Editorial

Mentoring and Attitude in Medical Education

Obaidullah*

[1] FCPS, FRCS Ed, Professor of Plastic Surgery, Northwest General Hospital & Research Centre

Article Info

Corresponding Author
Obaidullah
Professor of Plastic Surgery,
Northwest General Hospital &
Research Centre, Peshawar –
Pakistan
Email: dr.obaidullah@gmail.com

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Like other professions, medical education has three domains: Knowledge (Cognition), Skill (Psychomotor Skills) and Attitude. There are numerous workshops arranged by the College of Physicians and Surgeons Pakistan and other universities, both for trainees and trainers in the first two domains. However, little is aimed at changing the attitude among the trainees.

We understand that Public Sector Hospitals in Pakistan are overcrowded and work beyond their limits. Hence, it is not possible to keep an adequate ratio of patients to medical and para-medical staff. Therefore, it is only natural for patients to feel less individual attention. However, the most common complaint among patients is a lack of full counseling, attention to their pain and incomprehensible instructions.

Whereas knowledge and psychomotor skills are taught according to the curricula, attitude finds itself at the backburner. Behavior with patients and counseling can only be taught through organized mentoring.[1] Students often imitate the actions of their teachers. So it is high time we as teachers revisit our attitude towards patients. Once we make clear guidelines in dealing with patients' communication, it becomes easier to implement in the whole unit.

Attitude towards the patients is not the only aspect of medical practice. Communication failure among the staff leads to the highest number of morbidity and mortality. It also creates an unwelcome environment for medical and paramedical staff. That is one of the reasons for physician burnout.[2]

There are a few steps that can improve the scenario. In our hospitals, patients are usually called either by their bed numbers or the disease they carry. To that bed and disease, is attached a thinking and feeling human being. Even calling them by titles like uncle and aunt, would lose the individuality of patients. We can very easily see the name before the patient enters the chamber and greet him/her by name. I have seen a glee on their face.

Provision of seating the patient and at least one attendant is humane. Even if a medical staff must leave chair for this purpose, it is worth attempting. This gives the patient not only confidence but a sense of self-respect. The aura of a hospital environment is subdued, and the patient comes forward freely with intimate personal problems. The majority of patients do not object to being examined by trainee doctors or medical students if a senior teacher is present.

Relationships between the senior and junior staff is also of great importance. A cordial environment in the hospital keeps physician burnout at bay. Reviving simple etiquettes like "Please", "Thank you" "You are welcome" and "Sorry' can increase the bond between the team members, regardless of the seniority. It is this accent that stands out a unit as civilized. At the same time, a good tone in the conversation encourages juniors to speak up freely without fear. Communication is broken when junior staff

hesitates to repeat a question or is intimidated by further explanations.

Giving patients ample time to speak out their problems make the environment patient-friendly. It has been observed that if given a free hand, a single patient only takes around 20 seconds to describe his/her problem. Nowadays, the number of trainees exceeds even the seating capacity in the house. Distribution of work like clerking, writing down dictation from the consultant and teaching staff and explanation can produce great discipline.

There is, however, a caveat there. If a unit or specialty does not follow proper guidelines, confusion arises. That creates chaos on a daily basis when the treatment plan is changed on a daily basis at the professor's whim. Any change in the management plan without a valid reason disrupts the clinical protocols equally for the medical and paramedical staff. A clinical routine is thus difficult to maintain. Every unit, specialty, and on a grand level, a society can develop their book of guidelines to streamline evidence-based medicine.[3]

References

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