From the Editor's Desk

Our cover for this issue of the Medical Journal by Catherine Cagniano, Meds '92, is probably a reflection that had one feels after hour 7 in UH B. Other reflections on life in all 4 years of medicine can be found on the facing page "Class Reports." Below, Connie gives us (males, that is) some insight into what a female medical student goes through. This is perhaps reinforced by male students when we remember how the 'cute' comments about the 'clinical clerk' became increasingly grating as time went on.

I sit here penning this editorial on a relatively quiet night on call - so far - reflecting on the tragedy in Montreal and the subsequent controversy which followed. When I first heard about the mass execution - the third greatest number of deaths in North America, I was absolutely stunned by the horror, and chilled to the bone. A knee-jerk reaction? I don't deny it. My initial thought was that this man - insane as he may have been - had probably blamed women for taking an Engineering spot that he could have had. Subsequently, that was shown to have some validity - along with other causative factors. But why would I think that? Could it be because he separated the men from the women, and then allowed the men to make their escape before executing the women - "all feminists"? (An unfortunate choice of phrase - or a truthful statement - certain to anger at least half of the readers...). Or could it be because I have heard similar comments at least 2 to 3 times per week for all of my adult life? The most frightening thing about all of this...it could have happened at any professional school in North America - including Western's medical school.

Now isn't that pushing things a bit too far you ask? No, I don't think so. The competition to get into medical school is brutal. And daily, female clerks, interns and residents hear faceless comments regarding women in medicine...how we don't belong here, how we will only be family docs if we want kids. Or if you really want a quiet lifestyle - read slack, unchallenging, undemanding - there's always Psychiatry part-time. But of course in the next breath - 'it's only in jest' - nudge, nudge, wink, wink. 'Can you take a joke?'

To ask a rhetorical question: Do the offending members of the profession think that each is alone in making these comments? When you've heard a variation on the theme for the 10th time this week, can you be mistaken for thinking that there might be some resentment in those statements - an under-lying hint that this might really be the attitude that is held by the commentators? Well, that's a typical feminist statement you say...perhaps... It is rare that you will come across a woman who feels that her talents are limited by her sex. To make a woman in any profession incensed is to suggest that she is incapable of doing something because she is female, or that her opportunities are limited by her sex.

In reality, who is a feminist? An accepted definition is a person who believes in and espouses the right of women to achieve equal opportunities, treatment and respect in the world. By self-declaration, however, only a few women will call themselves feminist. Why this paradox? Surely most women, and many men fit the definition. Unfortunately, society still has a perception that feminists are "strident", "radical", "bra-burning", "lesbians". Perhaps that picture may have been true once - in the mid-60s. However, let's put things in perspective. How many men do you see these days sporting long hair, beads, tie-dyed shirt and sandals smoking pot and drinking free love? Unfortunately there are a few still around. Time has not stood still for the feminist movement either. Feminists today are more experienced, and often work quietly from within the system rather than from without.

But surely the most radical are often frustrated by the slowness in change of social attitudes. They often are involved in professions or careers where they see the most flagrant abuses. Take for example the recent 'law school feminist controversy'. Recall that the law schools of this country graduate the future politicians, law makers and administrators of justice. Justice is slow to reflect social change, and change invariably comes from within. Shouldn't we expect them to be more valuable? Overtly sexist statements overhead recently, such as, "All they need is a good man" are distasteful and tacky to say the least, and guaranteed to anger most women. It is unfortunate that it was stuck at by consultants and residents alike... The female members of the profession are often guilty too. We steam quietly and allow such comments to go unremarked upon, so as not to rock the boat. But beware not to stretch our good nature too far.

I don't apologize for being a feminist of the 90s. Aren't I tarring all men with the same brush? I don't intend to. However, "if the shoe fits..." isn't it time to take it off? Women have been in medicine since the early 18th century. Regardless of individual hopes to the contrary we are here to stay. It is really time to drop the overt sexist comments and to treat each other with the respect that co-workers and colleagues deserve.

