UNIVERSITY OF NORTH CAROLINA

<u>MEDICAL EDUCATION</u>

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MOST OF US IN THE MEDICAL PROFESSION HAVE LONG SINCE ACCEPTED THE IDEA, SOME WITH DELIGHT, SOME WITH RESIGNATION AND SOME WITH OPPOSITION THAT THE PERIOD OF EDUCATION FOR A PHYSICIAN OR SURGEON IS COEXISTENT WITH HIS ACTIVE LIFETIME OF WORK. THE PERIOD OF FULL TIME FORMAL EDUCATION FOR MEDICINE SHOULD BEGIN WITH THE END OF SECONDARY SCHOOL AND CONCLUDE WITH THE END OF THE RESIDENCY PERIOD.

IF ONE ACCEPTS THIS POINT OF VIEW, THEN THERE ARE THREE PERIODS OF FORMAL EDUCATION. THEY ARE QUITE DISCRETE FROM EACH OTHER AT PRESENT. THE FIRST OF THESE, THE COLLEGIATE LEVEL, VARIES FROM TWO TO FOUR PRE-BACCALAUREATE YEARS. THIS TIME OF PREPARATION FOR MEDICAL SCHOOL IS FREQUENTLY HAPHAZARD, USUALLY UNCOORDINATED WITH WHAT WILL TAKE PLACE IN THE SCHOOLS OF MEDICINE AND AS A RULE, UNDIRECTED TOWARD AN ULTIMATE CAREER CHOICE.

SINCE THERE ARE LEGITIMATE REASONS WHY A YOUNG MAN OR WOMAN MIGHT NOT BE READY TO CHOOSE A CAREER AT THE AGE OF EIGHTEEN OR WHY COLLEGES OF ARTS AND SCIENCES MIGHT FEEL THAT A "LIBERAL"

EDUCATION IS SUPERIOR TO A PROFESSIONALLY ORIENTED ONE, MORE EXPERIMENTS IN EDUCATION MUST BE UNDERTAKEN ON THESE POINTS TO ATTEMPT TO SATISFY THESE PURPOSES AND STILL COORDINATE THE COLLEGIATE PHASE OF FORMAL EDUCATION WITH THAT OF THE SCHOOL OF MEDICINE.

IT IS OUR PLAN AT THE UNIVERSITY OF MIAMI TO ATTEMPT SUCH AN EXPERIMENT WITH THE FULL COOPERATION OF OUR COLLEAGUES IN THE COLLEGE OF ARTS AND SCIENCES AND HOPEFULLY OTHER COLLEGES IN TIME AS WELL AS A SMALL GROUP OF HIGH SCHOOL AND YOUNG COLLEGE STUDENTS WHO ARE GIFTED INTELLECTUALLY, TO SEE WHETHER A COMBINED PROGRAM OF EITHER FIVE OR SIX YEARS CAN BE DEVELOPED. THIS PROGRAM WILL INVOLVE THE PARTIAL, OR PERHAPS, COMPLETE ELIMINATION OF THE REPETITION OF BASIC SCIENCE COURSES. THE MEDICAL STUDENT IN HIS APPROACH TO THE FUNDAMENTAL ASPECTS OF CLINICAL SCIENCE WILL THEREFORE NOT BE REQUIRED TO ASSUME THE PRESENT BURDEN OF TWICE (OR 3 TIMES) TAKING A SERIES OF ELEMENTARY COURSES IN THE BASIC MEDICAL SCIENCES WHICH CAN NOT GET INTO THE SUFFICIENT DEPTH OF A TRULY GRADUATE PROGRAM OF EDUCATION. TO DISAGREE WITH JACQUELINE SUSANN "ONCE SHOULD BE ENOUGH". THIS TYPE OF ACTIVITY SHOULD DEVELOP CLOSER WORKING ARRANGEMENTS WITH BASIC SCIENCE DEPARTMENTS IN THE SCHOOL OF

MEDICINE AND THEIR APPROPRIATE COLLEAGUES IN THE COLLEGE OF ARTS AND SCIENCES - AND MAY EVEN LEAD TO COALESCENCE OF THEIR COURSES, IF NOT THEIR DEPARTMENTS.

THE MIDDLE PART OF MEDICAL EDUCATION IS THE SCHOOL OF MEDICINE OF THE UNIVERSITY. IT SHOULD BE THE CENTER OF THE MANAGEMENT OF FORMAL EDUCATION AND CAN BE AN INFLUENCE TOWARD FLEXIBLE AND VARIED PROGRAMS WHICH WILL ESTABLISH A MEDICAL SCHOOL AS A GRADUATE SCHOOL IN THE BEST SENSE OF THAT WORD. FIRST EXPOSURE TO PATIENT CARE COULD CONCEIVABLY OCCUR, NOT ONLY IN THE EARLY PART OF THE FIRST YEAR OF MEDICAL SCHOOL AS IT IS AT PRESENT, BUT EVEN EARLIER IN THE COLLEGIATE PRE-BACCALAUREATE PERIOD SINCE THIS PATTERN CAN BE COORDINATED WITH SUBSEQUENT CLINICAL EDUCATION. FOR INSTANCE, IF ONE TAUGHT REPRODUCTIVE BIOLOGY IN THE COLLEGIATE LEVEL OF THE PERIOD OF FORMAL EDUCATION, THERE WILL BE TEACHING PARTICIPATION BY CLINICIANS AND CLINICAL PROBLEMS COULD BE POSED ALONG WITH THE BASIC SCIENCE INFORMATION THAT IS PRESENTED TO THE STUDENT.

THE LAST PART OF FORMAL MEDICAL EDUCATION IS THE PERIOD OF THE RESIDENCY IN THE HOSPITAL. IT IS NOT MY PRESENT INTENTION TO GET INTO THE QUESTION OF HOW MUCH IS CLINICAL SERVICE AND HOW MUCH IS EDUCATION IN A RESIDENCY. EVERYONE ACKNOWLEDGES THE FACT THAT THE SERVICE COMPONENT IS GREATER, BUT IT NONETHELESS IS THE ANALOG OF

GRADUATE EDUCATION TO POSTDOCTORAL EDUCATION IN ANY OF THE OTHER SCIENCES, OR FOR THAT MATTER IN THE HUMANITIES. IT IS, AS JOHN DEWEY WROTE, "LEARNING BY DOING".

