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Academic merit at our universities is almost exclusively earned by publication of research. As long as this situation prevails, medical teaching will invariably be given low priority.

Goals and grades for medical teachers

At the Faculty of Medicine at the University of Oslo, the practice of using only two grades – *pass* and *fail* – will soon be replaced by using the grades A, B, C, D, E and F (1). Part of the reason for this has been that such a grading scale will help motivate students to work harder and learn better (1, 2). The students have opposed the introduction of a grading scale, and tempers have occasionally flared in the debate (3, 4). Some have argued that the focus should be on the quality of teaching, rather than introducing a grading scale that may have a negative effect on the learning environment (5).

The medical faculties in Norway have done a lot to raise the quality of teaching. New curricula are based on modern pedagogical principles, with more emphasis on teaching in smaller groups, often patient-centred, that activate the students, at the expense of conventional lectures. Training in patient communication and interpretation of research results is mandatory. Many exams are station-based, where knowledge, skills, clinical judgement and practical procedures are tested (6). Teaching qualifications are required for appointment to academic positions and for promotion to full professor, and all those who are appointed to such positions must go through a training course in university teaching. The Oslo faculty has a professorship in medical education and an external review examiner, and awards are given for the best learning environment and innovations in teaching. Regular meetings are held by the student representatives and semester commissions, at which the curricula are evaluated by students giving praise, criticism and advice to their teachers.

Complaints about the quality of teaching are a recurrent topic in these meetings. The criticism may refer to poor organization as well as lack of coordination, but it also targets individual teachers who are insufficiently prepared, appear to be not very motivated, are unaware of what the students have already learned, are ignorant of what the other teachers have covered, use overloaded PowerPoint presentations and overemphasise details and rare diseases. Nevertheless, the feedback is not only of the negative kind – on the contrary. In my experience, the students provide constructive and positive feedback and demonstrate an understanding of the fact that university teachers also need to do, publish and disseminate research, treat patients and serve as managers of hospital departments.

In after-dinner speeches and annual reports, visions and words on the importance of good teaching figure prominently. However, at the end of the day the fact remains that *research* is the guiding concern for the medical faculties. Pedagogical concerns have long been given low priority in trial lectures for the PhD degree (7). Terms such as *teaching obligation* and *teaching burden* are still being used. In the words of the then dean of studies, uttered at a meeting with her heads of teaching some years ago: «We must realise that we are measured by our research activities.»

In some universities abroad, the students grade the teachers and their teaching. Many educators are wary of such schemes and warn against excessive testing, for the reason that this may undermine the learning environment and give rise to unhealthy competition (8). It has also been claimed that students are incapable of assessing the quality of teaching and that the students' grading of the teachers tends to be random and unreliable, more like a popularity contest. But is this supported by research?

Studies can be found in support of nearly every possible claim, but researchers in Kansas, USA, believe that the students' grading of university teachers is mainly reliable, valid and relatively unaffected by biases (8). They underscore that such grades must be *interpreted* and should only be used in combination with other forms of documentation of pedagogical competence. In some universities the teachers evaluate each other – so-called peer observation (9). In many ways, such a combination of graded and qualitative evaluation corresponds to how universities assess the *academic* qualifications of their staff members. Researchers have their manuscripts accepted or rejected by more or less prestigious journals, they count the number of academic publications and how often they are cited, and their applications for academic appointments and promotions are assessed and ranked. In other words, researchers are used to receiving «grades» for their research. The opportunity to receive good «grades» encourages and motivates for intensified research efforts. Rewards work.

The Faculty of Medicine in Oslo has introduced a grading scale because «each individual will receive verifiable feedback, grades may help motivate efforts, they may have an impact for individuals in job applications and they provide employers with a better opportunity to assess the overall competence of an applicant,» to quote the heads of studies (1). The same argument can be used to introduce grades for the teachers and their teaching. Even university teachers need a goal to strive towards.

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