Editorial

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Who should be a medical educator? Beyond knowledge and experience

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Introduction

Medical education, in terms of both basic and clinical sciences, has been evolving and revolving for ages since the beginning of the medical field[1]. It involves the whole process of learning through transforming knowledge and experience from the teacher (medical educator) to the student (medical student) in medical schools. It incorporates a number of both social and academic dynamics around students' learning environments. This puts the medical education field in need of educators who employ holistic approaches to teaching so as to enhance sustainable learning processes among students in terms of their academic performance, career prosperity, and mental health. An educator's set of beliefs and attitudes significantly affects such holistic approaches, and in turn, it can compromise the learning process and lead to an unconducive learning environment[2–5]. Later on, this will affect students' performance, motivation, and interest in the medical field. Therefore, not everyone can be a good medical educator just because of experience and knowledge. There is a set of qualities to be attained which increase the chances for someone to be a good medical educator.

Qualities of a good medical educator

Teaching is an art rather than just being an acquired skill[6]. It involves the possession of knowledge and the ability to convey that knowledge to others in a friendly way but at the same time in a professionally accepted approach. The process comprises complex elements which should be presented in a simple and accustomed way to attain the desirable goals. This ranges from teaching methodologies, educators' competence, and exposure in the field to student–educator relationships. This necessitates professional training of medical educators so as to equip them with the required skills and as preparation to meet the demands of their roles as educators[7].

A good and effective medical educator should be earnestly interested in sharing knowledge with others in a constructive way that neither makes students feel inferior nor compromises the autonomy of the educator and the standards of teaching and the learning process. This quality is essential since it shows how far an educator can go to ensure the quality and effectiveness of methodologies that will be used during the learning process. Moreover, a good medical educator should be able to communicate effectively with both students and fellows. It includes both presentation and other soft skills like the proper choice of language and words when conveying a message to either students or colleagues.

Also, an effective medical educator should be familiar with different teaching and assessment methodologies. The educator should know when to use them and be able to modify or improvise them according to the circumstances. The majority of medical educators do not have either a certificate or degree in medical education or special training in medical education. They are entrusted with the role of being medical educators just because of their background in medicine. Most medical schools have implemented the notion that 'you pick up as you go through work and practice' among enrolled medical educators who lack exposure and skills in teaching and assessment[8]. In Israel, one study revealed that only 35% of medical educators (physicians) received training on medical education skills, of which 55% of them reported that the training lasted only 1 to 2 days[9]. This compromises significantly the quality of both the learning process and that of graduates in the long run.

Willingness and the ability to cope and familiarize with the advancement of technology use in medical education are among the important qualities of a good medical educator too, since such technologies are useful and inevitable to use in the modern world[10–12]. The use of the internet, networking, simulation, and virtual reality technologies have been growing rapidly in the world of medical education. Students are no longer interested in long theoretical lectures. They have access to various electronic sources from where they can learn and network with their peers globally. It remains to be the duty of educators to support and guide students to navigate through these dynamics so as to meet the learning objectives.

Mentorship spirit is also a basic aspect of a good medical educator[13,14]. This enhances the quality and boosts the effectiveness of the student–educator relationship in the learning process. Educators who lack this entity are more likely to involve themselves in unacceptable academic practices like bullying. Instead of fostering a learning spirit in their students, they will demoralize the love of medicine and soar the seed of low self-esteem among students. Mentorship

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provides a friendly learning environment and enhances students' personal and professional growth in the field of medicine. Through mentorship, educators should collaborate with students to ensure conducive learning environments instead of competing against them and ruining the learning process. This makes good medical educators to be like academic parents to medical students.

Good medical educators should have an eagerness to update their knowledge, teaching methodologies, and exposure in the medical field daily according to the trends in medical education. This can be done through attending continuous medical education training, participating in different medical educators' exchange programs, attending conferences, subscription to different journals and medical education platforms. Educators tend to become more successful when they decide to be lifetime students in their careers.

Lastly, good medical educators should be innovative and creative enough to contribute in improving the quality of the learning process locally and globally. Medical educators should not be everyday consumers of what has been done by others, but they should be active community members of the medical education field by solving different relevant challenges, promoting medical education, and championing the advancement of the field through different activities.

Conclusion and recommendation

Students are like patients, patients of ignorance, inexperience, low self-esteem, worries, etc. Effective educators should learn to be good doctors so as to treat their patients holistically. Such doctors should work under the Hippocratic Oath too of doing no harm to patients but rather consider doing everything in their power as long as it will benefit the patients. It is by default that medical educators become like academic parents to students. Apart from possessing reasonable experience and exposure in their respective areas in the medical field, good medical educators should have the heart of a mother and yet possess the mind of a trainer. Otherwise, they become enemies of the learning process in our medical schools, and they will neither be useful in the system nor helpful to medical students.

Moreover, medical schools should organize, encourage, and support junior faculty members to attend capacity-building courses, conferences, and exchange programs and provide a conducive environment to foster their medical education expertise and nurture their soft skills. Unfortunately, in most medical schools, enrollment of educators is based solely on someone's education qualifications (knowledge) and practicing experience. It might be challenging to assess systematically and grade the beliefs and attitudes of those who are interested in becoming medical educators before enrollment, but such an assessment should not be ignored or underestimated.

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