Sometimes it is only the small things that can make a big difference. For example, it is time for Victoria Hospital to join the 1990s. St. Joseph's Hospital has a OR change room for female physicians, and UH recently converted a small area for one. Isn't it time that Vic made that formal recognition that we are here to stay. This complaint has been made for years about Vic, I find it difficult to imagine that no formal petition has been made to the hospital in the past by female physicians. How long would the male members of the profession put up with dressing in a room marked "Orderlies Change Room"? Why has it been overlooked for female physicians for so long? Perhaps no money available?... But gee... didn't they just renovate the foyer, the gift shop, one of the ORs?... But you know, the new hospital doesn't have a female doctor's change room either, does it? Oh, an oversight, no space,...hmmm... Would it be a sexist statement to observe that Vic is the only one of the three hospitals to be administered largely by physicians - male of course - instead of business administrators who have spent time in the outside (real) world? Yes, I guess it would be... Do you think that this comment might affect my chances of interning at Vic? No-pro... everybody knows there's no sexism in medicine... don't they?

Connie Nasello Paterson, Meds '91

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**Class Reports**

"All Work and Some Play"

Isn't it amazing how fast two weeks can fly by? Yes, it's true - Christmas break really is over and it's time to start hitting the books in preparation for the dreaded January exams. Many a night and weekend to be spent in the histology and anatomy labs! Although Meds '93 often hides its true hedonistic nature under a studious exterior, every now and again we all let loose as we did the night of the spectacular holiday party. Mild-mannered med students transformed into wild party animals! The party truly was a great success, and a fantastic way to start the holidays. Thanks to Christine Dipanch for master-minding the extravaganza.

Many New Year's resolutions were made over the holidays by members of our class as evidenced by the number of Meds '93's in the weight room lately! There has been some talk of getting a weight room built into the MedSci building, although rumors of moving M341 to Thames Hall may be a bit premature.

Though our schedule is hectic with upcoming exams, work on Tachycardia is well underway. The entire class is getting involved, and many of the musically oriented among us are playing in the renamed Tachy Band. Our class production of "Star Wars" is destined to be one of the greatest Tachy productions of all time. Merrymakers Rich Hart and Greg Hancock are doing a super job in getting things ready for Christmas. George Lucas watch out!

February is indeed the light at the end of the tunnel for overworked med students. In addition to Tachy, Meds '93 is looking forward to the ski weekend at Collingwood as well as the Ontario Medical Students' Weekend at Queen's. Following a few very minor examinations in March, many of our clan will don their shades and hop on down to Daytona Beach FLORIDA for slack week. Should be lots of fun in the sun!

All in all, we are making the most out of our year, having a great time, and even learning some things along the way.

by Barry Love, Meds '93

"All Work and No Play"

Dear Mom and Dad,

As I write to you, I am as usual, in the midst of another set of exams - this time it's Pathology, I.C.C. and Neurology - with only two and a half more weeks to go. AHHHHHH! Even taking time out to write this short note to you is making me sweat - it seems like there's no time to spare (or despair!) but, being the eternal procrastinator that I am and knowing how very much you miss me! I thought you'd enjoy knowing what I have been up to.

Without a doubt, everyone in my class seem to have enjoyed their holidays very much - we all came back with tales of either exotic vacations in the sun (just looking, at Dereck H. a.k.a. Magnum makes me green with envy), and comparisons on who slept in the latest, ate the most, and how much our old friends and family had (or hadn't) changed...some of us even met up with our classmates on our honeymoon! (much to the surprise of both Jeff Stal and Dawn Blayney). It definitely was a well deserved break.

