

Research Article

Students and Faculty Perspective of a Good Medical Teacher in the Asian Context

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Abstract

Objective: To determine the relative importance of the twelve roles of a teacher in defining a good medical teacher in the Asian context.

Material and methods: This is a cross sectional, descriptive study using the questionnaire validated by Harden and Crosby. The 470 subjects comprise 369 preclinical and clinical medical students and 101 faculty members of the International Medical University, Malaysia. They were asked to choose, in order of importance, the three most important roles of a medical teacher from the twelve roles identified by Harden and Crosby. Their responses were rated on a Likert scale of 1-5 points and the data analyzed using SPSS version 21.0 using the Mann Whitney U-test.

Results: The teacher as an information provider was rated the first choice by 49.5% of faculty and 68.0% of students. The teacher as a role model was rated the second choice by 39.7% of faculty and 12.2% of students. These two roles together accounted for 82.2% of the preference of faculty and students. The other roles of the teacher as facilitator, assessor, planner and resource developer had low scores. Collectively, these 4 roles had faculty and student scores of only 10.9% and 19.6% respectively. Both the faculty (36.6%) and students (34.1%) rated their clinical teachers highly.

Conclusion: In an Asian society, the teacher is still highly valued as an information provider and a role model. Clinical teachers who are knowledgeable and good role models are highly rated by both faculty and students. Universities would be prudent to attract and retain such teachers with incentives.

Keywords: Asian; Medical; Teacher; Role; Education; Student; Faculty

1. Introduction

Universities today compete to attract the best students to their courses. This may be with an innovative curriculum or with a good teaching-learning reputation. The Johns Hopkins University School of Medicine introduced an innovative curriculum entitled “Genes to Society” in year 2009 [1] to differentiate themselves. This unique curriculum emphasizes the interaction between the genetics of a patient with external influences to explain the variability and the continuum from an asymptomatic to a critically ill patient. However, such innovative changes in curriculum are not the norm for most universities. There is a lot of emphasis on self-directed learning as it is essential to be a lifelong learner. The teaching-learning context or environment has various platforms where small group activities like task based learning (TBL), problem based learning (PBL), bedside clinical teaching, teaching ward rounds are conducted. Large group activities are lectures and medical seminars. With technological enhancement e-learning has become an important area for student learning. To a great extent the curriculum of universities are quite similar and influenced by the requirements of the regulatory bodies of higher education. Hence, the attractiveness of a university has to be its good teaching-learning reputation which is possible only with recruitment and retention of good teachers.

What constitutes a good teacher is not easily defined and there is no general agreement on this. Harden RM and Crosby [2] identified twelve roles of a teacher in a study of 251 teachers. This study evaluates the faculty and students’ perception on the relative importance of the twelve roles identified by Harden and Crosby in an attempt to identify who is perceived to be a good medical teacher in the Asian context.

2. Methods

This is a cross sectional, descriptive, questionnaire based study. The questionnaire used was one validated by Harden and Crosby on 251 teachers to assess perceptions of the relative importance of twelve teachers’ roles in relation to medical education. Both faculty and students were given a similar questionnaire. The twelve teachers’ roles in the questionnaire are listed in Table 3. The questionnaires were circulated to all the faculty members of the International Medical University, Malaysia from the campuses at Bukit Jalil, Seremban, Batu Pahat and Kluang in Malaysia. It was also distributed to the pre-clinical (1st, 2nd, 3rd and 4th Semesters) and the clinical (6th, 7th, 9th, 10th Semester) students. One of the researchers explained the various roles in the questionnaire to the students before they were filled with them.

Both faculty and students were asked to choose the three most important roles of a medical teacher from the twelve roles identified by Harden and Crosby in order of importance. Responses were rated on a Likert scale of 1-5 points where 1=no importance, 2=slight importance, 3=some importance, 4=considerable importance and 5=great importance. The data was analyzed using the Statistical Package for Social Sciences (SPSS) for Windows, version 21.0 using the Mann Whitney U-test. A p-value <0.05 was taken to be statistically significant.

