

The forgotten value of the teacher in the training of new doctors.

El olvidado valor del maestro en la formación de los nuevos médicos.

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“I will regard my teacher in medicine as my own parents.” Thus begins the original text of the Hippocratic Oath, with which physicians for the last 2,500 years have pledged their professional practice. Today, young doctors ask themselves: Do I have a teacher? Is it advisable to foster this role in the training of new generations of physicians?

The figure of the mentor has been a constant throughout the history of medicine, from its beginnings to the 20th century. In recent decades, it has been superseded by new models of medical teaching and learning. The existence of a different university model, depersonalization, and the greater availability of resources may be some of the reasons why this teaching and learning method is currently declining naturally. However, numerous universities have undertaken mentoring projects with their students, demonstrating their benefits both in terms of knowledge and skills and in terms of student satisfaction (1-3).

A master in medicine is a doctor with the ability to attract and fascinate, instilling in those who know him a passion for medicine and transmitting a unique style of being a doctor. In the words of Pedro Laín, “a master is defined more by what he inspires than by what he teaches” (4), inevitably generating a lasting master-disciple relationship.

Well into the 21st century, it remains essential to strengthen and reaffirm the central role of the teacher, or mentor, in medical training. Here are some of the reasons:

- Model of vocation. That “deep motivation to serve the sick and society” (5), in the words of Doctor Marañón, is usually discovered or confirmed in a person, the teacher.
- “Medicine is the most humane of the arts, the most artistic of the sciences, and the most scientific of the humanities” (6). Theoretical knowledge must be combined with the “know-how” and the “know-how” that are transmitted from master to disciple.
- Human interaction with the patient. It is learned by “observing” and subsequently by “doing in a supervised manner”, in a much more effective way than just studying (7), particularly the communicative and non-technical skills (8).
- Professional boost. The figure of a mentor who reinforces confidence identifies virtues and encourages the personal and academic growth of the young doctor.

The increasing changes in modern medicine are by no means an obstacle to rekindling the need for people who can convey to us the difference between “practicing medicine” and “being doctors”.

All of us who have been fortunate enough to have shared time with and received teachings from someone we consider a mentor, remember them and sometimes want to imitate them—surely without success—in our daily clinical practice. However, if there is one thing a physician-mentor should be able to transmit, and we can attest to this, it is the following: “There is no greater opportunity, responsibility, or obligation that can befall a human being than to become a physician. In the care of suffering, the physician needs technical skills, scientific knowledge, and an understanding of human aspects. The physician is expected to have tact, empathy, and understanding, since the patient is more than just a collection of symptoms, signs, functional disorders, organ damage, and emotional disturbances” (9).

In conclusion, it is worth highlighting that in the current times of personalized medicine, super-specialization and the technification of the profession, it is necessary to emphasize the role of the teacher in the training of new generations of doctors, especially in the acquisition of non-technical skills, stressing that “the patient is a human being who has fears, harbors hopes and therefore seeks relief, help and comfort” (9).

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