What can I say about January, the month from hell for every second year medical student? It's cold and grey with lots of salt stains - and we're not talking the lacrimal gland type either! Our only creature comfort lies in knowing that first year's are still away too...after all, misery does love company. As I sit here with an opened book balanced on my head, trying to learn by osmosis (you know, getting information to flow from a high concentration, i.e. the 974 pages of notes I have to know, to a low concentration i.e. my brain), thoughts of February keep me going. Almost as soon as we can finish filling out the bubbles on our I.C.C. exam, it's off to Collingwood to do some mighty skiing...and I'll try not to sprain my ankle this year! As well, a lot of us are going to the Ontario Medical School Weekend being held at Queen's which promises to be a lot of fun. In between all of this, Tachy practices are going non-stop, with Meds '92's version of "The Sound of Music", promising to be a lot of fun for everyone involved.

Other things that have been happening include the establishment of a new tradition...Meds Night at the Grad Club, every Wednesday night...it's a good way to get to know people from other years, and as well as catch up on everything that your friends have been up to. As well, our class is planning to go down in April to see the Blue Jays at the Sky Dome, and plans are in the making for the annual White Water Rafting trip.

Well Ma an Pa, I's gonna go now and get back to the books (knowing me, I'll fall asleep within 2 minutes!). Bye for now....

by Shirley Lee, Meds '92

"All Work"

February finds Meds '91 up to our ears in what else- clerkship. It's hard to believe but we're halfway through. As evidenced by the brevity of this column our extracurricular activities have been curbed somewhat compared to '93, '92 and '90. Although we never would have believed it last year, many of us are already looking forward to getting back to classes. Somehow, sitting back enjoying a coffee, a lecture, and going home at a civilized hour (or just plain going home) has taken on an almost magical allure.

Despite our hectic schedules we will be getting together, of course, for our return to the stage at Alt house and '91's version of "Oliver" (destined to become a classic). Thanks to hard work to all of those involved, rehearsals have been going well and everyone is looking forward to "wowing" the audience this year. Also look for our very own Matt Millard to shine as co-host with that veteran performer Mike Ertel. See you at the show!

by Carrie Nasel-Paterson, Meds '91

"All Play?"

Now maybe that's just a wee bit of an exaggeration... A lot of people say that the classroom block in 4th year is a holiday. This is only partially true... ("No Honey, mine's the gin and tonic"). But seriously, most of the people in Meds '90 are finding themselves as busy as they have ever been in their life. ACLS, ATLS, CIMS, and the ever-lingering LMCC are just a few of the buzz-words that become part of everyday 4th year parlance. If that were not enough, there is also the TACHY word, which is helping to fill in those empty spots on our calendars. Other more pleasant commitments have included a number of formal and informal parties held by members of the faculty (many thanks to Dr. Margot Roach), the London Academy of Medicine, and spontaneous events from within the class.

As far as classes go, we have been taught and entertained by such luminaries as Drs. Michael Rieder, Sandy Cunningham, Larry Browncombe, Rocco Gerace, Stan Brown, and a host of others too numerous to mention. With all the lectures we've had, we are beginning to realize that we have more than just a passing familiarity with many of these topics. Could it be that we will actually deserve the letters "M.D." in 4 more months? We'll be wondering about that probably for years...

People that deserve a mention include: Radka and Dave who have been putting mega-hours into our class yearbook and class pic-

by Warren D. Teel, Meds '90
TACHYCARDIA ’90
Hat’s Off to the People Behind the Scenes... by Mike Ertel, Meds ’90

Yes, February is here and the time is right for Tachy. It’s the time of year when everyone’s getting a little tense about exams, debts, and the traditional post-holidays increase in abdominal girth. I have a theory that back in 1956, God looked down on U.W.O. Med School and said, “Oh my, I’ve got to find a way for these kids to have some laughs or they’re all going to become surgeons!” Thus, the birth of Tachy which is now celebrated every 3rd week in February.

Tachycardia has become an institution at Western and has developed into a 1st-class night of entertainment. I also think we’ve cleaned up our act over the past few years to the point where we are now an environmentally-safe product. I now even feel comfortable having my mom come down to see the show - a lady who grew up in a very small town and who’s convinced of it! I never said the “f-word” until I went to university.

