The Clinical Curriculum

There are two commonly recognized methods of organizing the undergraduate medical teaching curriculum. The first is to co-ordinate and integrate closely day-by-day lectures and practical teaching in each subject (basic science as well as clinical) from the very beginning of the student's instruction in that area. Such is the case in many European medical schools; indeed, in some, clinical exposure precedes formal lectures, if the latter are included at all. The second method is first to complete the formal didactic lectures, tutorials, seminars and such, and then embark on the clinical teaching program, with a rather sharp transition between the two. There are, of course, many systems comprising a gradient between these extremes, each with its shortcomings, yet each with many advantages to suit the particular student group, medical school and situation to which it is applied.

The program here at Dalhousie Medical School leans towards the second extreme. For the most part, we favor this present tendency; this is no doubt due to the influence of our personal experience, and also the success with which this system has been applied here in past years. However, we would prefer that it were not quite so extreme—for example, first year medicine includes virtually no clinical teaching, second year 4 - 6 hours per week, and third year 7 - 9 hours per week, most of this being in groups larger than six to eight students; fourth year, of course, consists almost entirely of clinical training.

In recent years, the many changes and improvements evidence the continued efforts directed at evolving a still better system for Dalhousie. With this same goal in view, we advocate that some of the following minor modifications be made in the existing system, and we submit that major improvements will result in both the students' training and attitude:

The traditional apprenticeship approach to learning medicine has been greatly modified, perhaps to the regret of most medical students, who are extremely eager to perform small clinical tasks as soon as possible and find a natural outlet for their enthusiasm in exposure to living patients and the hospital milieu. Why not teach second year students to do venipunctures, and at least give them the opportunity to watch several, and preferably perform a few of the numerous other minor procedures (see later) carried out on the medical, surgical and paediatric services? This could be readily accomplished by devoting 4 - 5 hours of the second year weekly schedule to this purpose; either part of two mornings, or if daily time did not allow, by spending one night a week at the hospital. In even this short period of time, besides learning many techniques and no doubt a bit of practical medicine, an interested student could become well acquainted with hospital routine and the hospital atmosphere.

With this background, the third year students could then be given the responsibility of taking the morning bloods on the medical and surgical services. These students, too, could spend one night a week at the hospital; during this time they could examine interesting cases, and in the latter half of the year, having gained some experience, could then be allowed to do admission histories and physicals; here also would be an early opportunity for them to learn to write admission orders. All this, presently done by fourth year students, is checked by both the interne and resident in any event, so there is certainly no danger as far as patients are concerned. On less busy nights, further efforts could be made to allow third years to perform ward procedures. Examples of such procedures are taking bloods, blood cultures, various blood tests, setting up i-v's and transfusions, lumbar punctures, bone marrow aspirations, urinalyses, thoracenteses, simple biopsies, etc., on the medical and

paediatric services; catheterizations, removing sutures, suturing, haemoglobins, white counts, applying and removing casts, injecting and aspirating joints, etc., on the surgical and surgical specialty services—also scrubbing and acting as second assistants in surgery, so as to be at least familiar with O.R. routine; watching, and later even scrubbing and assisting at deliveries on the obstetrical service. Many of these procedures could readily be performed by a layman with a minimum of proper instruction and a little practical experience, so surely second and third year medical students are capable of learning them. Perhaps further time could be devoted to teaching these procedures during some of the surgery and paediatric clinics presently held two or three mornings a week in third year. Not only would these clinics prove to be more interesting, but the small sacrifice made in regard to formal clinical teaching time by staff members in some of these sessions would be more than compensated by the techniques learned, the cases seen in a less formal manner and the time saved in later years, if this whole program were instituted.

The duties of the fourth year students on these services, then, could more closely approximate those of the internes, save for giving various authorizations and assuming any final responsibility. They would have progressed to the point of being able to do many of the admission histories and physicals, writing progress notes, doing many of the ward procedures, etc. Along with the internes, the fourth years could be responsible for the instruction and supervision of the second and third year students during their periods in the hospital. With the background outlined above, the fourth years on the obstetrical service would be as capable of performing normal deliveries as most of the new internes under the present system.

And finally, internes, now absolved of the responsibility of taking morning bloods, with fewer tests, procedures and other interruptions (of which there are a countless number at present), and with fewer admissions to handle, would be free to devote much of their time and energy to that which is really of prime importance in fifth year—diagnosis and therapeutics, facets of training of which the interne gets too little at present. This would, presumably, allow the internship to be a year of interest and learning, rather than one of drudgery and slave-labour.

Further, there is no additional strain on the teaching staff. This system would only require that senior students spend a little additional time in helping along their junior colleagues. If the program were all pre-arranged, little effort would be required on the part of the fourth year and interne to plan and perform some of the elective procedures and to spend time with interesting cases during periods when these other students would be available to watch or assist.

From such a system, many benefits would accrue to all involved; not least of these would be the fact that fourth year students and internes would be spending more of their time engaged in those phases of medicine most interesting and important to them; and second and third year students would feel that they were studying, learning and finally applying medicine, instead of performing strictly academic exercises; these years would be less dry, much less disappointing, and the student would develop confidence in his practical ability, which would prove a great asset in his senior years.

We recognize that the implementation of the above suggestions would no doubt present certain difficulties, and we are fully aware that such a change in program would require a great deal of planning and reorganizing, with much trial and error; but we also feel strongly that such a change is entirely feasible, very practical, and that it would be most beneficial to the undergraduates of Dalhousie Medical School.

A. S.

Ten Dollars

There are not enough scholarships available to Dalhousie medical students. This is a fact that few would deny. However, instead of crying on the shoulders of the rich and leeching on the generous, it is felt that we should take some positive action of our own. With this in mind, the following suggestion is made to our administrators with the hope that it may add something to our pityfully small scholarship funds:

We suggest that Dalhousie follow the example of many other universities in charging a ten dollar fee for application to the Medical School. Approximately 300 applications have been received every year recently, and this number can be expected to rise. This would represent an income of about $3000 per annum, and invested at 6 percent would provide $180 to be awarded. This may not be a very large scholarship, but as the $3000 continues to be received each year, so the interest increases and with it the amount of the scholarships available. At this rate, ten years from now, Dalhousie Medical School could have an additional $1800 per annum with which to reward its students.

An additional advantage of this scheme (if such is needed) is that it might discourage frivolous applicants, but at the same time it is very unlikely to deter application from seriously interested students.

This suggestion could well prove to be a small step toward solving a large problem presently facing medical students, and we sincerely hope it will receive due consideration from those concerned.

B. Y.