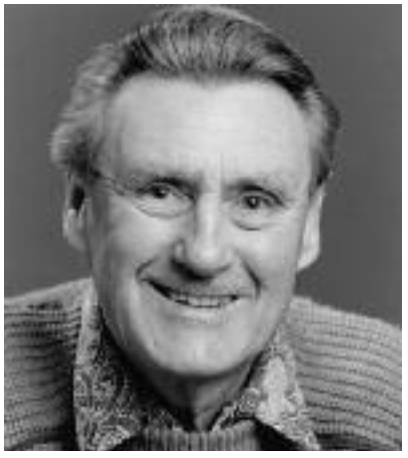
Mentors and mentoring



Dr Angus Rae

If we are to succeed in repopulating our province with doctors, we must make far greater use of seasoned clinical faculty mentors from the community—physicians who have dedicated their lives to the art of caring for patients and are willing to help train future physicians. As suggested in the first article in this theme issue, "A tale of two cultures," we have a shortage of doctors in key specialties and geographical regions because of the decreasing exposure to appropriate physician mentors, due in part to a paradox in our system of medical education.

For centuries mentoring was the principal way practising physicians handed down medical skills and knowledge to their trainees and apprentices, who learned by listening, observing, and then doing under the guidance of these mentors. We argue in this issue that while promoting the science we must now instate an updated version of this ancient system throughout the province if we are to eliminate the shortage of doctors.

At the beginning of the 20th century, increasing amounts of scientific knowledge flooded the medical scene and for the last 100 years students, in a vain attempt to absorb it, have spent more and more time in classrooms and proportionately less interacting with patients under the supervision of mentors.

Acquiring this scientific information is a lifelong activity that ends with retirement rather than with graduation. Now with the increasing ease of learning online, we must seize the opportunity to reduce the classroom component of medical education and increase the students' exposure to patients. As Dr Rowe points out in his article, "The practice of medicine is not an exact science; there are more exceptions to the rule and unpredictable outcomes than in any other."

Elsewhere in this issue Drs Wilson, Baillie, Rebbeck, and their coauthors make a compelling case for returning the generalist career to its proper place. As a result of the glamor surrounding subspecialties, which our medical schools appear to promote, fewer students now enter family practice, general internal medicine, and general surgery—all essential areas of dire need that must be met if the medical school is to fulfill its obligation to society.

Mentors, "close, trusted, and experienced guides,"[1] do not grow on trees, and those aspiring to the role will themselves need guidance. In his article, Dr Fairholm reminds us of our obligation to continually renew our profession. As assistant dean of Faculty Development in UBC's Faculty of Medicine, he is devising ways to make guidance for mentors available throughout the province.

In the final article, Dr Gallagher draws attention to a neglected area of medical education—the care of the dying—and describes what can be learned from mentor physicians *and* patients in this crucial field.

Abraham Flexner's report of 1910 improved medical education immeasurably by bringing the science of medicine, which was then lacking, forward to stand with the art of medicine.[2] While no one would say that the science of medicine is not essential, the pendulum has now swung too far away from the art. If we have the wisdom and the courage to raise our sights beyond the rigidity that has defined medical education for so long, we will return the pendulum to centre and so bring about a change every bit as valuable to our patients as that provided by Flexner's recommendations. We would then have the benefits of science and art combined and transmitted by the ancient and proven mentorship system, a better use of scarce resources than further investment in bricks and mortar.

"Medicine," said Osler, "is an art underpinned by science." We think he would agree with our proposals.

—Angus Rae, MB, FRCPC, FRCP, FACP

References

1. Webster's Third New International Dictionary. Springfield, MA: G. & C. Merriam Company, 1968.
2. Flexner A. Medical education in the United States and Canada. From the Carnegie Foundation for the Advancement of Teaching, Bulletin Number 4, 1910. Bull World Health Organ 2002;80:594-602.