Tachy has become quite successful both on and off stage. In 89 enjoying its best year ever financially despite escalating costs. As well, the show itself is becoming increasingly recognized outside the university community to the point where we have London businesses actually phoning US to advertise in our programme! But more importantly, Tachy has continued to be the most fun-filled time of the year, giving us all a chance to breathe a collective sigh of creativity and come together in each class.

So who is responsible for all of this, or does it just come about by chance? excuse my rhetoric? I’d like to briefly give credit to the people who really are responsible for the success of Tachy - the people who are retro-scenery. These people all put in numerous hard-working hours in jobs that receive no applause, no mention when things run smoothly, but are awarded with a lion’s share of verbal abuse should they dare to make a mistake.

First, let’s start with Al Garbutt (Meds ’91) who will once again be our stage manager this year - undoubtedly the most thankless job of all. This guy has to run around back stage ensuring everyone’s props are in order and coordinating ALL the scenery changes while trying to answer four questions at once. Luckily, Al’s the type of guy that just lets things roll off his shoulders and does his job like a pro. I know Al’s a brute for punishment because I always see him out jogging down Western Road, rain, snow, or shine - hat’s off to you Al!

We also have our sound manager, Connie Nasello-Paterson (Meds ’91) and the lighting guru, Phil Vandewalle (Meds ’90). These are the two people who control “the board” with it’s dizzying array of gadget and lights. They have the simple task of having to know the exact moment that special lighting or sound is required at any time during the 3-hour show. You are both excellent at your jobs and I’m grateful to have you back this year.

Other honorable mentions go to the ticket manager Steve Hoey (Meds ’90) who has the privilege of sending letters for tickets to every physician on the faculty list (over 200) - now there’s a few nights of fun! And of course there’s the incomparable Akira Sugimoto (Meds ’90) who has supplied the piano accompaniment in the medley the last 2 years as well as the opening number music - he’s an incredible talent that I wish I could pay, but as it stands he will have to settle for my first born.

And let’s not forget the writers of the individual plays as well as the directors who usually receive questions beginning with, “Why can’t I...?”, “Shouldn’t we...?” and “I don’t think...” and have some semblance of good cheer during those countless rehearsals. I know in my class, Warren Teel has consistently produced incredible work and devoted himself totally to directing so that someone else can look good on stage. For all his dedication he receives about one-one-hundredth the credit he deserves. I’m sure there’s people in your own classes that fit this description.

Mucho credit as well to the twelve merrymakers and of course to my co-host Matt Millard (Meds ’91) who I’m really enjoying working with despite the fact he’s 5-times my size, strength and looks - thank God I’m not insecure. No, really I’m not, honest...

So let’s give a standing ovation to the people who sacrifice their time and expect absolutely nothing in return. You won’t see a lot of these people on stage, so when you see them off-stage, I think a simple “job well done” would mean more to them than an amount of applause. I salute all of you for your hard work over the years, but more importantly I admire you for being genuinely nice individuals. See you at the show...

Healing Our Planet:
A Visit to the United Nations
by Les Wasilewski Meds’92

Anne Carbert and Brent Jones, grade XIII students at Lord Dorchester Secondary School, recently returned from a five day trip to the United Nations in New York City. The trip was their reward for winning last spring’s “Healing Our Planet” contest. The contest, sponsored by the London Chapter of the Canadian Physicians for the Prevention of Nuclear War, invited high school students to consider presenting current world problems such as pollution, acid rain, global warming, and the threat of nuclear war. The students responded with posters, poems, essays, plays, and songs. Anne and Brent’s winning entry was a four minute video focusing on environmental waste and pollution in the London, Westminster and Ingersoll area.

Accompanying Anne and Brent to New York were two second year Western Medical students, Sharon Zikman and Les Wasilewski. The group was hosted in New York by Parliamentarians for Global Action, an organization working for the members of different parliaments throughout the world, established to keep its members informed of disarmament and environmental issues and the way these issues are being dealt with at the United Nations.

