

Twelve roles of a medical teacher: how this model can benefit physicians in Sri Lanka

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Abstract

Although the main duty of physician is to heal the patient, they need to realise that they have to serve another important responsibility, as clinician-educators. In many non-industrialised countries, physicians devote most of their time and energy to patient-care and pay little attention to their role as teachers. This has been overcome to some extent in industrialised countries by maintenance of teaching portfolios and regular performance appraisals. In 2000, Harden and Crosby suggested that a good teacher is more than a lecturer and has six main roles: information provider; role model; facilitator; assessor; planner; resource developer. Each of these six main roles has two subsidiary roles resulting in a total of 12 roles. Although this paper was published more than 20 years ago, it addresses some fundamental aspects of teaching, learning and assessment. Therefore, it can be adopted as a framework to develop teaching portfolios of physicians, even in today's context, and is applicable in enhancing the role of teaching by physicians in Sri Lanka.

Key words: medical teacher, Sri Lankan physician, teaching competency framework

Introduction

In many countries, doctors devote most of their time and energy to patient care and pay little attention to teaching. This is true for physicians in Sri Lanka as well. Although the word doctor is derived from the Latin verb "docere," meaning to teach, how often do our doctors function conforming to this definition? Do


doctors get opportunities to teach? Definitely so, in teaching hospitals. They have plenty of opportunities to teach even if they work in other government hospitals and community clinics, and in private hospitals. Physicians and physician-trainees get opportunities to teach undergraduates following a variety of programs such as medical, dental, nursing or physiotherapy, to name a few. Physicians get opportunities to teach and learn from their colleagues and those from other disciplines at forums such as multi-disciplinary meetings, grand ward rounds and mortality-morbidity conferences. Teaching can be done face-to-face or online, either synchronously or asynchronously. One of the most important groups that learn from physicians would be patients and their families. Although this has a therapeutic effect, some physicians pay little attention to this role. A clinician-educator can make an immense contribution to an institution and the community. As a professional one should be ready to share knowledge, experience and wisdom with students and patients alone or as a member of a team. This paper discusses how physicians in Sri Lanka can expand their role as teachers based on a publication by Harden and Crosby in 2000.¹

Twelve roles of a medical teacher

Physicians are expected to have a high degree of emotional intelligence and it is important for them to possess sound self-awareness and good communication skills to be effective teachers. In industrialised countries such as United States of America (USA), it is mandatory for physicians to demonstrate competency in their job by appearing for State run Board examinations, periodically. When such a yardstick is

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not available to check physicians' competencies, as happens in Sri Lanka and other non-industrialised countries, they need to be aware of their professional inadequacies so that they can take timely remediable actions. In this context competency frameworks such as Graduate Medical Program of Accreditation Council for Graduate Medical Education (ACGME) of USA, 'Tomorrow's Doctors' of General Medical Council of United Kingdom (GMC UK), The Scottish doctor – Learning outcomes for the medical undergraduate in Scotland: A foundation for competent and reflective practitioners, The Tuning Project (Medicine) – Learning outcomes / competences for undergraduate medical education in Europe, CanMeds (Royal College of Physicians and Surgeons of Canada) and Medical School Objectives Project – American Association of Medical Colleges (MSOP – AAMC) have global recognition and play useful roles to maintain standards of medical practice.²⁻⁶ To develop self-awareness, physicians need to be reflective doctors and this helps them to identify their inadequacies and to take appropriate action for the purpose of improvement. Scottish doctors Competency Framework advocates that doctors should do the right thing (utilizing technical intelligences), do the thing right (utilizing intellectual, emotional, analytical and creative intelligences) and that the right person should be doing it (utilizing personal intelligence).² In 2000, Harden and Crosby suggested that a good teacher is more than a lecturer and has six main roles in teaching: information provider; role model; facilitator; assessor; planner; and resource developer. Each of these six main roles has two subsidiary roles resulting in a total of 12 roles (Table 1).¹ Twelve roles are not guidelines but a framework for potential areas for teaching for physicians and are interconnected. It is feasible for physicians in Sri Lanka to equip themselves to perform these roles.

