Background
In June 2008, Prof OP Kalra, the Principal, revived the Medical Education Unit. It was restructured and now comprises of a cross-sectional, multi-disciplinary, inter-departmental team.

Mandate
The mandate to the MEU, excerpted from the recommendations of the MCI (1996), defines eight tasks:
1. Faculty Development
2. Research in Medical Education
3. Development of a Resource Centre
4. Continuing Medical Education
5. Policy Development
6. Developing Systems of Assessment
7. Developing Communication Links
8. Developing and implementing Instructional Design

Members
Dr Navjeevan Singh, Professor of Pathology (Coordinator)
Dr A Indrayan, Professor of Biostatistics
Dr A Bhatia, Professor of Pathology
Dr BK Jain, Professor of Surgery
Dr S Chaturvedi, Professor of Community Medicine
Dr VK Arora, Professor of Pathology
Dr SV Madhu, Professor of Medicine
Dr SN Bhattacharya, Professor of Dermatology
Dr AK Sharma, Professor of Community Medicine
Dr U Dhalliwal, Professor of Ophthalmology
Dr P. Gupta, Professor of Pediatrics
Dr Navneet Kaur, Professor of Surgery
Dr Asha Tyagi, Reader in Anesthesiology
Dr Neelima Gupta, Sr Lecturer in ENT
Dr Nitin Agarwal, Lecturer in Surgery
Dr AK Bansal, DBMI

This medical education newsletter needs a name. Students and faculty are welcome to suggest a short (single word) name that is descriptive and catchy. Please contact the coordinator, MEU with suggestions.
navjeevan_singh@yahoo.com
Mentoring medical students
Prof Arati Bhatia

MENTOR: “1. a wise, loyal advisor 2. a teacher or coach”.

Mentors, traditionally, are older and wiser colleagues, who encourage individuals to reach their full potential by sharing knowledge and experience. In many cases, they also provide emotional support and encouragement. The relationship benefits mentors as well, through greater productivity, career satisfaction, and personal gratification. As one teacher says, ‘The greatest reward is the success of the students I have mentored’.

Mentoring skills are valuable assets for medical teachers, who help shape the professionalism of future generations of doctors. Mentors can convey explicit academic knowledge that is required to master curriculum content. Above that, they can enhance knowledge about the “hidden curriculum” of professionalism, ethics, and the art of medicine not learned from texts.

Mentoring involves a long-term relationship between a mentor and a protégé. It includes sharing of both professional and personal lives. Mentors serve as teacher, role model, resource, advisor, supporter, and advocate, who work one-on-one with protégés to guide and support them through education and training.

Recommended “Do’s and Don’ts” for Enhancing the Relationship between Mentors and Protégés

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<th>Mentor Do’s</th>
<th>Mentor Don’ts</th>
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<tr>
<td>Be available and listen</td>
<td>Promote your own agenda</td>
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<td>Convey respect and confidence</td>
<td>Use “free labor”</td>
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<td>Focus on mentee</td>
<td>Take credit</td>
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<td>Ask questions</td>
<td>Make a “clone”</td>
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<td>Identify strengths</td>
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<td>Track progress, give feedback,</td>
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<td>reassess</td>
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<tr>
<th>Protégé do’s</th>
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<td>Be punctual</td>
<td>Avoid decisions</td>
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<td>Follow through</td>
<td>Rely exclusively on mentor</td>
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<td>Set agendas</td>
<td>Acquiesce</td>
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<td>Communicate</td>
<td>Over idealize</td>
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<td>Accept critique, accept</td>
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<td>challenge</td>
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<td>Convey respect, show appreciation</td>
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<td>Reassess</td>
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It is mentoring more than teaching, per se, that helps a student succeed. In the words of students exposed to mentorship, ‘A mentor is someone who is supportive, honest and knowledgeable, has excellent interpersonal skills, a well-balanced life of work and personal relationships, and is an excellent role model and human being.” The mentor should simply be genuinely interested in the protégé’s development.

References
Common sense and the practice of Medicine
Dr BK Jain

As a medical student, I was amused to hear Professor Rajeshwar Dayal Srivastava, Professor of Clinical Surgery at Lala Lajpat Rai Memorial Medical College, Meerut, repeat the dictum ‘Common sense is a rare sense, rarely found in common man’. Sadly, before too long I was a believer; I too realized that scarcity of common sense was ‘common’ in the medical world.

- I would say that common sense is the ability to reason with the help of one’s intelligence and wisdom before responding to day to day affairs.
- The failure to apply common sense is due more to laziness in applying the mind than a deficiency of common sense in the individual.

‘Science is nothing but trained and organized common sense’: T.H. Huxley
Practitioners of medicine should exhibit higher degrees of common sense to fulfill the demands of their duties. Acquisition of specialized knowledge does not render common sense redundant.

Some examples of deficient common sense in the practice of medicine
- Unaccounted delay in attending to a new emergency that pains the anxious relatives
- Not asking for, and not going through the medical records that are available with a new patient
- Failing to decide priorities, and to call for help when faced with more emergencies than one can handle
- Failing to communicate with relatives of seriously ill patient at the earliest opportunity
- Not confirming the diagnosis, and not making appropriate logistic and mental preparations before undertaking an invasive procedure
- Persisting with an unfamiliar procedure, ending in disaster. Not asking for help.
- Conducting procedure after procedure, to prove that everything was done for the patient, rather than taking a more sensible and humane approach to terminal illness.

The most frequent explanation put forward to defend such omissions is lack of time. I leave it to your judgment to decide whether it is lack of time, the lack of specialized medical knowledge, or the lack of simple common sense.

I advise students to preserve basic human feelings, sentiments, and above all….common sense while undergoing training

One of the prime objectives of the MEU is to promote research in Medical Education. For this purpose, medical education pertains to undergraduate, post-graduate or continuing medical education.

The focus may be on any of the following:
- Curriculum development
- Teaching methods
- Student or teacher evaluation
- Course evaluation
- Faculty development
- Factors influencing career choice
- Research methodology
- Use of technology in education

Faculty members, Residents, Postgraduate and Undergraduate Students that are interested in collaborating on medical education research may contact the Coordinator, MEU

Contact information:
Dr Navjeevan Singh
MEU office, 2nd floor, Library
Time: Monday to Friday, 2-4 pm
Email: navjeevan_singh@yahoo.com

Upcoming events

- **Workshops**
  - Postgraduate Thesis Writing, November 2008
  - Information retrieval, January 2009

- **Mentorship program** for undergraduate students
  - Ongoing: Comments and Debate