

## TWELVE TIPS

# Twelve tips for junior doctors interested in a career in medical education

JONATHAN BANNARD-SMITH, SOPHIE BISHOP, SUZANNE GAWNE & NEEL HALDER

The North Western Deanery, UK

## Abstract

**Background:** As with the many specialities within medicine, the expanding field of medical education is becoming a more formal and professionalised arena.

**Aim:** This article aims to assist junior doctors wishing to pursue formal educational roles in their future careers.

**Methods:** We offer twelve tips for junior doctors with these aspirations in mind, exploring a range of potential roles, resources and opportunities available.

**Results:** Twelve practical suggestions on how junior doctors can nurture their portfolios of evidence and subsequent future careers in medical education.

**Conclusions:** The developing world of medical education is becoming evermore structured and professionalised. Educators of the future will need to demonstrate evidence of their knowledge, skills and experience in the field in order to effectively assume and perform educational roles.

## Introduction

Ever since the dawn of modern medicine, the overwhelming majority of practising clinicians teach and instruct their junior colleagues. Even the origins of the word 'doctor' are directly derived from the Latin verb 'docere' which quite literally means 'to teach'; and this responsibility to teach will inevitably fall to you as your career develops. However, it is not enough to say 'I enjoy teaching' when questioned about your interest and commitment to formal educational roles. As with any speciality, medical education is becoming a more formal and professionalised field and it is important to ensure that you demonstrate evidence of your commitment, skills and experience. We offer 12 tips as a starting point for those interested in pursuing formal positions within medical education. We explore a wide range of roles, resources and opportunities commonly available and hope to provide the reader with some practical tips on how to nurture their future in medical education.

realms are worth investigating further while keeping your own interests, attributes and desires in mind. Educational theory, planning, research, appraisal and philosophy are just some of the many facets contributing to the final delivery of good quality medical education. It is these areas you should consider and explore, before assessing yourself which direction best suits your future career.

### Box 1. International organisations dedicated to medical education.

- ASME – Association for the Study of Medical Education  
<http://www.asme.org.uk>
- AMEE – Association for Medical Education in Europe  
<http://www.amee.org>
- AoME – Academy of Medical Educators  
<http://www.medicaleducators.org/aome/>
- AMSE – Association of Medical Schools in Europe  
<http://www.amse-med.eu>
- TUFH – The Network Towards Unity for Health  
<http://www.the-networktuftu.org>
- AMSA – Association for Medical Schools in Africa  
<http://www.amsa.org>
- PAFAMS – Pan-American Federation of Associations of Medical Schools  
<http://www.fepafempafams.org.org>
- AMEEMR – Association for Medical Education in the Eastern Mediterranean Region
- SEARAME – South-East Asian Regional Association for Medical Education  
<http://www.searame.org>
- AMEWPR – Association for Medical Education in Western Pacific Region  
<http://www.anewpr.com>

## Tip 1

Reflect first on what you really want

An excellent beginning lies in exploring your personal interest and motivation to pursue a career involving medical education. Many simply enjoy the pleasure of teaching, for which there are ample opportunities across all medical disciplines. The recently professionalised world of medical education encompasses far more than solely schooling others and its

*Correspondence:* J. Bannard-Smith, Department of Anaesthesia and Critical Care, The North Western Deanery, Three Piccadilly Place, Manchester, M1 3BN, UK. Tel: 07 887 622992; fax: 01253 306782; email: jonbannardsmith@doctors.org.uk



## Tip 2

### Join a medical education society

There are a number of Medical Education Organisations and Bodies worldwide (Box 1) and it is worth investigating the membership benefits of each and which would be most suitable for you. Subscription may offer reduced rates for workshops, conferences, journal subscriptions or books. The websites for each are easily accessible and it is worth having a look periodically to see where and when conferences are going to be held along with the latest news in medical education. They also offer advice for journal and abstract submissions and advertise upcoming masterclasses and workshops. In addition, joining an organisation provides a portal into the community of medical educators from whom you can gain benefits such as advice, mentorship and networking opportunities.

## Tip 3

### Subscribe to a journal

There are many good quality peer reviewed journals in medical education. Subscribing to a journal either in electronic form or as a hard copy is a great way to keep abreast of the current trends, research and thinking among medical educationalists. Different journals have different remits and therefore attract different types of articles.

