



Gladly teaching

*Sownynge in moral vertu was his speche,
And gladly wolde he lerne and gladly teche.*

Chaucer, The Canterbury Tales

PASSIONATE, COMMITTED AND INNOVATIVE, DR NADIA MIKHAEL HAS INFLUENCED MEDICAL EDUCATION AROUND THE WORLD THROUGH HER DETERMINATION TO PRODUCE BETTER-ROUNDED PRACTITIONERS, WRITES JENNI HARMAN.

PHOTOGRAPHER: PAUL JONES

An enthusiasm for mentoring trainee doctors has been the driving force of a distinguished career for internationally recognised medical education expert Dr Nadia Mikhael, pathologist, award-winning academic and director of education within

the Royal College of Physicians and Surgeons of Canada.

In her former role as assistant dean of education at the University of Ottawa, Dr Mikhael engineered a new curriculum in the Faculty of Medicine that has since

influenced teaching methods in medical schools around the world. It incorporated problem-based learning, computer-assisted learning and tutorials as well as traditional lecture sessions, and integrated basic sciences, clinical sciences and psychosocial and ethical aspects of medicine.

“I became interested in education because of the relationships I developed with the students,” says Dr Mikhael. “To change the curriculum of the medical school from a traditional curriculum to one based on modern educational techniques, I had to rally more than a thousand faculty



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members to come onside. And I rallied them because the students told me, ‘We don’t learn much when it’s just lectures.’ So I was a convert myself to this model of education, and I developed that new curriculum with a real enthusiasm.”

Her enthusiasm shows as she talks about the radical overhaul of Canadian postgraduate medical education she recently led. As she sees it, the College’s charter is to assure the public that individual specialists are keeping abreast of their professions in ways that meet the expectations society has for its doctors. New accreditation and training criteria for the College’s 60 specialties and subspecialties have been designed around a set of fundamental areas that include professional, communication, collaborative,

managerial, advocacy and scholarship skills.

“To be a good pathologist, I have to communicate well, both in writing and orally, to my surgeons, to my technologist, and to my pathology trainees and those of other specialities,” Dr Mikhael says. “If you don’t do it well, it doesn’t matter whether you are able to diagnose benign and malignant,” she says. “And if you criticise the surgeons or you don’t work in partnership with other disciplines, you’re unprofessional! They won’t trust you and won’t respect you.”

Dr Mikhael says traditional clinical and procedural skills are not valued less under this approach, but that the specialist cannot exercise those skills effectively without being competent in social skills. She emphasises that it should never be

assumed that young doctors and students will acquire this kind of social maturity automatically.

“You have to be taught these things. They’ve got to be in your training program as well as your exams. In my training during the ‘70s, the focus was on diagnosis alone. That’s one major aspect and I’m not denying that that is the core. What we’ve done with the Canadian model is that we’ve defined those other attributes and we evaluate them. And that’s what’s made Canada a leader in medical education.”

Dr Mikhael studied medicine in Egypt and trained as a pathologist in England and Canada. To her supervisors, a passion for converting medical students to pathology was easy to spot in this young woman who, as a child in Egypt, had

“The traineeship is not just imparting knowledge. It’s also attitudes,” she says. “It’s important that you tell, and show, the students that you really care, so that he or she thinks, ‘I want to be like so and so.’ If we are all genuine role models, we really are going to make a big difference,” she enthuses.



dreamed of becoming a Christian missionary. By her second year as a resident, she was teaching undergraduates. On qualifying as a pathologist she joined the academic staff at the University of Ottawa and, while she also practised as a gynaecological pathologist until 2002, it is teaching she describes as her area of “primary interest and zeal”. The discipline could do with more zealots, it seems.

“I feel we’ve lost the touch of passing on the baton for the future generation of pathologists, the excitement of how the pathologist links the basic sciences and the clinical sciences,” Dr Mikhael says. “We are the golden chain that binds the two. We’re the discipline that really communicates between the basic science language and the clinical language, so it’s very important that we pay attention to our communication skills, our collaborative skills and our professional skills, besides being a good diagnostic pathologist.”

What’s striking about Dr Mikhael is her genuineness. Her obvious enjoyment of her work and her careful selection of words are a contrast to the cliché-filled dialogue that has sometimes deadened the discussion of continuing medical education with institutional language of the “stakeholder-empowerment-best practice-strategic initiatives-delivery of outputs” variety, recently so bemoaned by author Don Watson. One wonders how someone who tours internationally speaking about the Canadian experience can still seem to be expressing fresh ideas at each interview. The clue seems to be what she calls the “extra dimension” that animates her professional and personal life.

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“Let’s say you want to teach them how to diagnose an ovarian tumour. It’s not just the diagnosis; you’re not a technician. For me, I want to impart to the students the idea that, ‘Look, there’s a human being behind the slide. Think of the impact of your diagnosis. Think of the family behind that.’

“When we’re doing an autopsy, you think about the family, how your findings are important for the family, so it gets you away from thinking, ‘Oh, there’s just a dead body and I have to cut it up.’ No it isn’t! It’s a major service to the family and to science, you see. In my case, because I’m a committed Christian, I’m doing it sort of with a sense of divine accountability. That’s the best way I can say it.” 🙏