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GUEST COLUMNIST

No mess at med school

Learning medicine at UWI Mona still priceless

ON ENTERING medical school in 1979, I had the expectation of a new learner. Expecting exposure to transformational knowledge, which would change the way I understand the human body and the deep secrets of illness and disease; but most of all, knowledge that would allow me to make a difference in people's lives.

Life at the medical school at the University of the West Indies (UWI), Mona, got off to a fast start with the basic medical science which had just over 100 students in our class. Doctors in training have to be well grounded in the subjects of anatomy, physiology, biochemistry and pharmacology before they take on clinical training.

Clinical simply means that we are now able to work with real patients, which happens in our last three years in the programme.

Learning the basic sciences was the most straightforward part of the programme. It was a bit like high school, dissecting worms and frogs, except that when it came to dissections it was the body of a real human being who had passed away.

The clinical training, while having some lectures in a classroom setting, was largely in a new arena, that of the wards and clinics. As much as there was structure, it was difficult to pin everything down to rigid times.

A ward round on which we discussed cases could be delayed because our teacher was responding to a patient in crisis, such as a heart attack or haemorrhage. The environment was always engaged in caring for patients 24/7 and you soon realised that there was always an opportunity for learning



CONTRIBUTED

Dean Dr Tomlin Paul (second left) with students at the UWI Faculty of Medical Sciences recent awards ceremony.

medicine. This is at the heart of what is called an apprenticeship.

MANY YEARS LATER

In my 34 years since graduation, I have the exciting opportunity to still be in the learning environment of the medical school at Mona. It is an exciting opportunity because I am now in a position to lead the Faculty of Medical Sciences, within which lies that medical school that was my transforming incubator to become a physician.

The opportunity is a special one in that although the faculty started just about 70 years ago as a medical school, the overall faculty now has training programmes for six additional health professionals. When we look at it, we are really training the health team and not only doctors.

Indeed, the faculty has expanded significantly since

1948 when it admitted its first 33 medical students. In 2016, its undergraduate programmes in Medicine, Nursing, Dentistry, Physical Therapy, Basic Medical Sciences and Diagnostic Imaging had a total student enrolment of 3,645 with an additional 700 pursuing postgraduate qualifications in faculty programmes.

The medical school's class size has been averaging just around 300 students over the past seven years. The growth in student intake over these years was a response to the growing demand for the training of physicians within the region.

As dean, my vision for the medical school is as focused as that of my predecessors on producing the best-quality physician. The terms of engagement are similar to what I had in 1979. Students need to learn the basic medical sciences and then progress to the clinical environ-

ment of hospitals and clinics.

RESPONDING TO THE NUMBERS

Today, when I enter a classroom or lab, things are different. We now have a teaching and research centre on the campus built in 2012 under the leadership of then dean, Professor Archibald McDonald.

This is the largest such facility of its kind in the Caribbean. We still have cadavers on the table as in my time, but we also have technology that allows for enhanced digital imaging and appreciation of the gross and microscopic anatomy.

Labs and lecture theatres have been built to accommodate the larger class size and in addition lecture theatres have the capacity to stream a class to distant horizons.

The clinical learning environment has also been expanded.

“The growth in student intake over these years was a response to the growing demand for the training of physicians within the region.”

The university has its teaching hospital adjacent to the main campus. The hospital is improving its range of services and its technology infrastructure, which will enhance how we teach and expose students to clinical cases.

However, there has always been a principle of diversity in building richness in the learning experience of students. So as far back as in the '80s students had the opportunity to go to the Kingston Public Hospital (KPH) for clinical experience. Today, the university has nine affiliate teaching and learning sites across Jamaica, working in conjunction with the teaching delivered at the University Hospital of the West Indies.

The closer partnership with the Ministry of Health in educating students within the health system

is also best practice in medical education.

The strategy of growing the medical school not only saw to expansion of the facilities, resources and clinical opportunities, but it also embraced a philosophy of affording students exposure to diverse clinical settings.

This is facilitated through partnerships with international universities for internship and student exchange, and even combined into their curriculum as can be seen in our radiology programme.

Growth is the mantra being expressed more and more in international medical schools. Canada in the last 12 years doubled its intake at medical schools with the actual number of schools increasing from 16 to 17 but the number of teaching sites for these schools increasing by over 50 per cent.

STUDENT OUTCOMES

Medical school, in addition to being a unique learning environment, is a setting that has a lot of examinations. Assessing students' performance is something that is always on the minds of faculty, as we wish to ensure proficiency in our students.

Where a topic is not covered for whatever reason, students have the chance to meet that material again in the same course through tutorials or later on in another part of the programme. This is facilitated through having a spiral curriculum where we build connections across materials as we grow the competence of students.

As dean, I am implementing better tracking of students and curriculum, using a continuous quality improvement framework. This will provide greater assurance of all stakeholders, including students, that quality outcomes are being achieved.

The medical school is as vibrant a place in 2017 as it was in 1979 when I entered. When I received the Allenbury prize for the best clinical performance across the region, at the end of my training, it was a testament not only to my efforts as a student but also the quality apprenticeship experience of the medical school.

In 2017, the medical school at Mona is still performing. The Allenbury Prize was achieved at Mona in 2017, and the highest mark in the surgery exam was also claimed at our school.

Our medical school has embraced change. We have grown in size and opened our doors to new ways of teaching and learning, supported by technology using expanded and diverse clinical settings.

The essence of the experience is still one of apprenticeship. We have maintained accreditation with the Caribbean Accreditation Authority for Medicine and other health professions, and despite the growing pains the academy has a strong and vital pulse.

Dr Tomlin Paul is the recently appointed Dean of the Faculty of Medical Sciences, UWI, Mona.



NOTICE

Our valued commuters,

The JUTC provides a safe and reliable premium service for your safety, convenience, and timely commute daily. This service however is not covering its operational cost and as such the company is faced with a decision to:

1. Discontinue the service or
2. Charge the economical fare

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NOTICE

Manor Park Estate PSP586 Annual General Meeting to be held November 12, 2017 at 3pm in the gazebo area.

All proprietors are urged to attend or submit signed proxy forms.