Why physicians teach: giving back by paying it forward

Yvonne Steinert[1] & Mary Ellen Macdonald[2]

CONTEXT Despite the pace and intensity of the in-patient clinical setting, physicians carve out time for teaching medical students and residents.

OBJECTIVES The goal of this study was to explore what it means for physicians to teach students and residents in the in-patient setting.

METHODS We conducted semi-structured interviews with 15 practising physicians from the departments of internal medicine, surgery and paediatrics in three university teaching hospitals at McGill University, using an interpretive phenomenological methodology.

RESULTS Five themes elucidated the meaning of teaching for physicians in the in-patient setting: (i) teaching was perceived as an integral part of their identity; (ii) teaching allowed them to repay former teachers for their own training; (iii) teaching gave them an opportunity to contribute to the development of the next generation of physicians; (iv) teaching enabled them to learn, and (v) teaching was experienced as personally energising and gratifying. Participants were morally and socially motivated to give time and effort through teaching (e.g. to pay forward their own privilege and thereby help to develop the next generation); teaching also gave them a sense of personal fulfilment (e.g. by allowing them to mould young minds and leave a legacy).

CONCLUSIONS This study holds a number of implications for medical education with relevance to the recruitment and retention of clinical teachers, recognition of clinical teaching, and evidence-informed faculty development. The findings also suggest that teaching in an academic setting can bring joy and fulfilment to practising physicians.

Medical Education 2015: 49: 773–782
doi: 10.1111/medu.12782

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INTRODUCTION

The education of future physicians is highly dependent upon physicians teaching students and residents in the clinical setting, an environment marked by competing demands, conflicting priorities, and the constant pressure of patient care. Yet, despite the pace and intensity of this environment, and the perception that teaching is often not financially rewarded or recognised, many physicians carve out time for the teaching of medical students and residents. Why is this so?

A number of studies have examined primary care physicians' motivations for teaching students in ambulatory settings. These studies have highlighted intrinsic rewards including personal satisfaction, a love of teaching, and giving back to the profession[1–6] as primary motivators. Other research in community-based settings[7,8] has suggested that physicians believe that teaching enhances their enjoyment of patient care and improves the quality of clinical practice.

To our knowledge, no studies have reported on physicians' experiences of teaching residents (junior or senior registrars), and none have described specialists' teaching experiences in an in-patient setting. The hospital-based environment is characterised by more complex patient profiles, increased responsibility for students and residents, and multiple venues for teaching (e.g. at the bedside, in the hallway, in the conference room). Additionally, physicians in the in-patient setting simultaneously teach learners at different levels, balancing multiple roles and responsibilities while attending to the needs of patients, students, residents and other team members.

The studies that have examined primary care physicians' motivations to teach have done so at a descriptive level, with a heavy reliance on survey questionnaires. None have delved into the essence of teaching or sought to understand why physicians choose to teach despite their many clinical responsibilities. An in-depth exploration of the meaning of teaching for physicians, and what this experience signifies to them, would help to advance our knowledge of why physicians teach in the clinical setting.

The goal of this study was to explore what it means for physicians to teach students and residents in the in-patient milieu. Understanding the essence of teaching for physicians in this context is key to the future of medical education as it can help in the recruitment and retention of clinical teachers, the development of policies to recognise and reward educational excellence, and the design and delivery of faculty development programmes that meet physicians' needs.

METHODS

Methodology

We approached our research question 'What is the meaning of teaching?' using interpretive phenomenology (IP). This is a research methodology that builds upon a rich philosophical tradition[9,10] to address ontological questions of human 'lived experience'.[11,12] In IP, the goal is to delve into the meaning of an experience as it is articulated or enacted by the research participant. Both data gathering and analysis require the researcher to dwell on the phenomenon under scrutiny in order to uncover its essence. Essential to this methodology is the process of stripping away theoretical presuppositions in order to uncover layers of meaning. Exploring the meaning of teaching required the researchers to resist deductive theoretical constructs and encourage participants to explore concepts brought into the conversation, to truly understand why and how teaching matters.

