



Editorial

Teaching by Example: Who Teaches Respiratory Medicine in Medical Schools?☆



Enseñar con el ejemplo: ¿quién enseña Neumología en las facultades de Medicina?

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Sometimes, those who can, do; and those who can't, teach.

This quote should be borne in mind by those who teach medicine, although of course many nuances and exceptions naturally apply. This phrase, attributed to Goethe, should be complemented by the approach and example of William Osler: “He who studies medicine without books sails an uncharted sea, but he who studies medicine without patients does not go to sea at all”¹: medicine must be taught by those who practice it, always using patients as examples, applying the skills necessary to obtain clinical information,² developing the talents needed to explore both the obvious and the unseen, with sympathy, assertiveness, respect, intuition, and constancy. And doing so day after day, in the office, on the ward, in the emergency room, on duty, and in the laboratory, always applying a clinical vision to the objective data.² But who is responsible for teaching medicine in Spain?

The process of teaching the so-called “basic” skills is usually the responsibility of professionals who do not practice medicine, despite the fact that some of these disciplines (for example, physiology) are later essential for an understanding of clinical subjects. It is common for students to come to general medicine and later to the medical and surgical subjects with an insufficient or even erroneous understanding of respiratory physiology. It would therefore be of great benefit if pulmonologists also participated in the teaching of this basic content. This may be problematic, however, since some hospitals might not have pulmonologists with these skills. However, the lung function laboratories of university hospitals should be a good source of educators.

“Clinical” subjects, on the other hand, are usually taught by physicians who combine their clinical work with teaching.³ In this setting, students have the opportunity to learn with patients, but

unfortunately, this does not always occur under the tutelage of the most appropriate specialists.

What is happening in the teaching of respiratory medicine? If we analyze the data available in Spain, we will see that respiratory diseases are actually taught by respiratory experts only 75% of the time. In many centers, they are taught by other professionals, which has consequences in the teaching of scientific and technical advances, a fast-moving area in our specialty. This situation, moreover, impacts the students' impression of respiratory medicine and, consequently, their interest in the field. In fact, the respiratory system and its diseases are clearly not the first choice of newly graduated interns. This is probably due to many factors, but one of the more important is the prominence given to the specialty in undergraduate training, which in turn derives from the attitude transmitted to students by teachers who are often general practitioners. Because of this, the content matter and skill sets taught in respiratory medicine are perceived as obsolete and secondary. Although no study has been performed to compare student preferences with respect to the teachers who have taught the classes, it seems logical to assume that the profile of the latter determines the attitude of the former.

What can we do to change the situation? In the first place, we must be aware of it and disseminate it; after that, our immediate task is to encourage pulmonologists to acquire accreditations to become qualified teachers or university professors. Unfortunately, according to a recent survey by SEPAR itself, the number of pulmonologists in teaching positions at the present time appears to amount to only 12 qualified teachers and 5 professors in all of Spain. Many more are needed to support this initiative and meet the teaching demands involved. Unfortunately, the recent modification of the ANECA accreditation criteria has not only failed to appropriately combine the merits of care with the classical precepts of research, but has also led to a deterioration of the situation. This makes it particularly difficult to attract educators who would teach exactly what they practice. For this reason, various autonomous communities are considering other accreditation models, which will enable universities to offer contracts for

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¹ The SEPAR Undergraduate Committee members are listed in [Appendix A](#).

combined teacher–doctor positions. This approach might facilitate the incorporation of a greater number of pulmonologists.

SEPAR is aware of the need to stimulate the debate on these issues, and has recently established a working group dedicated to analyzing the teaching of respiratory diseases in medical schools. However, given the current situation, it is obvious that more initiatives and a greater commitment to teaching are needed.⁴ As mentioned, as individuals and as SEPAR members, we should be concerned about recent trends in internship positions and the choice of pulmonology as a specialty. This is especially important when viewed from the intersection of interests between undergraduate teaching in pulmonology and future professional training. This is a key issue for SEPAR, as it has implications for the quality of specialists and members of our society in the future.⁵

The university should be a permanent “academy”⁶ for the transmission of knowledge and skills, where knowledge of life and patients may be learnt by osmosis. Parallel immersion in classrooms, hospital wards and health centers should allow physicians and medical students to rub shoulders on a daily basis, with practical activities oriented towards the well-being of respiratory patients. Let us, then, embrace tutored clinical practice, daily encounters with doubts that are resolved with debate, the preparation and drafting of reports, the search for efficient use of resources, honesty, and effort. Let pulmonology be a living part of medicine, taught by those who practice it and absorbed by those who wish to practice it. Our specialty is rich in classic clinical aspects, but at the same time is shifting towards more and more advanced technical applications. Moreover, respiratory diseases are among the most common disorders. We demand that knowledge of these conditions is shared with youthful minds by those with greater experience. In this regard, we should all contribute to the training of future doctors, conveying the importance that we would like them to give our specialty.

Furthermore, as academics, we also firmly believe that the training of future doctors has to encompass 3 fundamental aspects: care,

research and medical education. The latter should also include the humanistic aspects inherent to our profession. We must determine what sort of professionals we want to train, since we need well-rounded physicians and pulmonologists who can not only handle the technology, but can also exercise their profession critically for the good of both the patient and society.⁷

Let us not forget the most elementary aspect of medicine, expressed so well by Harrison in the first edition of *Principles of Medicine* (1950): “In the care of suffering, (the physician) needs technical skill, scientific knowledge and human understanding.”

Appendix A. SEPAR Undergraduate Committee

The SEPAR Undergraduate Committee is formed by: Inmaculada Alfageme Michavila, José Luis Álvarez-Sala, Rodolfo Álvarez-Sala, Ramón Agüero Balbín, Francisco García-Río, Luis Hernández Blasco, Francisca Lourdes Márquez Pérez, Pedro J. Romero Palacios and Victoria Villena Garrido.

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