



## 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