IT IS GENERALLY RECOGNIZED THAT THE CONTROL OF THIS PERIOD OF EDUCATION IS STILL LARGELY A HOSPITAL MATTER IN COORDINATION WITH THE VARIOUS SPECIALTY BOARDS WHICH IN TURN ARE RESPONSIBLE TO THE AMERICAN MEDICAL ASSOCIATION COUNCIL ON MEDICAL EDUCATION. THERE IS MUCH UNHAPPINESS WITH THE BOARDS. THEIR PRODUCTS ARE BECOMING THE REFUGE OF NOMINAL EDUCATION. I BELIEVE THAT THE SERVICE COMPONENT COULD BE MANAGED JOINTLY AS A HOSPITAL FUNCTION BUT THAT THE EDUCATIONAL COMPONENT SHOULD BE SOLELY A UNIVERSITY FUNCTION CONSTRUCTED AND GUIDED AS WELL AS CONTROLLED BY THE SCHOOLS OF MEDICINE. IF THIS APPROACH WERE BROADLY ACCEPTED THE VARIOUS SPECIALTY BOARDS WOULD BE ABLE TO CONCENTRATE ON EXAMINATIONS, CRITERIA FOR ADMISSION TO THE EXAMINATIONS AND POSSIBLE SPECIAL PREPARATORY COURSES PRIOR TO THE TAKING OF EXAMINATIONS IN THE PATTERN OF THE ROYAL BRITISH COLLEGES, INSTEAD OF THEIR PRESENT IMPENDING DISREPUTE BY THE MOST ABLE PEOPLE. IN THIS WAY COMPETENCE IN THE EXAMINATION PROCESS COULD BEST DETERMINE THE QUALIFICATIONS AND RECOGNITION OF A SPECIALIST - WITHOUT THE DISTRACTION AND INEFFECTIVENESS OF PRESCRIBING A SINGLE APPROVED

PATHWAY TO IT. PLURALISM COULD PREVAIL.

OUR SCHOOL OF MEDICINE HAS ACCEPTED THE OPPORTUNITY AND RESPONSIBILITY OF EXTENDING ITS INTEREST IN FORMAL EDUCATION BOTH PROXIMALLY AND DISTALLY IN TIME AND SPACE. DESPITE THE PROBLEMS AND THE DIFFICULTIES, WE LOOK FOR PROGRESS IN MEDICAL EDUCATION, ECONOMY OF TIME AND MONEY IN THE DEVELOPMENT OF DOCTORS OF MEDICINE, AND A RATIONALIZING INFLUENCE ON ALL OF OUR INSTITUTIONS PARTICIPATING IN VARIOUS PARTS OF FORMAL MEDICAL EDUCATION. THE SUCCESS OF OUR EFFORTS MAY DEPEND UPON VARIABLES OVER SOME OF WHICH WE HAVE LITTLE OR INSUFFICIENT CONTROL AT PRESENT. HOWEVER, THE ESSENTIAL INGREDIENTS OF A SOLID BASE FROM WHICH TO COPE WITH THE PROBLEMS DOES NOW EXIST.

THE UNIVERSITY OF MIAMI SCHOOL OF MEDICINE LAUNCHED ITS 20TH YEAR IN SEPTEMBER OF 1972, WITH ITS LARGEST ENROLLMENT I.E. 533 MEDICAL STUDENTS. THIS NUMBER REPRESENTS AN INCREASE OF FIFTY STUDENTS OVER 1971 AND A 57 PERCENT INCREASE SINCE 1969.

COMPETITION FOR ACCEPTANCE BY THE SCHOOL HAS BEEN INCREASING ANNUALLY. THE 1972 ENTERING CLASS WAS SELECTED FROM APPROXIMATELY 1800 FULLY COMPLETED APPLICATIONS AFTER CAREFUL REVIEWING. THAT FIGURE WAS TWICE THE NUMBER OF APPLICATIONS FILED IN 1970-71 AND DID NOT INCLUDE THE 1041 CANDIDATES FOR THE SPECIAL PH.D. TO M.D. PROGRAM

WHICH WILL BE DISCUSSED IN A MOMENT. DURING THE PAST ACADEMIC YEAR OVER 2300 APPLICATIONS WERE PROCESSED BY THE ADMISSIONS OFFICE. IN ADDITION, THE PH.D. TO M.D. PROGRAM CONSIDERED OVER 1000 APPLICANTS. THIS TREND IS NOT UNIQUE TO THE UNIVERSITY OF MIAMI SCHOOL OF MEDICINE AND IS CAUSING SERIOUS PROBLEMS IN ADMISSIONS OFFICES THROUGHOUT THE NATION. AN EVEN MORE DELIGHTFUL PATTERN IS THE IMPROVED QUALITY OF VIRTUALLY ALL APPLICANTS. IT IS PROBABLY TRUE THAT MORE THAN 2/3 OF THE APPLICANTS ARE CAPABLE BY STANDARDS OF 1970 AT MAKING IT THROUGH MEDICAL SCHOOL. DESPITE THIS COMPETENCE ONLY 1/3 WILL BE ACCEPTED.

AN INDEX OF THE QUALITY OF OUR OWN ENTERING CLASS CAN BE OBTAINED BY THE MEAN OF THE OVERALL GRADE POINT AVERAGE (3.46), SCIENCE GRADE POINT AVERAGE (3.45) AND THE QUANTITATIVE (617) AND SCIENCE (587) MCAT SCORES. THESE FIGURES ARE COMPARABLE TO THOSE OF OUR BEST COLLEAGUES ELSEWHERE.

THE IMPORTANCE OF THE QUANTITATIVE ASPECTS OF GRADES & MCATS FOR ADMISSION RAISES ONE OF THE QUESTIONS MOST FREQUENTLY ASKED BY BOTH STUDENTS AND FACULTY. DOES AN EXCELLENT SCHOLASTIC RECORD INDICATE THAT THE STUDENT WILL ULTIMATELY MAKE A GOOD PHYSICIAN? DATA SUGGEST THAT THE M.C.A.T. SCORES MAY NOT CORRELATE WELL WITH SKILL IN CLINICAL PRACTICE. WHILE THERE IS A REASONABLE DEGREE OF CORRELATION

BETWEEN THE STUDENT'S OVERALL UNDERGRADUATE ACADEMIC PERFORMANCE AND SUCCESS DURING THE FIRST TWO YEARS OF MEDICAL SCHOOL, IT IS QUESTIONABLE HOW WELL IT CORRELATES WITH CLINICAL PERFORMANCE LATER IN LIFE. YET NO ONE HAS AS YET BEEN ABLE TO DEVELOP A BETTER MECHANISM FOR THE SELECTION OF STUDENTS, INTERNS, OR RESIDENTS. CERTAINLY AN EXCELLENT SCHOLASTIC RECORD IS ONE OF THE BETTER BAROMETERS OF MOTIVATION. AS TO THE QUESTION OF WHETHER THE BRIGHTEST STUDENT WILL MAKE THE BEST DOCTOR, THERE IS AS YET NO GOOD ANSWER. WE MAY EVEN MISS THE EINSTEINS, CHURCHILLS, ROOSEVELTS AND KENNEDYS.

