



with them was a blow, but Memorial recovered by looking elsewhere for students. It worked out a deal with New England administrators and has recruited 15 students from the US, each paying \$30 000 per year.

Memorial also has a medical student from Sri Lanka.

But the university's major crisis may be one of identity. Since the first students were admitted in 1969, the mandate of Canada's youngest medical school has been to pro-

## Changes in health care are changing the face of medical education

Remember the cough-medicine commercial in which the seasoned physician is teaching the fine art of medicine to a pack of students trailing him through the wards? Medical students at Memorial University know that the real world is quite different.

Like other medical schools, Memorial has been scrambling to keep its curriculum and training methods up to date, and one of the greatest influences has been the radically changing face of health care itself.

As Dr. Ian Bowmer, the dean, puts it, the hospital environment that his generation encountered in the 1960s simply doesn't exist today. "The patients who used to be admitted to hospital were, for example, convalescent heart patients who would have loved to have seen a student at the bedside because they were bored and feeling relatively well, and this was an enjoyable experience for both people. The students didn't feel as though they were intruding into the care too much and the patients enjoyed it because they got additional attention, and sometimes things were found that had been overlooked."

Now most postoperative patients are sent home and hospitals — in Memorial's case, the General Hospital, the province's largest — can't provide the same basis for training. "We now have patients who are much sicker and they are not as tolerant about having students present," Bowmer says. "So we've had to find other ways to teach basic clinical skills."

Dr. Carl Robbins, a former head of family-medicine training who now looks after postgraduate medical education as well as Memorial's world-renowned telemedicine centre, says a shift in style has also been needed to keep pace with changes in patients' needs.

"Things have changed . . .," he says. "We should be training our physicians to work in the community, not the hospital. We get them in, jam them into clinical years where they basically chase specialists around and

where they get a view of medicine as a high-tech science that's applied here, within these hospital walls. But that's not what medicine is, or at least not what a lot of medicine is."

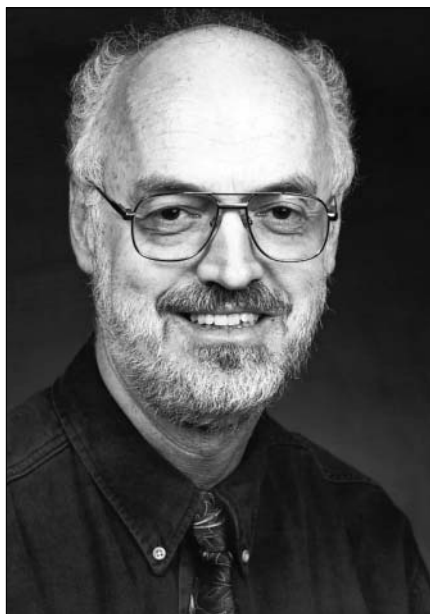
As the vice-dean of professional development, Robbins looks after conventional continuing medical education (CME) programs, but his mission is to offer a broader range of services and training options, including computer skills, time-management strategies and suggestions to cope better with stress.

"It's a step beyond the traditional CME," he says. At his disposal are the resources of the university-created telecommunications system, TETRA, which has drawn attention — and clients — from around the world. Pioneered by Dr. Max House, who was appointed Newfoundland's lieutenant governor in February and received the CMA's Medal of Service in August, the telemedicine system still holds great potential for keeping rural physicians abreast of medical advances. Robbins also points to the centre as a potential economic engine for Newfoundland.

"Coping in a remote or rural environment is becoming a big deal on a lot of fronts," he says. "If we can show that we can do this reasonably well and efficiently, we can be a world player."

Inside the medical school's walls, a shift in philosophy is also under way, as today's students are being taught to discard some long-held assumptions about treatment. Today, greater emphasis is placed on outcomes and critical-appraisal skills, and less on structures for delivering care.

In developing CME programs for a new breed of physicians, Robbins is optimistic about what this generation will bring to medicine. "You're going to find a generation that changes medical practice fairly radically. These physicians are going to be very change oriented and will challenge a lot of sacred cows."



**Dr. Carl Robbins: new doctors "will challenge a lot of sacred cows"**