

## JOURNAL REVIEW

Morton S. Rucker '64

The Journal of the American Medical Association, in its July 23, 1960 issue, printed a symposium in depth on the problems involved in the education of the physician. Among the contributors was Professor of Medicine, Dr. R. C. Dickson, of Dalhousie Medical School. The importance of these articles is that they delineate the broad outline of current thought on medical school education and point out potential weaknesses that exist. They also serve as a stimulus to the thoughtful student to examine his relations to his instructors and to the patients with whom he comes in contact.

Leland S. McKittrick, M.D., Brookline, Mass., Chairman of the Council on Medical Education and Hospitals, A.M.A., presented the objectives of medical education—the ultimate objectives being the provision of the best possible medical care to the public via (1) the proper selection and education of qualified people and the stimulation of these students toward the acquisition of further knowledge; (2) continuous research into cause, prevention and treatment of disease; and (3) the proper application of current knowledge to the sick patient.

He stresses that the patient in a teaching hospital is there to get better, NOT to be used as an audio-visual-tactile aid. This theme is taken up by Edward D. Pellegrino, M.D., Lexington, Ky., who suggests that there exists two contrasting views of our system of clinical education—each of which has passionate advocates. The one stresses the disciplines of the biological and physical sciences, justifiably fearing the less critical, less exact, and less inquiring approach. The other stresses that the impersonal overaccentuation of the details of the disease, to the exclusion of the whole patient, does a disservice to the community and to the patient.

Poor pedagogical practices relevant to

the teaching hospital are the overloading of internes with cases, such that there is an emphasis on the "immediate and practical". This results in the exclusion of a more contemplative, more critical appraisal by the student of his own action. "If the student flounders in later years it is usually the result of an excessive refuge in the intuitive. . . ."

The possibility of two standards of care based on income, with a more attentive manner to the teacher's own private patients can be a bewildering, detrimental experience to the student. This may serve to "ingrain differences in behaviour in the student's future behaviour based on incidental differences between patients." This goes along with the relegation of teaching responsibility to junior faculty and residents with the consequent loss in contact by the student of the prudence and wisdom exercised by the mature clinician. Furthermore, the student, trapped in the complex departmental hierarchy of clinicians, is not able to appreciate that the patients' welfare lies ultimately with one physician.

Dr. Pellegrino concludes that good patient care and good teaching are inseparable; that there must be continued reflection on this corollary by teacher, school and university.

Dr. Dickson indicates that the aim of most medical schools is to turn out an undergraduate doctor who, with further training, can become a good G.P., specialist, teacher, or research worker. The path by which this is done is not stereotyped, and various approaches have been tested. The most difficult problem faced by the medical school appears to be the correlation of the pre-clinical sciences with the clinical teaching, and the approach used at Dalhousie is described.

The fundamental philosophy is that the burden of the integration of the pre-clinical sciences, the special investigatory procedures and the clinical assessment lies with the Department of Medicine.

During the first year, patients are presented to illustrate the relationship of pre-clinical training to clinical medicine, and to provide motivation by reminding the academically bound first year students that they some day will be responsible for patients care. The first real introduction to clinical medicine is in the second year, when the techniques of functional inquiry and physical examination are applied after some practice on hospital patients under the supervision of "senior physicians with considerable experience and junior people full of enthusiasm." These small group classes are augmented by lecture demonstrations where certain signs and symptoms and their physiological background together with their pathology are demonstrated.

In the Department of Medicine, lectures are kept to a minimum to afford more time for more bedside teaching and for the "group tutorial." The third year is organized around these tutorial groups of about 18 students who are divided into sub-groups, wherein one group asks questions on an assigned topic, the second group answers, and the third group criticizes both. The teacher provides guidance as necessary. The subject matter of these tutorials is chosen to emphasize the correlation of pre-clinical sciences with clinical medicine, which implies that the one teacher faces a difficult task. On the other hand, the student is not confronted by a panel of experts placing the information in front of him, and therefore, doesn't have the psychological burden of feeling that he must learn what it takes four teachers to explain.

Along with the tutorial program the student continues his bedside instruction in small groups (6 students with clinical teacher), and continues persistent and diligent reading in clinical medicine. Furthermore, opportunity is provided for the student to present a complete case history each week, some of which are discussed thoroughly by the group.

When the student begins the fourth year, he is adequately prepared to handle the rotating clerkship. Prior to this year, the prime weakness of the clerkship was the lack of supervision. This year each student is apprenticed to a physician-teacher who can design his own program of instruction, ranging from ward rounds of his private patients to subject matter for short theses. The fourth year student is also given an opportunity to gain insight into the customs and socio-economic factors of the area and their relation to disease, by spending some time in the out-patient department under the guidance of specially selected general practitioners.

The problem of teaching the student the proper doctor-patient relationship cannot be met by any didactic method, but rather by "bringing student and patient together under skilled teachers who are also, to borrow a term from Dr. Ronald Christie, Prof. of Medicine at McGill University, 'good folks.'"

Several other articles are included in the symposium, but for our purpose as students, we can see that medical education maintains a continual critical analysis of itself.

