Easa D. The Qualities of a Good Clinical Teacher. *Hawaii J Health Soc Welf*. 2026;85(11):327-329. doi:10.62547/UYND8851

The Qualities of a Good Clinical Teacher

David Easa, MD[1]

[1] University of Hawai'i John A. Burns School of Medicine

Keywords: clinical teaching

https://doi.org/10.62547/UYND8851

The Medical School Hotline of the University of Hawai'i John A. Burns School of Medicine was founded in 1993, by Satoru Izutsu PhD (former vice-dean UH JABSOM). It is a periodic column and is edited by Kathleen Kihmm Connolly PhD, HJH&SW Contributing Editor.

I was recently asked to assist a medical school faculty member compete for a prestigious teaching award at the University of Hawai'i at Mānoa (UHM). As 1 of about 3 dozen UHM faculty members I had previously helped prepare their academic promotion dossiers, I was both familiar with her academic record and eager to help. After much thought, I contemplated a strategy to provide the most compelling argument for her to compete effectually for the award. Along the way, I broadened my appreciation for the attributes of an exceptional teacher. Literature focused on important attributes of an effective lecture, as well as non-cognitive human qualities of the teacher helped inform my reformulation.[1,2]

I believed that over the span of my 50-year academic career at the John A. Burns School of Medicine in the Department of Pediatrics, Dean's office, UHM Office of the Vice Chancellor for Research and Graduate Education, and my subsequent academic involvement as a Professor Emeritus, I possess a decent grasp of the attributes of a "good" teacher. Indeed, many of my mentors and colleagues were highly respected and effective teachers that I admired throughout my career. Moreover, the diversity of positions that I occupied allowed me to witness and interact with a respectable number of teachers within and outside of my discipline. Sadly, I had parochially focused my definition of a good teacher on the credentials, academic standing, and presentation quality of the lecture and lecturer, foregoing any meaningful reflection on the human qualities and motivation of the teacher. My subsequent revelation emerged through a thoughtful reexamination of the question, a cursory review of the literature, and the critical evaluation of the exceptional career of a junior faculty member half my age.

The attributes of a good teacher were succinctly summarized in an insightful editorial.[3] Factors include being learner-focused in a stimulating learning environment; maintaining a supportive relationship between teacher and students; clear, effective instruction modified to best suit the content, audience, and desired learning goals; and assessment methods that lead to modification of techniques based on results. However, including only cognitive attributes is shortsighted. Indeed, the authors keenly include human elements such as "love and patience": "Love of the material being taught, love of the students themselves, and love of seeing people's lives change for the good because they have learned something new. Patience with ourselves as teachers and as communicators who are always working on getting better, patience with our students who may need more time than we think, and patience to see newly found knowledge transform into life-changing behaviors."[3] However, when I attempted to apply some of these principles to the clinical faculty member I was helping, I was faced immediately with questions and concerns.

To be sure, evaluation of clinical faculty's teaching ability is particularly challenging. Formal classroom instruction typically consumes a minority of teaching commitment. Instead, teaching occurs at scheduled and unscheduled times and in diverse settings: on the wards, at the bedside, in the cafeteria, the parking lot, and even in social settings during interactions with learners at all levels. Teaching in this context is an extension of the daily communication between teacher and student. Teaching moments emerge fluidly from discussions of patient care, queries from students, patients, and their families, and/or programmed into the day's activities. Sadly, it has been my experience that too many faculty members lack the province or patience to provide a safe, interactive, and meaningful teaching experience. Too many answer questions without giving enough time for their learners to chime in. This tendency is exacerbated when teaching is held in any busy ward service or intensive care unit where patience is at its limit, and when making timely decisions is critical to providing the best and most responsive care for patients. Faculty members tend to overlook the educational needs of students in this setting.

Moreover, students engaged in medical training behave more like apprentices than classical classroom learners. They follow their teachers and "learn" to mirror their daily routines in the provision of medical care. It is particularly critical in this context that the clinician/teacher act courteously, patiently, attentively, and professionally, cognizant of the student's presence at all times. This is necessary to personify the attributes of a trusted role model to insure a safe and effective learning experience. Hence, it follows that this non-classroom decorum is intimately tied to the student's overall appreciation of the teacher's teaching ability and value.

Notwithstanding these significant challenges, what follows is my distilled description of the qualities of a "good teacher." The ideal clinical teacher is one who carefully prepares, and polishes the delivery of lectures, seminars, informal presentations, and other verbal interactions with learners. The ideal teacher exudes a gentile humanity and an ever-present, inviting demeanor, while attentively educating learners as well as patiently listening and responding to their queries and concerns. Motivation stems from

the sincere goal of paying back for the educational opportunities received during their medical training, and a desire to formatively contribute to the next generation of medical practitioners. The ideal teacher is genuinely interested in and cares for their sphere of attentive learners, and is not just spewing out knowledge as an academic obligation of their status in the medical school. When it does not conflict with on-call duties or family responsibilities, an ideal teacher graciously accepts invitations to speak and/or participate in educational activities with a full spectrum of learners including undergraduate students, medical students, residents, fellows, community members, colleagues from relevant clinical departments, nurses, the media, etc. without hesitation. Taken together, an ideal teacher is truly an unselfish role model who is naturally driven to fulfill their professional and personal roles: at home, in the classroom, at the bedside, and in the community. Additionally, as an ultimate measure of success, the ideal teacher is one who inspires a student to identify them as the reason that they choose their specialty!

What I realized as I was considering how I would counsel this faculty member on how to frame this teaching award application, was the distinct difference between giving a brilliant lecture and being a brilliant teacher. I have witnessed many brilliant lectures throughout my career, many from well-known dignitaries and renowned academics without knowing the person behind the accolades. They may or may not be considered good teachers or inspiring role models. A good teacher is more than the sum of what or how well they teach. A good teacher is a balanced individual who is able to somehow manage the multifaceted challenges of life with dignity and a positive spirit. Burgeoning learners gravitate to and often mimic those who inspire them in life, to validate their own quest, to give them courage for their future endeavors, and often to receive long-term career advice as they encounter crucial crossroads in their life's journey.

As a postscript, while this essay was prompted by my earnest attempt to assist an exceptional and deserving faculty member to compete for a teaching award, during its formulation I reflected on the impact that one good teacher could have on inspiring their students to emulate their approach and behavior to propagate multiple generations of "good clinicians and teachers". To be sure, the positive influence that one good teacher can have on generations of clinicians and educators to come cannot be overstated. As long as humans are necessary to inspire other humans as decent role models, there is promise that humans will continue to control their destiny. Finally, I'm delighted to announce that the faculty member in question who I supported through the application process was one of a highly select few to be awarded this prestigious teaching award in 2026. I must confess that I was overjoyed as much as the award recipient!

Submitted: February 18, 2026 PDT. Accepted: July 22, 2026 PDT. Published: November 02, 2026 PDT.

References

1. Singh S, Pai DR, Sinha NK, Kaur A, Soe HHK, Barua A. Qualities of an effective teacher: what do medical teachers think? *BMC Med Edu*. 2013;13:128. doi:10.1186/1472-6920-13-128

2. Sutkin G, Wagner E, Harris I, Schiffer R. What makes a good clinical teacher in medicine? A review of the literature. *Acad Med*. 2008;83(5):452-466. doi:10.1097/ACM.0b013e31816bee61

3. Rohrich R, Weber R. Are teachers born or do they develop over time? *Plast Reconstr Surg*. 2021;148(5S):75S-77S. doi:10.1097/01.prs.0000794876.94348.7c