Role models and heroes: inspirations for my GP registrars

‘... led on to perilous and difficult enterprises by a tradition of magical and heroic exploits ... following the lure of his own romance.’ (Malinowski)

I interviewed 19 former registrars I had trained. We talked about who had inspired them.

Most role models were caring:

‘She gave too much to her patients, over-caring, very caring towards the patients, knew them inside out, was always very supportive towards me.’

‘... he sat and talked to his patients holding their hands; when they had cancer he explained that they would feel untouchable. He said you should touch your patients every day, which seemed a bit bizarre from a general surgeon, but he is right.’

‘He said that everything in medicine comes from care, full stop. People who get into medical school have a certain standard of intelligence and are capable of learning medicine, the rest comes from care.’

Teaching and interpersonal skills were valued:

‘She was very interested in people, an extremely nice person, outstanding in clinical knowledge, which she shared — it’s not a secret they keep to themselves.’

‘A quite stunning neurologist ... who looked at the houseman and asked their opinion and made you feel that you were part of the team.’

‘They had humility, they were self-deprecating, and they were very kind and respectful of their patients, I think they had a huge amount of respect for their patients.’

Two mentioned heroic political or religious role models:

‘Che Guevara.’

‘A leprosy surgeon in South India. A missionary doctor in Nepal.’

One emulated a non-medical role model:

‘The practice manager, how she works with people, she’ll just absorb things and they don’t affect her, I’ve become much more like that ... (now) I can deal with so much more chaotic things around me.’

Medical parents were influential:

‘My Dad was a very brilliant physician, one of the old school who diagnosed things clinically.’

Not everybody had role models:

‘I never found one, I’ve got a pretty powerful personality and I can’t follow a role model particularly well, so I tend to take what I find useful and adapt it to become part of the way I work.’

Negative role models were described as well.

‘There is no virtue without a vice.’ (Aristotle)

‘Women who have become ruthless in the pursuit of their professional lives; I very much didn’t want to be that.’

‘The acme of supersonic high-powered professors, with zero communication skills. They may have organised the most amazingly fantastic technological medicine for their patients, but without communicating appropriately with the family and nursing that technical factual role knowledge was very incomplete.’

Trainers inevitably become role models:

‘A trainer is a very powerful person in a trainee’s life, emotionally and intellectually — whether it’s one they want to emulate is another matter.’

‘It felt very nice to be taken under the trainer’s wing. Remember that time I was ill — you actually drove me off to the BRI.’

Chemistry doesn’t always work:

‘You cannot be the role model for everyone, occasionally it’s not going to happen.’

A good sense of humour was mentioned:

‘I love using humour within medicine, I got that from you ... observing humankind and a bemused, humorous approach to what you were seeing, a kind of Chekhov of general practice.’

Modelling or mimicry occurred. Someone asked where they could buy a tweed jacket like mine; (was this protective camouflage?) and:

‘Z, watching me drink a glass of wine said, “You’ve even got the same mannerisms.”’

Role model = a person looked to by others as an example to be imitated.

Hero = a priestess of Aphrodite whose lover Leander drowned while swimming the Hellespont to visit her. Hero in grief threw herself into the sea.

Hero = Greek inventor of hydraulic, pneumatic, and mechanical devices, including elementary steam power.
Many ex-registrars recalled medical role models (positive and negative) as they explored future models of practice during the apprenticeship of their GP year. Some described a heroic political or religious figure, although mostly caring, teaching, coping and interpersonal skills were valued rather than technical skill.

The trainer was mentioned as a practical role model, for tactics — (opportunism, consultation style), and strategy (wider interests, survival, value of a good sense of humour) as well as for (possibly protective) mimicry of mannerism and dress. (Negative aspects were politely not mentioned.)

A GP’s quality of care depends on skill, but also on developing long-term trusting relationships with patients.

The registrar year is an opportunity for evolving a professional character, tested by real-life encounters with patients. Although doctors are no longer generally regarded as heroes, with godlike, magical powers (no need for sleep), caring medical role models are still revered by registrars. Who will the next generation admire?

Stefan Cembrowicz

There’s always next time

Masterful but not overwhelming, efficient but not superior, and great without the fuss other countries can make of such a tournament — is this a fair summary of the World Cup 2006? It all started on the 9 June and ended 4 weeks later with a game to be remembered for reasons other than pure football.

I don’t know about you but it has made my summer. Much of this was aided by 2 weeks holiday and this happened to fall in the middle of the tournament. My first few days were spent in Palma (de Mallorca) where, unsurprisingly, the World Cup was central to proceedings. Lazy days spent by the beach with the occasional excursion to other parts of the island made for a pleasant stay. Funny enough I felt European for the first time, perhaps brought on by the footballing banter which seemed to forge alliances.

My scheduling of travel left much to be desired. I managed to plan our outward journey just as the match with Paraguay kicked off only to find that our return journey was timed similarly with regards to the Portugal game. That latter journey was a dispiriting as can be, returning from a restful holiday, hearing that Rooney had been sent off and then finally, and inevitably, that we were out on penalties. Touch down in the UK and it was as if a malevolent spirit had hit the airport and the party which had been, was now gone — not that we were there. Disappointment reigned.

Back in my surgeries many admitted to seeing, experiencing and enjoying the football, but by this time only the elite semi-finalists were left. I would liked to have been around while Ghana, Angola and other ‘minnows’ were in the thick of it, and once again these African nations were an enthralling surprise at the football fest.

What is it about football that excites, engages, irritates — mostly at the same time? Is it totally about performances, gamesmanship, targets and ultimately, aspiration? (do these words sound familiar?). Or what about politics, travel, culture and sport?

The final match was melodrama to the end, only someone with the stature of Zidane could do what he did and yet remain a footballing icon and the French — quite rightly — remain loyal to this servant of the beautiful game. The Italians deserve their moments of glory but their denouement has yet to come with the allegations of match-fixing at home more serious.

Personally I can’t wait for September for the start of ‘Euro 2008’ against a team better known for cheap skiing holidays. England’s new regime will be tested and surely, at some point in the near future, we’ll be celebrating and not lamenting.

Surinder Singh