

### SUSTAINING APPRENTICESHIP

Apprenticeship has been an integral part of medicine since antiquity, and its value persists in modern times. Indeed, when UK physicians and medical students were recently asked: What is medicine? The overwhelming majority judged medicine to be both an art and a science, best learnt through apprenticeship.

But there were also concerns over the current decline of apprenticeship. One student noted, "Fewer of us are appreciating that medicine is an art as well as a science, and if we were to go back to an apprenticeship style of learning, I would feel a lot more confident about clinical skills ..."

*The concise Oxford dictionary* defines an apprentice as: "n. learner of a craft, bound to serve, and entitled to instruction from, his employer for [a] specified term ...".

And therein lies the rub. Such a system requires a commitment to mentorship and time — both of which are at a premium in modern medical practice.

Indeed, Tim Dornan, UK physician and educationalist, believes that the apprenticeship model is under severe strain attributable to many factors, including patients not wishing to be treated by novices, teaching expertise having become limited through subspecialisation, and restricted teaching time which plays second fiddle to research and service delivery. Furthermore, the learning environment is less personal, technology-focused and captive to self-directed learning.

And the solution? Students and doctors in training should be encouraged to be active participants in health care delivery, supported and nurtured in their learning by dedicated mentors, so that, as Dornan advocates, they "develop a professional identity by socializing into a community of professional learning and practice".

But this educational philosophy is meaningless if organised medicine fails to endorse and sustain the time-honoured tradition of apprenticeship.



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