

E D I T O R I A L

THE TEACHING SYSTEM AT HACETTEPE FACULTY OF MEDICINE

Effect Of New Trends In Medical Education

Ihsan Dođramacı, M.D.

Medical education programs have been improved considerably during the last fifteen years. The rapid growth of medical knowledge and the impossibility of a student absorbing all this knowledge, have made changes in both content and methods imperative. In spite of improvements, however, many medical schools still offer more than the student can absorb, while the student continues to reproduce in examinations the material he has been able to memorize so that he will obtain his degree. Much of this material is forgotten shortly afterwards. Even the best students have had little time during their training to acquire the habits of research and independent thought. Nor have they been able to keep up with the flood of new ideas in the medical field. Unless a doctor continues abreast with advances in medicine, he will be years behind the times at the turn of the decade.

Faced with these overwhelming problems, medical educators have devised programs that stress the basic knowledge and skills necessary to all doctors, develop skill in research, teach methods of attacking new problems independently, and encourage continuing self-education after graduation. Coordination within and between departments is carefully planned and the student is presented with a related body of knowledge.

In a developing country such as Turkey, the doctor has an additional responsibility. He is often the leading educated man in his community, and is called upon for many reasons unrelated to health or sickness. Our medical schools must prepare the student by developing in him appropriate attitudes and methods of handling this special role.

The School of Medicine of Hacettepe Faculty of Medicine and Health Sciences has undertaken to meet the demands of medical education by taking the following steps :

1. *Multi-discipline laboratories.* Our Basic Sciences building, to be ready for occupancy the summer of 1964, will provide individual laboratory space for each student. Each laboratory will have basic equipment (including a microscope) necessary for all laboratory work except gross anatomy. Each student will work at his own laboratory unit. Instructors in the laboratory courses will visit the students, check their work, and make additional assignments for those who complete required work in time. Special equipment for independent research will be available to the student on request.

2. *Organization of the departments.* Often, the autonomy of the various departments within a medical faculty means that interdepartmental collaboration is dependent on the whims of the various department heads. We hope to avoid this problem by having three chairmen each of whom will direct one of the following: Basic Sciences, Clinical Sciences, and Community Medicine. The Basic Sciences comprise: 1. anatomy, including histology, embryology and neuroanatomy; 2. biochemistry; 3. microbiology, including parasitology; 4. pathology, including legal medicine; and 5. pharmacology. The Clinical Sciences comprise: 1. medicine, including dermatology, neurology, and physical medicine and rehabilitation; 2. obstetrics and gynecology; 3. pediatrics, including contagious diseases; 4. radiology; and 5. surgery, including anesthesia, child surgery, thoracic surgery, neurosurgery, orthopedic surgery, plastic surgery, ophthalmology, otolaryngology, and urology. Community Medicine comprises: 1. psychiatry; 2. preventive medicine; 3. general practice; 4. rural health; and 5. biometry. Committees from the sub-departments organize instruction within the subject area.

In planning for this new school, we have been largely inspired by the results of the system used at Western Reserve University School of Medicine. We will organize our curriculum and adopt teaching methods similar to theirs. Two of the most outstanding features of the Western Reserve system have been mentioned above. Others include provision for free time for the student so that he can carry out special projects of his own; clinical experience for the student during his first year of study; close personal contact with a physician who guides the student in clinical science; and provision for guided research in long-term projects. The five year course of study is divided into four phases, the first of which concentrates on the basic sciences and understanding the normal biologic aspects of man. Phase II stresses the mechanisms of disease

and the various ways of controlling and preventing illness. During both of these phases, the student will see patients and be guided in their care by his «preceptor». Continuity of instruction will be provided by the subject committees who plan the student's program throughout. In phase III, the student spends most of his time with patients, works in clinics and is responsible for the care of those patients assigned to him. With his preceptor, he deals with serious cases, and in the Group Clinic, he deals with a wide variety of illnesses. Provision is made for specialty training at the end of the third phase. Phase IV is devoted to internship in pediatrics, medicine, surgery, obstetrics and general practice. Throughout the program, the student has been encouraged to use his free time to explore fields in which he is interested.

We feel that such a system will improve medical education at this newly established teaching center.