

## Role modelling: A missing link in medical education

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Advancement of science, commercialization of medicine and development of diverse fields in medicine has changed the countenance of this field. Since the development of new sub-specialities as cosmetic surgery, questions are raised about the spirit of medicine. For some, doctors are just sentinel of modern medical technology and for others physician-patient relationship is still the core of medicine.<sup>1</sup> This nub of medical profession, to be empathetic and professional, can only be delivered to the next generation through teaching and role modelling. Education is a loan that we hold and as associates of scientific fraternity we need to be effective in paying back this loan.

Evidence suggest that role model's behaviour plays a more vital role in imparting education rather than formal education.<sup>2</sup> Role modeling takes place in different academic settings and is observed during formal, informal and hidden curriculum. Course outline summarizes the formal curriculum whereas, improvised, spontaneous and unpremeditated form of teaching is the informal curriculum. This is mostly done by colleagues, fellows, friends and senior doctors. Students experience negative role modeling predominantly during informal curriculum. Hidden curriculum operates and exerts its effects at the level of organizational system and practices. Hidden curriculum could be uncovered by the slangs used in the Institution e.g. using slang of business hub as if practice of medicine is a business!<sup>2</sup> Historically, teaching was considered as a calling and a prophetic job, distant from business. Teachers had always considered their students as ends and not means. However since the advent of revenue-based educational system, the ethos of teaching and role modelling has been lost in the dark. Industrialization of Medicine and education has made it commercialized. The prevailing organizational systems and practices may create major hurdles in role modeling.<sup>2</sup>

Technically role models are different from mentors. Oxford dictionary describes mentor as "An experienced

and trusted adviser" and role model as "A person looked to by others as an example to be imitated".<sup>3</sup> A systematic review suggests conscientious, dutifulness, competence, trust and assertiveness as the personality attributes of a role model.<sup>4</sup> It is also evident that role modelling is not a discrete episode in which students observe rather a continuous state of doing the right things in the right mode at the right time, so as students can learn and imitate them. Students learn from role models in a conscious and unconscious manner. Teachers need to be cognizant of this, as teachers in state of automaticity may act unprofessionally resulting in acquisition of unethical and unprofessional skills by students. Teachers with role modelling potential, influences the students' career choice, as mentioned in different studies.<sup>3,5</sup> However the flip side is risk of imparting negative influence by their attitude, called as negative remodeling, which is more practiced by senior doctors, either informally or as part of the hidden curriculum. This also affects the decision of students regarding choosing their field.<sup>6</sup> In a qualitative study from Sydney, conducted over medical students completing their first year of medicine, identified: humiliation of students, inability to impart knowledge and lack of meaningful feedback as negative attributes that they themselves do not want to imitate in the future.<sup>7</sup> A case control study conducted on American physicians showed that spending more than quarter of one's time on teaching, spending twenty-five hours per week in rounds and teaching, highlighting doctor patient relationship and psychosocial aspects of disease during teaching and serving as chief resident, were associated with excellence in role modelling. Other attributes of role modeling are communication skills, effective clinical decision making, enthusiasm for teaching, compassion, honesty, and integrity.<sup>1,8</sup> GMC has also illustrated attributes of a good teacher involved in clinical teaching, as having "An enthusiasm for his/her specialty".<sup>9</sup> Enthusiasm will provide the spark that students will see and inspire. Role models should also be open to accept their short comings and be bold enough to "admit of not knowing something."<sup>10</sup> Students are better able to relate with

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teachers who share their uncertainties, a stage of multiplicity in the Perry's scheme of students' intellectual and ethical growth.<sup>11</sup>

Teachers ought to be role models as observations of students' leads to behavioural change and they provide students an opportunity to see their future-self and enhance motivation to work hard. Role models help students to make their implicit; explicit, thus breaking the internal barriers. They not only help students in choosing the right way of becoming a professional physician but they also provide an opportunity to choose their future career.<sup>12</sup>

In quest of creating an environment of role modelling, we need to revisit our scheme of medical education by shifting from vertical to horizontal models, business to service and bullying to training, thus establishing a realm of reasoning and dialogue in order to help students shape their teaching and role modelling skills, and eventually to achieve a goal of bridging the missing link of role modelling in medical education.

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