TRADITIONALLY, WE TRY TO EVALUATE CLINICAL COMPETENCE BY BOARD EXAMINATIONS OR SUBJECTIVELY. UNFORTUNATELY, IT IS IMPOSSIBLE TO DEFINE OR MEASURE CLINICAL EXCELLENCE BY ANY AGREED UPON METHOD. THIS SCHOOL OF MEDICINE'S ADMISSIONS COMMITTEE HAS COLLECTIVELY AND INDIVIDUALLY ATTEMPTED TO COME TO GRIPS WITH THIS IMPORTANT ISSUE. WE HAVE NOT BEEN SUCCESSFUL. OUR ONLY SOLACE CAN BE THAT MOST, IF NOT ALL SCHOOLS, ARE USING SIMILAR CRITERIA FOR THEIR SELECTION OF STUDENTS, THAT IS COLLEGIATE ACADEMIC EXCELLENCE AND MCAT SCORES.

TO ADD TO THE CONFUSION OF THE ADMISSION PROCESS WE WISH TO MEET CERTAIN OF SOCIETY'S NEEDS FOR GREATER OPPORTUNITIES FOR THE DISADVANTAGED AND THE FEMALE STUDENTS. THE LATTER HAS NOT BEEN A

PROBLEM FOR US. WE HAVE CONSISTENTLY ADMITTED MORE THAN THE NATIONAL AVERAGE OF FEMALES TO OUR ENTERING CLASS, AND THE RATIO OF ACCEPTANCES OF WOMEN TO THE NUMBER OF APPLICANTS IS HIGHER THAN THAT OF MALES.

THIS YEAR WE WERE UNSUCCESSFUL IN RECRUITING BLACKS COMPARED TO THE LAST TWO YEARS. ALTHOUGH A FEW BLACK STUDENTS WERE ACCEPTED AND TWO WILL BE IN THE FRESHMAN CLASS, WE SIMPLY DID NOT COMPETE EFFECTIVELY WITH PRIVATE SCHOOLS THAT WERE ABLE TO OFFER SUBSTANTIALLY MORE FINANCIAL AID OR WITH STATE SCHOOLS WHOSE TUITION WAS LOW. SOME BLACKS ALSO PREFER NON-INTEGRATED BLACK SCHOOLS AS A MATTER OF RACIAL PRIDE.

WE HAVE EMBARKED ON A LONG RANGE PLAN THAT MAY HELP ALLEVIATE THE BLACK PHYSICIAN SHORTAGE OF ONLY 17 DOCTORS AMONG 2.2 MILLION PEOPLE IN DADE COUNTY, FLORIDA. DURING THE PAST YEAR WE HAVE INTRODUCED A TWICE A YEAR CAREER DAY PROGRAM AT THE SCHOOL OF MEDICINE. BLACK JUNIOR AND SENIOR HIGH SCHOOL STUDENTS WERE SHOWN FILMS, PROVIDED MATERIALS ON HEALTH CAREERS, AND OFFERED COMPLETE TOURS OF THE MEDICAL CENTER. RECENTLY, THE AMERICAN PHARMACEUTICAL CORPORATION AND OUR SCHOOL OF MEDICINE JOINTLY SPONSORED A SIMILAR PROGRAM FOR HIGH SCHOOL SCIENCE ADVISORS.

OUR ADMISSIONS OFFICE AND THE GREATER MIAMI COALITION JOINTLY

IMPLEMENTED A PROGRAM OF SUMMER EMPLOYMENT LAST YEAR FOR BLACK STUDENTS AT THE SCHOOL OF MEDICINE. THIS WAS A MAJOR SUCCESS AND WAS EXPANDED THIS SUMMER TO INCORPORATE STUDENTS FROM AN EVEN WIDER GEOGRAPHIC AREA. NEARLY $10,000 HAS BEEN PROVIDED BY THE GREATER MIAMI COALITION, I.E., THE PEOPLE OF THE COMMUNITY, FOR THIS PROJECT AND WE HAVE RECEIVED THE PLAUDITS OF THE LOCAL BLACK COMMUNITY AND THE LOCAL BLACK PRESS. THE OBVIOUS PLAN IS TO DEVELOP OUR OWN POOL OF BLACKS IN THE EARLY OR MID TEEN AGE GROUP FOR LATER ADMISSION TO MEDICAL SCHOOL.

AT THE COLLEGE LEVEL, OUR MEDICAL STUDENTS ORGANIZED A COUNSELING PROGRAM FOR MINORITY GROUP STUDENTS AT THE JUNIOR COLLEGES IN DADE COUNTY. THE FIRST PROGRAM WAS HELD IN JANUARY, 1972. SINCE THERE ARE BETWEEN 3,000 - 4,000 BLACK STUDENTS IN OUR LOCAL JUNIOR COLLEGES, THESE CAMPUSES ARE FERTILE TERRITORY FOR THE DEVELOPMENT OF A SOUND MOTIVATIONAL PROGRAM. HOPEFULLY SEVERAL STUDENTS WILL BE ELIGIBLE TO ENTER A SPECIAL PREMEDICAL PROGRAM SPONSORED AT THE UNIVERSITY OF MIAMI BY THE ALFRED P. SLOANE FOUNDATION. NO SINGLE APPROACH IS THE ANSWER TO THE DISPROPORTIONATELY LOW NUMBER OF BLACKS AND OTHER DISADVANTAGED GROUPS IN THE HEALTH PROFESSIONS. SIMPLY ADMITTING LARGE NUMBERS OF STUDENTS FROM EDUCATIONALLY DISADVANTAGED BACKGROUNDS IS UNFAIR TO THE OTHER STUDENTS AND TO THE EDUCATIONAL

PROCESS OF THE BLACKS THEMSELVES. DURING THE NEXT YEAR AN EVEN GREATER ATTEMPT WILL BE MADE TO ATTRACT AND ENROLL MORE BLACKS AND OTHERS FROM DISADVANTAGED BACKGROUNDS. THE MANY PROGRAMS, MOTIVATIONAL AND RECRUITMENT, IMPLEMENTED DURING THE PAST YEAR WILL ALSO BE EXPANDED. HOPEFULLY THEY WILL PROVIDE BOTH IMMEDIATE AND LONG RANGE SOLUTIONS TO THIS COMPLEX PROBLEM. INTENSIVE TUTORING SEEMS TO BE ABSOLUTELY ESSENTIAL AT ALL LEVELS.