Ninety-eight Canadian parliamentarians are members - including London East M.P., Joe Fontana.

A day’s meeting with the disarmament and environmental directors at P.G.A. headquarters, the students were given a behind the scenes tour of the United Nations. They sat in on the voting of the First Committee, the body responsible for resolutions to be forwarded to the General Assembly for final approval.

The students were startled to learn of the tremendous amount of money being spent annually on the arms race - 900 billion dollars, and that the amount spent each half-day would pay for the immunization of every child on earth against the common infectious diseases. They heard that there is now the equivalent of 15 billion tons of T.N.T. in the world’s nuclear arsenal, the Reagan-Gorbachev agreement to eliminate intermediate nuclear weapons notwithstanding. That translates to over 3 tons of T.N.T. for each person alive on the planet. They were also impressed by the recent emergence of the Soviet Union as a prime supporter of the United Nations. For years the Russians virtually ignored the United Nations and owed millions of dollars in unpaid dues. Now in the last four years the Soviet Union has almost completely paid this debt and is contributing actively to the many peacekeeping initiatives being put forth at the U.N. The United States, in contrast, now owes over one hundred million dollars in unpaid dues to the U.N. and is rejecting or stalling disarmament initiatives being passed by the General Assembly. The most recent example of this was the refusal of the United States (along with Britain) to support a resolution sponsored by more than 50 other countries to hold an amendment conference to consider the conversion of the 1963 Partial Test Ban Treaty to a Comprehensive Test Ban Treaty. The elimination of all further underground nuclear weapons testing is a vital, necessary, and most importantly verifiable first step in stopping the nuclear arms race.

The students happened to be present on the day of this vote and were dismayed to see that Canada abstained from voting for the resolution. It nevertheless passed, supported by 108 "yes" votes (including the Soviet Union), 2 "no"
votes and 21 abstentions. Just a few months earlier Canada had voted affirmatively for a resolution that stressed the "urgent need" for a total ban on nuclear weapons testing. When questioned by the students about Canada's voting, two Canadian delegates responded that the wording of this particular resolution was not acceptable and that "further changes" were needed. Nevertheless, in January 1991, the amending conference will be held, and at that time Canada will have the opportunity to change its position.

Over the next two days the group met with the editors of the "Disarmament Newsletter", which is based in New York at the U.N. They also spent some time at headquarters of the World Federalists Organization, a body working for the establishment of binding international law.

Part of the trip took place over the weekend so there were plenty of opportunities to experience New York City, including seeing a Broadway play, shopping in Greenwich Village and Times Square, touring the Museum of Modern Art and visiting Rockefeller Centre.

Both Anne and Brent agreed that the trip was exciting and a tremendously valuable learning experience. As a result, the visit to the U.N. will again be offered as the First Prize in the 1990 "Healing Our Planet" contest. Something new has been added this year, a Conference Day on February 22, which will provide, through workshops and presentations, an overview of global issues for both London's high school students and their teachers. It will be held on campus at Western. Among the speakers will be Dean William Fyfe of the Faculty of Science, talking on global warming and environmental degradation, and Maxime Faille, one of the four Montreal high school students who organized the 1987 trans-Canada SAGE (Students Against Global Extermination) Tour, and currently special Assistant to the Secretary-General, Parliamentarians for Global Action.

