Learning from the Real World

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To mark the retirement of Professor Stephen Leeder
Abraham Flexner
1910
Johns Hopkins University Medical School

Based in a university

Staff active researchers

Full time Clinical and Basic science appointments

Hospital and University linked under university governance

Strict entry standards, three years college science
Flexner and PBL?

• Out and out didactic treatment is hopelessly antiquated; it belongs to an age of accepted dogma or supposedly complete information, when the professor “knew” and the student “learned”

• The student does not have to be a passive learner just because it is too early for him to be an original explorer
The Biomedical Model or the Humanity of Medicine?

“Such enlargement of the physicians horizon is otherwise important, for scientific progress has greatly enlarged his ethical responsibility. The physicians function is fast becoming social and preventive, rather than individual and curative. Upon him society relies to ascertain, and through methods essentially educational to enforce, the conditions that prevent disease and make positively for physical and moral wellbeing. It goes without saying that this type of doctor is first of all an educated man”.
The original faculty were portrayed as multiskilled escaped convicts who could achieve anything.
Globalisation
Network TUFH
The Karmel Report 1973

- A different kind of medical graduate
- A holistic approach to humans as social beings
- A new school
- Community Medicine
What would Flexner think now?

Problem based learning?
Social Sciences?
Medical Humanities?
Community based medical education?
Professionalism and the hidden curriculum?
Student selection?
Accreditation?
Programmes for indigenous students?
Social Accountability?
Globalisation?
Evidence Based Medicine?
The Doherty Report: Leading to Australian priorities

• Indigenous Health

• Rural Health

• Quality and Safety of Health Care

• Social Determinants of Health and Disease

• Social Accountability
Australian Indigenous Doctors Association
Ilorin

- **C**Ommunity Based Education and Service (COBES)
  
  - Village postings, living in the community for 1 month, starting Term 1, annually, with clinic experience in later years.
  
  - Study Tasks: **mapping of resources**, nutritional assessment, epidemiology of disability, economy of markets, assessment of water use, source of help in illness.
  
  - Communal public health project: clean wells, **clear tin cans**, educate on ORT, Nutrition.
  
  - Rest of curriculum case-linked and integrated.
Guinea Worm
Map 3. Index of multiple deprivation (IMD) score, County Durham & Tees Valley, 2000 (ward boundaries)

Key
- Red: Among the 10% most deprived wards nationally
- Yellow: Among the 10%-50% most deprived wards nationally
- Green: All others
Medicine in the Community

• Eight month weekly attachment to volunteer and other welfare agencies. Examples:

  • Prison
  • Refuge for domestic violence
  • Support scheme for young carers
  • Community mental health resource centre
  • HIV/AIDS support group
  • Patient advocacy group
  • Refugee health system
Social Accountability

“The obligation of medical schools to direct their education, research and service activities towards addressing the priority health concerns of the community, region and/or nation they have the mandate to serve. The priority health concerns are to be identified jointly by governments, health care organizations, health care organizations, and the public.”

Woollard and Boelen WHO1995
Commercialisation of Medical Education?
How wide? Global Governance for Health?
MD Curriculum