THE COMBINATION OF HIGHER ACADEMIC STANDARDS AND A LARGER STUDENT BODY HAS MADE IT ESSENTIAL THAT THE CURRICULUM ALSO BE UPGRADED TO A LEVEL WHICH WILL STIMULATE THE STUDENT BODY AND FACULTY ALIKE. OUR BASIC PREMISE IS ANCIENT. PLATO, IN THE REPUBLIC SAID: "THE DIRECTION IN WHICH EDUCATION STARTS A MAN WILL DETERMINE HIS FUTURE." WE HOPE THIS WISDOM IS STILL TRUE FOR MEDICAL EDUCATION.

AFTER A THREE YEAR PLANNING PERIOD, THE UNIVERSITY OF MIAMI SCHOOL OF MEDICINE STARTED A THIRTY-THREE MONTH MEDICAL EDUCATION PROGRAM IN 1973. SINCE THE AMA-AAMC COMMITTEE ON ACCREDITATION REQUIRES THAT STUDENTS COMPLETE AT LEAST 23 MONTHS OF INSTRUCTION WITHIN A THREE YEAR PERIOD, THE 1973 ENTERING FRESHMAN CLASS BEGAN SCHOOL ON JULY 6, 1973 RATHER THAN SEPTEMBER OF 1973.

THE INTRODUCTION OF THIS PROGRAM AT THE UNIVERSITY OF MIAMI SCHOOL OF MEDICINE FOLLOWS THE CURRENT PATH OF ABOUT 26 OTHER SCHOOLS

OF MEDICINE. OTHER SCHOOLS HAVE INDICATED SIMILAR INTENTIONS. MOREOVER THE PROJECTED PERIOD OF TOTAL ACTUAL MEDICAL EDUCATION HAS BEEN A COMMON PATTERN IN EUROPE. IN MANY COUNTRIES, THE EDUCATION OF PHYSICIANS (COMBINED PRE-MEDICAL-MEDICAL EDUCATION) TAKES PLACE IN A PERIOD OF SIX YEARS.

ALTHOUGH THERE IS A GREAT DEAL OF CONTROVERSY CONCERNING THIS KIND OF SHORTENING OF MEDICAL EDUCATION, THERE ARE VALID REASONS FOR OUR TRYING THIS KIND OF PROGRAM. WE ARE A PRIVATE SCHOOL AND SHOULD EXPERIMENT. THE AVERAGE PHYSICIAN, WHO TAKES SPECIALTY WORK, MUST COMMIT HIMSELF TO AN AVERAGE OF TWELVE YEARS OF FORMAL EDUCATION. THEREFORE, THE 18 YEAR OLD HIGH SCHOOL GRADUATE CANNOT EXPECT TO ENTER INTO MEDICAL PRACTICE UNTIL THE AGE OF THIRTY TO THIRTY-TWO. EIGHTY PERCENT OF PHYSICIANS NOW ATTEND COLLEGE FOR FOUR YEARS, THEN FOUR YEARS OF MEDICAL SCHOOL, SPEND A YEAR IN INTERNSHIP AND ANYWHERE FROM TWO TO FIVE YEARS OF RESIDENCY TRAINING.

ANOTHER REASON FOR THE ACCELERATION OF THE TIME REQUIRED FOR ACTUAL MEDICAL TRAINING IS THE EXPENSE OF THIS LENGTHY PROCESS. MANY PRIVATE UNIVERSITIES AND SCHOOLS OF MEDICINE HAVE ANNUAL TUITION RATES RANGING FROM $2,600 PER YEAR TO $3,000. IN ADDITION THE PRESENT COST OF LIVING FOR A TYPICAL SINGLE STUDENT IN OUR AREA COMES

TO A MINIMUM OF $5,000-6,000 PER YEAR FOR BARE ESSENTIALS. OVER AN EIGHT YEAR PERIOD, IT AMOUNTS TO AT LEAST $40,000. THE COST TO THE INDIVIDUAL IS GREATLY OVER-MATCHED BY THE MEDICAL SCHOOL. ANALYSIS OF THE UNIVERSITY OF MIAMI SCHOOL OF MEDICINE'S COST OF EDUCATION SHOWS THE TUITION OF $2,600 IS APPROXIMATELY 20 PERCENT OF THE ACTUAL EXPENSE INCURRED FOR EACH STUDENT AND WE ARE A PRIVATE SCHOOL. ALTHOUGH THE CARNEGIE COMMISSION ON HIGHER EDUCATION STATED THAT SHORTENING THE CURRICULUM WOULD REDUCE THE MEDICAL SCHOOL'S COST, THIS JUDGEMENT APPEARS TO US TO BE INACCURATE. THE BUILDINGS, FACULTY AND ADMINISTRATIVE STAFF MUST BE MAINTAINED WITH HARDER AND MORE INTENSIVE USAGE IN AN ERA OF STEADILY RISING MAINTENANCE AND SALARY COSTS. IN TRUTH, THE MAJOR FINANCIAL SAVING IS TO THE STUDENTS THEMSELVES; BOTH IN TERMS OF TIME AND MONEY - AND THIS FACTOR IS IMPORTANT. HOWEVER, THE SCHOOLS WILL ALL SUFFER FINANCIAL STRAIN FROM SHORTENED CURRICULA.

IT IS NECESSARY TO RAISE THE QUESTION WHETHER THE THIRTY-THREE MONTH CURRICULUM WILL COMPROMISE THE QUALITY OF MEDICAL EDUCATION. THERE IS NO DOUBT THAT A VAST STORE OF SCIENTIFIC AND MEDICAL KNOWLEDGE HAS ACCUMULATED ALMOST UNBELIEVABLY DURING THE LAST TWO DECADES. WE ARE RECONCILED TO THE FACT THAT ALL THIS KNOWLEDGE CANNOT AND PROBABLY SHOULD NOT BE TRANSMITTED, TAUGHT OR PLACED

BEFORE STUDENTS. CONCEPTS AND PRINCIPLES AND STUDY HABITS ARE MORE IMPORTANT THAN SIMPLE TRANSFER OF INFORMATION TO STUDENTS.

