



COUNCIL RECEIVES REPORT OF COMMISSION

ENDING THE ANACHRONISM?

The Final Report of the Commission on Medical Education and Quadrennium Plan (1974-78) was endorsed by the Medical Society Council in the Third Council Meeting on March 14, 1972 but with the exception of Item 2 in Section V. The Council's provisional stand in regard to this is that a multi-rotational housemanship be recommended. Whereas for the length of the housemanship (i.e. 1 year or 2 years), the Council has appointed Miss Rebecca Wang of the Fourth Year to prepare another questionnaire to solicit opinion on this. The following is the abstract of recommendations presented by the Commission.

ABSTRACT OF RECOMMENDATIONS

The Commission has suggested the following recommendations.

1. Student representation in all university affairs concerning students.
2. Multi-rotational system of Housemanship.
3. A rearrangement of present elective period in a revised schedule.

4. A new examination system for evaluating the progress of students.
5. A new arrangement of the paraclinical subject in the schedule.
6. A better schedule for the surgical specialties of Radiology and Orthopaedics.
7. Less emphasis on details for anatomy.
8. More clinical Biochemistry.
9. Introduction of Liberal Arts subjects.
10. A limitation on the duration of preclinical years.
11. Assistant houseman.
12. More wards in Queen Mary Hospital.
13. Establish a government sponsorship of medical education.
14. More audio-visual aids for teaching.
15. Extension of Library hours during summer holidays.

The Final Report will be presented to the Dean in the Dean's Undergrad Committee Meeting on March 17 for his reference.

FINAL REPORT OF COMMISSION

Section I Aim of the commission

In view of a proposed Second Quadrennium Plan for 1974-78 academic years of the Hong Kong University, the Medical Society decided to set up a commission for producing a draft of reform of the Medical Faculty, to be handed in for reference in the preparation of the Second Quadrennium Plan. The commission is composed of five council members and five class representatives, one from each of the five classes.

The aims of the commission are twofold:

1. To review the present medical education with possible recommendations for improvement.
2. To make suggestions to the University Quadrennium Plan (1974-78).

Section II The working schedule

The nature of meetings of the commission is reported below:

Date	Nature of meetings
Feb. 1, 1972	Preliminary discussions on the aims, methods of study and working schedule. Informal assessments on the previous reform prior to the First Quadrennium Plan and their outcome.
Feb. 8, 1972	Revision of the working schedule. Preliminary outline of questionnaire. Assignment of separate group study by the commission members on <ol style="list-style-type: none"> i. the items related to the Medical Faculty in the First Quadrennium Plan (1970-74). ii. the report from the Royal Society on medical curriculum, iii. comparative study on foreign medical curriculum.
Feb. 13, 1972	Completion of designing survey questionnaire. Questionnaire were distributed around Feb. 21, 1972 and collected by Feb. 26, 1972.
Feb. 26, 1972	Preliminary analysis of questionnaire data.
Feb. 28, 1972	Discussion on evaluation of the data.
Mar. 4, 1972	Conversion of the raw data into percentages. Discussion on the percentages. Assignment of staff interviews.
Mar. 11, 1972	Final analysis and summary. Drafting of final report.

Section III Questionnaire and results

(This has already been published in the March issue of Caduceus.)

Section IV Analysis of results

The following analysis is based on the questionnaire (see the March issue of Caduceus for full detail). Only those data of comparative significance are pointed out below. Numbers in the far left column refer to the questionnaire numbers as in Section III.

1. Impression on courses
Not satisfied: Psychology (62%), Sociology (60%), Preventive and Social Medicine (54%), Statistics (51%).
Overwhelmingly satisfied: Pathology (97%), Obstetrics and Gynaecology (97%), Medicine (90%), Pharmacology (90%), Forensic Medicine (89%).
N.B. The course of sociology was introduced by the First Quadrennium Plan (1970-74)
2. Only about 30% of returns considered that the present preclinical subjects do not give adequate understanding of basic principle.
3. **Undue emphasis on details:** a majority (60%) thought that Anatomy does give, while a significant proportion (40%) considered Biochemistry and Physiology do so.
4. 68% and 79% of the **clinical** students regarded that Anatomy and Biochemistry are **not well adjusted** for clinical practice respectively. Only 50% for physiology.
5. A majority (57%) preferred that the duration of the present preclinical subjects should remain as 5 terms.
6. A majority found time profitably spent on practical sessions in the pre-clinical subjects (about 60%)
7. **Overwhelming majority** (94%) asserted that a brief introduction on important features before every dissection practical of Anatomy is very beneficial.
8. 66% liked the addition of Philosophy course in the preclinical years. A substantial number suggested the addition of Medical Ethics.
9. Only the answers of 4th and 5th years were counted. **A great percentage** (85%) hoped that the present surgical speciality of **orthopaedics** to be spread throughout the junior, senior and speciality clerkships.
10. 92% thought that an **elective period is desirable**. A majority (57%) preferred the commencement of the elective period **immediately after senior clerkship**.
11. A high proportion (86%) of clinical students agreed that they should play a more active part, such as an **assistant houseman**, in the management of patients.
12. 83% said that the present system of Houseman should be changed into a **multi-rotational system**. The multi-rotational system should be three 4-months appointments (48%) or four 3-months appointments (52%).
13. Departmental standard of teaching:
Not satisfactory: Preventive & Social Medicine (65%), physiology (52%), Anatomy (44%).
Satisfactory and very satisfactory together: Obstetrics and Gynaecology (100%), Medicine (95%), Pathology (88%), Surgery (85%).
14. A **great majority** (83%) thought that **evaluation of staff and courses**, e.g. by grading system, will be helpful in promoting the standard of teaching.
15. **More audio-visual aids** are needed in teaching: closed circuit TV (92%), video-tape (89%), tape-recording of lectures (74%).
16. **More government wards** in Queen Mary Hospital be open for clinical students (89%).

