The Murder of the Medical Educationist

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We’ve been in this profession
for some time now -
we like to think we teach well
and are fair assessors too.

But then comes the question:
Are we as good as we can be?
Or should we try and evolve from
the old way of doing things?

I have tried new methods
that go against the flow;
I fall to my knees, my ideas
are knocked to the floor.

Red tape is stifling,
undermining, demotivating -
I have now become cynical,
and am bruised to the core.

Poet's note: the following lines of the poem are a sample of what some medical teachers that I have spoken to feel about change:

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I am trained to be
a sage on the stage;
but, students plead
for a guide by the side.

I concede, yet cannot
forgo my inheritance -
since I have severe
terminal Lecturitis.

My students are good at
rote learning, MCQ* solving,
but some are unfamiliar
with the English language.

When they define, during vivas,
glaucoma as high glucose, and
hemophilia as high hemoglobin -
how can I dream of PBLing** them?

I shudder to think of the
events that would unfold,
if my students were left
to think on their own.

Bulleted lists and paragraphs
make the work so easy -
conversely students, needing attendance,
fear death by powerpointing.

The old school love vivas -
where looks and language rule;
the construct is dismantled,
and irrelevant factors confound.

Change is elusive and it’s
not in my hands alone;
thus, the past will persist
as will the status quo,
calling death to the medical educationist.

*MCQ – Multiple Choice Question
**PBL – Problem-based Learning