

## Mentors of the next generation of physicians

The cuts to medical student enrollment that occurred in Canada in the 1990s have finally been reversed. In British Columbia, the class of 2010 consists of 232 students, a substantial increase from the 120 students that graduated in 2004. Our government and UBC are to be congratulated for taking this significant step toward training sufficient numbers of physicians in BC.

The increased number of medical students and residents being trained in BC is both a challenge and an opportunity for UBC and for us as individual physicians. Students are now being educated not only in Vancouver but also in Prince George and Victoria. They are also traveling to communities around the province for part of their education. Doctors who were already teaching are being asked to do more, and those who have not been formally involved in clinical teaching are being asked to consider it. Some are reluctant and unwilling while others are enthusiastically adding clinical teaching to their portfolio. The overall impression is that the medical school expansion has caused some stress and strain. It is critically important that this be addressed so that medical students in BC have the learning opportunities that they need and deserve.

Much has been written about our obligations as physicians and professionals, and we are encouraged to pass our knowledge about the art and science of medicine to students. From Hippocrates to Osler to the CMA Code of Ethics, we can find much to stimulate our thoughts about our professional obligation in the area of medical education.

The Hippocratic Oath makes for interesting reading in 2007. Inspirational to some and extraneous to others, it is thought to have been written

by Hippocrates or one of his students in the 4th century BCE. The updated version, written in 1964 by Louis Laskagna, may make more sense to the reader. About teaching he wrote, "I will respect the hard-won scientific gains of those physicians in whose steps I walk and gladly share such knowledge as is mine with those who are to follow."

Sir William Osler wrote a great deal about teaching, something he valued above everything else he did. In spite of the astonishing changes that have occurred in medicine since he taught and practised, much of what he wrote is highly relevant. The necessity to be a lifelong learner, to teach with enthusiasm, to touch the heart of the student, and to teach about treating and caring for the whole patient, not just a disease—all of these were part of Osler's legacy to medical education.

The CMA Code of Ethics addresses teaching in two areas. In a section about doctors' fundamental responsibilities, it states that we should "contribute to the development of the medical profession, whether through clinical practice, research, teaching, administration, or advocating on behalf of the profession or the public." Further on, addressing our responsibilities to the profession, it challenges us to "be willing to teach and learn from medical students, residents, other colleagues, and other health professionals."

Teaching the next generation of physicians is a privilege, a serious responsibility, and for many clinical faculty, a true delight. These teachers talk about all that they learn as they teach and describe their time with medical students as uplifting and inspiring. Some start out teaching with some trepidation, concerned that they don't know how and don't have much

to offer. They also fear the time commitment in an already overflowing schedule. But having taken the plunge, these teachers find that the students' idealism, enthusiasm, and fresh approach to medicine make the teaching experience rewarding beyond expectations. As well, many reluctant teachers find themselves with renewed optimism for their work and realize that they have much to give to the early-career physician.

Physicians have much to gain by being involved in medical education, whether only a few hours or days in a year or as full-time clinical faculty. I believe the rewards are great and that this is one of our professional obligations. But clearly, we are not the only ones with obligations and responsibilities. There is a long history in Canada and in BC of voluntary part-time teaching of medical students and residents. With the medical school expansion, the demand on existing teachers has become, for some, overwhelming. This valuable service must be made sustainable, and it must be recognized in some way. In BC, we have had some conflict between the university and the clinical faculty with respect to working conditions and compensation. The University Clinical Faculty Association (UCFA) has been discussing these issues with UBC, with the BCMA providing representation for the clinical faculty. UBC Dean of Medicine, Dr Gavin Stuart, has stated his position clearly in a recent letter to clinical faculty and is "committed to seeking new ways to recognize and reward the work of clinical faculty." It is imperative that we work together to find constructive solutions, and I believe that this can and will be done.

Responsibility for excellent medical education in this province must be

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and nutrition behaviors and habits. Recognizing the important role of physicians in this process, MindMyBody pays form fees to collaborating physicians to provide input at three milestones in the patient coaching process.

