The Fear of Teaching among Medical Students

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Background

To teach is to learn twice, Joseph Joubert (1754-1824). Medicine is an apprenticeship modeled in preceptor/senior-to-junior format. Only 44% of 99 surveyed US medical schools offered formal peer-reviewed teaching programs.1 We are developing a medical student-as-teacher program at Duke-NUS Medical School, Singapore.

Aims:
1. To understand the fears of teaching among final year medical students (MS4’s)
2. To develop a targeted program addressing MS4’s fears of teaching

Methods

We surveyed 119 MS4’s from Duke-NUS Medical School (Class of 2016, 2017 and 2019). We obtained responses/perspectives, and manually extracted common terms (“hits”). In the Class of 2016, the MS4’s (Student-Teachers) were sent on a field teaching encounter to teach a MS2 (Student-Learner), using the One-Minute-Preceptor Microskills.2 The Student-Teacher and Student-Learner were paired within the same fraternity college. In Class of 2017 and Class of 2019, the MS4’s were allowed to select their Student-Learner in medical students and conduct an informal teaching session. Their responses and perspectives were collected and manually curated.

Results

In our Discovery Cohort (n=41 students, 2016), 67.5% hits were ‘Fear of Teaching the Wrong Thing’. This was the recurring theme and the most common fear identified among 2 subsequent cohorts, accounting for 47.3% hits in Validation Cohort 1 (n=29 students, 2017), and 39.7% of hits in Validation Cohort 2 (n=49 students, 2019). “Lack of Knowledge” was the second most common fear in Discovery Cohort (25.5% hits), Validation Cohort 1 (26.3% hits), and Validation Cohort 2 (31.5% hits). In 2019, we obtained MS4’s suggestions on what can be done in their medical school training to improve their teaching skills, and their responses were: “improve their knowledge” (27.1”), “More Practice” (25.4%), and “Develop Their Teaching Skills” (20.3%).

Conclusions

Two most common fears of teaching among MS4’s are “Teaching the Wrong Thing” and “Lack of Knowledge”. A “Lack of Knowledge” may be a mindset issue – as final year postgraduate MS4’s, they would have acquired a broad knowledge base, sufficient to impart to a junior. Ability to identify knowledge gap and impart useful concepts are important skills to acquire as pre-requisites to teaching. Developing a system of verification during their learning in medical school to capture any inaccuracies may help to overcome the fear of ‘Teaching the Wrong Thing’. Future directions will be to look into methods addressing students’ suggestions for our student-teacher program, and build up our MS4’s confidence and skills in teaching.

References
2. “The Five Minute Teaching Session: Focusing the Teacher and the Learner” and “Teaching in the Ambulatory Setting” by Larrie Greenberg, MD. The George Washington University School of Medicine

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