

Q&A: "Reforming" Medical Education— An Interview with John Robinson, M.D.

Ed. Note. Few Americans realize that reformers critical of Western education have made inroads at the nation's medical schools. SI editor Patricia Hausman recently interviewed NAS member John Robinson for his perspective on what is happening and why. Robinson is professor of medicine and microbiology at Loyola University's Stritch School of Medicine. He is also Course Director for the basic science years—the primary focus of reform efforts.

SI: When did critics of Western medicine set their sights on medical education?

Robinson: About 10 years ago. Somehow the stars aligned in a way that set the stage for an attack on medical education. Politicians, media, patient groups and even medical organizations came together to deplore the allegedly sad state of American medicine.

SI: And the presenting complaint was?

Robinson: That the poisonous atmosphere of medical school was transforming budding Albert Schweitzers into cold, callous, non-communicative technogeeks who were ill-equipped to address the country's health (or as they put it) "wellness" needs.

SI: How did medical schools respond to their critics?

Robinson: With changes that were well intentioned but very poorly thought out. Our faculties at the time were well qualified to teach the complexities of physiology, genetics, or immunology. But few among us were prepared to teach fuzzy concepts such as communication skills, character development, or social, racial, gender and class justice—things that reformers believed most, if not all, incoming students lacked or were in danger of losing. To fill the void, schools sought out professional educators, who hammered home the notion that the rest of us didn't really know how to teach medical students and had to accept their pedagogic reforms to produce better doctors.

SI: What sort of curricular reforms followed?

Robinson: Initially, the changes focused on teaching communication skills—usually via role-playing in first-year classes. But once that mechanism was in place, students had to be told what to communicate about. This set the stage for introducing all sorts of superficial, one-sided concepts related to domestic violence, gun control, wellness, alternative medicine, spirituality, over-the-top sexual histories, alleged effects of racism on health, and more.

SI: What convinced administrators that the changes would improve outcomes?

Robinson: The answer to that is rather embarrassing. Medical schools are supposed to be steeped in and teach the scientific method. Yet they didn't insist on verification that a problem existed—nor proof that the proposed, almost draconian alteration of the curriculum would change, much less improve, anything.

SI: Isn't the real question one of priorities—the possibility that these activities might be valuable, but not nearly as important as scientific training?

Robinson: Sure. Many of us worry that crowding out concepts of human biology and disease may produce lots of warm and fuzzy but ill-informed doctors. Most faculty still hold dear the concept that patients want to be cured first—and cuddled later, if at all!

SI: And the students? How do they feel about these changes?

Robinson: Well, medical students are interesting people. They are highly intelligent. Most survived educational fads during their undergraduate years—though some do arrive full of idealism, with rather utopian concepts of social justice, egalitarianism, gender, race, and class. But I think the more typical ones regard much of the curricula that purports to teach things like character, communication, and ethics as a waste of time, but something that they must put up with to get to the clerkship years.

SI: Do they make their criticisms heard?

Robinson: Openly, no, but they will share them with faculty they trust. They are particularly critical about role-playing exercises with "standardized healthy patients" from whom they take medical histories. Often these role-playing patients have highly political agendas—and will deduct points from the grades of students who don't respond in accordance with PC dogma. Alleged lack of compassion and inability to extract hidden histories of domestic violence are favorite grounds cited by the role players to penalize nonconforming students. Personally, I give students credit for being unable to fake politically correct personas.

SI: How would you compare the changes on your campus to other schools?

Robinson: We've managed to resist some of the worst fads. We do spend inordinate amounts of time the first year on communication skills and role-playing. Terms like "personal narratives, portfolios, outcomes, and facilitator" have been coming up with increased frequency. And we've had to address the push to bring complementary and alternative medicine (CAM) into the curriculum. To the everlasting credit of our senior and associate education deans, we have not uncritically endorsed CAM. In fact we include meaningful discussion of some of its problems. Unfortunately, this has not prevented the proliferation of school-wide seminars on CAM therapies. My favorite for the worst of these was "Introduction to flower essence therapy."

SI: And there was no reaction on campus to that?

Robinson: Actually, a patient stopped me in a corridor, pointed to the seminar flyer, and said: "You doctors don't actually believe this stuff do you?" The unspoken message might have been, "if so get me out of here!" For my part, I've started showing my classes snippets from an episode of the TV show, *South Park*, that portrays the dark side of CAM. It's the one where "Kyle gets a kidney." All medical students should see it. [Click for show transcript.](#)

SI: There seems to be very little commentary about the issues you raise. Do you know whether faculty members at other schools share your concern?

Robinson: Yes, it comes up in casual conversation sometimes—usually during the cocktail hour of scientific meetings. But my sense is that most faculty don't realize yet how serious this problem could become. They're busy with research or clinical care and haven't seen it reach a priority level yet. I am more tuned in to it than many others because of my responsibilities as a Course Director for the basic science years. Also because I am a regular reader of *Academic Medicine*. Originally, I read the journal for amusement—but now do so for strategic reasons. All the wacko educational fads that are knocking at medical school doors are neatly packaged in each monthly issue.

SI: Now that their impact has been felt, are reformers satisfied?

Robinson: I'm afraid not. Especially alarming is that reformers want to go the next step and actually change the type of student going into medicine. The idea is to de-emphasize scientific reasoning skills and seek out students who are warm and feeling—the ones who can talk the talk. The first shot at admissions standards was fired at the last meeting of the American Association of Medical Colleges (AAMC). The AAMC president proposed that schools adopt floor values for GPA and MCAT scores—and treat everyone meeting them as equally eligible for admission [see details below].

This is an ominous sign. The possibility is real that the medical schools may not want to or be able to stop it. I can't tell you how important it is for members of the public— all of whom are current or future patients—to get in on this dialogue.

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