Is there too much emphasis on research in our training program?

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IF THERE WAS EVER A LOADED QUESTION, THAT IS IT! BUT it is a question, I submit, that must be asked since 90% of our residents end up in clinical practice. When those of us, who are now in our fifties, trained, a basic science, cum research year, was mandatory. Speaking for myself, I found that year most valuable and I think I am a better clinician because of it. Others, found it a waste of time and energy, but even they will have to admit that the time spent learning the "research" mode – the setting up of experiments, the detailing of the results, the statistical analyses, and most important, the critical review of your own work by peers and vice versa were valuable tools that cemented the approach to clinical problems.

Therefore, research experience is of inestimable value in the making of a solid clinician.

It is a sign of the times however, that I learned that at a projected retreat of our department in January, the bulk of the time will be spent discussing research for residents. There is not one minute on the agenda, in discussion of how we are teaching our residents to be better doctors. I find this startling, since our mandate, as teachers, is to produce excellent consultants and clinicians. I submit that we do not know enough about what makes a good clinician and how we can produce a better one. It is not enough to review cases with

them and decide which test is indicated. We spend too little time at the bedside with our residents and it is rare that our rounds include a live patient. It is not enough to review the pathophysiology of gastroesophageal reflux – we should be spending more time discussing with our residents the methods whereby which they arrived at this diagnosis. I am continually amazed at how poorly our residents do a physical examination and how eager they are to pass scopes where the indication for passage is at least questionable. We give lip service to bedside teaching, but much of what passes for bedside teaching takes place in the hallways with the patient absent. How often have we watched our resident do a simple rectal examination? Have we ever asked our resident why he/she wants to scope the patient in any given situation? Do we really ever assess their endoscopic skills? Do we test their knowledge of anatomy when they are looking inside an organ? Are these important skills for us to be teaching our residents and if they are important, why are we not doing it, or finding better ways to do it, if indeed, we are doing it?

Yes, learning how to "do" research is necessary but so is learning how to be a skilful, caring clinician. It is a fact that there are far too many scopes being done and the literature supports this. There are far too many drugs being prescribed. Far too little communication skills being taught. Let us, the teachers, try to find a level ground with emphasis on all aspects of being a gastroenterologist and not over-killing our residents with one factor only.

Perhaps a debate via this Journal will be stimulated by the above diatribe!

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