

TEACHING AND THINKING

More than 100 years ago, Sir William Osler, in an address, "Teaching and thinking: the two functions of a medical school", observed that "In teaching men what disease is, how it may be prevented and how it may be cured, a University is fulfilling one of its noblest functions." Continuing this theme, Osler also noted that "thinking . . . is that duty which the professional corps owes to enlarge the boundaries of human knowledge. Work of this sort makes a University great . . ."

Since then teaching and thinking in medical schools have suffered numerous reviews, reports and recommendations. Despite this scrutiny and the calls for reform, one thing remains unchanged — in the trinity of academic medicine, research, teaching and patient care, teaching is the lesser god.

The reasons for this are multilayered. Paramount is the "publish or perish" phenomenon that pervades our medical schools — a phenomenon often accompanied by the myth that good teachers must also be active in research.

Academic advancement and national or international reputations do not flow from excellence in teaching, but are driven by productivity in research and the generation of new knowledge. In this environment it is hardly surprising that teaching is viewed as a burden. The pragmatic solution has been to relegate instruction to junior staff.

A further reduction in that essential human interface in the sharing of knowledge in medical education is the shift to self-learning and the application of computer technology to deliver curriculum content and to facilitate communication between faculty members and students.

For too long thinking has subsumed teaching. The need to genuinely address this disparity is paramount. After all, where would medical schools be without the time-honoured dialogue between students and their teachers?

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