

Impact of Quality Mentorship on Achievements of Shiraz Medical School in the 1970s and the Role of Professors Khosrow Nasr and Asghar Rastegar

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Note: In April 2012, a paper entitled “Impact of Quality Mentorship on Achievements of Shiraz Medical School in the 1970s and the Role of Professor Faramarz Ismail-Beigi” was published in Archives of Iranian Medicine. (Azizi MH, Nasseri-Moghaddam S. Impact of Quality Mentorship on Achievements of Shiraz Medical School in the 1970s and the Role of Professor Faramarz Ismail-Beigi. *Arch Iran Med.* 2012; **15(4)**: 259 – 262.) The following papers describe the profound impact of two great medical mentors, Professors Khosrow Nasr and Asghar Rastegar on achievements of Shiraz School of Medicine in the same period.

Dr. Khosrow Nasr

One of the major reasons I decided to join the faculty of Pahlavi University (now Shiraz University) was because of Dr. Khosrow Nasr. I met him in Baltimore, Maryland in 1971 during his short visit to the United States. In that meeting we discussed my wish to return to Iran upon completion of my studies in the summer of 1972 and the reasons for making this decision. We also discussed why I wanted to work in an academic medical center. After a brief time he convinced me that I should join the University in Shiraz and that I had no reasonable alternative choice other than to go to Shiraz. Dr. Nasr convinced me that it was my destiny. He discussed the University and the School of Medicine, its mission, students, the curriculum, the importance of English language, the faculty in the different departments, and the critical fact that this faculty was 100% full-time. Although I had invitations from other universities in Iran (and abroad), I no longer considered them seriously and was on my way to Shiraz.

I relate the above story to exemplify how persuasive Dr. Nasr is and can be. He is a great communicator who thinks positively and always considers what can be done instead of why things cannot be done. As the Chairman of the Department of Medicine, he welcomed me to Shiraz and the university. He made every effort to ensure that my family and I were comfortable and well-settled. Mostly due to his demeanor and attitude, there was great warmth and friendship in the Department of Medicine. I experienced the happiness of the departmental faculty because they were active and valued members of a larger family. Later in 1972, he accepted the position of the Head of Nemazee Hospital and I was elected as the Chairman of the Department of Medicine. Nevertheless, from his new position he was always helpful and assisted me as I established myself as the Head of the Department of Medicine.

Dr. Nasr is a problem solver. There is hardly any difficulty or

issue that he will not attempt to solve; at times the problems are outside the realm of medicine or education. He gives one the feeling that they have the capability to solve difficult problems. He empowers. Dr. Nasr is imaginative, thinks expansively and creatively, and always looks at the bright side of issues. His political view can be described as enlightened, kind, humanistic, and benevolent. His inner happiness leads him to possess great optimism, and the optimism he manifests in his approach and thinking is quite infectious. I have attempted to find solutions for his optimistic suggestions as I knew these suggestions were from his warm heart and reflected his overt kindness and enthusiasm to help. He was a great and effective administrator.

During the years that he was the Head of Nemazee Hospital, we communicated almost on a daily basis. When he was making plans to expand the hospital, I was called to help in the design of the large research wing. Then, when he became Dean of the School of Medicine, the educational programs of the entire school became more rigorous and scientifically based. He explored new educational models and programs and helped the School to become internationally respected and a very strong, if not the strongest, School and Department of Medicine in the entire Middle East. Both before and after the Revolution, Dr. Nasr personally spent more time in educational activities by assisting with the establishment of new schools of medicine in Jahrom and Fasa in Fars Province. He enthusiastically implemented problem-based education. I remember sharing a class with him for first year medical students. The topic was food digestion and the role of the stomach in the process. The patient had a peptic ulcer and the students were learning about and researching acid secretion, enzyme action, symptoms of peptic ulcer, and disease management by discussing the case in an integrated fashion. There were numerous student-initiated learning activities. This model of education has now become internationally popular among outstanding medical schools.

I was acquainted with his wife Shiva and her family in Baltimore before they married in Shiraz. This brought us even closer. His house was always open to us (and others) and we felt welcome. After leaving Shiraz we worked closely in Arad Hospital, and in classical Khosrow Nasr fashion, he helped establish weekly educational conferences for the staff.

