

Sustained renewal of our ranks: A professional responsibility

For our profession to survive, we must fulfill our professional responsibility to society, our colleagues, and medical students despite adverse circumstances.

ABSTRACT: As our medical school expands, an increasing number of practising physicians will be needed as mentors to ensure that our profession renews itself. Opportunities to upgrade mentoring skills will be needed throughout the province. We must make every effort to provide the resources for this crucial upgrading activity, even though this may be difficult when so many practitioners are overworked because of the shortage of doctors. We must fulfill our responsibilities to both our profession and the society members who rely on us for their health care.

As physicians and members of a profession, we have a complex relationship with society. We are highly respected, are granted generous privileges and reasonable autonomy, and in return we are entrusted with the care of patients, the maintenance of standards, and the expectation that we will sustain our ranks by educating the next generation of physicians.

The nature of medical education has undergone many changes. The ancient traditions of the Hippocratic oath, our professional code of ethics, and our ownership of the requisite body of knowledge and skill have obliged physicians throughout the ages to educate their successors, thus continually renewing the profession. All of us are heir to this tradition and owe our education to those practising mentor physicians who gave countless hours of their time, knowledge, and skills, without pay and with little regard for what it cost them personally to do so. This is no longer the case. The concentration of teaching into research-oriented universities, the focus on acute tertiary care in teaching hospitals, the lack of physicians in nonurban areas, the changing provision of health care, and the changing econom-

ics of medical practice have forced us to reconsider how we educate new physicians.

Working with an experienced physician who models the art of medical practice should be paramount in the education of medical students. This can never be replaced by formal classroom instruction, however valuable. A trainee physician develops competence by listening, observing, learning, applying knowledge, and then doing under the guidance of able mentors. Trainees must acquire scientific information and then put it into practice. They must learn clinical and healing skills and develop competencies regarding relationships with patients and other professionals involved in caring for the sick. In the apprenticeship model of teaching, where the student learns in the context and place of work, it is not only the knowledge and skills of the teacher that matter—it is also the personal attributes and

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characteristic of the teacher that the learner hopes to emulate. Indeed, in the apprenticeship model the teacher becomes the curriculum.

The profession needs physicians willing to act as mentors to students and residents. Academic faculty in the universities will not and cannot meet all the needs of trainee physicians. Thus our universities will continue to rely on practising physicians as the central component in the education of the next generation of doctors.

In the past, those practising physicians who provided most of the clinical teaching were not recognized and were poorly compensated for their contribution. Consequently, many physicians who were once willing to teach now feel disenfranchised and overworked and have lost their interest in teaching. Others have declined to become involved because of the working conditions and have never known the fulfillment that comes from instructing, influencing, and inspiring trainee physicians.

In recent years, two other factors have adversely affected the willingness and ability of practising physicians to teach. The first and most important is a strained health care system that has resulted in increasing acuity of hospital care, greater patient loads, falling physician incomes, and rejection of certain career choices based on lifestyle. These factors seriously influence the willingness of some physicians to expend the extra effort to teach. The second is the advances in medical education. For many, the skills of teaching must be learned anew, and this is another commitment of time.

Despite these adverse circumstances, we must still fulfill our professional obligation to society, our colleagues, the expanding medical school, and the learners who will become young physicians. Teaching must continue if our profession is to

survive. We must assume our roles as preceptors, mentors, and role models. In the tradition of our forebears, we must give generously of our interest, time, and resources to educate the next generation of colleagues. The art of applying the scientific basis of medical practice in the context of patient

spective teachers. Physicians can learn how to be efficient educators in their workplaces by learning about the principles of adult learning and current methods of instruction. This preparation will enhance mentoring and ensure an improved quality of education for new physicians.

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care must be handed down by us—the practising physicians. We must encourage our colleagues to take part in this vital task.

Because of time constraints, today's practising physicians will no doubt experience tension as they seek to balance their twin obligations to patients and to students. Good teaching takes time and effort. The university and government must acknowledge that clinical teaching is vital to the health of society and provide the resources to ensure that our teachers are properly recognized and rewarded.

Instruction on becoming role models is essential for all those who wish to take part. The university is now providing opportunities for those who wish to learn and become involved. Because advances in education have brought about significant changes in the delivery of medical knowledge, instruction in needed education skills has been made available to all pro-

The need for physicians throughout British Columbia is posing a threat to the health of our citizens, and there will be serious consequences if we don't train more physicians. We must encourage our professional bodies—the College of Physicians and Surgeons and the BCMA—to support the sustained renewal of our profession by encouraging all physicians who are able and willing to offer their services as teachers, even though resources are currently inadequate.

If each one of us takes seriously the professional responsibility to educate new physicians, we will look forward to a reinvigorated profession and backward to a job well done. If we do not accept the challenge, we will court disaster.

Competing interests

None declared.