3. Results

There were 470 respondents comprising 369 students and 101 faculty members. The characteristics of the students and faculty are shown in Table 1. Distribution of the 369 students according to their ethnicity is Chinese 230, Indian 58, Malay 50, and others 31. The teacher as an information provider (classroom lecturer and teacher in clinical setting) was rated as the first choice by 49.5% of faculty and 68.0% of students. The teacher as a role model (role model as a clinician and role model as a teacher) was rated the second choice by 39.7% of faculty and 12.2% of students. The other roles of the teacher as facilitator, assessor, planner and resource developer had low scores. Collectively, the faculty and student score was only 10.9% and 19.6% respectively.

Both faculty (36.6%) and students (34.1%) rated the teacher in a clinical setting as the most important quality of a teacher (Table 2). The role as an information provider and as role model together constitute 82.2% of the choices of faculty and students. Faculty and the students differed in their first choice of the teacher’s role in 5 areas. These are as a classroom teacher (faculty 12.9%, students 33.9%), role model as a clinician (faculty 24.8%, students 10.6%), role model as a teacher (faculty 14.9%, student 1.6%), mentor (faculty 3.0%, student 7.6%) and learning facilitator (faculty 0.0%, student 5.1%).

Table 3 shows the first choice of clinical and pre-clinical students are quite different and this is statistically significant (Mann Whitney U test. $p < 0.001$). Pre-clinical students perceive that the three most important roles were classroom lecturer (52.2%), a teacher in a clinical setting (20.5%) and role model as a clinician (8.7%). The clinical students’ preference was a teacher in a clinical setting (44.7%), classroom lecturer (19.7%) and mentor (13.5%). The preference of the clinical students is likely to be due to the fact that most learning is in the wards and not in the classroom and clinical teaching and mentoring is appreciated more at this stage. Mentoring (13.5%) is noted to be stronger in the clinical years compared to pre-clinical years (0%). Within the faculty there was no significant difference between teachers with less than 15 years’ experience compared with those with more than 15 years’ experience. There was also no significant difference between genders among both faculty and students.

Characteristics	Students N 369	Faculty N 101
Gender		
Male	132	57
Female	237	44
Area		
Pre-clinical	161	48
Clinical	208	53

Table 1: Characteristics of Students and faculty.

Areas of activity	Roles	Faculty	Students	Total
Information Provider	a. Classroom Lecturer	13 (12.9%)	125 (33.9%)	138 (29.4%)
	b. Teacher in a clinical or practical setting	37 (36.6%)	126 (34.1%)	163 (34.7%)
Role Model	a. Role Model as a clinician	25 (24.8%)	39 (10.6%)	64 (13.6%)
	b. Role model as teacher	15 (14.9%)	6 (1.6%)	21 (4.5%)
Facilitator	a. Mentor, personal advisor to a student or a group of students	3 (3.0%)	28 (7.6%)	31 (6.6%)
	b. Learning facilitator in small groups setting	0 (0%)	19 (5.1%)	19 (4.0%)
Assessor	a. Participating in formal examination of students	0 (0%)	5 (1.4%)	5 (1.1%)
	b. Evaluating teaching program or other teachers	0 (0%)	0 (0%)	0 (0%)
Planner	a. Planning the curriculum	8 (7.9%)	11 (3.0%)	19 (4.0%)
	b. Organizing a course	0 (0%)	1 (0.3%)	1 (0.2%)
Resource developer	a. Production of study guides	0 (0%)	6 (1.6%)	6 (1.3%)
	b. Developing learning resource materials like computer programs, videos etc.	0 (0%)	3 (0.8%)	3 (0.6%)
TOTAL		101	369	470

Independent samples Mann Whitney U test: Faculty mean 275.59, students mean 224.53. p=0.001

Table 2: Comparison of the first choice between faculty and students.

