Editorial

The Responsibility of a Teacher: What Should Not Change

Harrison, the famous American clinician, in the first edition of his work wrote: "There is no greater luck, responsibility or liability in the destiny of a man, than that of becoming a doctor. To serve the suffering, must have scientific knowledge, technical skills and human understanding; making use of it all with courage, humility and wisdom, will provide a unique service to his fellow, while form within it a strong character (…). Sympathy and understanding are expected of the physician, for the patient is no mere collection of symptoms, signs, disordered functions, damaged organs and disturbed emotions. He is human, fearful and hopeful, seeking

relief, help and reassurance."[1] And as Dr. Diego Gracia rightly said: "The medical acts must always meet the basic conditions of correctness and goodness". Implicit in this definition is the great responsibility that comes with being a teacher.[2]

Within the new trends in formal education worldwide, in teaching, as in other disciplines, we are confronted to a progressive specialization in all areas. Some years ago, Medicine teachers had clinical specialties, but very few had formal education in teaching. This have changed in the last years, and, in recent years, graduate programs in universities, have started to encourage their teacher for further formal studies in education (Specialist or Master). And it was a certainly enriching experience for everyone of us. We learned the essence of teaching, from its fundamentals as Argumentation, Writing, Bioethics, Research, Epistemology, Pedagogy, Didactics, Hermeneutics, Curriculum, Evaluation and assessment, and a dip in new technologies and technological tools, like virtual classroom to enrich teaching. Without any doubt, this process aligned us with the new tendencies and gave us new tools to achieve our goals with efficacy. Under these modern precepts, the "teaching-learning" process runs in a common place, in which the knowledge is built progressively, with the active participation of the student, who actually is actively participating in the process. But also, the teacher have the opportunity of continuous learning, because the "teaching-learning" process, never ends. The teacher have the possibility of learning when preparing his classes and clinical practices carefully. Affiance and strengthen his knowledge through the continuous analysis of the new publications, but also of the old medical literature and logically, from doing scientific research. If the teacher is not learning from his process, he must apply the insight and revaluate. it was previously mentioned in an editorial: In our generation of ophthalmologists, that is, the ones that are not so young, the research practice is not to strong, and except for few examples, we have to admit that there is a lot to do in this area, because Colombia is one of the countries in Latin-America with less scientific publications. We were not educated in that culture, and this is one of the most challenging goals for us and the new generations.[3] This was also mentioned in a more recent editorial remarking the importance of high quality publications to improve the indexation level of the journal.[4]

So, from the pedagogy, the principal challenge of a teacher is to motivate the residents to improve constantly, that is, to produce a real change in the student, and showing him the correct way, because an indifferent student will not learn as we want. And each teacher has his ways to motivate, usually through producing emotional responses in students. Some achieve this goal through his authentic and contagious interest in his area; others prefer to do it, challenging the students in front of the others, so a healthful competitive environment is accomplished, between the students. The most experienced teachers allows the residents, interns and students voice their opinions, and encourages discussion and input to the review by others, which motivates each individual to study more. The classic example is what happens in the morning patients round, when the resident is asked for a diagnostic impression,

beginning with the syndromatic diagnosis, to finish with etiological diagnoses. This opinion is then discussed and analyzed by the group respectfully. This activities encourages the residents to study more and more, because they want to answer correctly when they are in front of their fellows. All these encourages healthy competition between them.[5] Personally, what I remember more were the general rounds in the hospital, in Internal Medicine, Surgery, Pediatrics or Obstetrics when I was a medicine student; but, not only we have to challenge them; we also have to be generous with our knowledge to them, and help them in a useful manner so they can accomplish their process effectively. Time is short, and we are corresponsible (also the students are), of how well or how bad will they be when they graduate. Also, the residents have to teach students and other residents. Medicine students think that a third of his learning is because of residents teaching. Two thirds of the residents, receive more than 40% of their education from residents. This teaching activities helps to consolidate their formation process.[6]

Finally, I think that the magistral lectures continue to be a very useful tool in making clear some critical concepts in certain topics. All these is what generates, what we know as "school" and tradition. Because of all these reasonings, teaching in medical specialties have to focus, not only in the academic and scientific aspects, but also in the humanistic aspect which gives sense to our job. Being a teacher implies academic responsibility with the student, and social and ethical responsibilities with the society that embraces the graduate.[7] Therefore, from the spiritual and humanistic view, the teacher must leave a mark, stimulating the sensibility for arts and general knowledge and culture, but a humanizing one, stimulating the reading of good creative literature, studying of history and philosophy, to fully restore the majesty of Medicine and Physicians, because "the one who only medicine knows, nothing knows". The famous psychiatrist, Dr. Robert Colesle were asked about, how to teach ethics in residents, and he answered: "I would encourages them to read more novels" (but I hope good novels, from good authors). The good physician, always have being educated, but I'm not talking about the education that allows you to resolve crossword puzzles, but the one that can sensibilize the spirits. The motivation of these attitudes in our students and residents, who will become better persons and better ophthalmologists. All these thoughts are, what I think, should never change, so, either the Medicine or the Physicians don't lost their majesty. All the rest, is what I call, the "carpentry", that is, good infrastructure, good rotation places, full access to a good volume of clinical and surgical patients, access to new technologies, and teaching and service agreements.

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