

EDITORIAL

BEYOND MEDICAL SCHOOL - TIME TO RE-LOOK?

Zabidi Azhar Mohd. Hussin

**Department Of Paediatrics
School of Medical Sciences, Universiti Sains Malaysia
16150 Kubang Kerian, Kelantan, Malaysia**

In this issue of The Malaysian Journal of Medical Sciences, pertinent points are raised by A. Fuad et. al. In his article entitled “Anticipated difficulties in House-Officership for graduating medical students of the School of Medical Sciences, University Sains Malaysia, Kubang Kerian, Kelantan”. This article deals with the difficulties anticipated by graduating medical students upon entering the period of housemanship. The findings of their study provide no real surprises. Medical graduates rated “communications skills” as the competency they feel that they are least prepared for,

Such a bold study has never been undertaken in Malaysia, although serious concerns have been voiced elsewhere in the world (1,2).

The history of medical education in Malaysia is relatively short. However within a short period of time medical schools have multiplied, both in the public as well as the private sectors. To date there are 6 public medical schools with a total enrolment of almost 4000 students. In addition, 4 private medical schools are also in place with a total enrolment of 2000 students. With the well known problems of shortage of teaching staff in medical schools it is not surprising that many house officers feel inadequate about their inability to communicate effectively with patients. Existing medical schools, boast of their abilities to deliver this important aspect of medical education in the most comprehensive manner. A closer look at each of their curricular however reveals that the real proportion of time devoted to communicating effectively with patients is far from satisfactory. Medical schools tend to push this agenda to the realms of the Department of Family Medicine. More innovative schools would attempt to have a specific course on communication.

Most, however would conveniently push this task to the ever busy clinicians, hoping that whatever ‘insults’ they deliver to patients in clinic settings or at the bedside would not be a sample of “perfect” communication. It is well known that practising physician are themselves ill equipped with these fine skills of communication (3).

Communication in the heterogeneous Malaysian setting involves more than a mere lecture or two on how Dale Carnegie tells us the best way to communicate. Malaysia with its rich customs and traditions and a heterogeneous mix of cultures and religions calls for a tailor-made communication skills module, unique to our own and context setting. It requires a dedicated team of curricular designers. Even so they will need to be aided by competent advisors representing the various sections of our community.

As a medical graduate enters into the real world of medicine, his conduct and competence are in reality unchecked, despite all that are supposed to happen under supervision. A busy General Hospital in Malaysia with a handful of consultants is not the best place for such a puristic approach to continuing medical education. One is tempted to offer a suggestion that in order to address the important concerns raised by Dr. A. Fuad et-al in this issues of MJMS, the period of housemanship perhaps ought to be considered as part and parcel of key undergraduate curricular requirement and supervised by faculty members from medical schools. Housemanship posting in University hospitals or designated General Hospitals built into a 6-year medical programme (rather than the traditional 5 years) would perhaps be timely. As such the current 5-year undergraduated medical training may need to be reviewed.

Correspondence :

Assoc. Profesor Dr. Zabidi Azhar Mohd. Hussin,
FRCP,
Department Of Paediatrics,
School of Medical Sciences,
Universiti Sains Malaysia,
16150 Kubang Kerian, Kelantan, Malaysia.

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