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Awarded to the second year student who obtains the highest marks in the Basic and Clinical Pharmacology course. $500 and a plaque
Kip Millitz
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THE CLASS OF 1951 FRANK R. CLEGG MEMORIAL AWARD
Awarded annually to the third year medical student achieving the best balance of high academic standing and those qualities of compassion and personal commitment generally regarded as essential to fulfillment of a role as a good physician, as judged by the Departments of Family Medicine, Medicine, Obstetrics and Gynaecology, Paediatrics, Psychiatry and Surgery. Established by the Class of 1951 in memory of Dr. Frank R. Clegg. $450
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THE DR. V. CAROLINE GRAHAM AWARD
Awarded to a female student standing in the top ten of Year Three as selected by the Dean. $200
Donna Robinson
THE CARLETON C. WHITTAKER MEMORIAL SCHOLARSHIP IN PSYCHIATRY
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Radomila Kratky
THE LEONARD SUTCLIFFE MEMORIAL SCHOLARSHIP
Awarded to the medical student with the highest standing in Obstetrics & Gynaecology in third year. $250
Mark Henry Ghesquiere
THE R. W. MANN AWARD
Awarded to two third year medical students showing superior achievement in studies in Family Medicine, and demonstrating personal monetary need. $250 each
Gerald Patrick Forrest
Sara Amwedler
THE JOHN C. RATHBUN MEMORIAL PRIZE IN PAEDIATRICS
To the third year student who receives the highest evaluation at the completion of the Clinical Clerkship in Paediatrics. $150
Michael Peer
THE C. C. ROSS MEMORIAL PRIZE IN SURGERY
Established by the colleagues and friends of the late Dr. C.C. Ross, and awarded to the third year student showing the most proficiency in clinical signs and symptoms leading to diagnosis in Surgery. $100
Elizabeth Anne Cummings
THE BRISTOL PRIZE IN MEDICINE
Awarded annually by Bristol Laboratories to a third year student selected on the basis of meritorious performance in Clinical Medicine. (books to the value of $250)
Kelly Rae Cranston
THE LANGE AWARDS
Prizes of books published by Lange Medical Publications to each of two outstanding students in each
THE UWO MEDICAL JOURNAL

THE ELENA B. WOLF MEMORIAL AWARDS
Awarded annually for essays in the field of cancer research or treatment submitted by students in Third Year. Awards will be presented for the two best essays as judged by a special committee appointed by the Dean of Medicine. Essays are to be submitted to the Office of the Dean of Medicine on or before June 30th of each year. In memory of Mrs. Elena B. Wolf. $200 and $100

James Douglas Awde
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Mark Andrew Crowther

FOURTH YEAR
THE MEDICAL ALUMNI GOLD MEDAL. Gold Medal

Mark Pope

THE ALPHA KAPPA KAPPA GOLD MEDAL.
Gold Medal
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LICENSURE: The Mentality of Ontario

by Brad Dibble, Meds '90

The vast majority of medical school graduates work toward one goal: the acquisition of a practice license, enabling them to establish a career in medicine and secure their livelihood. The practice license is an essential tool for the physician, who requires it to practice medicine unsupervised. It is not restricted in any way, the general practitioner and the neurosurgeon both have a practice license and it is essentially up to each of them to practice within his or her own capabilities. The family physician should not attempt the clipping of berry aneurysms, while the neurosurgeon should avoid delivering babies, even though they both have the same license. (This is in contrast to the educational license bestowed on housestaff in teaching institutes who are allowed to practice in the supervised environment of a teaching hospital).

Traditionally, the twelve month internship served a purpose of transition from medical school to unsupervised practice. During this time, the student’s clinical skills and knowledge were honed and improved upon. For many years it was the only route to a general practice, although it also served as a stepping stone to specialty programme residencies. Over the years, however, there have been some changes: medical schools have been devoting more time to clinical teaching. The College of Family Physicians of Canada (CPFC) created the two year family medicine residency, generally considered by most to be the best pathway to general practice, and many Royal College of Physicians and Surgeons of Canada (RCPSC) residency programmes have created comprehensive and straight internships such that their completion allowed students to move to R-2 positions. With these changes, many have been asking just what purpose the rotating internship serves. Some say it is nothing more than competition for medical clerkship, and there are appropriate internships for those who want to be family physicians, as well as for most specialties. So what good is it? The fact that 50% of medical school graduates rotate for the rotating internship means that at least one in two medical students are too indecisive to know what they want after they have had four years to decide. It would probably give them the swift kick they need to abolish the rotating internships and make them decide between family or specialist practice as medical students.

