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Inaugural Newsletter July-September 2008

Background

In June 2008, **Prof OP Kalra**, the Principal, revived the Medical Education Unit. It was restructured and now comprises of a cross-sectional, multi-disciplinary, inter-departmental team.



Members

Dr Navjeevan Singh, Professor of Pathology
(Coordinator)

Dr A Indrayan, Professor of Biostatistics

Dr A Bhatia, Professor of Pathology

Dr BK Jain, Professor of Surgery

Dr S Chaturvedi, Professor of Community Medicine

Dr VK Arora, Professor of Pathology

Dr SV Madhu, Professor of Medicine

Dr SN Bhattacharya, Professor of Dermatology

Dr AK Sharma, Professor of Community Medicine

Dr U Dhaliwal, Professor of Ophthalmology

Dr. P. Gupta, Professor of Pediatrics

Dr Navneet Kaur, Professor of Surgery

Dr Asha Tyagi, Reader in Anesthesiology

Dr Neelima Gupta, Sr Lecturer in ENT

Dr Nitin Agarwal, Lecturer in Surgery

Dr AK Bansal, DBMI

Mandate

The mandate to the MEU, excerpted from the recommendations of the MCI (1996), defines eight tasks:

1. Faculty Development
2. Research in Medical Education
3. Development of a Resource Centre
4. Continuing Medical Education
5. Policy Development
6. Developing Systems of Assessment
7. Developing Communication Links
8. Developing and implementing Instructional Design

This medical education newsletter needs a name. Students and faculty are welcome to suggest a short (single word) name that is descriptive and catchy. Please contact the coordinator, MEU with suggestions.

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Mentoring medical students

Prof Arati Bhatia

MENTOR: "1. a wise, loyal advisor 2. a teacher or coach".¹

Mentors, traditionally, are older and wiser colleagues, who encourage individuals to reach their full potential by sharing knowledge and experience. In many cases, they also provide emotional support and encouragement. The relationship benefits mentors as well, through greater productivity, career satisfaction, and personal gratification. As one teacher says, 'The greatest reward is the success of the students I have mentored'.²

Mentoring skills are valuable assets for medical teachers, who help shape the professionalism of future generations of doctors. Mentors can convey explicit academic knowledge that is required to master curriculum content. Above that, they can enhance knowledge about the "hidden curriculum" of professionalism, ethics, and the art of medicine not learned from texts.³

Mentoring involves a long-term relationship between a mentor and a protégé. It includes sharing of both professional and personal lives. Mentors serve as teacher, role model, resource, advisor, supporter, and advocate, who work one-on-one with protégés to guide and support them through education and training.³



Recommended "Do's and Don'ts" for Enhancing the Relationship between Mentors and Protégés³

Mentor Do's	Mentor Don'ts
Be available and listen	Promote your own agenda
Convey respect and confidence	Use "free labor"
Focus on mentee	Take credit
Ask questions	Make a "clone"
Identify strengths	
Track progress, give feedback, reassess	
Protégé do's	Protégé don'ts
Be punctual	Avoid decisions
Follow through	Rely exclusively on mentor
Set agendas	Acquiesce
Communicate	Over idealize
Accept critique, accept challenge	
Convey respect, show appreciation	
Reassess	

It is mentoring more than teaching, per se, that helps a student succeed². In the words of students exposed to mentorship, 'A mentor is someone who is supportive, honest and knowledgeable, has excellent interpersonal skills, a well-balanced life of work and personal relationships, and is an excellent role model and human being.'
The mentor should simply be genuinely interested in the protégé's development.

References

1. Webster's New World Dictionary of American English; 3rd College Edition. Ed: Neufeldt, Guralnik; Simon & Schuster, Inc., New York, 1988.
2. Van Dyke is teacher, mentor, 'ultra-bean'. Med Ed Update. University of Iowa, medical education community. May 28, 2008. Accessible at <http://medcom.uiowa.edu/meded/>
3. Rose GL, Rukstalis MR, Schuckit MA. Informal Mentoring Between Faculty and Medical Students. Acad Med 2005;80:344-8.
4. Swanson KE. Mentorship Manual for Medical Students. 2001. Accessible at <http://www.womeninmedicine.vcu.edu/PDF/MentorshipManual.pdf>

Common sense and the practice of Medicine

Dr BK Jain

As a medical student, I was amused to hear Professor Rajeshwar Dayal Srivastava, Professor of Clinical Surgery at Lala Lajpat Rai Memorial Medical College, Meerut, repeat the dictum 'Common sense is a rare sense, rarely found in common man'.

Sadly, before too long I was a believer; I too realized that scarcity of common sense was 'common' in the medical world.



- I would say that common sense is the ability to reason with the help of one's intelligence and wisdom *before* responding to day to day affairs.
- The failure to apply common sense is due more to laziness in applying the mind than a deficiency of common sense in the individual.



'Science is nothing but trained and organized common sense': T.H. Huxley

Practitioners of medicine should exhibit higher degrees of common sense to fulfill the demands of their duties. Acquisition of specialized knowledge does not render common sense redundant.

Some examples of deficient common sense in the practice of medicine

- Unaccounted delay in attending to a new emergency that pains the anxious relatives
- Not asking for, and not going through the medical records that are available with a new patient
- Failing to decide priorities, and to call for help when faced with more emergencies than one can handle
- Failing to communicate with relatives of seriously ill patient at the earliest opportunity
- Not confirming the diagnosis, and not making appropriate logistic and mental preparations before undertaking an invasive procedure
- Persisting with an unfamiliar procedure, ending in disaster. Not asking for help.
- Conducting procedure after procedure, to prove that *everything* was done for the patient, rather than taking a more sensible and humane approach to terminal illness.

The most frequent explanation put forward to defend such omissions is lack of time.

I leave it to your judgment to decide whether it is lack of time, the lack of specialized medical knowledge, or the lack of simple common sense.

I advise students to preserve basic human feelings, sentiments, and above all....common sense while undergoing training

Excerpted from: Jain BK. Common sense and practice of medicine. Health Renaissance 1999; Vol. 1 (No 1):



Medical Education Research

One of the prime **objectives** of the MEU is to promote research in Medical Education. For this purpose, *medical education* pertains to undergraduate, post-graduate or continuing medical education.

The **focus** may be on any of the following:

Curriculum development

Teaching methods

Student or teacher evaluation

Course evaluation

Faculty development

Factors influencing career choice

Research methodology

Use of technology in education

Faculty members, Residents, Postgraduate and Undergraduate Students that are interested in collaborating on medical education research may contact the Coordinator, MEU

Contact information:

Dr Navjeevan Singh

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Time: Monday to Friday, 2-4 pm

Email: navjeevan_singh@yahoo.com

Upcoming events

Workshops

- Postgraduate Thesis Writing, November 2008
- Information retrieval, January 2009

Mentorship program for undergraduate students

- Ongoing: Comments and Debate

