The Genesis of Good Teaching

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The rumor is abroad that good teachers are born not made. While the phenomenon of congenital tagging of a teacher may occasionally occur, an analysis of the evidence suggests strongly that the same factors which make a good banker, a good tailor, a good artist, a good bookmaker, operate in the world of pedagogy. These factors are interest and hard work.

The physician occupies a curious place in this educational system. By long years of training in the general and special fields of medicine he has become eminently qualified to investigate the nature of human illness and to direct both absurdly simple and alarmingly complex therapeutic programs whose aim is the restoration of health. The Hippocratic Oath, to which he subscribes, imposes upon him the additional responsibility “to teach ... this art.” Thus a quirk of professional mores has succeeded in equating training for care of the sick with training for teaching the care of the sick. It requires no great perspicacity to recognize that while the two are inseparable they are not necessarily equal.

Good teaching is a work of art and like any such work is meaningful only as it is colored by the artist. This being so, it is almost inevitable that a good teacher will develop certain methods, mannerisms, and technics that are uniquely his, which in another might be fatuous or offensive. The very nature of this experience makes it presumptuous for anyone to draw up a list and say this is what makes a good teacher. At the same time there is a recurrent *leitmotif* which runs through excellence in instruction everywhere, and it is the components of this theme that might be recalled even at the risk of boring by simplicity.

I Preparation:

There are few things more difficult for the clinical teacher to realize than that the mere fact of continuous contact with the problem of tuberculosis, for example, is not adequate for a lecture, seminar, or a conference, on even the most elementary phase of the subject. Familiarity with subject matter is only the beginning of preparation and is in many ways the least trying. Of equal importance is the time devoted to a consideration of the method and sequence of presentation, the illustrations to be cited, personal experiences recounted, visual aids employed, and the synthesis of all these parts into a vigorous and meaningful whole. Lest emphasis upon preparation be misinterpreted it should be pointed out that meaning can seldom, vigor never be transmitted from the teacher who reads to the student who writes.

While these matters might seem to apply most properly to the lecture

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method, they are of equal importance in less formal teaching exercises. The conference must have direction and pace, the seminar organization and design. It is only the ward round which the physician-teacher must face cold and alone, where ingenuity and experience must be relied upon to replace the more dependable method of thoughtful preparation.

It is a rule of thumb among educators, that for every teaching hour, two hours must be spent in preparation. It is an old rule and a good rule and it deserves the respectful consideration of any physician who calls himself a teacher.

II Technics:

Success in teaching depends ultimately upon the ability of the teacher to communicate with his students. In the absence of this rapport he is indulging at best in soliloquy and at worst in monologue. It is alarming to realize the number of teaching exercises which fall into one of these categories and how often the teacher fails to recognize his plight.

As teachers we usually think of this communication in terms of imparting information to students. It is worth noting that Webster lists an additional meaning: The interchange of ideas or opinions. Communication in this light becomes a dynamic state in which the student is an active participant rather than passive observer; and it is this kind of communication which pays the largest dividends in learning. Any technic which fails to provide an opportunity for the student to talk back will seldom achieve its greatest potential success. But such opportunity will flower only in a special environment which results directly from the teacher's....

III Attitudes:

One of the greatest barriers to comfortable teacher-student relationships is the fact that the teacher probably knows more about the subject than the student and that the student, like any other of our breed, suffers acutely if his inferior position becomes too evident. Thus participation, which may reveal ignorance, is extremely difficult for students who want to appear at their best before an instructor and their fellows. This fact of human nature cannot be changed but the successful teacher manages to circumvent it. He accomplishes this by painstaking cultivation of two special qualities: patience and understanding.

These qualities should not imply that he will tolerate error, superficiality, or ignorance but rather that he will deal with these failures by logic and reason rather than emotion and appeal to authority. The instructor who bolsters his own ego by dismissing a student question as stupid needs a psychiatrist, not a teaching assignment. The teacher who jokes publicly at student failure has lost his effectiveness as well as his stature. The preceptor who demands conformance will succeed in turning out parrots, not scholars. Medical students are intelligent, quick, reasonably well balanced adults. To treat them as willful, somewhat retarded, exasperating children impedes both teaching and learning.
IV Miscellany:

There are a vast number of seemingly insignificant factors which often contribute to success in instruction. Three might be mentioned in passing.

Promptness is a much neglected quality in medical practice as any patient would willingly testify. Keeping one patient waiting is inconsiderate enough but keeping one hundred students waiting, or making them late for their next appointment by running over assigned time, is inexcusable.

Friendliness is helpful in any interpersonal relationship and it is particularly effective in breaking the barrier between student and faculty. If it is at all possible, students should be known and recognized by name.

Humor is a delight when used effectively and may accomplish what solemnity will not. But there are few things more dismal than humor which is inappropriate or fails to take fire.

V Motivation:

Left until last is the subject which requires the most delicacy by the writer and the most self-examination by the reader.

It is unfortunately true that in many teaching institutions participation in the teaching program is a pre-requisite to professional advancement. It is also true that there are many highly qualified physicians whose interest in teaching is negligible. If these men are forced into a position of teaching or stagnating they will choose the former. But it would be unrealistic to expect brilliance, or even competence from their performance. Teaching is too demanding a task to be assumed casually or irresponsibly. If it suffers because of this, then the blame must fall on administrators. This is a problem that requires the most careful consideration. Re-examination of local ground rules in the light of the requirements for successful teaching, the time and pain necessary for its accomplishment, might result in significant improvement.

These paragraphs have stressed certain general qualities which contribute to good teaching in any field. It would be impertinent to spell out a program for any specific subject, school, or department. These are individual matters. But any specific program which neglects such fundamental concepts may easily fail in the accomplishment of its goal.

For concrete suggestions let the teacher look back into his own past as a student who experienced both frustration and stimulation at the hands of teachers who were for some reason bad or good. Such experience culled and winnowed, might provide a substantial foundation upon which to build.