For example, some journals are aimed at the practising clinician, and will include articles written by medical students about their views or experiences. Others focus on areas such as education policy and practice and research practice. Of course, it can become expensive to subscribe to each of these individually, and then there are time pressures on busy individuals to read them too. However, joining certain medical education organisations (Tip 2) may automatically entitle you to receive journals. In addition, many institutions and libraries allow you to receive e-mails with the titles of the articles in the journals for free. You can then choose which of those you would like the library to obtain for you.

## Tip 4

### Workshops

Workshops are becoming an increasingly popular method of 'spreading the word' of educational theory and effective teaching and supervision techniques. Many educational organisations have regular workshops on common themes in medical education. However, they are also becoming increasingly popular locally and provide an ideal opportunity to experience some formal training in the field. Most educational institutions now run regular workshops ranging from providing effective supervision and feedback to dealing with trainees in difficulty.

Continuing with this theme is to offer to be an examiner, particularly in undergraduate establishments. Universities have

many exams all year round and welcome volunteers, particularly for the observed structured clinical exams. In addition, they usually offer training to those involved in examining to ensure validity of marking.

## Tip 5

### Higher qualifications in medical education

After 'testing the waters' with workshops and courses you might consider taking your development further with a formal qualification. Many higher education institutions offer accredited qualification programmes in medical education. Although they often require considerable time and financial commitments, they offer great opportunities to deepen your interest in medical education and learn more about educational theory. Gaining a formal qualification clearly demonstrates your commitment and will serve to enhance your future career in medical education.

First consider whether you intend to complete a postgraduate certificate, diploma or a master's programme. The answer will depend on your personal circumstances and career direction. It is important not to underestimate the amount of extra work involved alongside pre-existing clinical commitments. Most courses will give an indication of the time commitment required. If you are unsure at the outset, you may wish to start with a postgraduate certificate or diploma programme. If so, make sure you check whether the credits you gain from those are recognised for transfer should you wish to progress on to a masters programme later. If starting out with a post-graduate certificate in medical education, there will be entry requirements, so check these before applying to ensure you are eligible, and also the course fees. With regard to costs, you can also approach your employer or local educational providers and commissioners for financial assistance.

Choosing a course requires careful consideration of their individual merits as each programme is delivered in different ways, with a variety of assessment methods and emphasis on different topics within medical education. There are programmes tailored for specific areas of medical education which can be specialty focused (anaesthesia, surgery or general practice) or based on educational modalities (simulation, technology and educational management). A synopsis of available programmes was compiled in 2005, though check your local institutions first (Cohen et al. 2005).

The other consideration when choosing a programme is how it is delivered. This could be either by distance or face-to-face learning and occasionally a combination of both. In addition, decide whether you would like to study part-time or full-time. Distance learning programmes give you great flexibility, but require a considerable amount of self-motivation. The advantage of a face-to-face course obviously lies in the benefits and support acquired from human interaction with teachers and peers, but the disadvantages are the restrictive requirements for attendance.



## Tip 6

### Educational research

Research in medical education often differs significantly from those methods used in scientific or clinical research. Qualitative rather than quantitative techniques tend to predominate. It is an entire sub-speciality within the field of medical education that you may or may not be interested in pursuing. Opportunities to become directly involved in research can prove challenging to achieve. There are a host of new research methods to learn (e.g. structured interviewing, focus groups and questionnaire design) and established research groups are less widespread compared to those in the clinical arena. Regardless of your level of involvement, we would recommend gaining a basic understanding of research methods, study design and the areas in which current research efforts are focused.

For those who are interested in becoming more involved, the first step is often to seek out established medical education researchers. They usually have numerous projects ongoing or in mind that you can get involved with. You may find access to formal research is possible via a formal qualification (Tip 5). Attending medical education conferences is another good way to meet and network with established researchers. You should aspire to submit any research for publication in order to disseminate your findings and conclusions. If you are thinking of writing an article for publication, then the 'aims and scopes' sections (or equivalent) produced by the journals are the best way to find out whether your article is right for that journal. It is often wise to have a target journal in mind at the outset of any research project.

