Incremental Improvement In Medical Education Is Not Enough

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Going to a new medical school working its way through the accreditation process is, by design, a bit of an experiment. A school wants to establish itself as distinctive, but in the end, it seems that doing anything radical is out of the question. The drive to conform to professional standards and expectations is a good thing. It generally prevents schools from bilking students of grand amounts of money while leaving them unprepared for their respective board exams, and ensures that they are able to find placement in residency programs. However, there is an unexpected side.

The good intentions we have to protect students lead us to retain many parts of the old model, regardless of whether it is crucial to learning medicine or practicing it safely. In the end, out of fear of eliminating waste, coupled with a strong desire to add real value to the curriculum, schools give but rarely take away. The incredible explosion of biomedical knowledge over the past decade means that schools ask each successive class of students to absorb more knowledge. They ask us to accomplish more with less, and to do it in less time.

An excellent example is the addition of computer-based learning assignments to the clinical curriculum. Students on clinical rotations, especially in community-based clinical settings, usually attend 40 to 50 hours a week. Asynchronous learning assignments can take a significant amount of additional time. As other assignments are added, we can rapidly reach the point where the simulation, scenario, or case study takes the place of the patient contact—exactly the wrong direction that we want to go. We want the study to complement and strengthen the patient encounter, not reduce it to a case on the computer.

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