
Editorial

Once You Start Studying Medicine...

“Once you start studying medicine you never get through with it.”¹ This quote from Dr. Charles H. Mayo has a ring of truth about it that tolls more clearly with each passing year. Indeed, the rapid pace of advances in the basic sciences underlying medicine and the practice of medicine itself results in a shortened half-life of medical knowledge and an increased necessity for the continuing education of the physician. The goal that medical students should be imbued with the abilities, mechanisms, and enthusiasm for lifelong learning is easily stated and the imperatives easily understood. Nevertheless, the strategy for accomplishing this goal—the incorporation of adult learning principles in undergraduate education—is much easier said than done. In fact, when all is said and done, there is much more said than done.

The adult learning principles assume that the learner (1) is self-directed, (2) is experienced, (3) has a need to know, (4) is attracted to problems, and (5) is internally motivated.²

Knowles² stated that the psychologic definition of an adult is “one who has arrived at a self-concept of being responsible for one’s own life, of being self-directing.” This ideal contrasts with the pedagogic model in which the teacher does all the work of identification of the what, when, and how of the educational experience. When the energies of this process are shifted from the teacher to the student, the process becomes more suitable for lifelong learning and more rewarding for the student and the teacher alike.

Students that enter undergraduate medical education have substantial prior education and a diversity of life experiences. In other aspects of their interaction with society, they are accepted as adults. Individual students bring highly developed skills and experiences that can be of considerable value to their classmates. Accordingly, the students themselves are a most-effective pool of “teachers.” Most importantly, this is the time to develop good habits of learning that can be applied for the entirety of a professional career.

In general, medical students are ready to learn. The enthusiasm to tackle the job at hand sparkles on the first day of medical school. This is an external manifestation of the internal motivation to achieve the goal of becoming a physician, in conjunction with all the expectations and responsibilities that it implies.

The desire to learn shifts from a response to external pressures (grades, parents, and teachers) to the professional pressures of the need to know. The need to know, in turn, is best illustrated in attempts to solve a problem. In medicine, the patient presents the problems to be solved. Hence, the learning environment is created by the challenges of real-life problems that require reasoned solutions—solutions arrived at by the faculty and students working together.

Rogers³ made the following observation:

Most medical school faculty...are startlingly unaware of research in medical education and of curricular experiments under way at medical schools. Although faculty members strive to stay abreast of new work in their own scientific fields, they almost universally fail to recognize education as a respectable research discipline. Thus, most are unfamiliar with educational research—the intellectual common ground that might bring together those from different disciplines involved in the teaching of medical students.

Hence, the understanding and adoption of adult learning principles occur slowly, even in settings

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where examples of the appropriateness and success of this approach are close at hand.

Once you start *teaching* medicine, you never get through with it.

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