## Tip 7

### Teach at every opportunity

Teaching in the clinical environment is defined as:

teaching and learning focused on, and usually directly involving, patients and their problems. (Spencer 2003)

The biggest challenge as doctors with a dual role of providing patient care and teaching is finding time to teach. One excellent method which provides a simple framework for daily teaching during patient care is the 'microskills' of teaching (Neher et al. 1992). This is a five-step approach to help structure effective short clinical teaching encounters that last five minutes or less as well as to address problems that arise.

- (1) Getting a commitment: make them give you a diagnosis/opinion/treatment plan.
- (2) Probe for supporting evidence: what makes them think so?
- (3) Teach general rules: avoid anecdotes and stick to principles.
- (4) Reinforce what was done well: praise good practice.
- (5) Correct mistakes: be gentle but do not ignore mistakes.

Some teachers will add a sixth step where they encourage reflection, with a short debrief and provide links or resources for further learning. The key is to try and use this method, why not try in your next clinic or on the next ward round?

Giving effective feedback is a fundamental component of any teaching and is highly valued by learners. McKimm (2009) gives an excellent concise summary of giving effective feedback, and there is a vast amount published in the literature on feedback, should you wish to explore this further.

## Tip 8

### Ask someone to watch you

A good way of providing evidence regarding your educational activities is to ask a colleague or supervisor to observe you in an educational setting and to give you feedback. This can be done for any educational role such as delivering a lecture or when performing workplace-based assessments. The feedback you receive will provide insight and the opportunity to reflect and improve as an educator.

We would suggest the following template when undertaking an observed session.

- (1) Lesson plan: This should be made available to the observer before the event so that they know what to expect from the session.
- (2) Pre-session meeting with observer: Meet with your observer and discuss the aims of the session and the particular areas you would like feedback on. For example, is your aim of the session to be as interactive as possible?
- (3) Ask the observer to make notes during the session.
- (4) Have a brief feedback session at the end of the session for both observer and observee to reflect on initial thoughts of the session.
- (5) The observer should provide written feedback as soon as possible and this should include what went well, what could be done better and suggestions for improvement.
- (6) The observed teacher should then respond to this feedback and create an action plan for future events.

This cycle can then be repeated in the future and provides evidence of professional development.

## Tip 9

### Get an educational mentor

Building on the formal experience of peer observation of you teaching, why not get an educational mentor? Senior doctors who are heavily interested and experienced in medical education can be found in almost every medical institution. Many of them are able to provide support, personal experience and expert advice to guide your future educational career. This mentoring relationship need not be formal, but rather one that is initiated and allowed to grow naturally. Ideally, its development and direction will be determined by the particular educational issues pertinent to you and your



future. This dynamic reciprocal relationship should be devoted to your development (Palepu et al. 1998). The advantages of having a mentor go beyond the provision of expert advice and guidance. A mentor can help you resolve specific problems and questions you face, equipping you with new skills and abilities in problem-solving. A good mentor also often opens doors to new educational opportunities such as research, audit, publications and teaching opportunities that further enrich your position as an educationalist and help you fulfil your potential. Why not contact the director for medical education at your institution to begin finding a mentor?

## Tip 10

### Organise educational events

Management and delivery of education can start close to home. Why not organise an educational event? This could be in any format from workshops, small group sessions, simulation or a series of lectures. If you are still training take time to consider if there are any gaps in your training. Talk to others; have there been any recent curriculum changes? This may generate some ideas. Alternatively look at the existing delivery of training; could this be improved? If you have ideas talk to the head of training in your department or region. Most people would welcome an enthusiastic trainee with new ideas to help in the delivery of future training.

Setting up a new course or an educational event takes time and planning is essential (Emsley 2009). Who are your learners? What are their learning objectives? How might you best deliver these? Consider how you will fund the event. You may get sponsorship from industry. Otherwise, will people be willing to pay for the event? Explore venue options to find a free venue, perhaps in the evening or at a weekend, and find teachers or speakers who are happy to give their time freely. It may be possible to have the educational event accredited by your national training body for continuing professional development; this clearly would be an excellent achievement.

Most importantly, if you do organise any teaching get some feedback and add it to your educational portfolio.

