

## MEDICAL EDUCATION AND HARD SCIENCE

Medical education in Australia is a work in progress. Self-directed and problem-based learning have all but displaced didactic teaching. Some of our medical schools are now graduate-entry entities, and all have changed their entry requirements to a combination of academic excellence and performance at interview.

Curricula have been trimmed and made more cohesive. The hard sciences — anatomy, biochemistry, physiology, pathology, pharmacology and microbiology — now make room for behavioural and social sciences. These changes have been made to produce “a well-rounded professional [who] demonstrates: knowledge, clinical competence, lifelong learning, evidence-based practice, interdisciplinary teamwork, balance between disease management and disease prevention/health promotion . . .”\* as well as communication skills and compassion!

But what do doctors think of all this?

Medical students in the UK and Australia have called for *more*, not *less*, hard science. At a crowded session at the national conference of the Royal Australasian College of Surgeons, a plenary panel of academics and surgeons lamented the downgrading of anatomy in medical courses and called for its revival, and a medical student’s account of his limited exposure to anatomy, his questioning of social sciences, and his sharing of the charades of problem-based learning was followed by thunderous applause clearly reflecting the audience’s sentiments on modern medical education.

Accommodating the wishes of medicine’s many splinter groups is unrealistic, but academia needs to consult with the profession more widely and counter the scepticism with solid educational evidence garnered not with soft but hard science.

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\* <[www.hc-sc.gc.ca/hppb/healthcare/pubs/social\\_accountability/index.html](http://www.hc-sc.gc.ca/hppb/healthcare/pubs/social_accountability/index.html)>

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