SINCE MANY SCHOOLS DO NOT BEGIN UNTIL MID OR LATE SEPTEMBER, AND FINISH IN MAY, THE ACTUAL AMOUNT OF TOTAL TEACHING TIME INVOLVED IN A FOUR YEAR PROGRAM RARELY EXCEEDS 38 MONTHS, AND IS OFTEN ONLY 36 MONTHS IN DURATION. MOST 4 YEAR SCHOOLS HAVE AT LEAST EIGHT MONTHS OF SUMMER VACATION (WINTER AND SPRING HOLIDAYS) EACH YEAR, AND EXTENSIVE ELECTIVE PERIODS, WHICH SOME SCHOOLS INCLUDING OURS HAVE FOUND TO BE UNSATISFACTORY IN THEIR PRESENT FORMAT, AND IN THEIR DURATION. THESE DATA SUGGEST THAT THERE IS CONSIDERABLE ROOM FOR A MORE EFFICIENT PATTERN OF EDUCATION WITHOUT REDUCING THE AMOUNT OF TEACHING CONTACT TIME OR COMPROMISING THE QUALITY OF EDUCATION. THESE FACTORS DO NOT TAKE INTO ACCOUNT THE SIGNIFICANT ADVANTAGES THAT HAVE BEEN MADE IN MEDICAL TECHNOLOGY IN IMPROVING THE TEACHING-LEARNING PROCESS WHICH MAY BE VERY REAL - OR COULD BE ILLUSORY - WE DON'T YET KNOW.

SOME OF THE VALID ARGUMENTS AGAINST SHORTENING THE CURRICULUM INCLUDE THE FOLLOWING:

1 - THE ACCELERATED CURRICULUM WILL PUT CONSIDERABLE AND UNDUE PRESSURE ON THE INDIVIDUAL STUDENT.

2 - THERE IS A MINIMUM AMOUNT OF TIME THAT IS REQUIRED FOR A

STUDENT TO MATURE AND LEARN TO COPE WITH THE PROBLEMS OF CARING FOR SICK PEOPLE.

3 - THERE MAY NOT BE ENOUGH ASSIMILATION LEARNING TIME IN AN ACCELERATED TEACHING PROGRAM.

4 - THE DEGREE OF FLEXIBILITY IN THE ENTIRE PROCESS IS SIGNIFICANTLY REDUCED.

5 - IT IS COSTLY TO THE SCHOOL.

OF ALL THE PROBLEMS, WE FEEL AMONG THE MOST CRUCIAL ARE THE IMPORTANCE OF THE EMOTIONAL MATURATION OF THE STUDENT, THE NEED FOR ASSIMILATION TIME AND THE NECESSITY OF FLEXIBILITY. I BELIEVE THAT THE RELATIVELY LONG RESIDENCY PROCESS IS A BETTER ENVIRONMENT AND TESTING GROUND FOR THESE PURPOSES THAN IS THE SCHOOL OF MEDICINE PROVIDING THAT THE EDUCATIONAL EXPERIENCE IS SPARKLING, BRIGHT AND NOT FULL OF DRUDGERY.

THE AMOUNT OF TOTAL INSTRUCTION TIME IN OUR NEW CURRICULUM WILL NOT BE REDUCED FROM THE PRESENT PROGRAM. STUDENTS WILL HAVE SUFFICIENT TIME FOR ASSIMILATION, REVIEW PERIODS FOR EXAMINATIONS, EARLY INTRODUCTION TO THE CLINICAL DISCIPLINES, IMPROVED BUT SHORTENED ELECTIVE PERIODS, AND PERIODIC VACATIONS. WE OBVIOUSLY HAVE MET THE ACCREDITATION REQUIREMENTS WITH CONSIDERABLE LEEWAY MARGINS.

IT IS ESSENTIAL TO STRESS THAT THE NEW LOOK ATTEMPTS TO TAKE ADVANTAGE OF THE EDUCATIONAL CHANGES THAT HAVE EVOLVED DURING THE PAST SIX YEARS. I VIEW THE NEW THIRTY-THREE MONTH PROGRAM AS EXPERIMENTAL DESPITE THE EXPERIENCE OF OTHERS, AND WE WILL EVALUATE AND MONITOR ITS MERIT, IF ANY, CONTINUOUSLY.

PH.D. TO M.D. PROGRAM - THE UNIVERSITY OF MIAMI SCHOOL OF MEDICINE STARTED ITS SECOND CLASS IN THE PH.D. TO M.D. PROGRAM ON JUNE 19, 1972, WITH 20 OUTSTANDING SCHOLARS WITH DOCTORATES IN NON-MEDICAL SCIENCE FIELDS. THE ENTERING CLASS WAS SELECTED FROM MORE THAN 1000 APPLICANTS AND IS AN EXCEPTIONALLY ABLE GROUP OF STUDENTS.

AS THESE NEOPHYTE SPECIAL MEDICAL STUDENTS PLUNGED DIRECTLY INTO THEIR NEW CAREERS - THEIR 19 PREDECESSORS IN THIS UNIQUE PROGRAM WERE NEARING THEIR FIRST ANNIVERSARY. THE RESULTS OF THEIR NATIONAL BOARD EXAMINATIONS (PART I) WERE MOST ENCOURAGING. THE CLASS AVERAGE COMPARED FAVORABLY WITH THE VERY ABLE STUDENT BODIES ANYWHERE. IN FACT, THEY WOULD HAVE PLACED THIRD ON THE NATIONAL SCATTERGRAM OF MEDICAL STUDENTS IF THEIR RECORDS WERE SCORED AS A SEPARATE SCHOOL.

OUR PH.D. TO M.D. STUDENTS OBTAINED THEIR POSTGRADUATE EDUCATIONS IN UNIVERSITIES FROM COAST-TO-COAST: THREE EACH FROM HARVARD AND STANFORD; TWO EACH FROM CALIFORNIA-AT-BERKELEY AND POLYTECHNIC INSTITUTE OF BROOKLYN; AND THE REST FROM COLUMBIA,

CORNELL, DUKE, JOHNS HOPKINS, MICHIGAN, PENNSYLVANIA, SYRACUSE, UTAH, WASHINGTON AND YALE.

PRIOR TO THE ACCEPTANCE INTO THE PH.D. TO M.D. PROGRAM, THEIR EMPLOYMENT HAD BEEN DIVERSE: SEVEN WERE ASSISTANT PROFESSORS IN COLLEGES OR UNIVERSITIES, THREE HAD BEEN POSTDOCTORAL FELLOWS, THREE WORKING IN RESEARCH INSTITUTES AND THREE IN INDUSTRIAL RESEARCH: ONE HAD BEEN COMPLETING HIS PH.D., ONE WAS A MANAGING DIRECTOR IN THE PHARMACEUTICAL INDUSTRY AND ONE AN ARMY OFFICER. ONLY ONE HAD BEEN BETWEEN POSITIONS.

ACADEMIC PROGRESS OF THE FIRST 16 MEN AND THREE WOMEN WHO HAVE COMPLETED THE PH.D. TO M.D. PROGRAM AT THE UNIVERSITY OF MIAMI SCHOOL OF MEDICINE IN THEIR INTERNSHIPS WILL BE AND MUST CLOSELY BE FOLLOWED BY THE SCHOOL'S FACULTY.