## Tip 11

### Develop your educational portfolio

It is never too early or late to start developing the educational portfolio. This should be a live document that is constantly being updated with evidence of attendance to medical education events and conferences, publications and presentations. It may include managerial issues such as organising and running education workshops, timetabling an educational placement for students or developing a new way of teaching. All of the above can be rated and reviewed subjectively by means of reflective pieces. They can also be rated objectively by means of tutor or peer observed rating and feedback.

Portfolios are becoming increasingly commonplace for all medical students and postgraduate trainees. Some authors call for educational development to be at the forefront of the portfolios (Cheung 2011).

## Tip 12

### Explore your long-term goals

As our first tip alluded to there are many different career options within medical education. Those established in the field fulfil a number of different local, national and even international roles. Some remain in the clinical workplace while others pursue academic positions away from patients. Many will focus on undergraduate education at medical schools and others on postgraduate training of doctors. After gaining insight into the way medical education is structured and delivered, you will realise the diverse career choices open to you as an educator and the different challenges and achievements involved in the long term. Many clinical jobs will have designated educational components, but even if this is not the case, it is easy to develop an educational role within your daily job using a little initiative and imagination. Every clinic, ward round, operating list or home visit usually contains an abundance of both eager learners and learning resources and opportunities. Take these opportunities to gain educational experience and develop your portfolio (Tip 11) towards the educational role you aspire towards.

It is important to bear in mind the divisions between different educational roles can be vast and definitive. For example, it can be difficult for the Dean of an undergraduate medical school to also be heavily involved in postgraduate training. Essentially, you need to think carefully about the role you would one day like to play as an educator. Establishing this at an early stage will help you plan your career development towards a tangible goal.

## Concluding comments

The rapidly expanding world of medical education is becoming evermore structured and professionalised. Medical educators of the future will need to demonstrate clear commitment, skills and experience to be able to pursue and fulfil their role. We hope to have given the reader a number of concise practical suggestions on how to assemble a portfolio of evidence to achieve this.

**Declaration of interest:** The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this article.

## Notes on contributors

JONATHAN BANNARD-SMITH, MB ChB FRCA, is a Specialist Registrar in Anaesthesia and Intensive Care Medicine. He is a North Western Deanery appointed Medical Education Fellow particularly interested in curriculum mapping, delivery and review. As such, he sits as a trainee representative on the North West School of Anaesthesia.

SOPHIE BISHOP, MB ChB FRCA, is a Specialist Registrar in Anaesthesia. She is a North Western Deanery appointed Medical Education Fellow with an interest in technology enhanced learning.

SUZANNE GAWNE, MB ChB Hons FRCS, is a National Breast Oncoplastic Fellow in Merseyside and a North Western Medical Education Fellow. She has an interest in postgraduate medical education and curriculum development in surgery.

NEEL HALDER, MB ChB MRCPsych MSc CBT Dip, is a Consultant Psychiatrist and Honorary Senior Lecturer at University of Manchester. During his time as Medical Education Fellow, his medical education activities have focused on the use of portfolio and career choices of medical students.

## References

- Cheung CR. 2011. ECLIPPx: An innovative model for reflective portfolios in life-long learning. *Clin Teach* 8:27–30.
- Cohen R, Murnaghan L, Collins J, Pratt D. 2005. An update on master's degrees in medical education. *Med Teach* 27:686–692.
- Emsley H. 2009. Organising a medical specialty training conference: Experience from the British association of stroke physicians trainees educational meeting. *Med Educ online* 14. [Accessed 21 November 2011]. Available from: <http://www.med-ed-online.org/pdf/F0000223.pdf>
- McKimm J. 2009. Giving effective feedback. *Brit J Hosp Med* 70(3):158–161.
- Neher JO, Gordon KC, Meyer B, Stevens N. 1992. A five-step “microskills” model of clinical teaching. *J Am Board Fam Pract* 5:419–424.
- Palepu A, Friedman RH, Barnett RC, Carr PL, Ash AS, Szalacha L, Moskowitz MA. 1998. Junior faculty members' mentoring relationships and their professional development in US medical schools. *Acad Med* 73(3):318–323.
- Spencer J. 2003. Learning and teaching in the clinical environment. *BMJ* 326:591–594.