It's Not Just What You Know: The Non-Cognitive Attributes of Great Clinical Teachers

Although it is understood that great clinical teachers are knowledgeable about their subject matter, expertise in a given field does not always translate to excellence in teaching. This article resumes the series by the Council on Medical Student Education in Pediatrics (COMSEP) examining the skills and strategies of great clinical teachers.1 Great clinical teachers recognize that “how” they teach is just as important as “what” they teach. This “how” consists of 2 parts: a positive learning environment and an enthusiastic, motivating, and respectful teacher.3,4 In an upcoming article, we will outline the benefits and structure of such a learning environment. But first, drawing from the medical education, business, leadership, and sports literature, we will consider “how” great clinical teachers get the best out of their students. They motivate them, they are enthusiastic, they are both leaders and coaches, they remain students themselves, and they have strategies for when things go wrong.

**ENCOURAGE SELF-MOTIVATION**

Students will have difficulty mastering a subject if they are not internally motivated to do so.5 Self-determination theory (SDT) provides a useful framework with which to consider students’ motivation. According to this framework, the motivation to learn is driven by 3 psychological needs: a sense of relatedness, a sense of autonomy, and a sense of competence.6 In the bestselling book Drive, Daniel Pink examines how this framework operates and finds that a sense of purpose is also important to achieve optimal performance.7 There are multiple ways that clinical teachers can establish an environment in which students are self-motivated to do well (Table 1).

**BE ENTHUSIASTIC**

“Nothing great was ever accomplished without enthusiasm”  
Ralph Waldo Emerson

In almost all the studies of great clinical teachers, enthusiasm emerges as 1 of the most important characteristics.5,9,10 Enthusiastic teachers are not necessarily boisterous, but rather they are energetic and authentically passionate about both the subject matter and teaching. These teachers are delighted to be at work and even more delighted when a student joins them. And students do (they flock to these teachers and are excited to work alongside them). Enthusiastic teachers use vocal animation by varying their volume (sometimes speaking with a whisper) and their rate of speech (slowing down articulation for emphasis), by repeating words and pausing for emphasis. They smile and gesture, maintain eye contact, nod, and are genuinely thrilled to be teaching.11

**BE A LEADER**

Great leaders and great clinical teachers share several key behaviors. They Model the way, Enable others to act, and Encourage the heart.12 “Model the way” suggests that great clinical teachers set...
and respect. They engage in re-
importance of modeling humanistic
behaviors such as empathy, respect, and compassion. They treat patients and students with the utmost of care and respect. They “walk the talk” by behaving in a manner that is consistent with what they would say comprises excellent clinical care.

“Enable others to act” stresses collabora-
tion and teamwork, and reminds us of the importance of ensuring that medical students have the skills and resources to do their work well. It means pushing learners into more senior roles along a spectrum of clinical autonomy and providing increasingly challenging tasks to encourage their development as clinicians. Teachers who practice this positively influence medical students through an atmosphere of trust, mutual respect, and belief in their abilities.

“Encourage the heart” proposes that teachers recognize and value the contributions that medical students make (to patients, to inter- or multidisciplinary teams, to the preceptor him or herself, and to the student’s own learning). They believe in the abilities of the learner; offer positive reinforcement, and lend support. It means celebrating accomplishments, both big and small. Many of us can recall the pediatricians who would give each resident a bottle of champagne to celebrate his or her first clear lumbar puncture.

**BE A COACH**

“Coaching done well may be the most effective intervention designed for human performance.”
Gawande A. 13

Great clinical teachers, like great athletic coaches, know when to push and when to support. Anson Dorrance and Patrick Riley are renowned for their respective dominances in coaching women’s college soccer and men’s professional basketball. 14, 15 They inspired their players to believe anything was possible and then encouraged them to go out on the field or onto the court and achieve it. 14, 15 They expected their athletes to stay the course, pursue mastery, overcome setbacks, and fulfill their potential. 14, 15 Similarly, clinical teaching strives for these same outcomes. It requires a longitudinal relationship between teacher and student that allows for repetitive practice, ongoing assessment via direct observation, and effective feedback.

