

## AN OVERVIEW ON MEDICAL EDUCATION

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We would like to congratulate Dr. Paulo C. Campos for his extensive dissertation on "Medical Education, Past, Present and Future". We also congratulate UP College of Medicine for adapting its Medical Foundation program in such manner as to be an effective instrument in providing health care to our people. Its programs and innovations can serve as models for other Medical Institutions.

I have here with me a videotape on Medical Education in the UST Faculty of Medicine and Surgery, past and present. I wonder if time will allow us to view it.

But what about our projections for the future?

In April 3-7, 1997, all Department Chairs of the UST Faculty of Medicine and Surgery gathered together for five-day seminar workshop in Calaruega, Batulao, Batangas to contemplate on the destiny of our Medical School in the year 2000 and beyond; to make a forecast on what the vision of our Medical School ought to be for the next millennium, to define its mission and to plot strategies on how to attain them.

Making forecasts with numerous unknowns could be a challenging and provocative experience. Nonetheless, allow me to share with you some of the highlights, which I believe are relevant to our discussions today, which the Calaruega experience brought about:

- I. The principal goal of the Medical School continues to be the maintenance and development of outstanding programs in health sciences in order to advance knowledge judged to be important for the future.
- II. To educate medical students in the most modern aspects of science and practice of Medicine anticipating the indivisibility and interdependence of research and education.
- III. To achieve these goals, there is need to give highest priority to recruiting and retaining the very best and most enthusiastic young minds (both faculty and students) for all active medical specialized areas and other areas we wish to develop for continued evolution and growth.

- IV. The faculty must be convinced that their primary goal and mission is not to provide information but to develop skills, attitudes and study habits to guide students in the learning process.
- V. Student selection must be based not just on academic qualification but on desirable social attitudes, motivation and personal values.
- VI. Passive didactic teaching must be progressively replaced by active participatory learning based on self-initiated study and problem solving.
- VII. In response to the powerful revolution in biology that precipitated the advent of recombinant DNA technology and genetic engineering, oncology, virology and immunology, basic departments will increasingly have to disregard traditional department boundaries in favor of new and interdisciplinary alliances and functional groupings whose versatility and flexibility allow them to focus on novel research projects.
- VIII. Vertical and horizontal integration of basic and clinical departments, of medical and surgical specialization including support services to form new, discrete functional units.
- IX. Traditional departmental boundaries of clinical departments will have to give way to more centralized interdisciplinary units, for both teaching and research, where physician-scientists, regardless of their departmental affiliation, can join forces in using similar approaches to study human biology and sharing with each other recent body of knowledge, research techniques and equipment available. Thus, all of the facilities we have set up – the Molecular Biology Unit, Electron Microscopy Unit, Learning Resources Unit, Clinical Epidermology Unit, the Medical Research Laboratory, the Neuropathology Laboratory, the Mycology Laboratory, should be available to all units and departments.
- X. Since the consensus now is that basic scientists have most of the answers while the clinicians have most of the questions – it is best to develop a program to train physicians conversant with both the new biology and clinical medicine to form physician-scientists.
- XI. Physician-investigators participating in research would retain membership in their parent clinical departments but they would also have the opportunity of being appointed to a basic science department. Recruiting would be a joint responsibility.
- XII. Strengthening of primary-care medicine with the horizontal integration of Family and Community Medicine to such specialties as pediatrics, General

Medicine and General Surgery. Such a primary-care unit or department would be assigned the responsibility for Geriatrics, Environmental Medicine or Ecology, Clinical Nutrition and Epidemiology.

XIII. Revision of the curriculum in a gradual, step-wise manner rather than a sudden and comprehensive revision, at least in the foreseeable future. A sudden, massive revision would generate more heat and polarize the faculty.

XIV. Gradual inclusion in the curriculum of:

A. Oriental or Traditional Medicine:

- Herbal Medicine to be part of Pharmacology -- emphasizing on herbs indigenous in the country
- Practices like acupuncture -- both the Oriental Methodology and the MRA system practiced in the USA, can be explored as to scientific basis.

B. Social Sciences

C. Humanities

XV. Strengthening of:

A. Bioethics as part of the curriculum. (Value education shall be the responsibility of Bioethics.)

B. Health Sciences Research Management Group and the various Research Laboratories now existing

- Molecular Biology Laboratory
- Learning Resources Unit
- Electron Microscopy Unit
- Clinical Epidemiology Unit
- Neuropathology Laboratory
- Infectious-Tropical Diseases Laboratory, as part of the
- Medicine Research Laboratory
- Mycology Laboratory

C. Medical Library

D. Faculty Development Program

E. Continued Medical Education Program

F. Computer system and computer-assisted teaching

G. Internet – the present volume of knowledge and data gathering can be facilitated by these modern technologies advances.

XVI. Setting up of facilities for:

- A. Distance Education through Tele-Medicine for an on-the-spot exchange of knowledge and expertise. This facility would allow the faculty and students to interact and discuss with Medical Centers abroad the latest developments in Medical Science, to gather more information for research, and to observe the latest techniques in medical practice through video screens.
- B. More outreach stations like the one we have in Sapang Palay -- the San Martin de Porres Community Center.

XVII. The University Hospital remains an essential tool and laboratory for Medical Education. It must be strengthened to make it a more appropriate place for the student learning process. This, however, shall be supplemented by more exposure to community service and rural medicine.

XVIII. Logistics or funding of the Medical School remains a big problem particularly since private institutions do not receive subsidy from the government. The only source is the tuition fee, which is hardly able to meet the demands of the increasing cost of medical education. This problem, however, has to be addressed by Administration, whether through Foundation, Alumni, Benefactors, Supporters, etc.

XIX. A review of the system of rewards or incentives for faculty.

XX. Incentives for good and deserving but financially depressed medical students through more scholarships.

XXI. Our vision for Medical Education in the next millennium:

A deep and fruitful integration of basic and clinical medicine; a gradual adaptation of the curriculum to reflect the realignment of scientific and clinical specialties; and a value system mandating that growth and expansion be invariably linked to maximal intellectual and educational returns.

Difficult as these proposals may seem, they are stepping-stones to the future. We anticipate that by year 2000 and beyond, economic and societal pressures, if not expediency, will have brought about many of these changes.