Fostering growth

Peter Hutten-Czapski[1]

[1]*Scientific Editor, CJRM, Haileybury, ON, Canada*

Correspondence to: Peter Hutten-Czapski, phc@srpc.ca

Pointing out that (self-professed) 'social accountability' is not the same thing as being accountable to society is probably a controversial statement in the context of medical schools. The former is easy, the latter hard when we in the faculty are training daughters and sons of privilege.

The soup kitchen mentioned on the medical student resume is invariably not about their own food insecurity. Why is that so? Would the person who has overcome their circumstances and perhaps is working two jobs to the detriment of their grade point average, be a better doctor for it?

Should we be surprised that specialties of rank and privilege are perennially filled (I'm looking at you Ophthalmology and Dermatology as exemplars) and that even for the more "mundane" disciplines, our graduates end up preferring the worried well as patients, over those who are unlike us.

Compounding this problem is the fact that Canadian medical schools are loath to challenge students outside of their comfort zones. Limited life experience leads directly to thin comfort zones. They will learn so much more if they are allowed to be challenged.

The real world is messy. In my practice, I have drug dealers, addicts, sexual abusers and abused and sometimes all in one person. This is often easier to see in the poor but is equally present in other strata if you look. That is the thing. You need to look. You may not be comfortable about asking, but if you do not probe about abuse, drugs, sexual orientation and the like, you can spend your career in ignorance.

If we denigrate "see one, do one, teach one" to the point that we coddle our learners from responsibility, then we teach them to be helpless. This is tolerated if not encouraged in urban centres, but even the urban patient benefits from the nephrologist who is also aware and competent of the patient's concomitant diabetic and cardiac issues. The patient cannot be treated as if they are one system. Learned helplessness is particularly disastrous in the rural community that needs its family doctors to provide services such as emergency and obstetrics.

One of the side effects of the infantilisation of medical training is that learners are unsure of their own competence. It is not that they are incompetent (very much the contrary - they often excel despite the training), but that they are made to feel that they could not be competent.

The College of Family Physicians of Canada has misdiagnosed this angst as the inadequate length of training. It is commonly understood that doing more of the same will not yield different outcomes and yet they are promoting adding another year of training. For an institution that professes competency-based training as a core, a time-based 'solution' seems to miss the mark.

By this point, I may have offended you. Good. Being uncomfortable is an opportunity for growth.

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