

COMMENTARY

Competencies for Medical Teachers

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In the past decade, medical education has increasingly emphasized and developed core competencies as a framework to drive teaching and assessment of learners at all stages of their training. With the emphasis on competencies for learners in medical education, it follows that core competencies for teachers should also be considered. This brief article provides an overview of core competencies for medical educators described in the literature and ends with one example of a program to help teachers achieve these skills.

Medical educators teach in a variety of venues, including lecture halls, small group classrooms, and inpatient, outpatient, and surgical settings—not to mention one-to-one supervision and mentoring. Effective teaching in these settings centers on a teacher's ability to demonstrate specific skills (such as organizing explanations or giving feedback) as well as attend to key aspects of the learning process that may be dependent on the setting. In a recent article by Srinivasan and colleagues, the development of a set of core competencies for medical educators is described based on the Accreditation Council for Graduate Medical Education core competencies framework.¹ These areas of competence apply to individual medical teachers in any setting:

1. Content knowledge, which focuses on how educators use their content expertise to tailor instruction for learners and to assess individual learner progress;
2. Learner-centeredness, which focuses on assessing and meeting a learner's individual professional needs and to treat individuals with respect;
3. Professionalism as an educator, which involves exhibiting, inspiring, and role modeling best practices and behaviors;
4. Communication, emphasizing effective problem solving and adaptability for one-on-one, one-on-group, and intragroup interactions;
5. Practice-based reflection, emphasizing the importance of self-reflection and multiple sources of information to improve one's own educational practices; and
6. Systems-based practice that involves understanding the educational microsystem (i.e. the team or service) as well as the larger (macro) system in which education occurs and to advocate for appropriate change in these systems.

When considering competencies, it is also useful to examine the specific skills or objectives that teachers should be able to demonstrate in different settings. Several scholars have outlined key skills for teachers that either crosscut teaching settings or are specific to particular venues.

For example, some of the core skills described for large group teaching include preparation in terms of setting objectives and organizing material based on learner level, opening the lecture in a way that gains the audience's attention, establishing rapport and providing a framework for the lecture, presenting and explaining content at a level appropriate to the audience, incorporating interactive activities that keep learners engaged and allow them to apply material being covered, clear and thoughtful use of projected visuals, appropriate transitions to guide learners through

the lecture (eliciting feedback and questions from the audience), and summarizing key points.^{2,3}

For small-group teaching in the classroom, clinic, or operating room, key skills include establishing a positive learning environment that promotes discussion and problem solving, facilitating active involvement of all group members appropriate to their level, keeping flow of discussion moving and on task, asking questions at various taxonomic levels to stimulate thinking, using wait time after questions, responding to learners so that their interest and involvement in the learning process are strengthened, and facilitating summarization of key learning points.^{4,5}

For clinical teaching, Heidenreich and colleagues outline several key skills for effective and efficient teaching in the ambulatory setting that can also be applied to other clinical settings and numbers of learners.⁶ These skills include orienting the learner to the setting, teacher style, and expectations; prioritizing learning needs through discussion with the learner; priming the learner regarding tasks and goals prior to seeing specific patients; teaching in the patient's presence with proper orientation of the learner and patient; reflective modeling by the teacher of key skills in the patient's presence; limiting teaching points to one or two key concepts/principles per teaching interaction; appropriate use of different levels of questioning to allow for assessment of learner knowledge and needs; ongoing provision of feedback on learner performance starting with learner self-assessment; and reflection on both learner experience and teacher experience.

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Descriptions of overall competencies for teachers also acknowledge that teachers involved in medical education at more administrative levels (e.g. program directors) should be encouraged to demonstrate competency in additional areas including curriculum development, evaluation, and leadership.^{1,5,7}

Rather than leaving teachers to acquire competence in these skills through trial and error, faculty development programming has been increasingly focused on helping teachers acquire and enhance these skills and occurs at the departmental, college-wide, and national level. As an example, the University of Iowa Teaching Scholars Program, begun in 1999, is aimed at developing a cadre of faculty with expertise in medical education to serve as resources and role models for their faculty peers.⁷ This three-year program provides training addressing specific teaching skills (e.g. feedback, interactive lecturing, small-group facilitation, questioning skills)

and content focused on providing faculty development to colleagues. Participants in the program are expected to provide faculty development support to their colleagues in the department and college through workshops and other support systems.

Training in these core competencies is an important need in medical education. Ideally, teachers should receive training in these core skills when they become medical teachers and then have programmatic reinforcement and exploration of higher-level skills through training programs, observation, and feedback throughout their teaching careers.

References

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