Kathmandu University Medical Journal (2007), Vol. 5, No. 3, Issue 19, 293-294

Editorial

Art of clinical teaching

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An old Chinese adage says "the teachers open the door only and the students must learn to enter by himself." As teachers we are always facing the prospect of learning and teaching. It never stops. One Canadian plastic surgeon friend of mine always said "you must learn something new everyday." Knowledge acquisition, teaching and clinical practice are part of our lives. We surgeons learn by trying to use all our senses. Structured learning is the way we gained our skills early in our careers. The lucky learner is the one who gets himself to see and help as many as possible, in the process of learning to differentiate the good and the bad. The saying goes that the ordinary teacher tells, the good one explains and the great one inspires. Thus, the students will have time to reflect and analyse, integrate and assimilate what has been seen and heard in the theatres and the wards. As teachers we must impart our best skills and knowledge.

The depressing fact is that it is not uncommon to see sometimes even residents at the end of their training not knowing basic skills like knot tying, tissue handling etc. So it is necessary to teach at the very beginning of their residency about giving local and regional anaesthesia, to recognise the handling the instruments, use of sutures and suturing techniques. Other skills to learn are skin grafting, making simple skin flaps, various kinds of biopsies, stapling, bowel anastomosis, laparoscopic techniques and last but not the least microsurgical techniques. With so many students wanting to join the surgical specialities we must also see whether the student has the motivation and the requisite skills to be a surgeon. It is wise therefore for the prospective surgeon to work for a year or two before deciding on what speciality to take. It is also imperative these days for the seniors to present an overall view of the various specialities so that the future surgeons can see the vast choice of specialities before them. By the end of their training the resident surgeons should have developed maturity, respect of their colleagues, skill, integrity and ability to give superior service to the patients. Residents that graduate should give the teacher pride and satisfaction; that they have absorbed the basic principles of surgery along with some philosophical, ethical and moral foundations . They must also try to be future icons in the speciality and the society wherever they go. We as teachers should be ready to hand the baton on to the next generation and they in their turn must do the same. An old Chinese aphorism says "to plan for a year plant rice; to plan for a decade plant acorns; and to plan for a century teach men".

"The purpose in life is to be useful, to be honourable, to be compassionate and to have it make some difference that you have lived and lived well."

Ralph Waldo Emerson.

Editorial

Mental Illness and Stigma

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The word "Stigma" comes from the Greek word "*stizen"* which means to tattoo or to brand. In ancient Greece, they branded or cut into the flesh of slaves or criminals so that others could identify them as less-valued members of society. Broadly speaking "stigma" is a negative evaluation of a person tainted or discredited on the basis of attributes such as mental disorder or mental illness, race, ethnicity, drug misuse or physical disability[1].

The difference between a normal and a stigmatized person is a question of perspective, not reality. Stigma (like beauty) is in the eyes of the beholder and the fundamental reason behind the "stigmatization" of mental illness is due to concept of stereotypes. Stereotypes are about selective perceptions that place people in certain categories, exaggerating differences between groups ('them and us') in order to obscure differences within groups.

Some of the stereotypes of mental illnesses are "unpredictable and danger"; "mental illness reflects weakness of character"; "feigned or imaginary"; "psycho killers"; "poor outcome"; "disorder incurable"[2].

The media an plays important role in perpetuating stigma of mental illness. They strengthen the stereotypes, giving public narrowly focused views of mental illness. Few popular notions and misconceptions (violence and unpredictability) are so pervasive and stigmatizing as the belief, they cannot be easily discounted. Hardly a month goes by without the media reporting the sad story of yet another horrendous crime allegedly committed by a patient with mental illness. Even when these crimes have been reported conscientiously and accurately, they arouse fear and apprehension in the general public leading to all patients with mental illness bearing the brunt of impact of actions of the few[3].

Sensational media reports lead to more stigmatization of not only people with mental illness but also with mental health professionals who treat them, especially psychiatrists. Negative stereotypes portray psychiatrists as "eccentric buffoons", "evil minded", and "repressive agents of social system" and in case of female psychiatrists as "loveless" and "sexually unfulfilled"[4].

Mental illness stigma existed long before psychiatry developed as a field of medicine or development of psychiatric institution. The ubiquity of stigma and the lack of language to describe its discourse have lead to delay for the campaign against stigma. Racism, religious bigotry, homophobia all have recognized prejudiced descriptions but there is no word for mental illness. Introduction of term "PSYCHOPHOBIC" to describe any individual who continued to hold prejudicial attitude about mental illness regardless of rational contrary evidence. The rise of "politically correct" language has been a key factor in the success of campaigns opposing discrimination based on gender, age religion,colour,size and same applies against mental illness[5].

Stigma can be tackled at professional level, service level and at individual practitioner level. It is important to examine our own attitudes and to consider how these might affect our clinical practice[6]. During our medical training, due to framework of syllables, we tend to make distinction between "mind" and "body". This leads to artificial separation that thoughts, feelings and emotions are separate from our physical body but which in fact comes from the part of our body-the brain. This ingrained separation has been the beginning of stigmatization of mental illness. If we recognize patients as "unique individuals" regardless of diagnosis, not as illnesses, it will become harder to stereotype and hold negative attitudes towards mental illness. "Mental illness", though being disorder of thought, feeling and emotion after all, at root, stems from "physical abnormalities"- the biological equivalent of "faulty wiring in the brain.

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