutors. A third challenge is the separation of research from education, and the consequent lack of established knowledge in areas such as staff development and enhancement of teaching skills.[23] A fourth challenge is the lack of resources for training teachers and junior faculty academics.

CONCLUSIONS

The advent of PBL has cast a spotlight on the qualities of a good teacher. Excellent teachers serve as role models, influence career choices and enable students to reach their potential. Some of the necessary qualities are inherent, others can be acquired. In medical schools the good teachers must be nurtured and rewarded.

Note   The author chaired the Subcommittee of Excellence in Teaching Awards, Faculty of Medicine, Dentistry and Health Sciences, the University of Melbourne, 2003–2004.

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