



Enthusiasm: it's catching

The air of expectancy is unmistakable. Walk down any university hospital corridor and you will be confronted with this scene: a group of bright-eyed, bushy-tailed medical students clutching their shiny stethoscopes with a look of keen anticipation as they wait for their tutor. Until this stage in their medical education, they have mainly been confined to the theoretical aspects of scientific medicine, through a combination of traditional lectures, study and peer discussion, and consequently the first day in a clinical environment as a medical student is one that few forget: it is the watershed between the preparatory years of theory and the lifetime of practice ahead. It is the point of transition between academia and reality. The privilege of being allowed to progress to the clinical setting is at the core of any medical training – but what is it that students gain in real terms from observing and being taught by clinicians?

In their most elementary capacity, the clinical teacher is just that: a teacher. They impart their knowledge and experience

to students and facilitate the learner's exposure to clinical procedures. However, to give the term 'teacher' such a narrow definition would be to overlook many of the clinical teacher's subtle but essential roles. Each teacher is a seasoned professional with an individual approach and proclivities – and their mode of delivery will convey a message just as important as the content. The effective clinical teacher not only delivers facts and skills, but also acts as a role model for future doctors. Observing a clinician allows a student to develop their own understanding of professionalism, and how this concept translates into day-to-day practice. The student consciously – or not – absorbs the demeanour of the clinician as well as aspects of delivery, such as the tone of voice and attitude of the teacher. Is there a calm voice? A sense of humour to dispel the learners' first-day nerves? Or does the student receive the impression of stress and disengagement with the task? The clinical teacher who, despite the demands of the job, manages to convey a positive attitude will inspire the learner.

Observing the bedside manner of a variety of doctors allows students to reflect on their own approach to patient communication. Developing your own style and flare for interacting with patients can take time to mature, and being exposed to a variety of approaches can help students to clarify what they feel comfortable with. Here, reflection on the aspects of practice the student has observed is key: asking the question 'what did I think worked and why?' will focus the learner on what has been personally meaningful and effective to them, and allow them to develop their own micro-skills accordingly.

Students learn from seeing clinicians communicate: not only with patients, but also with a variety of other colleagues. It is not until a medical student enters the clinical environment that they truly develop an appreciation of the role of the doctor within the multidisciplinary team. The student can observe the teacher demonstrating civility and valuing all members of the team, and notice how this is achieved through, for example, body language, tone and mode of address.

On a more personal level, the clinical teacher can give a student insight into work–life balance. It is often during clinical teaching that a student gains insight into what a doctor’s day-to-day life entails, and begins to develop an understanding of the different pressures and rewards each speciality brings. This is vital to the budding practitioner who will be wondering what life will be like when they start to practise. They can begin to find answers to seemingly trivial questions such

as: will there be time to walk the dog? If I play sport, how do I avoid being tired the next day? Will I still have the opportunity to travel?

Clearly, then, the task of the clinical teacher is one of the most important in medical education, not only for all of the reasons mentioned above, but because above all, the teacher is called to nurture the enthusiasm of the student: a teacher who simply looks reasonably happy at work

can inspire the new student beyond measure!

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Welcome to the conversation: webgaging the discussion about medical education

By the time you read this article, everything will have changed. As I put fingers to keyboard, it is a balmy August night in Singapore, 2010. As this is an invited comment, it will speed through the review, editing, and publishing process to reach you, the readership, by the end of the year. The publishing processes at *The Clinical Teacher* follow best practices and are among the most streamlined of biomedical print journals. The lag time would be similar or longer at others. To shorten the time would introduce variability in the system that results in lower standards of print journalism. To preserve quality in this medium introduces delay.

With all of the above taken into consideration, a purely print-based journal seems a somewhat limiting way to serve as a focal point and venue for conversation. Think of how you engage with others who are not in front of you in dialogue today. You e-mail, text, tweet, Facebook. Think of how you follow conversations today. You read blogs, online news and commentary with RSS readers, listen to podcasts, and watch online videos. We want you in the conversation on medical education.

The publishers of *The Clinical Teacher* have revamped the journal’s website to leverage current technologies to make it more

responsive and timely. This allows you to quickly join other clinical educators and medical education researchers in the national and international conversations generated by the works described herein, while preserving the integrity and high standards expected of the journal. As e-Editor for the site, I envision it to foster a learning community anchored by the content of the journal. The anchor is not a pin, fixing the content in a static place on the web, but will allow dialogue to pull the ship on the surface in the direction of the current, while not losing site of the core topic that started the discussion. Maritime analogies notwithstanding, we will