Recruitment

We recruited participants from three academic departments (internal medicine, surgery and paediatrics) at McGill University (Montreal, QC, Canada). We chose these three departments as they form the largest specialty training programmes in our medical school and teaching occurs in a variety of venues. Recruiting from these three specialties also allowed us to sample diverse perspectives in line with maximum variation sampling.[13] We sent letters to department chairs requesting the names of department members who had been teaching on a clinical teaching unit for at least 3 years, did not have a formal educational portfolio (e.g. as programme director) or advanced degree in medical education, and who taught both medical students and residents. These criteria were necessary as, in our setting, there is no formal nomenclature that describes these individuals (e.g. clinical educators) or signals their commitment to teaching. Using the chairs' lists, we chose names at intervals that would give us six individuals per list; in this way we selected and invited 18 physicians to participate in

interviews. Twelve of these physicians were available for interviews. After preliminary analyses, three additional physicians were recruited to allow us to delve deeper into emerging topics and to verify preliminary findings. At this time, we confirmed data saturation,[14] the point at which additional data do not reveal new aspects of the phenomenon under study. In total, we recruited eight men and seven women, of whom six came from internal medicine, three from surgery and six from paediatrics.

Context

This study took place in a research-intensive university, which is marked by a strong spirit of volunteerism for teaching.[15,16] In this setting, the majority of clinical teachers do not receive a salary for teaching. Moreover, although small stipends have been recently allocated by the provincial government for certain teaching activities, many teachers still believe that teaching is neither rewarded financially nor recognised for advancement or promotion. In addition, although teaching is an expected part of physicians' responsibilities in our context, the amount of teaching required is not systematically prescribed.

Data collection

Data were collected through audio-recorded semi-structured interviews conducted by a research assistant with graduate training in qualitative research. The research assistant also recorded field notes describing non-verbal communication and contextual information (e.g. a busy environment was noted in field notes that described interviews being interrupted by telephone calls and pagers; the joy of teaching was signalled through notes of participants' facial expressions and the vocal tones used when discussing former learners). Interviews averaged 45 minutes. The initial interview guide, based on findings from the literature, was piloted and refined at the Centre for Medical Education at McGill University. Through an iterative process, the interview guide was modified as interviews proceeded in order to capture the essence of teaching, a common practice given the emergent nature of qualitative inquiry. The guide (Appendix 1) explored the meaning of teaching by addressing perceived rewards, challenges, motivations and expectations, reflections on teaching medical students and residents, and observations on how faculty development could enhance teaching experiences.

Analysis

Analysis followed Benner's interpretive framework,[11] which is premised on a conception of human experience in which meaning is understood to be rooted in the context in which it is lived. The role of the researcher is to make sense of the participant's articulation of his or her own experiences. This approach is attentive to a dialectic tension which exists between an appeal to commonalities across cases (e.g. pattern recognition) and the need to be attentive and responsive to the unique features of individual cases. Every encounter is co-constructed through the researcher–participant relationship and is shaped by previous experiences and the socio-cultural system within which experiences are lived. We also used Conroy's pathway[12] for interpretive synthesis, especially the hermeneutic spiral in which inductive interpretations of both the participant and researcher build off each other; doing so ensured that we 'spiralled' back to earlier comments while being attentive to building our understanding of the individual's unique meaning as well as our growing understanding of the dataset. Finally, Geertz's interpretive notion of 'thick description'[17] was used to richly contextualise the participants' thoughts and experiences within their institutional work environments.

To conduct this analysis, each investigator read the transcripts in their entirety to get a sense of the evolving dataset. Following this, both investigators re-read each transcript, using multiple close readings to understand participants' experiences *vis à vis* the phenomenon of interest: the meaning of teaching. Initial codes were emergent, inductively generated from the data; this contributed to an open-ended dialogue between the researchers, with careful attention to participants' words and phrases. The interpretive process moved between the foreground (the literal meaning of the words) and the background (the meaning and intention behind the literal utterances).

As the analysis proceeded, we categorised emerging codes into Benner's five components (situation, meanings, concerns, embodiment, temporality)[11] and Conroy's sixth component (paradigm shift).[12] We then sought across-case patterns (themes), with attention to recurring meaning (as expressed in the ideas and feelings of the participants) relating to salient items for each individual participant (e.g. what matters to them). We built thick descriptions of institutional contexts from

the field notes and transcripts by embedding participants' thoughts and experiences within social, cultural and personal components of their work environments.

Rigour

The following steps were used to ensure methodological rigour: the primary researchers checked the transcripts, prepared by a third party, for accuracy; an audit trail was maintained to capture the evolution of the interpretive process, and preliminary findings were presented to members of the Centre for Medical Education for feedback and discussion. Ethics approval for this study was granted by the McGill University Institutional Review Board.