As harsh as that may seem, that is precisely the mentality in the province of Quebec. Imagine having to decide which pathway you will take, family or specialist practice, a decision which will affect the rest of your life, before you have even experienced every rotating clerkship. The Quebec students have to make this decision in their THIRD year. They do not obtain licenses until they have completed their entire residencies and if they fail their certification examinations or change their minds midstream, they have to drop back to the beginning and start over. It is hard to believe, but the powers that be who devised this model are very proud of it and report that it is working quite well. (I have it from personal communications that there are very few medical students in Que­bec who hold this system in as high regard). For the province of Quebec, there is now, and forever will be only two routes to licensure.

At the other end of the spectrum lies the province of Alberta. The first province to require the pre-licensure requirements of two years has three clear routes to licensure: the CPFC family medicine residency (2 years) the RCPSC residency (5 years) or a university fellowship. This is followed by a second pre-licensure year (2 years). The issue of a third route to licensure has, perhaps surprisingly, spawned much bigger arguments across the country than the question of one versus two pre-licensure. Those who support the third route maintain that the best preparation for general practice is the CPFC residency, making it pointless and impractical to have such a redundancy. Another problem is the question of whose task it should be to oversee the training and examination of these students. There is no College of the third route to date. (As it is in Alberta, the medical schools are in charge of this third route from start to finish). An argument in favour of the third route is put forth by those students who have a specific brand of general practice in mind (e.g., walk-in clinics, rural practice). They need to be able to tailor their training to their needs, something they are unable to achieve with the less flexible family medicine programmes. (A case in point: in Alberta, many rural general practitioners are unable to obtain admitting privileges for their local hospitals unless they opted for the third route). Although there have been efforts made to abolish the third route in Alberta, they have been unsuccessful. Alberta will likely always have three routes to licensure.

With this framework in mind, which can exist within two year pre-licensure requirements, I will now deal with the province of concern for most of us. For many years, it has really been quite easy to obtain a practice license in Ontario. At present, there are truly three routes to licensure, the successful completion of: a) a rotating internship administered by the medical school without final examination, b) a comprehensive internship in RCPSC accredited specialty programme, and c) a CPFC family medicine residency programme.

Alberta was always able to obtain a license with a certain degree of confidence that the Ontario model would fall somewhere between that of Alberta and Quebec, just as it does geographically. We are not likely to experience the luxury of Alberta’s third route. The Ontario model is unlikely to fund its implementation, and has clearly stated intentions of expanding family medicine programmes instead. Also, three of the province’s five medical schools have made their opinions against a third route clear. Thus, even if government funding were available, the majority of schools would not administrate such programmes, unlike the two universities in Alberta.

Despite this, there is no immediate need for despair over an impending Quebecois doom. I expect there will be a general post-graduate year (PGY-1), not unlike the current rotating internship, available to students who have been unable to decide between the two Colleges. However, there will be significantly fewer PGY-1 positions in existence than rotating internships at present. Their sole purpose will be to satisfy the students who need another year to decide, as well as to function as a stepping-stone to those programmes which will not have comprehensive internships. This PGY-1 year would be adminis­tered by the universities, as the rotating internships are currently. Such a year may also qualify as the first year of CPFC residency programmes if properly designed. Another

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Diagnostic Dilemmas

by Sara Fisher, Meds '92

Mr. T.S., a 40 year old male, presents at his physician's office with a two day history of profuse sweating, fever, chills, weakness, and a swollen face. He also complains of muscle pain and a diffuse rash. He asks that the light be turned down as it bothers his eyes. He had been well previously except for an episode of diarrhea, nausea, vomiting, and fever ten days ago following his participation in the sausage-eating contest at his son's scout breakfast. On exam, he is febrile (40°C), has facial edema, especially of the upper eyelids, and has subconjunctival and retinal hemorrhages. Myalgias are present especially in the gluteal, pectoral, deltoid, and respiratory muscles. The rest of the exam is normal. Blood tests are normal except for marked eosinophilia. Histology is shown in Figure 1. What is your diagnosis?