AS ORIGINATORS OF THIS EXPERIMENTAL PROGRAM, I AM AWARE THAT MANY OF THE NATION'S MEDICAL EDUCATORS ARE WATCHING THE PH.D. TO M.D. COURSE. A FEW INSTITUTIONS ARE CONSIDERING SIMILAR PROGRAMS; BUT MOST ARE SKEPTICAL OR OPPOSED TO IT. AT THIS POINT IT CAN BE STATED THAT THE STUDENTS HAVE DEMONSTRATED THE ABILITY TO PERFORM AT AN EXTREMELY HIGH LEVEL ON THE NATIONAL BOARDS AFTER AN ACCELERATED EDUCATIONAL EXPERIENCE. WHETHER OTHER COMPARABLE GROUPS OF INTELLIGENT, DEDICATED AND MATURE INDIVIDUALS WITHOUT SIMILAR

SCIENTIFIC BACKGROUNDS CAN ACHIEVE AT THE SAME LEVEL HAS NOT BEEN STUDIED BY ANYBODY. NOR HAS THE CLINICAL COMPETENCE OR THE LONG TERM CONTRIBUTIONS OF THESE STUDENTS BEEN MEASURED AS YET IN ANY MEANINGFUL MANNER. THIS PROCESS HAS BEEN STARTED AND WILL REQUIRE A TEN YEAR RETROSPECTIVE ANALYSIS OF THE GRADUATES' CAREER RECORDS. HOWEVER, WE KNOW THAT THE FIRST GROUP ARE PERFORMING WELL IN THE EARLY PHASES OF THEIR CLINICAL INTERNSHIPS.

THE SCHOOL OF MEDICINE IS PLEASED WITH THE VOLUME OF ITS CONTINUING MEDICAL EDUCATIONAL PROGRAM. A SURVEY CONDUCTED LAST YEAR SHOWED THAT THE TOTAL NUMBER OF COURSES OFFERED TO REGISTRANTS, AND THE NUMBER OF FACULTY AT OUR SCHOOL OF MEDICINE INVOLVED, IS CONSIDERABLY GREATER THAN THAT OF ANY OTHER SCHOOL STUDIED.

DURING THE ACADEMIC YEAR, 1972-73, THE SCHOOL OF MEDICINE SPONSORED 33 COURSES IN CONTINUING MEDICAL EDUCATION. FORTY-NINE STATES AND 32 COUNTRIES WERE REPRESENTED IN THE TOTAL ENROLLMENT. FLORIDA PHYSICIANS CONSTITUTED 42% OF THE ENROLLMENT WITH A 10% ATTENDANCE BY PHYSICIANS OUTSIDE THE UNITED STATES. OVER 7,000 PHYSICIANS ATTENDED THESE CONFERENCES. THE DIFFICULT QUESTION WHETHER THESE COURSES HELP DOCTORS IN THEIR OWN PRACTICE NEEDS BETTER EVALUATION THAN WE ARE NOW DOING.

IN JANUARY 1973, THE OFFICE OF INTERNATIONAL MEDICAL EDUCATION

OF THE UNIVERSITY OF MIAMI SCHOOL OF MEDICINE MARKED COMPLETION OF ITS 25TH COURSE. DR. RAFAEL A. PENALVER, DIRECTOR OF THE OFFICE OF INTERNATIONAL MEDICAL EDUCATION, REPORTED THAT A TOTAL OF 3,609 GRADUATES OF FOREIGN MEDICAL SCHOOLS HAVE TAKEN THE COURSE SINCE ITS INCEPTION IN 1961. AS A KENNEDY ADMINISTRATION CONSCIENCE STROKE FOR CUBAN REFUGEES, THIS POST-GRADUATE REFRESHER PROGRAM, FINANCED BY THE U.S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE, WAS DESIGNED ORIGINALLY TO AID EXILED CUBAN PHYSICIANS TO BECOME ADJUSTED TO AMERICAN MEDICAL PRACTICES. SUBSEQUENTLY THE PROGRAM WAS BROADENED TO INCLUDE NON-CUBAN FOREIGN SCHOOL GRADUATES. OF THOSE COMPLETING THIS YEAR'S COURSE, 41 WERE CUBAN AND 104 WERE OF OTHER NATIONALITIES, REPRESENTING 20 COUNTRIES. OVERALL, 2,166 CUBAN PHYSICIANS HAVE GONE THROUGH THE PROGRAM, AND 1,403 FROM OTHER COUNTRIES. NEARLY 700 PHYSICIANS PRACTICING IN FLORIDA SUCCESSFULLY COMPLETED THIS PROGRAM.

BEFORE GRADUATES OF FOREIGN MEDICAL SCHOOLS CAN ENTER INTERNSHIPS, RESIDENCIES OR OTHER ADVANCED MEDICAL TRAINING IN THE UNITED STATES, THEY ARE REQUIRED TO PASS AN EXAMINATION PREPARED BY THE EDUCATIONAL COUNCIL FOR FOREIGN MEDICAL GRADUATES (ECFMG).

THIS UNIVERSITY OF MIAMI MEDICAL SCHOOL'S 12 WEEK COURSE, HELD TWICE A YEAR REVIEWS THE LATEST ADVANCES IN THE BIOMEDICAL SCIENCES

AND PROVIDES A BASIC PRECLINICAL AND CLINICAL TRAINING PROGRAM FOR THE BENEFIT OF THE FOREIGN-EDUCATED PHYSICIANS, MANY OF WHOM WISH TO TAKE THE ECFMG EXAM AND PRACTICE IN THIS COUNTRY. DURING THE PAST TWELVE YEARS THIS PROGRAM HAS HELPED PREPARE THE EQUIVALENT OF TWENTY MEDICAL SCHOOLS GRADUATING 100 STUDENTS PER YEAR FOR PRACTICE: A SUBSTANTIAL CONTRIBUTION TO THE NATION'S PHYSICIAN MANPOWER REQUIREMENTS - AND, IN GENERAL, THEY ARE OF REASONABLE QUALITY.

EVALUATION IN MEDICINE HAS BEEN WITH US SINCE THE INCEPTION OF THE MODERN MEDICAL SCHOOL. AT PRESENT THE EVALUATIVE PROCESS IS QUITE EVIDENT IN MANY PHASES OF CONTEMPORARY MEDICAL EDUCATION. NOT ALL OF THESE PROCESSES ARE FORMALIZED OR SOPHISTICATED TO THE EXTENT WE MIGHT WANT TO SEE THEM, BUT THEY DO EXIST.

