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## Medical School Curricular Reform

Of the several components making up a medical school—faculty, student body, physical plant, available patient population, and curriculum—only one, the curriculum, is susceptible of relatively simple change. In view of many purported or real defects in current medical school curricula, it is no wonder that many of the most distinguished of our medical schools—among them Harvard, the University of Pennsylvania, and Stanford—are currently breaking old shackles, and possibly forging new ones.

The time-tested pedagogic devices of cadaver dissection (Vesalius) and histopathology (Virchow) formed the rigid basis of medical education in the post-Flexner medical school until the famous Western Reserve experiment was conceived, in the late 1940's. This has been followed by a growing revolution in curriculum design in which certain features are frequently encountered.

1) Increase in the time available to students for taking elective courses.

2) Curtailment of the great blocks of time formerly deemed essential for teaching certain basic sciences—for example, gross anatomy.

3) Early introduction of clinical material and attempts to reduce the man-made barrier between clinical and basic medical sciences.

4) Provision of research opportunities to medical students during the school experience.

5) Definition of a "core" in each discipline or group of disciplines—a body of knowledge and skills considered essential and minimal, mastery of which is demanded.

6) Integration, not only between basic and clinical matters but also among the several basic disciplines.

7) Reduction of the number of years between high school and the award of the M.D. degree from the traditional 8 to 7 or even 6. Prolongation of the academic experience is also being tested.

8) Earlier consideration, in increasing depth, of problems of man and his environment, the role of the doctor in society, the modes of delivery of medical care, and so forth.

In comparing new curricula with old, it should be borne in mind that there is no one curriculum that is best in all regards and for all people. Whether we study man "horizontally" (that is, by disciplines) or "vertically" (by organ systems) is of less importance than the dedication of the teacher, the excitement of the student. If the revolution enhances either of these last two elements, it is accomplishing its mission.

We should beware of the questionable practice, common among educators, of packaging old wine in new bottles. Changing the name of a course does not necessarily change its content. What is offered as "molecular biology" in one school may prove to be contained in the "genetics" and "biochemistry" offerings at another. It is easy to lapse into the "in" vernacular peppered with words like *core curriculum*, *seminal*, *integrative*, *elective*, and *correlative*. In most instances the actual substance taught and learned in medical schools changes more slowly than does the language used to announce the novelty of the curriculum.

—DEWITT STETTEN, JR., *Dean, School of Medicine, Rutgers University*