

# Chapter 11

## Characteristics of Good Clinical Educators from Medical Students' Perspectives: A Qualitative Inquiry Using a Web-Based Survey System

**Gary Sutkin**

*University of Pittsburgh School of Medicine, USA*

**Hansel Burley**

*Texas Tech University, USA*

**Ke Zhang**

*Wayne State University, USA*

**Neetu Arora**

*Texas Tech University, USA*

### **ABSTRACT**

*Medical educators have a unique role in teaching students how to save lives and give comfort during illness. This article reports a qualitative inquiry into medical students' perspectives on the key qualities which differentiate excellent and poor clinical teachers, using a Web-based questionnaire with a purposeful sample of third- and fourth-year medical students. Thirty-seven medical students responded with 465 characteristics and supportive anecdotes. All participants' responses were analyzed through reviewing, coding, member checking, recoding and content analysis, which yielded 12 codes. Responses from 5 randomly chosen participants were recoded by two authors with an inter-rater reliability coefficient of 0.72, implying agreement. Finally, 3 larger categories emerged from the data: Content Competence, Teaching Mechanics, and Teaching Dynamics. We incorporate these codes into a diagrammatic model of a good clinical teacher; discuss the relationships and interactions between the codes and categories, and suggest further areas of research.*

## **INTRODUCTION**

Medical teachers must be creative and effective teachers in addition to being sound clinicians and successful researchers (Bowen, 2006). Curriculum reform increases the need for skilled teachers in our medical schools. Although most faculty do not undergo formal teaching training during their medical training, many United States medical schools have created faculty development workshops to help faculty, among other things, become better teachers (Searle, Hatem, Perkowski, & Wilkerson, 2006). But what makes a good medical school teacher? Some educators have attempted to answer this question by surveying their own medical students: some through the coding and categorization of answers from surveys (Boendermaker, Conradi, Schuling, Meyboom-de-Jong, & Swierstra, & Metz, 2003; Cote & Leclere, 2000; Ker, 2003; Pinsky, Monson, & Irby, 1998) and others from the analysis of answers to Likert-type scales (Morrison, Hitchcock, Harthill, Boker, & Masunaga, 2005; Cox & Swanson, 2002; Elzubeir & Rizk, 2002).

In our medical school, student assessments of clinical faculty who teach third and fourth-year medical students are heterogeneous, performed on a departmental basis, inconsistently administered, and not standardized or validated. Multiple sources are recommended to improve the content of educational assessment (Epstein, 2007); students are one source of assessment of faculty teaching. To identify quality teaching in clinical settings, it is critical to understand what contributes to good clinical teaching from students' perspectives.

The advancement of Internet technologies also provides new opportunities for dynamic, instant Web-based data collection efforts. In addition to the fast speed and higher accuracy rate of data collection, a Web-based questionnaire also makes it possible to reach and engage prospective participants despite the physical distances and diverse geographical locations. More importantly, a well designed Web-based survey system may provide

dynamic, automatic features such as e-mail invitations for participation, participation tracking and records, e-mail reminders and other necessary follow-ups about the survey research. Thirdly, a Web-based questionnaire may easily incorporate interactive components into the survey such as a pop-up reminder, as necessary, to encourage participants to provide more verbiage in their responses to open-ended questions. Additionally, a Web-based survey makes it easy to collect data fast and in a predetermined analyzable format. Finally, the Web-based approach is usually less expensive than the other options (Schleyer, 2000).

## **REVIEW OF THE LITERATURE**

Medical educators enjoy high status among professional educators, with good reason. Complex medical innovations, falling mortality rates, and the growth of the field of medical education have made the need for good medical teaching all the more critical. What makes an effective medical educator, in particular, and an effective teacher, in general? Interestingly, with a metaphorical flourish, Oser and Baeriswyl (2001) compared a teacher to an expert in an emergency room, someone who reacts constantly to the immediate events, despite having a plan. They describe a lesson period as a chain of operations guided by rules, with the teacher employing innumerable helping, piloting, and controlling activities to meet lesson goals. In the last 3 decades, in research on public school teaching, the emphasis has been on linking such teaching behaviors to student performance (Borich, 1996). The real answer to the above question is that teaching is a very complex activity that is influenced by myriad factors, both personal and environmental.

In an empirical study, Good and Brophy (2000) identified effective elementary and secondary teacher behaviors that were associated with increased student performance. These factors included teacher efficacy, student opportunity to

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