WE ENCOUNTER A CONFUSED BUT SEARCHING EVALUATION IN THE MCAT'S, THE G.P.A.'S, THE PERSONAL INTERVIEW AND ANY OTHER BATTERY OF TESTS WHICH INDIVIDUAL SCHOOLS MIGHT UTILIZE FOR ADMISSION. EACH INSTRUCTOR IN EACH COURSE IS CALLED UPON TO GIVE EVIDENCE OF AN EVALUATIVE SYSTEM FOR CLASSIFYING STUDENTS AS TO THEIR ABILITIES. IN SOME INSTITUTIONS THIS PROCESS IS HANDLED BY AN OFFICE WHICH IS ABLE TO PULL TOGETHER THE VARIOUS RESOURCES OF THE SCHOOL AND DEVELOP STANDARDIZED TESTS IN MANY OF THE COGNITIVE AREAS OF THE CURRICULUM.

THE PASSING OR PROMOTION OF A MEDICAL STUDENT FROM FRESHMAN TO

SOPHOMORE YEAR, AND TO THE CLINICAL YEARS BY COMMITTEE JUDGMENT AND NATIONAL BOARDS IS STILL ANOTHER EXAMPLE OF EVALUATION AT WORK. MANY INSTITUTIONS, RELY ON THE RESULTS OF NATIONAL BOARDS AS THE MAJOR EVALUATION TECHNIQUE TO ACCOMPLISH THIS. OTHER INSTITUTIONS RELY ON EXAMINATIONS PREPARED BY THEIR DEPARTMENTS. SOME HAVE THE EQUIVALENT OF THEIR OWN NATIONAL BOARDS AND STILL OTHERS USE A COMBINATION OF THE VARIOUS COURSE GRADES AND THE NATIONAL BOARDS. WE UTILIZE THE LATTER TECHNIQUE.

IN OUR OWN CASE WE ARE QUITE PLEASED WITH THE PROGRESS WE HAVE MADE ON THE NATIONAL BOARD OF MEDICAL EXAMINERS. HOWEVER, A MORE CAREFUL EVALUATION OF THE RESULTS DEMONSTRATES THAT THE INTRAMURAL TEST AND STANDARDIZED ACHIEVEMENT TEST PRIOR TO ENTRANCE WERE AN EXCELLENT PREDICTOR OF FUTURE SUCCESS OR FAILURE ON THE NATIONAL BOARDS. THIS THEN RAISES THE QUESTION OF NATURE VS NURTURE. AN INTERESTING DIVIDEND HAS BEEN RESULTS OF THE TESTS GIVEN TO THE PH.D. TO M.D. STUDENTS. DESPITE THE FACT THAT THESE ADMITTEDLY BRILLIANT STUDENTS HAVE NEVER HAD ANY BEHAVIORAL SCIENCE, THEY SCORED IN THE 80TH PERCENTILE. MOREOVER THESE STUDENTS WHO HAD G.R.E.'S IN THE 90TH PERCENTILE AND HIGHER SCORED AT AN EXTREMELY HIGH LEVEL IN ALL AREAS DESPITE THE FACT THAT MANY OF THE COURSES WERE ACCELERATED AND DID NOT COVER ALL OF THE TRADITIONAL MEDICAL CURRICULUM. I HAVE

TENTATIVELY CONCLUDED THAT THE RESULTS OF SUCH STANDARDIZED TESTS ARE PROBABLY MORE A REFLECTION OF INNATE INTELLECTUAL ABILITY THAN THE EFFECTS OF EDUCATION PER SE. HOWEVER, ONE CANNOT ESCAPE THE FACT THAT THE NATIONAL BOARD OF MEDICAL EXAMINERS' EXAMINATION IS THE ONLY STANDARDIZED TEST AVAILABLE TO COMPARE MEDICAL STUDENTS FROM DIFFERENT SCHOOLS AND WITH DIFFERENT EDUCATIONAL BACKGROUNDS.

IN THE PREVIOUSLY CITED EXAMPLES, IT IS QUITE EASY TO ESTABLISH CRITERIA (PERFORMANCE STANDARDS) UPON WHICH TO BASE JUDGMENT. THE RUB COMES, HOWEVER, IN ESTABLISHING CRITERIA THAT RELATE TO THE STATED GOALS TO BE ACHIEVED. STILL OTHER AREAS OF MEDICAL EDUCATION IN WHICH EVALUATION CONSTANTLY OCCURS ARE THE CLERKSHIPS, THE INTERNSHIPS, AND IN GENERAL THE CLINICAL (JUNIOR AND SENIOR) YEARS. THE BASES FOR EVALUATION IN THESE AREAS TRADITIONALLY HAVE BEEN SUBJECTIVE AND ALMOST UNQUESTIONED.

AS CAN PLAINLY BE SEEN, EVALUATION HAS BEEN PART AND PARCEL OF MEDICAL EDUCATION FOR DECADES. IT HAS BEEN FORMAL IN SOME INSTANCES AND QUITE UNSTRUCTURED IN OTHERS. THE SITUATION IS CHANGING: MEDICAL EDUCATION WITH RESPECT TO THE IMPORTANCE OF EVALUATION IS APPROACHING A RENAISSANCE. IN PART, THIS CHANGE IS BEING INFLUENCED BY THE RECENT EMPHASIS ON FORMALIZING EVALUATION AND REQUIRING THAT IT CONTRIBUTE SIGNIFICANTLY TO IMPROVING THE

EDUCATIONAL PROCESS.

STARTING IN 1965, WITH THE COGGESHALL REPORT WHICH PROVIDED GUIDELINES FOR THE REORGANIZATION AND INTERPLAY OF VARIOUS EDUCATIONAL INSTITUTIONS, AND RUNNING THROUGH 1970 WITH THE CARNEGIE COMMISSION REPORT ON HIGHER EDUCATION WHICH PROPOSED THE CREATION OF "UNIVERSITY HEALTH SCIENCE CENTERS", MAJOR CHANGES HAVE BEEN OCCURRING IN MEDICAL EDUCATION. THESE CHANGES WILL, BY NECESSITY, INFLUENCE THE PROCESSES OF LICENSURE, CERTIFICATION, ACCREDITATION AND EVALUATION.

AT PRESENT, EVALUATION IN MEDICAL EDUCATION FALLS INTO TWO BROAD CATEGORIES: INTERNAL AND EXTERNAL EVALUATION.

1. INTERNAL EVALUATION:

THAT PROCESS APPLIED TO ALL ASPECTS OF THE INSTITUTION, ITS CURRICULUM AND STUDENT ACHIEVEMENTS, FROM ADMISSION TO GRADUATION.

2. EXTERNAL EVALUATION:

THAT PROCESS WHICH EVALUATES THE GRADUATE FOR SUCH FORMAL PURPOSES AS LICENSURE AND FOR SUCH INFORMAL PURPOSES AS ACCEPTANCE BY PATIENTS, (I.E. PHYSICIAN COMPETENCE.)