Ms. A.R. is a 26 year old female construction worker who is brought to the Emergency Room after falling 5 m. from a scaffold. She is obtunded, but a history is obtained from a co-worker. He states that she is clumsy and has fallen more than once. During the physical exam, she arouses, but remains a bit drowsy. The only injuries found were bruises along her right leg and arm, several old and healing cuts on her hands, and a dark black lesion on her left index finger. The fall and her history of clumsiness explain the cuts and bruises, but what is your concern, if any, regarding the hand lesion (Figure 2). What is your diagnosis?

Special thanks to Dr. B. Garcia and Dr. C. Anderson, Department of Pathology. Answers will be published in the next issue. Submit answers to Sara Fisher, Meds '92, c/o Faculty of Medicine, Room H121, Health Services Bldg., University of Western Ontario, London, N6A 5C1.

Licensure (continued)

difference I anticipate which will be different from Quebec is the possibility of obtaining some partial credit when changing from one stream to the other. For example, the student who has completed two years of internal medicine and decides to opt for general practice rather than specialist practice may only have to spend a few months of individualized training before obtaining a license. Such credit would, of course, depend on which residency programme the student was leaving. One thing is clear: the system will work best for those who know what they want to do coming out of medical school.

The changes which will occur, whatever they are, will have resulted from many thousands of man-hours of planning and discussion. If you don't quite like the prospects in Ontario, I'm sorry to inform you that the other provinces will be similar: by 1993, the entire country will require 2 years of pre-licensure training. (Actually, that in itself will prove beneficial since the issue of portability, enabling physicians to train in one province and practice in another will be much easier to resolve). The medical students, interns and residents have fought hard to ensure that these two years will provide the best education possible, and that changes are made for the right reasons and in a positive direction. For some of us, it may seem like the rug is being pulled out from beneath our feet. I, however, am encouraged about the changes. Perhaps because I was one of the people arguing for hours over various models discussed. In the long run, the quality of education will be superior, and patient care will be better. And isn't that what really counts?

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The undergraduate medical curriculum at Western is undergoing a rapid evolution. There is a shift in emphasis towards problem based learning (PBL) blended with traditional lecture based curriculum. The problem based approach is a major change in the philosophy of teaching that is occurring throughout many educational facilities. Although many parts of PBL have been started at Western, the full implementation is to begin with the incoming class in September 1990. The planned curriculum can be divided into five phases. Phase I and Phase II (first and second year) will have problem based learning days interspersed in the schedule. There will be no courses carried over between these two years. Third year will begin with a 10 week semester (Phase III) consisting of more intensive PBL and clinical studies. Then, an integrated clerkship (Phase IV) will begin for all students (i.e. no staggered start). The last 24 weeks of fourth year (Phase V) will consist of classroom, selects and electives. In the implementation of the new curriculum, many issues are being addressed at various levels.

For the problem based learning seminars, the Content Review Committee has been sorting suitable material from the pre-existing course curriculums. Many topics are being fully developed (Case Development Committee) and the majority of the tutors required have been trained by the Faculty Educational Development group. The Content Review Committee have been very innovative in their approach to smooth the transition between basic and clinical science teaching. By the pairing of basic and clinical teachers in similar areas to become "partners", the teaching methods and content can be more refined.

The Curriculum Improvement Committee has been planning the implementation of the integrated clerkship. The shorter rotations will be integrated into the larger rotations where appropriate, making on-going student evaluation easier. There will also be the gradual implementation of a pre- and post- clerkship comprehensive examination.

The student evaluation committee has been working on the frequency and timing of course examination. Strides have been made to limit the number of examinations outside of official examination periods. The number of examinations in the first year schedule has been reduced from previous years and grades will now be recorded as honours, pass or fail.

So now, what is PBL, and what does it have to do with Western?? It is a teaching technique that is Problem Based and it is to be integrated into the curriculum to maximize Learning.
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