POSTER

TEN STATEMENTS ON THE MOTIVATION OF MEDICAL TEACHERS TO TEACH

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1. Motivating medical teachers to teach and students to study is an interdependent process. The setting in which medical education takes place in the FRG is regarded as a secondary factor.

Both teachers and students complain about a lack of interest in teaching respectively studying, anonymity due to large numbers of medical students and restrictive regulations. On the other hand, final year students for example, (PJ-Studenten), although assigned to a clinical ward for several months, are seldom competently supervised and trained. The numerical proportion of clinical teachers and students has not substantially declined because the growing number of students has been partially compensated by the enlargement of existing departments and the founding of new institutes.

Discussion on reforms in medical education in the FRG should focus on the interaction between medical teachers and their students.

2. Due to the process of selection and socialisation in the career of becoming a university lecturer, those personalities are favoured who show little motivation to teach.

Large university hospitals and medical faculties are characterized by a complex and peculiar organisation and communication structure and highly specialised, technologically-oriented medical care. Only a selection of graduates accept the challenge, and not all of them are able to withstand the various demands as well as the competitive and research-oriented climate. These processes serve as effective selection and socialisation mechanisms which favour personalities with poor commitment to medical education. Furthermore, successful performance in research is the most important factor in a career. Capable investigators are not necessarily talented instructors.

Professors and assistants interested and qualified in educational matters should be particularly engaged, promoted and given opportunities for further development.

3. The efforts of medical teachers to teach are not adequately rewarded.

The career of qualifying as a university lecturer only depends on research. Engagement and time allocation to student affairs and education are obstacles in persuing this career. Incentives for assistants and professors for their commitment to education matters, such as financial rewards or personal satisfaction for teaching efforts being appreciated by students and colleagues, do not exist at all.

Experience in teaching and didactical-pedagogical training should be a prerequisite for qualifying as a university lecturer as well as for one's appointment to a professorship. Further and differentiated incentives should be created in order to motivate professors and assistants to teach students (eg. Teacher of the Year, student ratings, remuneration).

4. Little didactic competence decreases the teachers' motivation to teach.

Teachers prefer to apply traditional methods of instruction, i.e., the same ones that they were instructed with. Lectures and practical courses are held in an inflexible and uniform way. Consequently, there is not much student participation and the students appear unmotivated. Furthermore, teachers do not get sufficient feedback to realize how their teaching competence has improved.

Professional teacher training should be made available. Institutes for training medical teachers should be established. Physicians involved in medical education should be exempted from their routine and duties and encouraged to participate actively in teacher training.

5. Teacher training and learning processes lack adequate feedback.

The major examinations are organized and conducted by a State Examining Board, thus depriving teachers of direct control of their students' progress. Tests during courses are rarely undertaken or do not focus on relevant items or

practical skills. The prevailing teaching methods (lectures, short practical learning periods) do not allow personal interacton and thus an informal assessment of learning progress. Furthermore, teachers do not seek broad student feedback regarding the quality of instruction and subject matter. Professional evaluation of teaching and learning processes does not exist.

A higher authority for conducting examinations should be delegated to medical faculties. Tests should be regularly performed and the testing methods adapted to the subject matter to be tested (e.g. technical skills, knowledge, problem solving skills such as objectively structured clinical examination, quizzes). Personal and longterm contact between teachers and their students should be favoured. Students should be encouraged to criticize teaching sessions. A professional, independent evaluation of teaching and learning processes by "institutes for didactic in medicine" should be promoted.

6. Mass education and specialisation at medical faculties prevent personal relations. The current educational system causes alienation.

Close personal contact between teacher and student is regarded as a prerequisite for mutual communication and learning from models. Education is characterized by overcrowded lecture theaters, a large number of different classes in clinical and theoretical disciplines and practical courses, as well as frequent rotations within a medical discipline. For the teacher, the generation period of students consists of one or two semesters. In the current educational system, the teacher's task is confined to adding a single, identical "piece of knowledge" - often without any context to clinical practice - for each student. He/she is unable to see the students' development for which he/she is responsible.

The students should be assigned to a teacher as long and closely as possible during the courses. The number of courses and the frequent rotations should be minimized. In addition, a "mentor system" could be established to relieve the anonymous atmosphere at university hospitals. Medical faculties should be made smaller.

7. The medical curriculum has been split up into countless, badly arranged compulsory and optional courses.

Preclinical and clinical studies and the practical year (PJ) are strictly separated. Likewise, the different disciplines (e.g. internal medicine, neurology), subdisciplines (e.g. hematology, nephrology, cardiology) and theoretical subjects (e.g. pharmacology, pathology, statistics) are taught without any coordination. This reflects the increasing disintegration of the faculty into disciplines and subdisciplines.

The design of the medical curriculum has to aim at the horizontal and vertical integration of subjects. The "microsystem teaching" could contribute to prevent the "macrosystem faculty" from further falling apart.

8. Teachers at medical faculties in the FRG are heavily loaded with patient care, research and administration tasks. Their efforts in medical education are thereby impaired.

Teachers are restrained from their commitment to teach by an enormous and steadily growing amount of bureaucracy in patient management, such as scheduling and organizing clinical appointments and investigations, corresponding with insurance companies and the hospital administration, serving on faculty commissions and bodies, or preparing medical opinions. In addition, inefficient organizational structures and the division of labour and outmoded communication systems are time-consuming and stressful. Engagement in research is furthermore the most important factor in one's career.

Medical teachers should be actively relieved by a more efficient organisation and distribution in the division of work (e.g. assisted by ward secretaries, computers). The unity of teaching, research and patient care was a central idea in Humboldt's concept of a university. It ought not to be abandonned. But a more flexible handling according to the interests and time budget of teachers should be achieved (e.g. by periodical exemption from one of these tasks, or being engaged in all fields but putting emphasis on one field according to preference and interests).

9. Federal regulations for licensing physicians (Approbationsordnung) impede a more flexible, innovative organisation of subject matters and application of teaching methods.

Not the faculty, but federal law determines matters such as compulsory courses, the structure of the curriculum, the regulations for conducting examinations (including testing methods and contents). Despite these conditions, a large latitude remains to be fulfilled.

Faculties and their teaching staff should be encouraged to fully utilize the existing latitude and liberty which the current laws and regulations allow. In a medium-range perspective, laws and regulations allowing and promoting educational experiments should be formulated and enacted.

10. Despite disadvantageous conditions, medical education in the FRG could be substantially improved by paying more attention to the competence and commitment of medical teachers.

As stated above, medical education in the FRG is restricted by law, influenced by the high numbers of students and the competitive, anonymous situation at medical faculties where students are educated. But the personality, commitment and qualification of teachers are crucial points in the educational process.

The discussion of reforms in medical education in the FRG should focus on the question of how the motivation and commitment of medical teachers can be promoted.

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