Continued on Page 2

Continued from Page 1

17. **Less emphasis on the M.B. Examinations** (89%). The M.B. exams should be supplemented by both continuous assessment and term tests (60%).
18. **More multiple choice** questions in exams. (79%)
19. **Attitude of staff to students:**
Friendly: Pediatrics (58%), Microbiology (58%), Pathology (54%), Obstetrics and gynaecology (51%)
N.B. Students are dissatisfied with the contemptuous attitude of some of the staff of the **clinical departments**. Students feel that the staff-student relationship should be based on **mutual respect**.
20. **Ways of improvement on the staff-student relationship:**
 - a. More informal bilateral extracurricular activities such as tea party, joint discussions on various non-medical topics, friendly matches in sports and recreational games, picnics and staff-home visit, etc.
 - b. Besides the students, the **staff** should take **initiative** in encouraging such activities.
21. A great majority (95%) thought that students should be represented in the Faculty Board.
22. 69% would like to be the representative if the chance is available.
23. A large majority (77%) hoped that the hours of the Medical Library during the summer vacation be **extended to 11.00 p.m. daily**.
24. 93% favoured the provision of **nonmedical magazines** in the Medical Library.
25. 88% felt that drinking water fountains should be provided in the Medical Library.
26. 80% favoured the proposed **government sponsorship** of medical education.
27. A great majority (93%) regarded student representation in the Curriculum Revision Committee of the Faculty Board is one way of implementation of the above proposals.

SECTION V

COMMENTS & RECOMMENDATIONS

1. Student representation

Student representation in all decision making boards of the university such as the Faculty Board and Curriculum Revision Committee is recommended on the ground that students are part of the university and are entitled to know all university affairs concerning them and to have a direct channel of expressing their views.

Opponents argue that many administrative decisions are irrelevant to students, certain discussions in policy-making are confidential, and a sufficient knowledge and experience resulting from a long, close association with the decision making boards may be required. Moreover the energy and time involved will be very demanding for full-time students to carry their dual roles efficiently.

However, students are educated enough to assess the relevancy of a university policy or issue. They must have the access to such boards to know what is going on before they can decide the relevancy of the issue. The student representative should be responsible enough to keep secret of what are actually confidential.

As to the matter of knowledge and experience, the students, as a fresh intellectual, are more flexible towards the opinions of others such their peers, their teachers or alumnus. This attitude will help the student representatives in grasping and evaluating a situation despite their slight inadequacies as mentioned. As far as energy and time are concerned, any responsible student representative should expect such challenges and this matter is entirely personal. The university authority should not exclude student representation by asserting that there are no suitable candidates.

The Commission understand that student representatives form only a part in any decision making boards involving the university as a whole. Such representation may not be influential to be effective. However it is of utmost importance to have student representation as channels of expression and communication. To maintain the democratic spirit of a university, it is therefore recommended that student representations be of the first priority of this report of recommendations.

2. Multi-rotational housemanship

A multi-rotational housemanship within one year is not workable after careful consideration and consultation with staffs. But it is strongly recommended that a two years' multi-rotational housemanship should be worked out. This would allow students more exposure to different clinical specialties and more flexibility in choosing a specialty. The salary for houseman in such new system should be the average of that of the present houseman and first year Medical Officer. Another advantage is that more graduates will be retained in the government wards to serve the patients. One must prepare to create more posts for the houseman if such system is going to work.

N.B. Item 2 is not endorsed in its entirety by the Council for lack of student opinion. The Council's view is that a multi-rotational housemanship be recommended and another questionnaire be prepared to find out the students' view of the housemanship's length.