In the United States, he has been active in the practice of Gastroenterology. His love for education has remained alive and he continues to establish annual post-graduate courses and meetings in Northern California. The doors of his beautiful house remain open to all, and one always feels welcome and completely at home in his presence.

Dr. Asghar Rastegar

I first met Dr. Asghar Rastegar in March or April of 1972 in Philadelphia, Pennsylvania. At that time, I was planning to move to Iran and begin work at Pahlavi University (current Shiraz University) in late June of the same year. I had agreed to accept a faculty position in the Department of Medicine and Physiology. Dr. Rastegar had been introduced to me by Dr. Khosrow Nasr (Chairman of Medicine at Shiraz University at the time). Earlier that year (or late 1971), I had met Dr. Nasr during his short visit to the United States while I was at Johns Hopkins University Hospital in Baltimore completing my last year of residency. He recruited me to join the faculty in Shiraz beginning in the summer of 1972. Dr. Nasr mentioned that there was a fantastic physician named Dr. Rastegar who was finishing his fellowship in Nephrology at the University of Pennsylvania that year where he would remain there for another year as the Chief Resident in Medicine. Dr. Nasr stated that it would be great if I met Dr. Rastegar and entice him to also join the faculty in Shiraz.



Professor K. Nasr (right), Professor A. Rastegar (left)

I remember that I went to Philadelphia and visited the university. Dr. Rastegar invited me to dinner at an Italian restaurant, where I had spaghetti. I immediately took a very strong liking to him. He was bright, highly educated, and a great communicator. I did miss some of the words he said because they seemed to get lost in his well-groomed and thick moustache, and I remember having to ask him to repeat himself. Nevertheless, I felt that I had found a person who could become my colleague and my friend. It was clear that he was a person who would be a star wherever he went, and it was definitely to our advantage if he were to consider accepting a faculty position in Shiraz. I did report to Dr. Nasr (in Shiraz) that I had met Dr. Rastegar and as he had stated previously, Dr. Rastegar could be a fantastic addition to the Department of Medicine. I was also highly encouraged by the fact that Dr. Rastegar was planning to return to Iran (perhaps to his hometown of Shiraz) upon the completion of his studies.

We continued our friendship and communicated during the 1972–1973 academic year while I was in Shiraz. Later in 1972, having become Chairman of the Department of Medicine in Shiraz, I began the process of recruiting Dr. Rastegar to our Department so he could begin his work as an Associate Professor of Medicine in the Summer of 1973. My plan and goal was to ask him to join me in the leadership of the Department as the faculty in charge of our residency program. This plan was unanimously accepted by the departmental faculty and Dr. Rastegar graciously

accepted. Thus began our joint venture to develop a first-rate residency program in Internal Medicine under the leadership of Dr. Rastegar. This responsibility brought us even closer to each other, an easy development because we shared so many values and goals.

It is not easy to find the words that fully describe the attributes of my friend. Some of the most important characteristics of Dr. Rastegar include the fact that he is highly dependable, well-grounded, kind, and steadfast in his objectives and mission, while still being diplomatic. In all my years of knowing and working with him, I have never heard anyone make a negative comment about him. He is highly principled and one can count on him doing all that he can to complete a function he has promised to do. This is because he is very thoughtful and thinks in great detail about all the potential ramifications of an idea or action before proceeding. He is pragmatic in his approach towards implementing a plan, and is a strong team player. He values success as a group activity because he believes that a group accomplishment has a higher chance of long-term success and is more likely to have a lasting positive effect.

In addition, there is yet another prominent attribute of Dr. Rastegar. I can easily state that he is a very highly accomplished and gifted teacher and mentor. He can explain complex pathophysiology (such as acid-base imbalance) in very simple, practical language. When we went to the newly-created Kerman Medical School for a one month assignment during the war with Iraq, I could see once again, and in great detail, why students loved his teaching and gravitated towards him. In fact, I also learned a lot about renal pathophysiology, salt and water balance, and acid-base disturbances during that month.

I have had the opportunity of sharing major segments of my life with Dr. Rastegar. These include the years in Shiraz (1973–1981), years in Tehran at Arad Hospital and at the Clinic-e-Gharb in Vanak while making the rounds on General Medicine wards each morning at Firoozgar Hospital (1981–83), and the years in the United States since 1983. On a personal side, our families grew together and it is heartwarming to see that our children have kept close contact with each other during the close to 30 years after leaving Iran. To paraphrase Saadi, you never know anyone well until you have traveled with them. I can say that I have traveled far and wide with Dr. Rastegar, and I am honored to call him my true and dear friend.

