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I was facilitating a problem-based learning session for a group of undergraduate medical students. I emphasized the importance of self-directed learning and students developing the skills to access and assess information on their own. Students are expected to take increasing responsibility for their own learning. I also mentioned how small-group learning is becoming increasingly important and lectures are becoming less common as a teachinglearning method. Active learning is now emphasized. A student then asked me a question that I could not answer. Why are most medical school teachers still designated as lecturers and senior lecturers if lectures are no longer a common and important teaching method? This seemingly innocuous question set me thinking. Globally in many medical schools, lectures continue to be common but most progressive institutions are increasingly also using other teaching-learning methods in congruence with their educational philosophy.

The traditional ranks in a university with some variations are Assistant lecturer, Lecturer, Senior lecturer, Assistant Professor, Associate Professor, Reader, and Professor. The designations of Additional Professor, Professor and Head, Professor and Chair are also used in some institutions. To understand these terms better I examined their literal meanings. A lecturer is mentioned as someone who gives lectures, especially as an occupation at a university or other institutions of higher learning. A professor has been mentioned as a university academic of the highest rank and as someone who holds a university chair. These terms were coined long ago when lecturers were the predominant teaching-learning methodology. The role of the student was a passive recipient of knowledge, and they were regarded as vessels to be filled. Today when the emphasis is on active learning and lifelong learning is important in preparing for career and practice these old titles may be an anachronism.

Many may argue what is in a name. The British writer and dramatist, William Shakespeare mentions in his play, Romeo and Juliet "What's in a name? That which we call a rose by any other name would smell just as sweet." Like many others, I must disagree. These academic ranks may be a vestige of the past and as we wholeheartedly embrace active learning and greater student involvement these may serve as barriers. I often wonder if there is something incongruous with a faculty designated as a lecturer or a professor facilitating small group learning sessions. Even today there is a widespread belief that students cannot learn on their own. The faculty member's personal philosophy of learning plays an important role as faculty serve as important role models for students. Facilitation of student learning and a guide by the side are important roles for faculty members. Keeping this in mind it may not be appropriate to emphasize the sage on the stage role implicit in the term lecturer or even professor. Medical school faculty in most institutions are seen more as curriculum creators, facilitators, and role models and less as suppliers of information.

The traditional hierarchical structure inherent in these ranks may often be counterproductive. Today the emphasis is on flatter organizational structures and on collaboration and teamwork. Does the divide fostered by these ranks impact innovation, collaboration, and creativity? The student's question set me thinking about whether the present designations of academic staff at universities are appropriate and still relevant. As the roles of universities change in response to rapid changes in the global workplace should we not coin new and more suitable terms for academic staff? Learning institutions should be flexible, adaptable, and creative to meet the needs of a rapidly changing world and appropriate designations for academic staff can be an important first step.

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