3. Elective period

An elective period is essential. However the present elective period is not fully utilized because it is too near the Final M.B. Exam. Should it be placed in a more appropriate time many students could be much benefited. A re-arrangement of the five years' schedule with the elective period immediately after the Senior Clerkship is suggested. (See Table)

4. Examination system

A continuous assessment by tutors may involve personal prejudice and need more qualified staffs. However the assessment of progress by written term tests should deserve a small percentage in the student's academic record other than the degree examinations. The percentage should be at least not more than 30% so that the students are not under continuous tension yet cautions in study. Furthermore the degree examinations will no longer be completely decisive. It is therefore recommended that short term tests should be supplemented to all degree examinations. A combined format of multiple choice and essay type questions should be widely used in both short term tests and degree examinations.

5. To ensure less overlapping between the paraclinical and clinical subjects, the paraclinical subject of Pharmacology can be shortened to two terms. According to the suggested schedule in previous item (3. elective period), Pharmacology in the 2nd M.B. Exam can be held in September and Pathology and Microbiology in Jan. (i.e. move the present 2nd M.B. Part I forwards 3 months earlier). It is also workable in the present schedule. Pharmacology Exam. can be held in Dec. and Pathology and Microbiology in April.
6. **Radiology** in the present course of surgical specialties should be taught in Junior Clerkship. The clinical teaching of **Orthopaedic surgery** should be distributed in the Senior and the Specialty clerkships. The clinical teaching of the present surgical specialties course are not satisfactorily distributed. For instance, the clinical teaching in orthopaedics; diseases of ear, nose, and throat; radiology; venereal diseases; ophthalmology and anaesthetics are all crowded into the ten weeks of Surgical Specialties Clerkship.
7. **Less emphasis** should be put on **details of gross anatomy**. Most questions in the present viva mislead students to place emphasis on details. The present 4 practical dissection sessions per week can be reduced to 3.
8. The **Biochemistry** course can be more adopted to **clinical practice** without loss of academic interest. More **modern equipments** should be installed.
9. Addition of courses in **Philosophy** and **Medical Ethics**. Both staffs and students strongly favor such addition to broaden the scope and modify the integrity of medical students. The present courses in Sociology and Psychology should be carefully planned.
10. **The duration of preclinical study should not be extended**. It is quite good enough for the training of medical practitioners. However courses leading to the Degree of Bachelor of Medical Sciences should be open for medical students who are interested in academic career.
11. **Assistant houseman**
It is recommended with enthusiastic support of students (86%) that students should take a more active part in the management of patients such as an assistant houseman.
12. Owing to the present inadequacy of patients for the increased number of clinical students, it is **urged** that immediate effort should be made by the Medical Faculty with Queen Mary Hospital to open more government wards.
13. **Government sponsorship**
A government sponsorship of the entire medical education at around \$5,000 per year for needy medical students in return for a three years' contract as a medical officer is welcome by both staffs and students. This scheme will provide financial assistance to needy medical students while provide more medical graduates working in government units. It is highly recommended that arrangement should be made by the Medical Faculty with the government.
14. Besides the request of more audio-visual aids for teaching, a centralized department of audio-visual aids for education is recommended for the ultimate efficiency and cost reduction.
15. In view of general consensus, it is strongly recommended that the Medical Library hour to be extended from 9.00 a.m. to 11.00 p.m. daily during the summer vacation.

TABLE. ITEM 3. SECTION V

Present Schedule		Proposed Schedule
Oct. to Nov.	1st year, 1st term	Oct. to Nov.
Dec.	Holiday	Dec.
Jan. to Feb.	1st year, 2nd term	Jan. to Feb.
March	Holiday	March
April to May	1st year, 3rd term	April to May
June to Sept.	Holiday	June to August
Oct. to Nov.	2nd year, 1st term	Sept. to Oct.
Dec.	Holiday	Nov.
Jan. to Feb.	2nd year, 2nd term	Dec. to Jan.
End of Feb.	1st M.B. Exam.	End of Jan.
March	Holiday	Feb.
April to June	Clinical Studies Start	March to May
July to Sept.	Holiday	June
Oct. to Dec.	Introductory Clerkship	July to Sept.
Jan. to June	Junior Clerkship	Oct. to March
Early April	2nd M.B. Exam. Part 1	Early Jan.
July to Dec.	Senior Clerkship	April to Sept.
End of Dec.	2nd M.B. Exam. Part 2	End of Sept.
	Elective Period (Proposed)	Oct. to Dec.
Jan. to Dec.	Specialty clerkship	Jan. to Dec.
Early Jan.	Final M.B. Part 1	Early Jan.
Jan. to April	Elective Period (Present)	Jan. to April
May	Final M.B. Part 2	May