RESULTS

The context for teaching

In all 15 cases, participants described their clinical environment as complex and demanding, replete with multiple obligations and responsibilities. The teaching of students and residents included planned didactic lectures, bedside teaching and teaching 'on the fly'. Although most participants also taught in classroom settings, they chose the clinical environment as their point of reference for these interviews, as illustrated by a junior physician in internal medicine:

> 'I teach, I do clinical activities… I do consultation service and I do wards. In all those clinical activities I supervise residents and medical students. So they come, you know, they do their rotation and I'm their supervisor. And I typically try to assign an hour a day of making didactic teaching on top of the teaching that goes along during these activities. And then, I also supervise either the medical student or graduate student on summer projects…'

Participants were not specifically asked about financial remuneration for teaching because we did not want to assume its relevance to the meaning of teaching. Despite this, 13 of the 15 participants spontaneously referred to the lack of payment for teaching when asked why they teach, stressing that remuneration was not a key motivator. As a mid-career physician in internal medicine stated:

> 'Just to be frank and upfront, some of the teaching activities are actually paid… But most of the activities are unpaid. And neither paid with money and not so much paid with anything else either. It's not like the faculty bends over backwards to recognise your teaching contribution. I mean they readily recognise teaching contributions, but you know like no one goes out of their way to thank you.'

A junior physician from the same specialty added:

> 'I know some people say you don't get paid for [teaching]… I realise that, but I don't do it for the payment, or lack thereof. I do it because I like doing it.'

Similarly, no participant mentioned financial remuneration in response to a question about the rewards of teaching, nor did they identify advancement or promotion as an incentive to teach. Despite this, participants expressed a profound appreciation of their work environment, as illustrated by a junior female physician:

> 'Yeah, I think it's very stimulating… to be surrounded by so much energy. You know, people are working very hard, each in their domain, and when you put everything together and you see that everybody is striving to exceed… to exceed their goals and strive for excellence. When it's well balanced, it's beautiful, and you see that it gives you a lot of energy and a lot of motivation to push yourself.'

The meaning of teaching

Despite the variety of teaching settings and specialties in our sample, five themes elucidated the meaning of teaching in the in-patient setting across all physicians' narratives. According to participants: (i) teaching was an integral part of their identity; (ii) teaching allowed them to repay former teachers for their own training; (iii) teaching gave them an opportunity to contribute to the development of the next generation of physicians; (iv) teaching enabled them to learn, and (v) teaching was experienced as personally energising and gratifying. Importantly, personal and social dimensions ran across these themes: while participants were morally and socially motivated to give time and effort through teaching (e.g. to pay forward their own privilege and thereby help to develop the next generation), teaching also gave them a sense of per-

sonal fulfilment (e.g. by allowing them to mould young minds and thereby leave a legacy).

Teaching as an integral part of a physician's identity

Almost all participants stated that teaching was an integral part of their identity. This sentiment was articulated by two participants from paediatrics and surgery, as follows:

> 'Teaching is who I am.'

> 'Teaching is part of my identity and what I do.'

Most participants had been teaching from a young age, as sports coaches, tutors or camp counsellors, and they saw their current role as an extension of these past experiences. Several mentioned a parent who was a teacher and said that teaching was 'in their blood'. One young physician reported:

> 'You know I was a basketball player and I used to coach in high school... I used to coach young kids. So that's a form of teaching in a way. You have a bunch of youngsters and you accompany them and see them over a year many times a week... And then when I became a resident, I would teach the medical students... So I would always make sure to make time for people below me in the hierarchy to teach.'

Almost all participants had previously taught as medical students and residents, and they had deliberately chosen to work in an academic setting because it would allow them to continue to teach. In diverse ways, participants felt that teaching was a core responsibility – and expectation – of working in a university hospital, and one that they valued. One mid-career paediatrician noted:

> 'Yeah, it's part of, certainly, being an academic physician in a university centre. I think it should almost go without saying that people who practise medicine in a university setting in an academic department should be teaching.'

A number of participants also conveyed that being a 'physician-teacher' was integral to 'being a physician'. In fact, in response to a question asking if they could imagine themselves not teaching, none felt that they could, as observed by a mid-career physician in internal medicine:

> 'I cannot imagine not teaching. It is intrinsic to what I do.'

