



The Sacred Art of Medical Teaching

"I swear by Apollo, the healer, to consider dear to me, as my parents, him who taught me this art; to look upon his children as my own brothers, to teach them this art, without charging a fee."

—Hippocrates

Many of us spoke these noble words on graduation from medical school as part of the original Hippocratic oath. Most students probably forgot them rather quickly in the heady days of graduation and at the start of their internship, if indeed they even paid attention to them in the first place. There was a reason they stood out in my mind: I could not imagine rewarding the children of some of the malicious faculty who had tortured me in medical school!

Medical education has become more sophisticated in recent years, with knowledge expanding at a truly exponential rate. The medical student's task of mastering this material has become more difficult because of this phenomenal increase in available knowledge. Admittedly, there have been very helpful developments in technology that have aided the learner's task, such as webinars, on-line clinical cases, and other forms of asynchronous learning. But there clearly remains a true need for experienced clinicians to share anecdotes

and clinical pearls with the next generation of physicians.

I came to appreciate how a conducive environment can facilitate medical education during my 20 years as a rheumatologist at the Phoenix VA Health Care System. The VA has several attributes that make undergraduate medical education feasible, fun, and productive. The first is a patient population not only deserving of the best possible medical care, but also usually excited to tell their stories to medical students; these patients dis-

is painstakingly taken to complete the very thorough histories and physicals allows for reinforcement of the massive amount of "book knowledge" that students already acquired during their first 2 years of medical school. Rushing through multiple patients to meet someone else's overbooked schedule is not good medical training.

Another advantage the VA offers is that reimbursement and overhead concerns do not play a big role in the education of medical students. I do not mean to minimize issues of pro-

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play pathologies that makes learning fun and interesting. VA patients are generally willing to have a medical student spend extra time asking lots of questions and perform a comprehensive examination. These patients enjoy spending time with their "doctor," even though he or she is a third-year medical student, because it makes them feel important and validates their service.

Also, the VA provides a place for the medical student to do his or her work. The space may be a humble treatment room or a small conference room, but the VA always comes through with a place for students to do the lengthy write-ups that are an important part of their learning experience.

The VA also provides students adequate time to obtain a thorough history and to perform a complete physical examination, which is often far more detailed than the intern and resident examinations. The time that

ductivity and reimbursement, but basically medical students do not put the institution at any financial disadvantage, unlike other community settings.

Another VA strength relates to the systemwide use of the same electronic medical record (EMR), which is readily available to students and is reasonably intuitive for all users from the novice student to the master clinician. Time spent learning new EMR systems is time lost from the true purpose of learning the art and practice of medicine.

Finally, the VA has systems in place that require the attending physician review and countersign every one of the student's workups and progress notes. This guarantees that the student receives meaningful and ongoing feedback from the attending physician, which can be incredibly critical to the optimal development of clinical judgment and acumen.

I recognize that a relatively small

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Continued on page 15

fraction of undergraduate medical education can occur in settings that are as conducive to the process as are the VA or county hospital systems, which are often similar to the VA in their educational support structures. But I believe that all physicians should strive to do what they can to provide resources for medical education that

worthwhile. They often state that it serves as a useful learning experience for them. If one teaches something, one needs to have it reasonably clear and well organized in one's mind first. To clear away the mental cobwebs and force ourselves to practice evidence-based medicine, nothing can beat the third-year student's question, "What's

accepts students becomes an important part of the medical education system and the future of medical care. We should participate, because we are interested in ensuring the availability of high-quality care for patients in the United States. We should also participate because the medical profession has been very good to us. We should participate to honor those physicians of an earlier generation who took time out of their busy schedules to ensure that we heard that diastolic rumble and understood what it meant. And we should participate for a selfish reason: These young students of today may mature into the emergency department physicians who care for us some future night when we present with crushing chest pain. Won't we wish then that we had taken the time to make sure they did a careful cardiac examination on every patient?

So in conclusion, remember the Hippocratic oath, and teach all those clinical children who desire to learn medicine. It's truly in the best interest of each of us. ●

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are roughly comparable with those afforded by the VA system.

First, it is important to recognize that the teacher need not be a full professor at a world-class university hospital to provide students with a quality experience. Most physicians have a wealth of ability, knowledge, interpersonal skills, and patient relationships that can be effectively passed to the next generation. Even the most reluctant physicians report that their experiences with students were fun and

the evidence for that approach?" Most of us are more inclined by instinct to practice "eminence-based" medicine; after all, we ARE physicians with a title after our names to prove our legitimacy. Even the most battle-hardened physician must sometimes stop in his or her tracks to ponder the best answer to questions posed by young, inquiring minds.

I believe it's essential that as many physicians as possible participate in medical education. Each of us who