Lecturer and Clinical Teacher

Physicians should show enthusiasm in their field of expertise and teach within it, ensuring they update their knowledge and skills regularly. They should practice holistic medicine and possess excellent clinical reasoning skills so that students can role model them. They should make use of the appropriate teaching methods/tools based on the learning outcomes whilst bearing in mind to deliver teaching appropriate to the students. For example, if the topic to be covered is physiology of acid-base balance for a batch of 100 medical students, a lecture would be appropriate, whereas for five students, a class on identification of cardiac murmurs by auscultation, a bedside class on a real patient/s with cardiac murmurs would be suitable. Physician should remember to engage learners, solicit questions and summarise main points.

Physicians can engage patients and their families in developing plans that reflect the patient's health care needs and goals and facilitate discussions with them in a way that is respectful, non-judgmental, and culturally safe. In addition, physicians can assist them and their families to identify, access, and make use of information and communication technologies to support their care and manage their health. With access to smartphones and digital fluency increasingly available in urban households in Sri Lanka, latter option has a key role play in healthcare delivery in the future. Physicians should share knowledge, experience and wisdom that would help patients and their families make informed decisions regarding their health. Physicians should update themselves by self-directed learning and for this they require: human resources, especially colleagues and co-workers; material resources, especially journals and other sources of

Table 1. The 12 teaching roles of a doctor

<p>1 & 2. Information provider</p> <ul style="list-style-type: none"> - Lecturer - Clinical teacher 	<p>7 & 8. Assessor</p> <ul style="list-style-type: none"> - Student assessor - Curriculum evaluator
<p>3 & 4. Role model</p> <ul style="list-style-type: none"> - Teacher - Clinician 	<p>9 & 10. Planner</p> <ul style="list-style-type: none"> - Curriculum planner - Course organizer
<p>5 & 6. Facilitator</p> <ul style="list-style-type: none"> - Learning facilitator - Mentor 	<p>11 & 12 Resource developer</p> <ul style="list-style-type: none"> - Study guide producer - Resource material producer

information; and undergo formal continuing professional development (CPD), organized by professional colleges and universities⁸. Ministry of Health and professional medical associations and colleges in Sri Lanka should address these issues, and consider introducing some of these as mandatory in-service requirements for physicians in Sri Lanka.

Role Model as Teacher and Clinician

Physicians should recognize the influence of role-modelling and how it impacts formal, informal, and hidden curriculum of learners. They should build a good doctor-patient relationship, be kind and empathetic to their patients, promote a safe learning environment and ensure patient safety is maintained when learners are involved. For example, physicians can show measures taken to prevent cross infection in an explicit manner, demonstrate excellent bedside manners and exercise high ethical standards so that students can emulate them. Many personal details are divulged by patients during bedside or outpatient teaching sessions. It is imperative to impress on students that confidentiality has to be always maintained. Students should be taught to respect patient autonomy and they should understand that decision of the patient despite explanation regarding some treatment may be due to patient factors such as cultural reasons, although the decision is not scientifically sound. If a patient is reluctant to be examined by medical students, student should be told to respect such decisions and refrain from examining.

Physicians can be excellent role models by: demonstrating sensitivity to each learner as an individual whose learning practices are unique and by respecting all in the learning community by recognising diversity across them; being responsible and accountable in carrying out assigned academic roles; by maintaining integrity and discerning between right and wrong academic behaviour and by confronting any wrong doings among the students; by sharing information; by responding to student needs and being compassionate to them.

Facilitator and Mentor

Physicians should facilitate and engage learners by supervising, mentoring and guiding students. Students should be encouraged to question as they often fail to question the teacher as there is a belief in many countries in the Asian continent including Sri Lanka that it is disrespectful to do so. Creation of an open and friendly atmosphere that facilitates dialogue to issues contextual to the profession is helpful and provides feedback to enhance learning and per-

formance. Physicians should be able to recognise learners in distress and provide appropriate resources within educational structure to assist them.

