

THE PRESENT METHOD OF TEACHING IN THE DEPARTMENT OF SURGERY*

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The latest catalog of the College states that "the primary aim of the undergraduate instruction in the College of Medicine is to train general practitioners which is in keeping with the contemporary needs and health problems of the country". The curriculum is so designed as to place more emphasis on practical clinical instruction without, however, neglecting the basic sciences. The vertical method which makes possible the introduction of the clinics in the first year also enables the extension of basic sciences instruction to the higher years. Instruction in the department of surgery may be categorized into three levels: The undergraduate, the graduate and the post-graduate. The faculty consists of twenty-nine members classified as one professor and head, one emeritus professor, three associate professors, seven assistant professors of whom one is assigned to anesthesiology, ten non-resident instructors, one of whom is the senior resident and four are in anesthesiology; and seven assistant resident instructors, all of whom are hospital residents.

Considering that the second year is the biggest undergraduate class under the department and it has 112 members, of whom 12 are irregular, this gives a faculty-student ratio of about one to four. Undergraduate pre-clinical instruction is planned to be given in the first year when, at the conclusion of the dissection of a certain region of the body, a lecture is given on the clinical importance of the knowledge of the anatomy of that particular region. I am not fully aware that it is being implemented fully. I know that this used to be given before.

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Undergraduate clinical instruction starts from the second semester of the second year and becomes more intense as one goes up the ladder. Let us look at the relative amount of time allotted:

Of the total 4,592 hours of instruction from the first to the fourth year, only 565 are given to the Department of Surgery, or roughly $\frac{1}{8}$. The number of hours is less than $\frac{1}{2}$ of the 1,153 hours given to the Department of Medicine which is in keeping with the aim of training general practitioners, but at the same it is less than the 672 hours devoted to Anatomy, and a little more than the total time for both physiology (which includes endocrinology) and biochemistry, or the total time for obstetrics, gynecology, and pediatrics. During the second year, the student is taught principles of surgery, surgical diagnosis, minor surgery, and surgical pathology. All of these are given during the second semester. Thus the student spends in surgery 144 out of the total of 565 hours during the second semester which is about 25 per cent. These classes may either be purely lecture as in principles of surgery, lecture-demonstration as in surgical diagnosis and surgical pathology, or actual supervised clinical activity as in minor surgery.

During the third year the student is most heavily loaded with clinical surgical subjects. He is initiated into the various surgical specialties — abdominal surgery, urology, orthopedics, traumatology and thoracic surgery. He spends $\frac{1}{4}$ of his time in the out-patient department and of the total of 1,152 hours during the third year, 237 hours or roughly $\frac{1}{8}$ are in the surgical department. The classes are mostly lectures with demonstrations.

During the fourth year, the student becomes a surgical clinical clerk. He puts to use what he has learned in previous years in actual work at the patient's bedside. He attends rounds, participates in conferences, reports at journal club meetings, and has a more active and direct participation in the care of the patient both in the hospital and in the out-patient department. He is generally attached to a general surgical service, of which we have two in the department, and later to a specialty service in so far as his schedule will allow. He is assigned specific cases which he works up completely

and follows up till the patient is discharged. He spends a total of 8 weeks in the department, this time being equivalent to the whole time he spends in both Pediatrics and Obstetrics and twice the combined time in Gynecology and E.E.N.T., although again only $\frac{1}{3}$ of his time in Medicine.

The fifth year or internship finds the student participating most actively in the actual care of the patient. He spends 60 days in the department which is equal to the time he spends in Gynecology and E.E.N.T., $\frac{2}{3}$ of his time in both the Department of Pediatrics and Obstetrics but only $\frac{2}{5}$ of his time in Medicine. His stay in the department is divided usually between a general surgical service and a specialty service in so far as this is practicable. As an intern, he is assigned to the emergency room and the recovery room, where he learns first-hand about patient care. He has a definite number of beds assigned under his care, and he follows these patients from their admission till they are operated on or finally leave the hospital. He is generally assigned with his resident with whose hospital detail he is usually found, including the inevitable 24 hours duty and emergency or recovery room detail.