Giving back: repaying former teachers

The physicians in this study consistently expressed the sentiment that teaching allowed them to repay their teachers and the institutions in which they had trained. This notion was conveyed as a moral commitment to 'give back' to the profession in order to continue the cycle of excellent professional training. Participants clearly remembered how well they had been taught and wanted to do the same for their students and residents. They expressed deep appreciation of their teachers' abilities and passion and felt that their learners also deserved the best. Two participants at different stages of their careers noted:

> 'I think it's remembering when I was [a] medical student. The influence that the people who taught me... you know, I still remember them very vividly and their impact on how I got moulded. That's a big reason, I think, why I want to do the same. I think it's very important to give back...'

> 'As I was training I was lucky enough to benefit from excellent teachers at many levels and so, (a) I know what kind of a difference it can make, and (b) it's a way of continuing the cycle or repaying them.'

In talking about 'giving back', a number of participants used the phrase 'paying it forward', which further reinforced a moral commitment to maintaining the cycle of excellence.

Developing the next generation

Tied to this notion of 'paying it forward' were both a social and a personal desire to contribute towards developing the next generation of physicians. In fact, participants talked about teaching as if it were a moral and social commitment towards ensuring high-quality patient care. Two female physicians highlighted this phenomenon as follows:

> 'I find it's a responsibility to [teach] because they are going to be the next generation of physicians and they need to be given... And you know, there are many ways of gathering knowledge, but I find that mentoring is probably one of the best ways of imprinting important principles.'

> 'If we want housestaff to provide good service to patients, we need to teach them to do so.'

At the same time, this sentiment was also framed in less altruistic terms, as if teaching was part of succession planning and a personal insurance that someone would take care of them in their old age. A junior male surgeon reflected:

> 'I want to make sure that people... that I... pass on the passion for the disease so that I can develop a reasonable line of succession for people who will be in my position 10 years from now.'

Some participants also felt that their involvement in teaching the next generation allowed them to leave a legacy, as expressed by a junior female surgeon:

> 'It's a question of passing things on, a bit of a legacy...'

The notion of legacy was related to a strong desire to share clinical wisdom, improve patient care and feel that 'you have made a significant contribution'.

Teaching as learning

Many participants' comments reflected Joseph Joubert's adage that 'to teach is to learn twice'. They valued students' and residents' unjaded, youthful perspectives as well as their insightful questions; further, participants noted that they benefited from 'seeing the world through students' eyes'. One junior physician from internal medicine observed:

> 'You know, medical students are people that are just new, they don't have the cynicism or they are not jaded and they often have such a beautiful vision of what it should be. And they have a pure image... it's not coloured by either being overworked or stressed... You gain a lot from that and some of the most difficult questions I've ever been asked is from medical students who would, instead of taking the facts and saying, oh that's the truth, they would question it.'

All participants commented that being with students and residents inspired them to learn and 'pushed them' to seek new information and keep up to date. A mid-career paediatrician noted:

> 'If you have students and residents with you, you'll never be obsolete because you'll be questioned and you'll want to give them an update... It's really like a wake-up call on a constant basis.'

In a variety of ways, teaching created a context in which participants could share their knowledge, experience and passion while 'keeping up' with young inquisitive minds.

Teaching as energising and gratifying

Participants expressed many positive sentiments about the multiple rewards they attributed to teaching. In fact, teaching was seen to give them an 'energising boost', changing the pace and breaking up the day; it also allowed them to feel invigorated by what they were doing. Three young physicians (representing all three specialties) reported:

> 'I enjoy teaching...'

> 'Teaching energises me...'

> '[Teaching] renews my interest and my focus.'

Participants also valued the interaction with learners. They were energised by sharing their knowledge and passion and by receiving feedback from learners about their teaching, as observed by a mid-career female paediatrician:

> 'We can go a few months without having any trainees in our service and when we finally have trainees with us, it changes everything. Everybody is much more interactive and more energetic... It's like I said, if you get a positive feedback from someone it's immediate gratification... Just that in itself is a reward.'

In addition, teaching gave participants a deep sense of satisfaction as they could watch students and residents learn and take pride in their accomplishments. A male physician in internal medicine noted:

> 'I think the biggest long-term reward is to see the people you've taught grow and see them develop into successful clinicians, researchers, whatever their path is in their own right.'