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Professor Asghar Rastegar: The Quintessential Clinical Educator

My memory of Dr. Rastegar dates back to the early 1970s when I was an undergraduate student at the University of Pennsylvania and he was Chief Resident. I had often heard his name, and along with my father, had met him on a few occasions in Philadelphia. I recall very vividly that I had been impressed by his warm and kind demeanor, particularly his confident yet non-arrogant tone. During my third year at the University of Pennsylvania, I decided to study for a year in my hometown, using the unique relationship between the University of Pennsylvania and Shiraz University. As a pre-medical basic science student, I had not yet begun hospital

rotations, but witnessed the excitement among my seniors who were on clinical rotations as they talked about Dr. Rastegar, an attending physician with the gift of being the perfect clinical educator. In the early 1980s, prior to Dr. Rastegar's departure for the United States, I had the privilege of attending his superb rounds and grand rounds in Beh Avar and Firoozgar Hospitals in Tehran, and experienced first-hand, his unique ability to relate to learners of all levels. Later on, as a medical resident and Chief Resident in Shiraz, it was obvious to me that the foundation and structure that educators such as Dr. Rastegar, Dr. Nasr, and Dr. Ismail-Beigi had established was impeccable. Not only had they educated and trained generations of excellent clinicians and clinician-educators, but more importantly, they had established a unique system; a system which would impact trainees and medical education in Iran for decades to come. In the early 1990s, through the International Medical Scholars Program, I had the opportunity to interact on a daily basis with Dr. Rastegar while training at Yale, learning from his vast knowledge of medicine and nephrology, and from his unique method of teaching clinical medicine. In recent years, I have always looked forward to meeting with Dr. Rastegar at American Society of Nephrology meetings and learning from his comprehensive view of the world of medicine and beyond.

One of the unique aspects of Dr. Rastegar's teaching style is the incorporation of real case vignettes to illustrate pertinent points. The case history I have outlined below is my recollection of his discussion of malignant hypertension at one of the grand rounds in Beh Avar. Although thirty years have passed since that presentation, I recall all the details, particularly those relating to the impact of socio-economic factors on medical practice. This thought process has influenced me to this day, and has encouraged me to seek a "big picture" view of medical practice as I pursue my ongoing research surrounding disparities in medical care. "The patient is a young man from a village near Firoozabad in Fars Province who travels, with much difficulty, to Shiraz Saadi Hospital Emergency Room seeking care for a severe headache. The highly competent medical residents diagnose and treat malignant hypertension with the appropriate medications. The patient's condition rapidly improves and upon discharge, he is given a

prescription for antihypertensive medications. A few days later, the same patient is brought to Saadi Hospital Emergency Room, again with very high blood pressure and this time in a comatose state. He is found to have intracerebral hemorrhage." Dr. Rastegar proceeded to perform a root cause analysis of the flaws. The errors were certainly not in the initial diagnosis or the treatment, but in providing inadequate education to the patient about his illness and insufficient instructions and emphasis on the importance of adhering to the medication regimen. We, as physicians, often overlook the patient's social situation. The questions we ask ourselves must include the following. Will the patient have the means to actually purchase the medication? Will he take the medications regularly? Have we established a plan for follow-up?

By presenting this case vignette he emphasized the role of the physician to ensure that the patient improves, not just at the time of the current visit, but longitudinally. In recent years, "patient-centered care" has been recognized as an area that needs emphasis in medical education and practice. For decades, Dr. Rastegar has been practicing and teaching, non-pretentiously, patient-centered medicine with an emphasis on the need for awareness of the patient's overall living situation.

Dr. Rastegar possesses all traits of an excellent clinician educator and a mentor: extent and depth of knowledge, wisdom, passion for teaching, and a warm, inspiring personality. In addition, he possesses the unique ability to relate to learners at all levels with sincerity and professionalism. He has impacted the lives of a multitude of patients and the careers of a countless number of learners at all levels. He has superbly influenced the development of many systems of medical education in his homeland and throughout the world. Like many other of his numerous trainees, I shall remain forever grateful for the privilege of having been Dr. Asghar Rastegar's student and wish him health, prosperity and much joy in life.

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