Areas of activity	Roles	Clinical	Pre-clinical	Total
Information Provider	Classroom Lecturer	41 (19.7%)	84 (52.2%)	125 (33.9%)
	Teacher in a clinical or practical setting	93 (44.7%)	33 (20.5%)	126 (34.1%)
Role Model	Role Model as a clinician	25 (12.0%)	14 (8.7%)	39 (10.6%)
	Role model as teacher	4 (1.9%)	2 (1.2%)	6 (1.6%)
Facilitator	Mentor, personal advisor to a student or a group of students	28 (13.5%)	0 (0.0%)	28 (7.6%)
	Learning facilitator in a small groups setting	7 (3.3%)	12 (7.5%)	19 (5.1%)
Assessor, Planner, Resource developer	6 roles as defined in Table 3	10 (4.8%)	16 (9.9%)	26 (7.0%)
TOTAL		208	161	369

Table 3: Comparison of the first choice between clinical and pre-clinical students.

4. Discussion

The characteristics of excellent medical teachers have been studied by observation, interviews and performance of structured tasks [3]. Excellent clinical teachers know the general principles of teaching, have good clinical knowledge and are able to relate to the student at their educational level in the context of the patient and the practice

of medicine [3]. Good teachers also enjoy teaching and are open to manipulating the environment or experimenting with new ideas to enhance the learning of their students [4]. The role of a teacher has expanded and further defined by Harden and Crosby [2], which of these roles in isolation or in combination are important in defining a good teacher is however not clear. This study provides an insight on the importance of different roles of teachers as perceived by faculty and students in the Asian context.

Our study had much higher Likert scores for information providers, role model and facilitator compared with a similar study by Harden and Crosby [2] in the United Kingdom. Approximately 50% of faculty and 68% of students rated the role of the teacher as an information provider as the most important role of a teacher. This may be attributed to cultural reasons or a carryover effect of the school system of Asian societies [5]. Good role models are important for students and its importance increases as students' progress to the clinical years. Both students and faculty rated clinical teachers highly. This is consistent with observations made by Griffith et al. [6] that the medical students who work with good physicians and residents in internal medicine are more likely to choose an internal medicine residency.

The other roles of the teacher as assessor, planner and resource developer had low scores given by both faculty and students. Our study showed that only 8% of faculty and 3% of students placed curriculum planning, as their first choice; less than 2% of faculty and students thought the assessor role was important; only 2% of faculty and students thought that production of resources and study guides was important. In contrast, Harden and Crosby [2] had much higher mean Likert scores in the areas of assessor, planner and resource developer. The reason for this is unclear. It may be due to cultural and educational differences in the Asian environment, insufficient skills in these areas, lack of interest, the large internet and video resources available online making resource development less important, or the perception that curriculum changes have little impact in the real world because a large proportions of what is written in the curriculum is not what is actually delivered in the short time in medical school because medical training is largely opportunistic.

Good clinical teachers who are good role models and can impart knowledge should remain the bedrock of faculty recruitment in an Asian society, whatever the educational philosophy of the institution may be, because 89% of faculty and 80% of students rated information provider and role model as the most important roles of a teacher. Faculty and students are the major stakeholders in education and their perceptions must be acknowledged. It is important to note that perceived importance of the different roles of a teacher range from 0 to 36.6%. This marked variation in the ranking of the roles of a teacher suggests a need for caution in making critical decisions on the faculty based on the roles of a teacher. A human resource or finance manager may place a premium on roles which attract students to the course; an educationist may stress contribution to development of curriculum, assessment, development of learning guides and aids; a clinician may argue their case on the basis that both faculty and students rank clinical teachers the highest. The defined roles of a teacher, can be used to identify the strengths of individuals, plan individual staff development plans and give an idea what additional skill sets are required to make a department complete in future recruitment. No individual is expected to have skills in all areas and none should be penalized for

deficiencies in some areas. It is important that the defined teacher roles should not be used to make decisions on wages, bonuses, promotion or utility to the department.

5. Conclusion

In an Asian society, the teacher is still highly valued as an information provider and a role model. This is most likely due to cultural reasons or a carry-over effect of the school system of Asian societies. Clinical teachers who are knowledgeable and good role models were highly rated by both faculty and students. Universities would be prudent to attract and retain such teachers with incentives. The teacher's role as assessor, planner and resource developer were rated lowly in our study.

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