

# Welcome: Clinical Teaching Matters

From the Queen Mary (Barts) Malta branch of the Academy of Clinical Educators.

Welcome edition

2025

## Welcome!

Clinical teaching is massively important. **Medicine is learnt with, from and for patients** and this can only happen thanks to the fantastic body of clinical teachers. We are exceptionally grateful for all the teaching that you do.

This welcome letter from the Faculty Development Team gives an overview of our activities and the different ways that we can support you to continuously develop as a teacher and an educator. We are friendly and approachable and look forward to working with you!

The word ‘doctor’ comes from the Latin ‘*docere*’ – to teach. Teaching has been a core professional role of the doctor since before Hippocrates’ time, and yet it has only been more recently that there has been a focus on helping doctors to learn more about the science of teaching and learning. All doctors learn the science, skills and art of their speciality and commit to staying up to date as better evidence and newer approaches come to light – the same is true of doctors who teach.

*“Medicine is  
learnt with, from,  
and for patients”*

(from Evans & Brown, 2015)



## The QM (Barts) Malta medical student

Medical students around the world all seem similar in their strengths and weaknesses. The curriculum tends to give each medical school its own “flavour”, and our students and curriculum are a bit different to most in three main respects:

1> **Interactive:** Our students are used to questioning, debating and searching for evidence from day one, so they are likely to ask lots of questions, some of which might be challenging. Please answer honestly, and “I don’t know, here’s a plan to find out” is a perfectly good answer!

2> **Diversity:** QM (Barts) Malta students are a fantastically diverse group – we have students from almost every country of the world. This gives them a heightened cultural awareness as well as some amazing insights.

3> **Hands-on:** Foundation years in the UK are challenging at the moment and could be better supported. In an effort to get our graduates ready for the challenge of FY1 in the UK, there is a strong emphasis on learning by doing – right from the start of year- three, the students should be examining patients, gathering histories, practising simple procedures, and by the end of year-three, we expect them to be safe and fluent in most clinical, communication and practical skills with patients.

If you would like to know more about our curriculum, how it is structured and how each year fits together, there [is an easy guide here](#).

## Benefits of Teaching

**Passion for teaching:** Most of us teach because we love it — driven by the long-term satisfaction of investing in the next generation of doctors, and the immediate reward of seeing a student's "lightbulb moment" when something abstract or complex suddenly becomes *understood*.

**The students:** when we surveyed our teachers about why they taught for us, our students came out top: *"I was pleasantly surprised by the diversity of the student population and the quality of knowledge [they] already had achieved in the previous years."* and *"They are very eager to learn, and they do actively participate in discussions, they do not need prompting to participate"*. A number of tutors also highlighted how teaching, and knowing that they would be asked questions, helped them keep up to date.

### Collecting feedback from students:

Increasingly, those who teach are expected to collect, digest and reflect on feedback from the students that they teach. We have made this exceptionally easy to collect and use, even for "brief teaching moments" – you can simply create a unique QR code and save it to your phone as an image. Whenever you teach, the students can scan this with their phones and fill in a brief, personalised feedback form then and there. You get a copy emailed to you 24 hrs later for your portfolio. For more information and to create your own QR code [click here](#).

*"[It is] very rewarding to teach and get feedback from students on what they find useful and how they learn from different forms of teaching."*

QM (Barts) Malta Tutor 2024

## Questions or issues around faculty development? email

faculty-development-malta@qmul.ac.uk

*"The word 'doctor' comes from the Latin 'docere' – to teach."*

From BMA (06) Doctors as Teachers

**Faculty development** (train-the-trainer): we run a range of train-the-trainer workshops which are free to attend, practical in their approach and give certificates for your portfolio. We have a [course catalogue](#) of mostly online teaching sessions – each 60 minutes long and covering a core aspect of teaching practice. We also deliver live face-to-face sessions at the different sites around Malta and Gozo that you can book into. For more details you can [check our website](#), ask your local associate dean, or keep an eye out for advertisements and emails. Everyone who is interested in teaching our students is welcome to attend.

**Newsletter:** You should be automatically registered to receive our newsletter three or four times a year, and occasional other notifications. If you do not receive this or if you would like to unsubscribe, just let us know on [faculty-development-malta@qmul.ac.uk](mailto:faculty-development-malta@qmul.ac.uk). [The newsletter](#) usually contains news, updates from the school and the latest research and ideas from the medical education journals.

**Annual Review of Teaching (ART):** We offer all our clinical teachers an ART. This is a friendly and supportive meeting with an experienced colleague helping you to think back across your last year of teaching and plan forward for what to do next. It takes around 20 minutes and is captured in a useful report that can be used as evidence in your portfolio. More information on [this page](#).

## Top Tips for New Medical Teachers

### 1. Prioritise learning over teaching.

Learning is far more important than teaching. There is a rich science behind how teachers can maximise student learning — we cover some of this in the faculty development sessions.

### 2. Trust that students know more than they realise.

Encourage students to work things out from first principles. With the right prompts, they will often surprise themselves — and you.

