



ONE STUDENT'S REFLECTIONS ON TECHNOLOGY AND MENTORING IN MEDICAL EDUCATION

Nels Davis Carroll, B.S.
Temple University MSIII

As a third year medical student, I see that almost every aspect of my \$250,000 education is built on constantly changing technology. But though technology is revolutionizing the processes of education, I don't think it matters. Online lectures, website-based submission of assignments, and electronic resources have improved the process of conveying information, but like a new body style or a flashy coat of paint on a quarter-million-dollar car, when it comes to education, technology doesn't necessarily improve performance. The engine that turns the wheels, the important core of medical education, still lies in mentoring.

For the buyer shopping for an education, rather than a car, medical school is a pricy model, and the serious buyer is looking for a good return on such a massive investment. This makes technology a marketable asset and it's true that it offers more than just great curb appeal. By effectively changing the ways students learn, technology makes the modern classroom more user-friendly, more attractive, and – for those of us raised with the language of computers – more intuitive than ever.

In this age of information we are inundated with resources vying for our attention. Newer technologies make these resources continually more accessible, affordable, and accurate, but this phenomenon is not unique to medical school, and the rising tide of information will not ebb, nor should it. In our field it serves to raise the common denominator and thus improves the quality of medical science and patient care. For students, this change keeps pace with technology's influence in other aspects of our lives.

But notwithstanding this technological progress, the unique value of medical school that I've experienced lies in the relationships with mentors that it affords. Mentoring is more vital to medical education than any technological advance, so it's fortunate that the field does not lack incredible role models. If anything, I have yet to encounter a physician who didn't have something to teach me. Physicians will always be the most important resource for students, and

increasing students' access to them engenders a community of collaboration and achievement that benefits all parties.

The best physicians I have been exposed to are the ones who know how to communicate. The basic job description of a doctor includes the ability to recognize a deviation from normal physiology, to understand the process that underlies it, and to seek out the appropriate means to address that variance. A good doctor, moreover, communicates this understanding effectively to both the patient and the health care team.

Truly masterful communicators enhance the understanding of those around them, and thus become educators. But educators are not born overnight; they develop through practice, which should begin at the earliest levels. Practice in mentoring at every level, even between students, can transform a collection of talented individuals into a community of potential leaders.

As medical students, we are not far removed from the day that patients will rely on our ability to communicate. The patriarchal model of medical practice is obsolete. As patients themselves gain ready access to increasing amounts of information, the role of the physician is evolving. Increasingly, we must be more than simply technicians or encyclopedias. I have learned to appreciate the skills of attending physicians and residents who can engage the patient, educate them, and leave them feeling cared for, understood, and in good hands. As a fledgling physician this is where I draw my inspiration.

When the faculty rewards the interest of students by mentoring them, the highest function of the medical school is achieved. But medical education in the classroom is not something that happens independent of the hospital and the care team; it is interwoven with the daily practice of delivering care. Communication between members of the medical school and the hospital engenders a community of care, and enhances skills at every level. So though

technology will continue to expand its influence in medical education, it cannot replace the relationship between the mentor and the mentee. The core of physician training must not lose its foundation in the apprenticeship model.

Automotive buyers are drawn to a car by the way it looks, the way it feels, and the way it sounds, but these interactions with the vehicle are only connections

between the driver and the mechanicals; they don't define the function of the machine. What propels the car is what's most important for getting the driver where they need to go.

For medical students like me, technology provides a convenient interface to our education, but mentoring is what propels us towards becoming great physicians ourselves.



Catching the Morning Dew

Jessica Schell