Chapter 18
The Clinician as Educator:
Redefining the Medical Educator's Role and Toolbox

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ABSTRACT

The changing landscape of medical practice, the explosion of medical knowledge, and the introduction of new technologies and teaching methods have impelled a re-examination of the various roles of the medical educator. This chapter examines each of those roles -- content expert, competency expert, role model, teacher of critical thinking, promoter of life-long learning, patient educator -- from both a historical and modern perspective. The overall requirements for faculty development are described and, for each of the educator's roles, specific faculty development suggestions are put forth to meet the evolving needs of modern medical educators.

INTRODUCTION

I swear by Apollo the physician, and Aesculapius the surgeon, likewise Hygeia and Panacea, and call all the gods and goddesses to witness, that I will observe and keep this underwritten oath, to the utmost of my power and judgment.

I will reverence my master who taught me the art. Equally with my parents, will I allow him things necessary for his support, and will consider his sons as brothers. I will teach them my art without reward or agreement; and I will impart all my acquirement, instructions, and whatever I know, to my master's children, as to my own; and likewise, to all my pupils, who shall bind and tie themselves by a professional oath, but to none else. (Adams, 1939)

The essential role of physicians and healthcare providers as educators dates back to the ancient Greeks. The original and subsequent versions of the Hippocratic Oath focus on the primacy of the physician as

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teacher. In the current era, with shifting paradigms of clinical practice, medical economic pressures, the explosion of medical knowledge, the integration of technology into healthcare and medical education, and generational differences in current learners, the vital role of physicians and scientists as educators has become an important topic of discussion and debate (Cooke, Irby, & O'Brien, 2010; ten Cate, 2014). These forces combine to affect the delivery of medical scientific content in the classroom or at the bedside, the traditional modalities most familiar to medical faculty. The role of the academic clinician as "bedside" teacher of students and patients is further challenged by significantly shorter hospital stays, briefer clinic visits, and wide access to information on the internet (Sherbino, Frank, & Snell, 2014). While these many changes test the skills and established roles of medical educators, they have created exciting opportunities to more clearly define or redefine the clinician's role as medical trainee and patient educator. These changes have also focused attention on the need for clearer and more specific faculty development to engage the commitment and enthusiasm of medical educators in training the next generation of healthcare providers (Feinberg & Koltz, 2015). This chapter addresses that need and proposes ways to meet it.

BACKGROUND

A significant driver of educational changes has been technological advances in conjunction with the dramatic increase in basic biomedical knowledge and medical treatment options. The age of the internet has allowed almost universal access and transmission of basic and clinical scientific content to patients, trainees and practitioners alike through a variety of web-based clinical resources. This information, often scientifically unfiltered and even speculative, can be overwhelming to trainees and patients alike. Practitioners themselves increasingly rely on technology to make diagnoses and decide on treatment, thereby raising concerns about how students can learn data collection and physical examination skills and develop critical diagnostic thinking and assessment skills.

While current students of medicine are typically far more adept than their faculty in accessing ever-expanding digital modalities, they often lack the knowledge and experience to use that information effectively. At the same time, many educators continue to see the traditional classroom lecture as the best way to impart their extensive knowledge and skills. In response, students are clearly speaking with their feet, routinely avoiding the lecture hall, opting instead to view the material online at their preferred time, location and speed. Students feel quite comfortable accessing needed or supplemental information and content from a variety of mostly digital resources: digital textbooks, medical school created online lectures, review books, Wikipedia, YouTube, Kahn Academy, practice examinations, etc. (Prober 2013). However, students cannot develop the clinical skills and professional identity formation, attitudes and behaviors needed to become the next generation of health care providers, proficient in the art and science of medicine, without educational goals, objectives and assessments created by experience medical educators. Local, national and international faculty collaboration facilitates greatly the generation of general and discipline-specific objectives and assessment tools.

The current dynamic changes in medical education have become intellectual as well as personal struggles for many medical school faculty who were themselves trained in the centuries-old didactic traditions (Norman, 2012). Most basic scientists and clinicians had, as trainees themselves, limited opportunities to learn how to become medical educators, which is a similar problem for faculty in other academic disciplines (Anderson, 1996). A major concern cited by many faculty is whether students have