### 3. Model what you want to see.

Students learn more from what they observe than from what they are told. Show them best practice — and remember, best practice does not mean following the book blindly. When you use shortcuts or adapt your approach, explain your reasoning so they understand safe, responsible flexibility.

### 4. Leave them curious, not complacent.

If students leave a session feeling they have fully mastered a topic or skill, you have not served them well. True learning requires revisiting, applying, practising, and extending knowledge. End your session by helping students think about how they will deepen and broaden what they have started to learn.

### 5. Make it OK to not know.

Students often feel pressure to have the right answer — but real learning happens when they are allowed to ask questions, admit doubts, and explore the 'grey areas'. Encourage curiosity over correctness. Your acceptance of uncertainty will give them permission to think more deeply and independently.



### A student in difficulty?

We have an exceptionally good support system for students who run into any sort of difficulty. The worst outcome is when a student in difficulty is not recognised early and helped.

If you think a student may be having difficulty – by their attendance, their mood, or their behaviour, please ask if they are OK, of course, but please also let the school know and we will reach out to the student too. The head of year and/or the student office are good first people to contact – the details are on the next page.

*St Bartholomew's Hospital, [Bart's], is the oldest medical school in England. It was founded by Rahere in 1123, during the reign of Henry I, and has just celebrated its 800th anniversary.*

## Types of Clinical Teacher

We have informal and formal clinical teachers.

**Informal clinical teachers** include junior and middle grade doctors, colleagues in the other healthcare professions, and anyone else who might take our students and help them to see or learn something. “Tell me what you see on this X-ray?” or “come help me sit this patient up in bed” or “come and check this medication with me” – the brief moments of informal learning are massively important.

We also have formal clinical teachers – doctors and other healthcare professionals who take on specific roles in clinical teaching and supervision. They can be roughly divided into three groups:

**Clinical tutors** are involved in the day-to-day clinical teaching and supervision of our medical students – sometimes on placement and sometimes for projects or exams.

**Module Leads** take responsibility for co-ordinating certain modules of the clinical teaching – psychiatry, general practice, geriatrics etc

**Associate Deans** – there is typically one Associate Dean on each hospital site (and overall, for primary care), who takes responsibility for co-ordinating within the hospital structures and ensuring the smooth delivery of clinical placements.

You will find that all our clinical teachers, from clinical tutor to Associate Dean all the way to the Dean of the medical school are approachable and supportive.

## Who's Who – Key contacts

### Associate deans & contacts for each site:

Primary Care	Dr Gunther Abela	<a href="mailto:gunther.abela@gov.mt">gunther.abela@gov.mt</a>
	Dr Charmaine Cremona	<a href="mailto:charmaine.cremona@gov.mt">charmaine.cremona@gov.mt</a>
	Dr Patrick Galea	<a href="mailto:patrick.b.galea@gov.mt">patrick.b.galea@gov.mt</a>
GGH	Prof Robert Sciberras	<a href="mailto:robert.sciberras@gov.mt">robert.sciberras@gov.mt</a>
MDH	Prof David Coppini	<a href="mailto:david.v.coppini@gov.mt">david.v.coppini@gov.mt</a>
	Dr Jesmar Buttigieg	<a href="mailto:jesmar.buttigieg@gov.mt">jesmar.buttigieg@gov.mt</a>
SVP	Dr Maria Aloysia Abela	<a href="mailto:maria-alloysia.abela@gov.mt">maria-alloysia.abela@gov.mt</a>
KGH	Dr Mohamed Salem	<a href="mailto:mohamed.salem@gov.mt">mohamed.salem@gov.mt</a>

### Head of Years and student office contacts

Student Support – all years		<a href="mailto:student-support-malta@qmul.ac.uk">student-support-malta@qmul.ac.uk</a>
Head of Y1	Dr Robert Formosa	<a href="mailto:r.formosa@qmul.ac.uk">r.formosa@qmul.ac.uk</a>
Head of Y2	Dr Jean Marie Delalande	<a href="mailto:j.m.delalande@qmul.ac.uk">j.m.delalande@qmul.ac.uk</a>
Head of Y3	Dr David Sunnucks	<a href="mailto:d.sunnucks@qmul.ac.uk">d.sunnucks@qmul.ac.uk</a>
Head of Y4	Dr Mark Buttigieg	<a href="mailto:mark.buttigieg@gov.mt">mark.buttigieg@gov.mt</a>
Head of Y5	Prof Cathy Molyneux	<a href="mailto:c.a.molyneux@qmul.ac.uk">c.a.molyneux@qmul.ac.uk</a>
Student office - all years		<a href="mailto:student-office-malta@qmul.ac.uk">student-office-malta@qmul.ac.uk</a>
Medical School Enquiries/Reception		<a href="tel:+35699107886">+356 9910 7886</a>

### Faculty development

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Senior Lecturer in Faculty Development	Dr Joseph Dimech	<a href="mailto:j.dimech@qmul.ac.uk">j.dimech@qmul.ac.uk</a>
Fantastic admin support	Jess Droscher & Lucienne Laferla Rosso	<a href="mailto:faculty-development-malta@qmul.ac.uk">faculty-development-malta@qmul.ac.uk</a>