

Will the Real Medical Teacher Stand Up and be Counted?

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هل سينهض المعلم الطبي الحقيقي وينال الاهتمام؟

ريتو لكتاكيا

The teacher who is indeed wise does not bid you to enter the house of his wisdom but rather leads you to the threshold of your mind. Kahlil Gibran (The Prophet, 1923).

ACADEMIA DEMANDS OF ITS DONS A life of ideals, commitment, striving and timelessness in fulfilling intellectual self-actualisation and imbuing the same spirit in the students they serve. The hallowed portals of academic medicine bring the additional, inbuilt mandate of patient care with the onerous responsibility of handling life and death on a regular basis. Opting for a career in contemporary medical education demands a balanced contribution to teaching, clinical service and research. Somewhere in the prioritisation of these roles there appears to be a worrying diminution of a fourth dimension: the vital need for mentoring that a medical teacher can and should offer to a medical student.¹ A brief introspection on the compelling arguments for mentoring and the opportunities that exist to achieve this maverick role is made in the succeeding paragraphs.

Mentoring

The recorded wisdom of the preceding centuries provides innumerable examples of the real meaning of the word 'guru.' Students entering higher education may be driven by various motivations: achievement, affluence, love of learning, parental pressure, etc. Those who choose to become physicians are pre-aware that the common theme that will make this goal a reality is unrelenting hard work. Within and beyond the didactic 'instruction' in the art and science of medicine lies a unique opportunity to groom, motivate and develop

personalities that will place these healthcare givers into society imbued with the right values, ethics and empathy. Achieving entry into a medical school is a far cry from deciding the direction of your chosen vocation for the rest of your years. The once sought after disciplines like surgery have seen a significant drop in career aspirants, at least in part due to the lack of role models and mentorship in clerkship years.² Some medical students are fortunate in being influenced by iconic and charismatic teachers while a majority merely drift into careers with little thought for matching their inherent talent and aptitude with their choices. Within the Middle East, a study from Kuwait found that 62.8% of medical students were undecided about future choices with lack of mentoring as a leading cause of this.³

The stresses that adaptation to the intense learning experience and chosen lifestyle impose on medical students constitute a recurrent theme of scientific research.^{4,5} The appointment of 'academic advisers' needs to be complemented with an innate zeal and passion in mentors to nurture, inspire, guide and comfort in this period of medical adolescence. They can raise the bar of achievement, instill values, provide support during periods of despondency and even encourage a change of direction for those unequal to the task ahead. Formal training programmes provide real value to bolster mentoring skills.⁶

Mentoring through the Instructional Process

The last hundred years have been witness to remarkable efforts by educationists to define and refine the processes involved in medical instruction and medical education. Oman is at the forefront of this educational revolution.⁷ Intense research has resulted in novel instructional and assessment methods that claim and exhibit focus and objectivity.⁸ Student-centricity and student learning methods have become buzzwords in the classroom. Team-based learning, comprehensively addressed in the current and previous issues of this journal, is illustrative of a brave new world where the science of medical education has provided solutions for ground realities.⁹⁻¹¹ Yet, there is a reluctance on the part of many to join this movement. Factors like student numbers, lack of resources or simply the comfort of sticking to the 'good old ways' slow the transformation process. Each golden hour in the classroom sets the stage, through these innovations, for a dynamic instructor-student interaction where factual knowledge is wrapped in unlimited opportunities for personality growth and confidence-building for the student mentees. There are now objective ways to grade educators' quality of delivery in this arena.¹²

Mentoring in Patient Care

All medical graduates take the Hippocratic oath and commit themselves to be teachers (Latin *docere* [to teach] = doctor). In varying degrees they will all teach as physicians—their patients, healthcare support workers and the community. However, those who consciously adopt an academic career must live it: for every word and action in their professional practice will influence a young learner. The 'generation gap', on which every disappointment is heaped when students fail to respond, is merely a reflection of the older educator's failure to present knowledge and experience in the right format and context. The failure to point out lapses in the mentee by using the excuse of populism, is a death blow to the rights of passage for a budding young physician. Mentoring in patient care is merely to 'walk the talk' through self-example and self-critique. The integration of arts courses into the study of medicine has by no means been relegated

to the era of dinosaurs; top-ranked universities such as Harvard, Yale and Weil-Cornell consider the study of classical painting a valuable innovation to improve medical students' observation and diagnostic skills.¹³ Well-rounded teachers with varied extracurricular interests can transmit that *joie de vivre* to the student-physician that ultimately translates into better patient care.

Mentoring in the World of 'Publish or Perish'

We all live with the trials and tribulations, and yes, the competitive environment of the limited resources and opportunities of our times. Opting for an academic medical career comes with the challenge of proving one's contribution to scientific knowledge through publications. These must-do 'rules of the game' have compromised the amount of time that could be apportioned to the teaching and mentoring arenas in all their facets as outlined above. Research and publications uplift individual and institutional rankings, job prospects and, indeed, are a cog in the wheel of scientific progress.¹⁴ However, it is a fact that a fair number of these writings do not even dent the advancement of science, beyond passing the reviewers' and editors' approval and inking the pages of high impact journals.¹⁵ Publication quality is judged in the narrow, purist, scientific context while equally worthy paedagogic contributions to the humanities in medicine and educational advancement are ignored. Professionals with academic potential and intent are lost to alternative medical careers when faced with the genie of snail-paced promotions heavily skewed towards research output. Much more could be achieved if the research-based ranking of a medical scientist's worth encompassed demonstrable mentoring of student research. This would provide real value by taking 'scorers' and creating 'learners and thinkers.'

Time is of the Essence

A single factor is the bedrock of the academic medical professional's life: time. It is a life choice where the clock has to stand still when fulfilling the requirements of love for teaching, passion for mentoring, skilful and compassionate patient care and laborious basic or translational research. It

would need extraordinary talent to excel in all these roles. There is a vital need for academic medical institutions to develop an organisational policy and perceptive leadership that recognises and accords credit to educationists who may lead the uninitiated through one or more of the many roles listed above. One might even go a step further and consider removing or penalising those who are negative role models.

Quod erat demonstrandum

The obituary in this issue to Prof. Christopher Grant, who walked tall among his peers and whose professional and human qualities left their mark on generations of Omani surgeons, is an apt illustration of the magical legacy of mentoring.¹⁶

Yeoman contributions to medical student development have a beneficial domino effect on the society. The dwindling entry into the life of academia from among today's budding physicians demands action by inspiring role models who can recognise and motivate individuals with capability and commitment. Mentorship should not be just the voluntary, evangelistic zeal of an individual but a quality characteristic for employment and annual evaluation. The exemplars who don the mantle of the medical teacher, in all its multidimensional capacity, must remember that they are entrusted with launching generations of young people empowered as life-givers—by inspiring, initiating and instructing them to be healers in every sense of the word.

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