Great teachers remember what it felt like to be a medical student (they acknowledge that learning medicine and caring for patients is hard and taxing and, at times, frightening). Like a coach, they help their students focus on their abilities.5

### TABLE 1 Ways Clinical Teachers Can Establish an Environment to Self-Motivate Students

<table>
<thead>
<tr>
<th>Psychological Need</th>
<th>General Principle</th>
<th>Specific Action</th>
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<tbody>
<tr>
<td>Relatedness</td>
<td>Treat students collegially</td>
<td>Introduce them to the team and make sure everyone knows each other’s names and roles.</td>
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<td></td>
<td>Integrate the student into the clinical environment through orientation</td>
<td>Show the student how things work, where and how clinical work is done. Give the student a place to put their things and a place to work and study.</td>
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<td></td>
<td>Value the personal lives of students</td>
<td>Ask about non-medical topics such as outside interests and identify areas of common interest. Ask about career interests and learning objectives.</td>
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<td></td>
<td>Offer emotional support</td>
<td>Periodically “check in” to see how they are faring with the stresses of the clinical environment.</td>
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<td>Maximize continuity in the relationship between preceptor and student as well as between student and patient/family</td>
<td>Make efforts to align schedules. Try to keep patient assignments the same for consecutive days, arrange follow-up of outpatients when the student is back in clinic.</td>
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<td>Allow students to build meaningful relationships with patients</td>
<td>Allow students sufficient time with patients/families. Value these relationships.</td>
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<tr>
<td>Autonomy</td>
<td>As much as possible, give students choices</td>
<td>Within reason, let students select which things to do, when to do them, how to do them. Encourage students to direct discussions based on their learning needs as they become apparent during clinical encounters.</td>
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<td>Allow students’ plans or ideas to prevail, even if it is not what the teacher would otherwise do</td>
<td>Ask their opinions about patient management. Use their clinical plans as long as they are safe, evidenced-based care.</td>
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<tr>
<td>Competence</td>
<td>Enable students to feel that they know something or are able to do something</td>
<td>Observe students with patients and then match levels of supervision and autonomy with levels of competence.</td>
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<td>Allow students to experience mastery</td>
<td>Have students teach: you, each other, families, staff.</td>
</tr>
<tr>
<td>Purpose</td>
<td>Help students see how what they are doing connects to a larger purpose</td>
<td>“I know you are not going into pediatrics but here is how this applies to being a physician.” Connect what they are doing with their personal goals.</td>
</tr>
</tbody>
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an example as they teach and practice medicine. Excellent teachers are aware that students are constantly watching their behaviors, both good and bad, and they explicitly articulate the thinking behind their actions. They recognize the importance of modeling humanistic behaviors such as empathy, respect, and compassion. They engage in reflective practice, set goals, acknowledge weaknesses, and treat patients and students with the utmost of care and respect. They “walk the talk” by behaving in a manner that is consistent with what they would say comprises excellent clinical care.
Great clinical teachers are students at heart. They model life-long learning by “looking things up” in a transparent manner; they welcome feedback on their own teaching and clinical performance and engage in deliberate practice. Great clinical teachers strive to improve their own clinical and teaching skills and knowledge. They realize there is much to learn and many to learn from, including their own students.

**BE A STUDENT**

“No man can teach successfully who is not at the same time a student.”

Sir William Osler

Great clinical teachers are humble and will often seek to find what gap in their own teaching skill has led to struggles for a learner. They will go to colleagues and review learner scenarios with them, “bouncing” these off others to get perspective and guidance.

**CONCLUSIONS**

Great clinical teachers recognize that “how” they teach is just as important as “what” they teach. They view students as future colleagues and feel privileged to have a role in their education. They teach by being enthusiastic, by self-motivating students, and by being a leader and a coach. And as new technologies provide students with easy and immediate access to medical knowledge, great clinical teachers realize that “how” they teach may be even more important, memorable, and inspiring to students’ success than “what” they teach.

**REFERENCES**


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