Assessor and Curriculum Evaluator

Assessment can be formative and/or summative. Physicians may have to design and implement assessment programmes that deliver the learning outcomes and create assessment material based on learning outcome when they are entrusted to do so. If a physician is tasked to organise a fiberoptic bronchoscopy training program, it would be prudent to test the competencies of the trainee using bronchoscopy in manikins as one of the assessment tools as this will align with requisite outcomes in psychomotor skills of the training program.⁶ It is necessary to evaluate student performance based on marking criteria/ assessment rubrics in both theory and clinicals and assess learning and provide objective feedback. Such an assessment strategy can generate first-hand data that is specific and immediate and it will be useful in giving feedback that would be more effective in correcting students' lapses compared to delayed feedback which is more general and subjective. The curriculum has to periodically respond to evolving societal needs, practice patterns, and scientific developments and changes in assessments.⁷

Curriculum Planner and Course Organizer

A physician may have to design a new curriculum or course; evaluate, identify gaps and propose improvements for the existing curriculum/course; determine resource availability and constraints for programme implementation; be able to gather resources to overcome barriers for implementation; prepare documents for academic purposes (e.g. audit, accreditation, certification); design and develop curriculum/course according to accreditation and professional body's framework and guidelines. For example, when designing a certificate course for junior doctors and nurses on 'patient safety' the organiser will have to do a focused internet search to begin with and locate existing courses that are bench marked/ accredited. It is desirable to prepare a competency-based curriculum for the course which is planned and what competencies and at what level of competence is required should be determined. One of the main tasks of the organiser would be to ensure that the requisite human resources are available.

Study Guide Producer and Resource Material Developer

If physicians are entrusted with developing a curriculum, they should provide a study guide including

a vocabulary of terms for students as it alleviates anxiety, presents main ideas/concepts/events with clarity, mentions skills that are required explicitly and show them how the study guide could be used to their best advantage. Physicians can develop suitable resources, and also provide references and links to other resources (e-journals, electronic data bases, textbooks etc).

Discussion

A teacher often plays more than one role and can change from one role to another within a teaching/learning session. A teacher can help students to grow in knowledge, understanding, self-awareness, moral development and ability to communicate with others. Teachers should not only strive to be competent in all twelve roles described; they should also be counsellors and disciplinarians, to facilitate and manage learning by the students. Teachers need not be competent in all twelve roles given above; they can play greater roles in areas that they have the greatest aptitude. There are factors that influence the role of the teacher such as objectives of lesson/teaching program, maturity of student (during clinical teaching, third year medical students are often taught on a disease-based approach confining the discussion mostly around a topic whereas holistic care is emphasised for final year students and house-officers who are expected to follow an apprenticeship), type of curriculum (traditional or problem-based) and socio-cultural factors (most medical students and junior doctors in Sri Lanka having gone through a didactic curriculum in their primary and secondary schools prefer to be spoon-fed in comparison to those in countries like Australia, UK and USA where learning is more independent and problem solving in nature). However, it is important that physicians as teachers are driven by principles of education, although it may look contradictory to preferences of some students.

Sri Lanka Medical Council (SLMC) monitors medical faculties here and foreign medical schools registrable under SLMC to ensure that undergraduates are trained to at least minimum standard as stipulated in the Medical Ordinance gazetted by the government.⁹ However, this Ordinance lacks specific details as given in globally recognised competency frameworks such as those given by GMC or ACGME guidelines.^{3,5,6} Therefore, it is incumbent upon medical faculties in Sri Lanka to close such gaps and ensure that their new medical graduates carry out good medical practice adhering to patient safety. It is good to note that most medical faculties have competencies of their graduates clearly worked out.⁹ However, these need to be revised

periodically as trainers must always be responsive to evolving societal needs, practice patterns, and scientific developments.⁷ The provision of undergraduate competency framework to physicians in teaching hospitals who form adjunct faculty of medical schools will make it easier for them to teach. As for training of postgraduates in Internal Medicine, prospectus in Internal Medicine of Postgraduate Institution in Medicine is a good resource to guide physician trainers.¹⁰⁻¹²

Conclusions

The paper published by Harden and Crosby more than 20 years ago addresses some fundamental aspects of teaching, learning and assessment. Therefore, it can be adopted as a framework to develop teaching portfolios of physicians, even in today's context, and is applicable in enhancing the role of teaching by physicians in Sri Lanka.

A physician is likely to have the potential to engage in many roles of teaching with enhanced understanding of educational concepts. A physician should be able to get assistance from professional bodies and from the Ministry of Health, as and when necessary. Professional bodies and the Ministry of Health should be proactive to provide such assistance and to consider teaching portfolio of physicians as a marker of their excellence and consider such an exercise being made mandatory to maintain standards of the profession.

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Conflict of interest

None.

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