Let us consider the manner of teaching — Classes are held either as lectures, lecture-demonstrations or conferences. Lectures are given to the class as a whole either by an instructor or more usually by one of professorial rank. These are mostly didactic and student participation is usually limited. Classroom attendance is usually not checked; a roll call always takes up time; it is often withheld, for it is felt that the time is not enough for the subject to be discussed. Whenever cases are available, demonstrations are given, usually in smaller groups under an instructor or a resident assistant instructor. Occasionally, demonstrations are held at the bedside; more rarely in the dispensary when interesting cases are available for demonstration. Attendance at regular scientific staff conferences and surgical staff conferences are compulsory. In addition, the student has to attend the seminars, and clinico-pathological conferences of the College.

Examinations are generally of the written variety. They are few and far between, usually only a semi-final and the final examinations are given.

How do we find our students? Our students have often been called immature. We even have now more irregular students than I believe we ever had before. Our students are generally a little shy. They will not speak out unless called upon during conferences. It appears as if they prefer the lecture or spoon-feeding method; in fact some have suggested that mimeographed lecture notes be distributed among them.

Let us consider the facilities available. Lecture hall — For the whole class, we use the Philippine General Hospital Conference Room, Guazon Memorial Hall or the Science Hall whichever is available. Smaller conferences are held at the bedside or in any of the small classrooms in the dispensary.

Audiovisual aids are very meager and are usually privately owned by the lecturers. The Department used to own or lay claim to a delinescope or Balopticon, but somehow or other it has lost its claim to even one such projector. Medical photography that is done is purely on individual initiative and thus privately undertaken. There is no respectable museum to speak of, altho from time to time, efforts have been made to establish one. A departmental library hardly exists outside of a few outdated early editions of some books which were left by the Armed Forces nor is there much hope from our Medical Library which does not include any current volumes other than a few surgical journals and books.

Clinical records are kept in the Philippine General Hospital Records and Statistics Section which as we know is under the care of an inadequate number of untrained personnel. Out-patient records are kept either in the dispensary, or in the hospital in case the patient is admitted, under conditions similar to those obtaining in the hospital statistics and records section.

Laboratory facilities for students are at an embarrassing minimum, and this lack of facilities has been cited by students as responsible for fabrication of laboratory results.

Hospital supplies have always been at a minimum as far as patient care is concerned. The ingenuity of an intern who has to dress a patient is often taxed to the limit. He either

has to beg, borrow or steal supplies from the nurse or supervisor of the wards or from other units where he may have found favor before.

Physical plant: We have always taken pride in the physical plant of the Philippine General Hospital. The Emergency Room is quite adequate if only a few cases come at a time. Our operating room, as you know, is at present rather make-shift. It has long been hoped that the recently built annex will be ready for occupancy. Our Out-Patient Department has a building big enough for its patients but is rather short on supplies.

In the main, our students really receive instruction rather than education. Information is packed into them rather than having their talents drawn out. In the graduate level of teaching we have a residency program. Residents usually serve a period of five years, subject to annual reappointment, during which time they receive graduated instruction in surgical care of patients. Increasing responsibilities are given them and in their last two years of training, they serve as Junior Consultant Surgeons of the Philippine General Hospital. They stay a year or so in the basic sciences, 6 months in pathology, about 3 months in anatomy or physiology or biochemistry or pharmacology, according to his choice. During this period he undertakes his own studies, altho not frequently his energies may be commissioned to help teach undergraduates in the basic sciences. They make their regular ward rounds usually with interns and clinical clerks. They are joined by the non-resident members of the staff in their rounds. They attend the various staff meetings and conferences of the department if they can find time away from their hospital duties. Research is carried mostly on their own initiative. Occasionally, they help in whatever research is being conducted by others in the service to which they are connected. Actual operating room experience is allowed them on a large scale, at first only assistive in nature, later on supervised and finally wholly on their own.

Postgraduate level: There is one assistant professor and one resident in the department who are staff members of the postgraduate school. Most of the professors are ranked as

Professorial Lecturers in the postgraduate school while three of the instructors are ranked as Lecturers. The Professorial Lecturers and the Lecturers of the postgraduate school had at one time or another been sent to conduct postgraduate assemblies in the provinces. No planned short term postgraduate course has been given by the department in recent years.