

Competencies for Medical Teacher

Jwalant E Waghmare^{1,*}, Pranita J Waghmare², Bharat R Sontakke³

¹Associate Professor, ³Assistant Professor, Department of Anatomy, ²Assistant Professor, Department of Biochemistry, MGIMS, Sevagram, Wardha

***Corresponding Author:**

Email: jewaghmare@mgims.ac.in

Abstract

Medicine is a continuously updating profession and hence the medical graduates are expected to be lifelong learners updating their knowledge continuously. Medical council of India has defined competencies for Indian medical graduate (IMG). He/she is expected to be clinician, communicator and professional with leadership qualities. In addition to above mentioned qualities medical teachers are expected to have further few more competencies so that they can educate IMG with desired competencies.

Key words: Competency, MCI, Medical education, Medical graduate.

Epstein & Hundert (2002) have defined competence in medicine as “the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individuals and communities being served.”⁽¹⁾ Medical education is continuous process where we have to be concerned about patient’s safety and training of the graduates. For this the educators must keep themselves up to date with recent knowledge in the field and imbalm this knowledge to the students with active learning. Researchers in medical education have identified competencies for the medical teachers, these competencies are divided as **core and essential competencies**^(2,3).

Srinivasan et al., (2011) have suggested medical (content) knowledge, learner centeredness, communications skills, professionalism, role modelling, practice-based reflection and systems-based learning as core competencies expected of medical educators. Additionally there are special competencies for medical teachers these are program designing and implementation, evaluation, leadership and mentorship⁽⁴⁾.

Before executing a lesson teachers must set objectives which are aligned with the goal, to achieve these objectives he/she has to do lesson planning. It cannot be done unless we have sufficient **knowledge**⁽⁵⁾. Our goal as educator is to make medical graduate competent who shall be.....

- (i) **Clinician** who understands and provides preventive, promotive, curative and holistic care with compassion.
- (ii) **Communicator** with patients, families, colleagues and community.
- (iii) **Lifelong learner** committed to continuous improvement of skills and knowledge.
- (iv) **Professional** who is committed to excellence, is ethical, responsive and accountable to patients and community.
- (v) **Leader** and member of health care system⁽⁶⁾.

To fulfil above mentioned objectives that we have to be **learner centred**. As every learner is different emphasis should be on active learning, involving the

students with innovative and relevant ideas critical thinking^(7,8). At the end of every phase of the learning module we should assess the learners in depth and provide feedback for improvement. Thus **assessment** is a desired competency, teacher must be familiar with different tools of assessment and how to use them effectively, conducting it for improvement and for decision making⁽⁹⁾. Assessment is also a tool which provides us self-reflection and clearly tells us: where we are?

Unless we have good **communication skills**, it is difficult to canvas our objectives, building healthy teacher-student relationship, healthy relationship maintains conducive environment, which facilitates the learning process effectively^(2,10,11). Effective communication helps to give feedback effectively whenever necessary keeping the moral high and focused. Taking feedback on our conduct in and out of the classroom continuously from the students and follow colleagues regularly gives us a chance to improve according to needs of the students and population indeed, this conduct demonstrate **practice based reflection**. To achieve the desired goal, it is necessary to explore and integrate with different disciplines and work within the larger system of medical education which is called as **system based learning**⁽¹¹⁾. Under this banner we utilize resources within institute to optimise learning environment.

In the educational set-up the ethical principles must be followed in a day to day life, shoulder the responsibilities and be accountable to our actions. This will demonstrate **professionalism** which encourages working environment⁽¹²⁾. To give proper training to the learner we need to know **program designing and its implementation**. For designing and execution of the programme we need to understand current needs, anticipating different barriers during implementation. To ensure programme is well aligned with desired goal we have to take feedback from the stakeholders and be flexible to change according to the needs, for running the programmes effectively we need to collaborate with the

different stakeholders right from administration and population to parents⁽¹³⁾.

Competency in **leadership** gives clear vision to plan programmes as per the needs. It gives new ideas which are out of the box and encourages critical thinking. Good leader can put different stakeholders together forming an effective team to achieve a common goal and encourage the judicious use of technology for teaching as well as for connecting the peoples across the borders sharing common platform^(11,14). Leader has to be open to all, flexible and resilient to achieve the desired goal⁽¹⁵⁾. Lastly one of the essential competency for teachers is **mentorship**, which helps the mentee to develop needed skills through collaboration⁽³⁾. The educator must provide support, encouragement and inspire the mentees to achieve the desired goal.

References

1. Epstein RM, Hundert EM. DEfining and assessing professional competence. *JAMA*. 2002 Jan 9;287(2):226–35.
2. Leung W-C. Competency based medical training: review. *BMJ*. 2002 Sep 28;325(7366):693–6.
3. Srinivasan M, Li S-TT, Meyers FJ, Pratt DD, Collins JB, Braddock C, et al. “Teaching as a Competency”: Competencies for Medical Educators. *Acad Med*. 2011 Oct;86(10):1211–20.
4. Srinivasan M, Li S-TT, Meyers FJ, Pratt DD, Collins JB, Braddock C, et al. “Teaching as a Competency”: Competencies for Medical Educators. *Acad Med*. 2011;86(10):1211–20.
5. Silberman M. Active Learning: 101 Strategies To Teach Any Subject. [Internet]. ERIC; 1996 [cited 2015 Oct 9]. Available from: <http://eric.ed.gov/?id=ED424243>
6. Revised_GME_2012.pdf.
7. Cohn DA, Ghahramani Z, Jordan MI. Active learning with statistical models. *J Artif Intell Res* [Internet]. 1996 [cited 2015 Oct 9]; Available from: <http://arxiv.org/abs/cs/9603104>
8. Prince M. Does active learning work? A review of the research. *J Eng Educ-Wash-* 2004;93:223–32.
9. Epstein RM. Assessment in Medical Education. *N Engl J Med*. 2007 Jan 25;356(4):387–96.
10. Batalden P, Leach D, Swing S, Dreyfus H, Dreyfus S. General Competencies and Accreditation In Graduate Medical Education. *Health Aff (Millwood)*. 2002 Sep 1;21(5):103–11.
11. Frenk J, Chen L, Bhutta ZA, Cohen J, Crisp N, Evans T, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The lancet*. 2010;376(9756):1923–58.
12. Cohen JJ. Professionalism in medical education, an American perspective: from evidence to accountability. *Med Educ*. 2006 Jul 1;40(7):607–17.
13. Kern DE, Thomas PA, Hughes MT. Curriculum Development for Medical Education: A Six-Step Approach. JHU Press; 2010. 269 p.
14. The Impact of E-Learning in Medical Education : Academic Medicine [Internet]. LWW. [cited 2015 Oct 31]. Available from: http://journals.lww.com/academicmedicine/Fulltext/2006/03000/The_Impact_of_E_Learning_in_Medical_Education.2.a.spx
15. O Connell MT, Pascoe JM. Undergraduate medical education for the 21st century: leadership and teamwork. *Fam Med-Kans CITY-*. 2004;36(1; SUPP):S51–6.