



Thomas C. Meyer, MD

Developments in Medical Education

Thomas C. Meyer, MD, WMJ Medical Editor

The last time the Journal published an issue on Medical Education was early 1998. Curious, I looked into the content of that issue. There were, indeed, several items of interest. Deans Dunn and Farrell and their associates described several plans for their schools. This issue of *WMJ* reports on the implementation and evolution of some of those plans. Perhaps the most striking relates to the introduction of Information Technology as a required part of the teaching program. Berling and his associates describe how third-year students at the Medical College of Wisconsin (MCW) are now provided with a Personal Digital Assistant (PDA) that has multiple functions, one of which consists of programmed guidance in the management of such common entities as hypertension, a “cardiac murmur form,” and community health resources. At the same time, the PDA contains the Medical Student Clinical Experience Log, designed to monitor the clinical experiences students have in their widely separated and differing clerkship situations.

Equally, the insurgence of computer-based learning occasioned a deeply-felt Guest Editorial by Doctor Scheckler decrying the suggestion that the cadaver of first-year Anatomy can be superseded by a three-dimensional computer program.

The 1998 promise that the admissions process was undergoing scrutiny is supported by Dr Albanese's outline of the student responses to changes in the University of Wisconsin's admission interview process. The changes are designed to make it a

more of a recruitment/decision-making tool—a timely response to the declining application pool.

Less direct relationships between the two medical education issues of the *WMJ* are found in Doctor Burns' et al. description of the incorporation of a Geriatrics emphasis throughout the MCW medical school years. The emphasis on healthy aging (87-year-old marathon runner and 97-year-old “Volunteer of the Year”) was especially appealing to one dealing with “creeping decrepitude” of advancing age. The authors' description of “virtual patients” who are destined to age 20 to 30 years as the students meet them serially each year of the curriculum sends a strong message relating to continuity of care.

We were pleased to receive the report from Doctor Simon and his associates about the program involving Standardized Patients (SPs) and their increasing role in teaching and assessing students in the crucial skills of communication, data collection and physical examination. The concept of “OSCEs” (Objective Structured Clinical Examinations) may be new to most of us, but they have been deemed sufficiently important to become part of the National Board examination in 2004. These would not be possible without SPs.

MCW's program to reward volunteer clinical faculty provides reassurance that medical schools do indeed value the considerable contributions of volunteer faculty. While the principal rewards of their teaching lie in the interactions with very bright young people, any effort by the institutions to acknowledge their contri-

butions is most welcome. Doctors Turkal et al report the 25 years of partnership experience between an academic medical center and an integrated health care delivery system. They outline the many benefits and disadvantages of such partnerships and conclude that such arrangements are mutually beneficial but require constant nurturing. Doctor Kochar et al provide a description of an innovative leadership program designed to introduce the medical faculty to the reality of the business of medicine. Taught by the faculty of the Business School and the Medical School, the program could influence the school's curriculum in the years to come. Doctor Kochar's second contribution to this issue is a thoughtful discussion of the increasing strains imposed on the residency training programs by fiscal, educational and humanitarian interests and some possible initiatives to accommodate these interests.

Finally, Doctor Binkley and his colleagues reassure us that we seem to be reasonably knowledgeable about male osteoporosis and Doctor Beasley outlines for us the current and projected roles of the Society's Council on Medical Education. This issue also features Resolutions, Board Reports and Awards from the Wisconsin Medical Society's 2003 Annual Meeting, along with the Society's revised Constitution and Bylaws.

We salute both medical schools for their interest and dedication to the educational process in the face of the many pressures that beset academic faculties and their administrations and look forward to learning of their future achievements.



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