Participants pay a one-time fee of \$199, followed by monthly fees of \$19.99, dropping to \$15.99 per month after graduation from the coaching period.

MindMyBody acquires enrollment information from physicians with the consent of the patient, asking for input such as any health conditions that may pose a risk for patient participation in the program. At the 3-month and 15-month participation milestones, the referring physician will be sent an MMB Patient Progress Report, summarizing the progress the patient has made in the program, and encouraging the physician to give feedback to MindMyBody by completing an attached questionnaire. Physicians will be paid a form fee for completion of the initial enrollment paperwork and for both questionnaires (BCMA fee code A0060).

MindMyBody advocates a team approach between their lifestyle coaches, physicians, and nutritional experts to provide healthier outcomes for patients suffering from obesity. For more information, visit the MindMyBody web site at [www.mindmybody.com](http://www.mindmybody.com).

—Tara Lyon  
BCMA Communications

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## Re: Fewer doses of conjugate pneumococcal vaccine for infants

Further to our discussion of this topic in the December issue of *BCMJ*, (2006;48 [10]:498-499), there has been one important simplification that physicians and others administering immunization may be glad to hear.

The three-dose schedule for conjugate pneumococcal vaccine (2, 4, and 12 months) is now recommended for all healthy children, including Aboriginal children. A four-dose schedule will remain in place only for those children at elevated risk due to underlying medical conditions.

This simplification was made possible by the recent publication of robust data supporting the effectiveness and immunogenicity of reduced-dose regimens. It also reflects the very positive experience that Aboriginal children have had with all other conjugate vaccine programs introduced to date.

—David Patrick, MD  
Director, Epidemiology Services  
BC Centre for Disease Control and Associate Professor, UBC Healthcare & Epidemiology Vancouver

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- Varshney, Mr Ravi, Vancouver\*
- Veleva, Ms Velislava, Vancouver\*
- Wall, Ms Jennifer, Vancouver\*
- Watts, Ms Arianna, Vancouver\*
- Webber, Ms Alina, Vancouver\*
- Weerusinghe, Ms Chandana, Vancouver\*
- Weingarten, Ms Laura, Calgary\*
- Williams, Mr Aaron, Vancouver\*
- Williamson, Mr Ian, Vancouver\*
- Wilson, Mr Brock, Surrey\*
- Wilson, Mr Jason, Vancouver\*
- Winstone, Ms Tiffany, Vancouver\*
- Wlodarski, Mr Martin, Coquitlam\*
- Wong, Mr Frank, Burnaby\*
- Wood, Ms Jacqueline, Vancouver\*
- Wright, Mr Ian, Kelowna\*
- Wright, Mr Ian, Vancouver\*
- Wu, Mr Hao Ming, Vancouver\*
- Yamashita, Dr Michael, Vancouver
- Yan, Mr Paul, Vancouver\*
- Yao, Ms Reina, Richmond\*
- Yee, Mr Kevin, Vancouver\*
- Yen, Ms Peggy, Surrey
- Yeung, Ms Rosanna, Vancouver\*
- Yong, Mr Brian, Vancouver\*
- Yoon, Mr Minsang, Port Coquitlam\*
- Yousefi, Mr Rojyar, West Vancouver\*
- Zakus, Dr Paul, Vancouver

\* Medical student

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shared. The provincial government, UBC, UCFA, the BCMA, and the doctors of this province need to work together. With a shared vision of what we want to accomplish, we can work together to provide the education of the future physicians of this province.

These will be our colleagues, our own caregivers, and of course, the teachers and mentors of the next generation. This is a project deserving of our time, talent, and resources.

—Margaret MacDiarmid, MD  
BCMA President

### WANTED: GOOD GUYS

The *BCMJ's* Good Guys column is intended to celebrate the achievements of our colleagues while they're still around to appreciate it. It's a place to talk about the great work and diverse interests of our friends and colleagues. Profiles should be fewer than 2000 words, and photos are welcomed. Call 604 638-2815 for more information.