Reflections on a Medical Education System in Evolution

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Preamble: Changing Times

Nothing is permanent, and nothing stays perfectly still. Life and society undergo a dynamic evolution and changes unfold inexorably onward. So does medical education. While the need, the mission of fostering future generations of doctors to serve and enrich this noble profession have always been the theme of medical education, the perception, the objectives, the methodology and instruments of teaching have been topics of rediscovery, reinvention, as well as controversial debates. These have been influenced by the accelerated advances in biomedical science and exponential proliferation of information; changing societal and ethical values amongst a background of fluctuating economic ups-and-downs. There is a fear that because of the emphasis and reliance on high level technological devices, that we have been producing doctors who are more like technocrats and they adopt a robotic way of prescribing expensive sophisticated tests and drugs and procedures. These may then erode into the compassion and idealistic humanitarian qualities which underpin the basis of the practice of Medicine. There is also a fear that the delicate balance of entrepreneurial objectives and altruism has been perturbed by the zest for materialistic considerations and that patients might be regarded as tradable commodities. And in the name of efficiency, we do not listen enough and care enough any more. What is more alarming is that ethical standards may so be compromised.

Can a medical education system be improved so that the medical graduates and ultimately the practitioners of Medicine will attain an Utopian equilibrium? I think not. There are many societal forces that determine and shape the phenotype, choices, and behaviour of the young men and women after they have graduated from medical school. But I think we should try. We must try.

Mission and Principles of Medical Education

The mission of medical education in Hong Kong is to serve the community by educating and training a diverse medical workforce capable of meeting our need for doctors who are engaged in the practice of clinical medicine and particularly family medicine. Included in the workforce are doctors engaged in public health practice, biomedical and health services research, medical education, and medical administration. Although numerically small, medical graduates can have substantial contribution to fields such as ethics, law, public policy, business, and journalism. The medical education system has this unique responsibility to educate and train highly competent medical practitioners. The design, contents and the process of medical education ensure that the graduates acquire and possess throughout their careers the knowledge, skills, attitudes, and values needed for medical practice as members of an interdisciplinary health care team.

In order to achieve this goal, the medical education system must be able to attract and successfully educate a diverse group of learners; to support the health and well being of these learners; and to cultivate mentoring relationships for learners at each stage of their careers. The medical education system is a vehicle to execute the will and the trust of the community. Medical education must be effective, efficient, high-quality and yet affordable. A good medical education provides opportunities for learners to engage in different effective learning experiences throughout their careers.

The medical system must also recognise that learning is not the antiquated classroom learning but to capitalise on the remarkable advance in information technology. Access to information used to be the limiting step in learning and many generations of learners had studiously copied, word for word, the lectures of their professors reading from the notes in a lecture room, dimmed to accommodate the projection of slides. Now, with a click of a “mouse”, anyone can download hundreds of papers, reviews and materials which no one can have the time to deal with, in the current era of information overload. Therefore, the old paradigm of teaching must change to include time and information management. Learning is not the drudgery of memorising isolated facts, but knowledge is acquired by guiding a motivated and inspired mind to seek the appropriate answers. If this skill can be passed on, then learning will become a life long gift and process, and will continue after the student has left the medical school.

To produce practitioners of medicine with excellent competency and professionalism, and who will provide high quality care to the patients, the medical education system must promote a humanistic approach to medicine. In doing so, we should avoid turning the medical school experience into a vocation training centre and have students develop a “tunnel vision” view of their profession and lives. The students must not see only the leaf but not the tree. They should see the tree, the forest, and the interrelationship and interdependence of the forest with the mountains and the streams. To this
end, a broadening of the educational profile including the humanities and liberal arts will encourage our learners to adopt a wider visual field. True education enriches human beings and cultivates a sense of value and identity for the individual, as well as the individual's relationship to others and the community at large. The medical education system should be a patient-centred approach to medical care. The process of education embraces an appreciation of the importance of basic research in the advancement of medical practice. It also generates an understanding of the organisation, financing, and the delivery of health care in Hong Kong, as well as a global perspective on contemporary health issues. In addition to providing the best possible curriculum, learning environment, clinical context and experience, learners are encouraged to broaden their learning experience as an exchange student with a different (overseas) medical teaching institution, preferably in a clinical setting. To appreciate Medicine at a global scale, they must experience being a global citizen. During the course of learning, ethics and legal issue, when appropriate, will be integrated into the curriculum. As a result, the graduates will be able to listen and communicate effectively, weigh quality of life issues appropriately; assess and use evidence critically; apply resources efficiently and effectively; use resources and technologies with sound judgement appropriately. They will also participate in multi-disciplinary and team approaches to patient care, contribute to the elimination of medical errors and improving the quality of health care, and achieve a balance between individuals and population health needs when making patient care decisions.

Medical Educators

In our zest to achieve research recognition, faculty members of medical schools are often directly or indirectly encouraged to focus on their research productivity. As a result, achievements in excellent medical education may be under-recognised. Passion, devotion and commitment to teaching must be rewarded because teaching is a primary mission of the medical schools. It is important for the leadership of any university to realise that excellent teachers are to be recognised and revered.