



Transformative teachers

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Better than a thousand days of diligent study is one day with a great teacher.
(Japanese proverb)

Most of us can recall that special teacher who inspired and influenced us to such a degree that it was life changing, opening us up to new knowledge and life paths never before contemplated. This transformative learning helps us comprehend the world in a new way, changing how we relate to and behave within it.

How does this happen? What is it about the teacher that stimulates the student's passion? Is it the teacher's passion itself? Love for what he or she does? Modeling the way? Sharing personal meaning? And in medical education specifically, is a connection made with the reasons the student went into medicine that ignites the fire to pursue a course of study or career path otherwise unlikely to be chosen?

Time and again in my career as a lifelong learner and family physician, I have heard my teachers, mentors, role models, colleagues, residents, and students recall individual teachers who profoundly influenced their perspectives, assumptions, interpretations, and, hence, their choices. Many have shared that, in their medical education, these teachers connected them to something deeper, more resonant, and meaningful that influenced them to go into family medicine. As we reflect on the 2012 CaRMS match, which shows that more students are choosing family medicine for the many reasons we as a community of family doctors have long espoused, how critical is the role of the family medicine teacher's excellence, authenticity, and ability to inspire in influencing our students' choices?

This factor is often overlooked in understanding the choices our learners make not only to enter family medicine, but also to choose the type, scope, and location of their practices. It is then incumbent on us all, if we are to attain the right number and distribution of family physicians, to support and recognize the critical role that family medicine teachers have in influencing choice of practice and career direction, and also to get at the very personal underlying traits of the teachers who have the most profound influence.

Educator P.J. Palmer writes that good teachers are "authentically present," meaning that a strong sense of personal identity and integrity informs their work.¹ It is who we are as teachers—good teaching comes from being good people and (for us) being good family doctors, dedicated to our patients, our communities, our profession, and to excellence in care. A strong sense of who we are as family doctors, as ethical and committed professionals

carrying out incredibly important, satisfying, and meaningful life work, sends a strong message to the impressionable learner and might be our best strategy in affecting medical students to commit to broad-scope, comprehensive, continuous family practice, especially in rural and remote settings and with vulnerable populations.

Given that learners' attitudes can be influenced positively or negatively depending on the attitude and approach of the teacher, it is crucial that family doctors who love what they do step up and create educational experiences that not only demonstrate their passion, but make explicit the humanitarian meaning underpinning what they do.

Examples of authentic teachers and programs to meet the needs of vulnerable Canadians are growing in Canada and are affecting student and resident practice and career patterns. One such is Dr Ryan Meili, a family physician in Saskatoon, who with other physicians founded Making the Links (MTL) in 2005 at the University of Saskatchewan to teach medical students the social accountability of family medicine via service learning. Although many students enter medical school with philanthropic motives, few carry that altruism into practice. As a consequence, rural, remote, and aboriginal communities, inner-city populations, developing countries, and other vulnerable groups lack adequate access to family doctors. The MTL project includes a northern rural and remote experience working with First Nations communities, a student-run clinic in an underserved urban area, and an international experience in Mozambique, all led by family physicians who walk the talk. A recent paper explored student reflections on their experience.² Many reflected on how MTL had changed or encouraged their existing career choices. Some who would have never considered family medicine, especially rural and remote family medicine, became completely committed. Their role models made manifest the important work they did, showing the students that they too could have meaningful careers in family medicine.

The word *doctor* originates from the Latin verb *docēre*, meaning *to teach*. Our identity as teachers is thus historically connected and integral to who we are. The power of great medical teachers lies not in *what* they teach, but in their capacity to awaken in the learner the essence of being a physician. As family doctors we should commit ourselves to sharing this essence with those who are our future, never forgetting the effect our teachers had on us. 🌿

References

1. Palmer PJ. *The courage to teach. Exploring the inner landscape of a teacher's life*. San Francisco, CA: Jossey-Bass; 2007.
2. Meili R, Fuller D, Lydiate J. Teaching social accountability by making the links: qualitative evaluation of student experiences in a service-learning project. *Med Teach* 2011;33(8):659-66.

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