THIS SLIDE SHOWS THE APPLICATION, PURPOSE, FOCUS AND BENEFICIARY OF THE EVALUATION PROCESSES AS INTERPRETED BY "THE COMMITTEE ON

GOALS AND PRIORITIES OF THE NATIONAL BOARD OF MEDICAL EXAMINERS." DEALING WITH MEDICAL EDUCATION WITHIN THE CONFINES OF THE INSTITUTIONAL SETTING, WE FIND A WIDE RANGE OF SOPHISTICATION AND UNDERSTANDING OF THE TOTAL EVALUATION PROCESS. IT HAS ONLY BEEN IN RECENT YEARS THAT MORE AND MORE MEDICAL SCHOOLS HAVE BEEN MOVING TOWARD THE USE OF EXPERTS IN VARIOUS PROFESSIONAL FIELDS OF EDUCATION TO ASSIST IN THE VERY DIFFICULT TASK OF EVALUATION.

TO THIS DATE, OBJECTIVE EVALUATION IS, FOR THE MOST PART, PERFORMED IN THOSE AREAS WHERE A DEFINITIVE SET OF CRITERIA MAY BE ESTABLISHED. THIS INVOLVES THE SPECIFICATION OF ENABLING OBJECTIVES AND SOME FORM OF STANDARDIZED TESTING PROCEDURES TO DETERMINE WHETHER SPECIFIED OBJECTIVES HAVE BEEN REACHED. A MASTERY OF A LEARNING SYSTEM AND CRITERION REFERENCE TESTING ARE WELL SUITED TO THIS END. THIS IS TO SAY THAT THE BEST RESULTS ARE TO BE EXPECTED IN THOSE AREAS OF THE CURRICULUM WHERE CRITERIA FOR SUBJECT MASTERY BASED ON A DEFINED DOMAIN OF KNOWLEDGE HAVE BEEN PREPARED RATHER THAN ON THE BASIS OF PEER COMPARISON. CONSEQUENTLY, THE DIDACTIC PORTIONS OF THE BASIC AND CLINICAL SCIENCES HAVE MADE THE GREATEST STRIDES FORWARD IN ESTABLISHING EVALUATION PROCEDURES.

INTERNSHIPS, CLERKSHIPS, WARD STUDIES, AND THOSE ASPECTS OF MEDICAL EDUCATION WHICH DEAL WITH THE SUBJECTIVE AREAS OF

JUDGMENT AND PREFERENCE ARE OBVIOUSLY LAGGING FAR BEHIND IN THE DEVELOPMENT OF EVALUATIVE SCHEMES.

IT SHOULD BE NOTED THAT UNTIL SUCH TIME AS DEFINITIVE CRITERIA CAN BE SET UP, EVALUATION IN THESE AREAS WILL ALWAYS BE SKETCHY.

STILL ANOTHER ASPECT OF MEDICAL EDUCATION EVALUATION THAT IS RECEIVING ATTENTION AND BEING CONDUCTED IN MANY OF THE NATION'S MEDICAL SCHOOLS IS THE LONGITUDINAL STUDY, IN WHICH DATA ARE GATHERED ON A LONG-TERM BASIS IN AN ON-GOING EVALUATION. AT PRESENT, THE LONGITUDINAL STUDY IS BASICALLY A SOCIOLOGICAL SURVEY THAT TAKES INTO ACCOUNT A MULTITUDE OF FACTORS DEALING WITH MEDICAL STUDENTS AT ADMISSION TIME. THE STUDY GENERALLY FOLLOWS THEM THROUGH UNDERGRADUATE MEDICAL EDUCATION, THROUGH THE INTERNSHIPS, THE RESIDENCY, AND INTO PRIVATE PRACTICE. AS IS OFTEN THE CASE IN LONGITUDINAL STUDIES, IT IS UNFORTUNATELY TOO EARLY TO DRAW ANY BUT THE MOST TENTATIVE OF INFERENCES FROM THESE EVALUATIVE DATA.

IT IS ESSENTIAL THAT DURING THIS PERIOD OF EDUCATIONAL CHANGE WE BEGIN TO UTILIZE THE AID OF EDUCATIONAL PSYCHOLOGISTS AND OTHER EXPERTISE TO DEVELOP VALID METHODS OF EVALUATING WHAT WE ARE DOING. FROM MY OWN REFLECTIONS ON THE SUBJECT THIS WILL NOT BE AN EASY TASK. WHO IS TO SAY WHAT CONSTITUTES A "GOOD PHYSICIAN"? DOES ACADEMIC PERFORMANCE ALONE MAKE A STUDENT A FINE DOCTOR? DOES

TODAY'S EDUCATIONAL PROCESS TRULY PROVIDE THE STUDENT WITH THE NECESSARY TOOLS TO PRACTICE CONTEMPORARY MEDICINE OR ARE WE FOOLING OURSELVES? LEAVING THE QUESTIONS OF BASIC MEDICAL EDUCATION ASIDE THERE ARE MANY OTHER VALID CONCERNS EXPRESSED BY SCHOLARLY INDIVIDUALS. THESE INCLUDE WHETHER OR NOT THE PRESENT COURSE OF STUDY ENCOURAGES SPECIALIZATION AND DISCOURAGES THE DEVELOPMENT OF PRIMARY PHYSICIANS? ARE WE IN THE ACADEMIC HEALTH CENTERS COGNIZANT OF ALL ASPECTS OF THE MEDICAL SCENE THAT HAVE LITTLE TO DO WITH HEALTH CARE PER SE? SHOULD WE ACQUIRE THIS INFORMATION AND DO WE HAVE A COMMITMENT TO TRANSMIT THIS INFORMATION TO OUR FUTURE PHYSICIANS? OBVIOUSLY THESE ARE JUST A FEW EXAMPLES OF THE COMPLEX QUESTIONS THAT MUST BE ANSWERED BY OUR NATIONS MEDICAL SCHOOLS. OUR SCHOOL OF MEDICINE HAS INITIATED LONGITUDINAL EVALUATION OF BOTH THE THIRTY-THREE MONTH CURRICULUM AND THE NEW PH.D. TO M.D. PROGRAM. ALTHOUGH IT WILL TAKE FIVE TO TEN YEARS TO COMPLETE THESE EVALUATIONS, I AM HOPEFUL THAT WE CAN MAKE SUBSTANTIAL INROADS INTO THE PROBLEM AND DETERMINE THE STRENGTH AND WEAKNESSES OF THE CHANGES THAT ARE PRESENTLY BEING MADE IN OUR EDUCATIONAL PROCESS.

THIS INFORMATION COULD BE USEFUL TO OTHERS - PERHAPS HERE ALSO.