DISCUSSION

Clinical teachers represent an invaluable resource essential to the successful teaching of medical students and residents.[18] Through this phenomenological inquiry, grounded in the subjectivity of lived experience,[19] we were able to gain a deeper understanding of physicians' beliefs, motives and perceptions of teaching in an in-patient setting, which is often marked by complex patient profiles, the

teaching of learners at different levels, and the use of multiple venues for teaching. Moreover, tapping physicians' lived experiences, from their own perceptions rather than from predetermined categories, allowed us to uncover a layer of meaning not frequently studied; it also provided us with new insights relevant to the recruitment and retention of clinical teachers, the recognition of these individuals and their teaching, and faculty development.

This study's findings showed that physicians found meaning in teaching students and residents in in-patient settings at personal, social and moral levels. In particular, teaching emerged as an integral part of the identity of these physicians; indeed, they deliberately chose to work in an academic setting in order to teach. Moreover, through teaching, these physicians felt that they could repay the teachers who had trained them, thereby contributing to a cycle of excellence in medical education. Teaching also provided them with opportunities to help shape the next generation of physicians and, in the process, to ensure the provision of high-quality patient care. In addition to 'giving back' and 'paying it forward', participants found teaching to be a stimulus for learning and renewal.

Previous researchers[4–6,18] have shown the importance of intrinsic factors (e.g. the enjoyment of teaching) as motivators for primary care physicians teaching students in out-patient settings. This study confirms these findings with a group of physicians working in in-patient contexts with students *and* residents. It also adds to prior research. To begin, we delved into the meaning of teaching, thereby nuancing the understanding of what other authors call 'motivations'. Our study suggests that the joy and satisfaction that can be derived from teaching are strongly linked to physicians' sense of identity. Further, this joy stems from feelings of 'giving and getting'; that is, teaching allows physicians to give back to both the profession and society, thereby fulfilling both social and moral commitments. At the same time, teaching is experienced as personally fulfilling, as the teacher is able to continue learning while also 'leaving a legacy'.

The notion of teaching as integral to the physician's identity was a recurrent theme across our data. Starr *et al.*[2] explored the notion of teacher identity among community-based physicians, highlighting a number of common elements: intrinsic satisfaction; knowledge and skills about teaching; feeling a sense of responsibility to teach, and the belief that being a physician means being a teacher. Our study builds on these findings by studying physicians in hospital settings. We also uncovered how this identity began to develop at an early age and played a critical role in physicians 'choosing' to work in a university hospital. Lastly, our study further highlighted the finding that extrinsic factors, including financial compensation or advancement and promotion, were not perceived as 'rewards' or motivators for teaching.

The desire to 'give back' and develop the next generation of physicians has been reported in previous studies with students in out-patient settings.[1,5] For example, Kumar *et al.* noted that physicians wanted to show future physicians 'what medicine is all about' and demonstrate how 'good medicine should be practised'.[1] In our study, in-patient specialists felt that teaching the next generation was their responsibility and reflected both a *quid pro quo* as well as a deep sense of obligation, again suggesting both a social and a moral imperative. This notion may also relate to physicians' sense of professionalism, including their responsibility to the profession and to society.[20]

Our study highlights the joys of teaching in an academic environment. This was a surprising finding as previous studies exploring career choice among physicians[21–23] have primarily identified exposure to research (and research-oriented programmes), together with role models and mentors, as key factors associated with a career in academic medicine. Few have emphasised teaching as a determining variable in career choice.[24,25] In fact, Hatem *et al.*[26] have said that 'academic health centres have often perceived teaching as an add-on role' that remains neglected. Our findings offer a different perspective as our participants chose to work in an academic environment in order to pursue their love of teaching. Our findings also suggest that opportunities to teach in a university hospital can represent a strong incentive for recruitment and retention, issues that are often cited as challenging in medical education.[27–29]

As with any study, our inquiry has limitations. Firstly, we recruited participants from only one university. This academic institution, however, includes multiple teaching hospitals. Further, to contend with this limitation, we recruited participants from across the three distinct specialties of internal medicine, surgery and paediatrics. Secondly, the first author had served as an associate dean for faculty development in this setting. Although we do not believe that her previous role influenced responses

to the study questions (as interviews were conducted by a research assistant who promised confidentiality via de-identified transcripts), it may have been more difficult for some participants to decline the interview. Notwithstanding these limitations, this is one of the first studies to address the meaning of teaching in a rigorous way.

