Student as Teachers

Clarissa Wallace[1]
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Abstract

The wave of democratization in teaching of the past 30 years is now sweeping medical education. Residents routinely develop teaching skills in Residents as Teachers Programs across Canada, but medical students are increasingly called to teach as well. Just as each student must filter a wealth of positive and negative clinical experiences to develop good behaviour as a physician, so they would do well to view teaching through a lens of awareness and selectivity to make conscious choices of right teaching practices.

Students as teachers

In the teaching philosophy of Freire, "whoever teaches learns in the act of teaching, and whoever learns teaches in the act of learning."[1] The reciprocation of teaching and learning among students and teachers, or students and patients, has been an integral part of the medical profession throughout history. The etymology of the word doctor from the Latin verb docere "to teach" is a reminder that the act of teaching, both of patients and of apprentices, is a defining quality of the physician's role.[2]

Students now routinely assume the role of peer and near–peer teacher. Case–based learning and other forms of collaborative learning have become the norm rather than the exception in Canadian medical schools. Beyond this small group approach, there is growing literature on students as teachers in a broader context showing many benefits of student–led learning.

"Teaching others those things, that one has learnt not long before, consolidates one's knowledge and prepares for future cognitive development…the near–peer teacher has excellent recall of how to make that 'aha' happen, how it recently happened for them."[3]

In addition to the advantage of this "cognitive congruence", peer teaching affords a safer and more relaxed learning environment, while fostering self–esteem and intrinsic motivation for future teaching.[4]

Furthermore, "evidence suggests that if teachers support students' autonomy, competence, and relatedness, they will thrive in educational settings, they will take responsibility for their learning and also act in a more autonomy–supportive way in their interactions with patients."[5]

Learning occurs by doing. For many residents and established physicians in clinical practice, development of a teaching practice has happened at a minimally conscious level, lacking significant or at least deliberate reflection. Early exposure to basic principles of teaching, through interaction with teaching mentors, fosters a more purposeful and stronger teaching ethic; a right way to approach teaching from both pedagogical and philosophical perspectives.

"It is essential that, in preparing to teach, the prospective teacher must realize that a correct way of thinking is not a gift from heaven, nor is it to be found in teachers' guide books. On the contrary, a correct way of thinking that goes beyond the ingenuous must be produced by the learners in communion with the teacher responsible for their education."[6] The teacher acts as a catalyst in the transformation.

The most important role for the teacher then, is not as a source of knowledge and skill, but as a developmental guide to the student and student–teacher. But what is this "correct thinking" toward which we should be guided? The good teacher is expected to possess the attributes of an ethical and good person, but there are additional features of right thinking which seem vital to a good teacher and doctor.

Right thinking for teaching

1. Humility. "The average teacher explains complexity; the gifted teacher reveals simplicity," according to online aphorist Robert Brault.[7] A teacher who believes in learning makes his subject more accessible to share the beauty and joy of concepts, not less accessible as a covert method of self–aggrandizement.

The practice of humility should come easily to the beginner but is often eroded by the growth of expertise. No matter how much one knows, there will always be far more unknown, not to mention that at least some of what one firmly believes will ultimately prove to be false. Socrates, though now infamous for his association with excessive questioning, taught that life is about learning, and that we learn through speaking in dialogue with others.[8]

2. Openness to contradiction and correction, except in matters of universally accepted ethical principles. It follows that we must be open to opposition and even to outright negation of something that we believe to be true, whether it be in the realm of knowledge or of ideology. **To teach, we must listen.**

With respect to knowledge and skill, school and the heavy responsibilities of early practice often instil a desperate need to never be or do wrong. Each of us must break this "perfection trap" at some point. Our best safeguard against doing harm through error is to attend to, rather than ignore, both the inner voice of uncertainty, and the voices of others raised in constructive contradiction. Though uncomfortable, these moments of correction are times of intense learning for doctors and teachers.

In matters of ideology, a good teacher will be vigorous in defense of the rights of all individuals as enshrined in the UN Universal Declaration of Human Rights. These rights are frequently violated, and yet their intrinsic value is not a matter of personal opinion or belief but of established global principle.

But beyond these "inalienable rights," each of us must recognize and acknowledge our biases in order to avoid moving from education to a practice of indoctrination. Information delivery is a simple presentation of fact. Education presents facts in a biasing context by adding opinion or ethical perspective as guidance. However, there is danger in further extrapolation of this continuum to the abuse of education as indoctrination. "Indoctrination is the act of presenting only a biasing context or an explicit political position to the public."[9]

Teachers and students must recognize and reject indoctrination and miseducation presented in the guise of learning. Those who imply that, "if you are not with us, you are against us" are tyrants, not teachers. To welcome contrary views is vital to teaching and learning.

3. Curiosity. Curiosity is the attitude that saves us from arrogance at the personal level and dogmatism at the societal level. Preserving a desire to see or learn what is strange, unknown, and foreign is a requirement for civil society, as well as for service to individual patients, many of whom have conditions which cannot and should not be easily categorized and dispatched.

A teacher without curiosity lacks creativity. It is often through new and imaginative connections across disciplines that truly innovative ideas are born. The potential for these new insights keeps us open to learning from all others and in all fields, always ready for the jolt of

[1] Assistant Dean, Undergraduate Medical Education Program, Faculty of Medicine, Clinical Associate Professor, Department of Medicine, Division of Endocrinology, University of British Columbia

Correspondence to
Clarissa Wallace (clarissa.wallace@ubc.ca)

surprise and joy of concept(ion).

4. Authenticity. We teach so much more than the knowledge we intend to impart. "To teach right thinking is not something that is simply spoken of or an experience that is merely described…but something that is done and lived while it is being spoken of, as if the doing and living of it constituted a kind of irrefutable witness of its truth."[10]

If we as teachers "talk the talk" but don't "walk the walk," we are teaching hypocrisy. To be authentic, we must first be self–aware and then be willing to reflect on our teaching practice as a demonstration of who we are and what we believe.

5. Connection and compassion. Consider the "platinum rule" of teaching from Dr. Janet Riddle: "treat your students as you would like them to treat your patients."[11] Could we not also say, that we should treat both students and patients as we ourselves would like to be treated as patients? As educators, our behaviours help to weave the fabric of the future. Let us not be the doctors and educators who "might treat [the] society under study as though [they] are not participants in it."[12]

Ironically, clinical work may encourage us to distance ourselves from our patients, not to be "over–involved" or "let it get to you." For many, the most profound learnings of medicine are at the emotional level, rarely described or explained, and often unacknowledged. On this level, there is no student–teacher, or doctor–patient dichotomy, only our common humanity.

6. Unconditional positive regard. As teachers, our duty is to make clear to each student and each patient that they need not "earn" our positive regard. Small marks of natural respect reassure patients and students of their intrinsic value and their "right to be here."

7. Willingness for transformation. In the dialogue of teaching and learning, both the student and the teacher are changed, not just in the revision of their opinions but in themselves as people.

To practice both teaching and medicine, each of us must prove worthy of the trust of our students and patients. In accepting this trust as a profound gift, we become obligated to manifest our best possible selves, and therein lies personal growth.

Conclusion

Students, student–teachers, professors, doctors, and doctors of the future let us work toward further democratization of medical teaching. Let us strive for "right thinking" as an expression of our love for both medicine and teaching as acts of shared discovery, compassion, and freedom.

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