This study holds a number of implications for medical education policy and development, including the recruitment and retention of clinical teachers, recognition of clinical teachers and teaching, and evidence-informed faculty development.

Recruitment and retention

Several authors have described the challenges associated with recruiting and retaining clinical teachers, as well as the need to maintain a vibrant workforce in academic medicine.[28–31] Our study shows that teaching in an academic environment can bring a sense of joy and fulfilment to physicians and help to enhance recruitment and retention. It also suggests that teaching students and residents may represent a form of recruitment as good teachers seem to inspire good teachers. In fact, it is possible that current students may wish to 'repay' their teachers in the future; as a result, encouraging students to start teaching early in their careers may, in itself, serve as a recruitment strategy.

Recognising and rewarding teachers and teaching

Study findings also suggest that we should acknowledge our teachers, nurture their inherent desire to teach, and make the joy of teaching more visible. Celebrating teaching excellence can be a powerful way to recognise the positive attributes of educational practices. Recognition of the intrinsic rewards, such as the relationships formed with students, and opportunities to 'see the light bulb go on' and to witness the results of personal efforts, can also be worthwhile.[32] In multiple ways, understanding the factors that give meaning to teaching for clinicians can help us to encourage colleagues to engage – and remain engaged – in this critically important activity.

Promoting evidence-informed faculty development

Faculty development has traditionally focused on the knowledge, skills and behaviours required to be an effective teacher.[33] Based on our study's findings, we believe that faculty development should also focus on intrinsic motivators and the meaning of teaching. In fact, it may be time to move away from a primary focus on skill-based faculty development and work to incorporate teachers' motivations and values, building on the essence of teaching for clinicians. In multiple ways, our findings may be utilised in the design of faculty development programmes to enhance the effectiveness of the medical teaching workforce.[18] Stone *et al.*[34] have suggested that we focus on teacher identity (and the affective component of teaching) in faculty development, an area that has been neglected to date. Our findings support and build on this recommendation.

As one participant observed, it is important for physicians to 'keep the flame alive' so that clinical teaching and learning will flourish. We must think creatively and strategically about what we can do to nurture and support this flame.

Contributors: YS and MEM made substantial contributions to the conception and design of this study, as well as to the analysis and interpretation of data. Both authors participated actively in the writing and revising of this manuscript and approved this final version. Both authors agree to be accountable for all aspects of this study.
Acknowledgements: The authors thank the Core Faculty of the Centre for Medical Education at McGill University for their input into the study design, Bonnie Barnett (PhD candidate) for her assistance in data collection, and the 15 physicians who shared their insights and experiences.
Funding: This study was supported by the Royal College of Physicians and Surgeons of Canada through a Faculty Development Grant.
Conflicts of interest: None.
Ethical approval: This study was approved by the McGill University Institutional Review Board.

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Received 2 January 2015; editorial comments to author 17 February 2015, 17 April 2015; accepted for publication 6 May 2015

(Please refer to the following page for Appendix 1.)

Appendix 1

Interview questions

Why do physicians teach?

1. Please tell me in what ways you are a teacher. . .

Possible probes:

- Do you teach medical students or residents? Anyone else?
- In what context do you teach (i.e. hospital, ambulatory setting)?
- What type of teaching do you do? With what frequency do you teach (i.e. how many hours per day/week/semester)?

2. Why do you teach?

Possible probes:

- What does teaching mean to you?
- What motivates you to teach?
- Why do you make the time to teach? What is it about teaching that matters to you?
- Would you say that teaching is part of your professional (physician) identity? Please describe.

3. When – or how – did you start teaching?

Possible probes:

- Can you give us an example? (Seek their narrative.)
- Did you learn to become a teacher? If so, in what ways?

4. What are some of the rewards of teaching for you?

Possible probes:

- What do you enjoy most about teaching?
- Can you describe a moment that captures the joy/essence of teaching for you?
- What are your expectations of yourself as a teacher?

5. What similarities – and differences – do you see in teaching medical students and residents?

Possible probe:

- Can you please elaborate?

6. Lastly, can you imagine yourself not teaching? What would it take for you not to teach?

Possible probe:

- Would you miss it? (Bring this back to the essence of teaching, why it matters to them.)

