

Medical Education

Interview with Dr. John Bradley

course director of the 1st year undergraduate medicine course Arts & Science of Clinical Medicine, and Director of Wightman-Berris Academy

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UTMJ: Please give us an idea of your background, and how you came to be the Director of the Arts and Science of Clinical Medicine - Year I course (ASCM I), as well as the Director of the Wightman-Berris (WB) Academy.

JB: After high-school, I farmed for a year with my father. Following that, I went to the University of Guelph and entered veterinary medicine. During the first and second year of veterinary medicine, I won a summer scholarship to work in the National Research Council in Ottawa, both giving anaesthetics and doing surgery on dogs in kidney research for transplantation. But after the first summer there, I decided I would apply to medical school. I applied to the University of Toronto, and switched from veterinary school to medical school in 1972.

I chose to go into anaesthesia, then went to my hometown for two and a half years and was an anaesthetist in the morning and a general practitioner in the afternoon. I delivered babies, treated children, helped look after a nursing home, did call in emerg. I never lost my contact with general practise. For the past 21

years, even during my residency in anaesthesia, I return for a minimum of 4 weeks per year to my hometown to do anaesthesia in the morning and general practise in the afternoon.

It's really given me a tremendous perspective of medicine, working in one of the largest faculties of medicine, in one of the largest hospitals, and yet having these roots still back in a 40-bed hospital. What's available in downtown Toronto is completely different from what's available in my hometown.

Following my residency, I stayed here and did a fellowship in anaesthesia. That was in 1983, and I was asked to become involved in undergraduate education. When the new curriculum started about ten years ago, I began teaching the Arts and Science of Clinical Medicine (ASCM). In 1996, I became the Chair of Undergraduate Education in Anaesthesia.

In 1994-1995, we set up pre-operative anaesthesia clinics here at the hospital. In 1996 I became director of the clinic at Toronto General Hospital (TGH). So, the last ten years of my career have been equally focused in administration, teaching and clinical anaesthesia.

When the course directorship for ASCM I came up, I actually applied more to give my input on where I thought the course should go rather than to actually end up running the course. But that's what happened. My involvement in the pre-clerkship committee and attending clerkship meetings when the clerkship director of anaesthesia, Dr. Morgan, couldn't go, have given me, I believe, a very good overall view of undergraduate education. And because of my interest all along in being a student advocate, the whole package has led to my having an interview for the Academy director's job. It wasn't an easy decision to make. I

was given in the end a tremendous amount of support from everyone involved and good will. I have been in my Academy director position for approximately two months now.

UTMJ: What sort of responsibilities do your two positions entail?

JB: As Wightman-Berris Academy director, I'm the Dean's representative at the Academy, which is at the University Health Network (The Toronto Western, The Toronto General, and Princess Margaret Hospital) and Mount Sinai Hospital. My job is to make sure that the Dean's responsibilities are carried out at the hospitals. At the hospital level, it's also my responsibility to make sure that the system works, that we have classrooms, seminar rooms, etc. The recruitment of faculty is a big subject. It has led to a report a year ago called the "Task force of the recruitment of tutors", and the formation of a relatively new committee called the "Hospital and University Education Committee".

Overall at the hospital, I am an advocate both for the students and for the tutors in terms of undergraduate education. Another huge part of the job is being available for student support. I believe that counselling, where I can give it outside of the Student Affairs and the PASS office, is an important role. In administration the role is huge. I meet with other Academy directors, hospital vice presidents of education, a wide variety of education and research groups, and I organize meetings at the Academy level between different departments. I'm also interested in promoting faculty development at the WB Academy.

Regarding ASCM I, this is the first course where patients and students meet eye to eye, and in many occasions, where patients and students are alone to talk and carry out physical manoeuvres. I think this course is key to setting a student on the right path to enjoy clinical medicine.

I believe the course director has to set clear objectives for the course, orchestrate the best possible tutor and student interface, and make sure the evaluation of the process is fair. I also believe it's the duty of the course director to recognize students who are in academic difficulty and offer remedial work. I want to point out that it's my duty as course director to look at the issues of all the Academies, not just the WB Academy.

UTMJ: What would you consider to be assets of the ASCM I program, and what needs the greatest improvement?

JB: I believe the expectations we have for the students

and the objectives are clearly understood, and I believe that our committee has worked on a number of things already. One is to work on a simpler case-report form. We've worked with the professionalism form long before there was a standard form made, so our tutors are getting very good with that. One area with which we, as a committee, would like to move forward is making the final physical manoeuvres examinations at the end of Year I more uniform across all sites. This will not be easy to implement, and it's going to cost money, but we're going to take it one step at a time.

A second issue is patient recruitment. Four years ago I did a pilot study at TGH, seeing if patients coming to the pre-admission unit could be involved with ASCM students. Dr. Russell, the previous director, funded this program. The students thought it was terrific to see patients that were actually going to go home the same day. Ideas like that must be expanded, but I think that it will take a lot of resources to do it. I think it would be great if we could somehow generate a resource so that tutors aren't always relying on in-patients.

Finally, and this is not unique to my course, ASCM I, but is found in all of our courses in pre-clerkship, we must continue to work with the Chiefs and Chairs of Departments for tutor recruitment. Part of this is faculty development, which has got to be chiefly run from the Faculty of Medicine. Also, tutor evaluations, which are already done very well in many courses including ASCM, must be continued so that the tutors get feedback. As part of that, I will continue to push, as I always have, for teaching to be considered an equal value partner to research.

UTMJ: Do you have any specific plans for the Wightman-Berris Academy?

JB: Well, the TGH site of the WB Academy has been sold. TGH Academy offices, classrooms, and seminar rooms have to be moved. I'm working very closely with the Vice-President of Education, Dr. Richard Reznick, and we are looking at all possible sites where we will move. And in the next very few months, we have to pick our final site, make sure it's large enough, and design the plans. In making these plans, I believe, we have to look at the needs of undergraduate education in the years ahead... what sort of computer lines and equipment, what sort of extra-educational resources are going to be necessary. Because it will be the newest site of any Academy undergraduate program in all of the Academies, we should update it as the new standard, and that will be a tremendous responsibility.

I believe that one of the things that can help under-

graduate education is if we can prolong the range of hours for PBL. The shortage of physicians is not only felt in the community, it's critical in several different departments in the hospitals, including this one at the Academy. We have excellent teachers at all the Academies, but with the clinical duties being very demanding, tutors might be able to do PBL sessions in late afternoon rather than in early afternoon. PBL sessions may be 5-7 pm or 6-8 pm, as they have occurred at other university centres like McMaster. This may be something that I'll be looking at as Academy director, because I'm trying to match the tutors and students as best as I can.

UTMJ: To move the interview in a somewhat different direction, I have a question about the changing nature of the medical field. It's becoming clear that society's perspective and expectations of physicians and of the medical profession in general are changing, for better or for worse. Do you think UofT med students are being prepared for those transformations?

JB: I think my career has taken so many different branches that change automatically seems normal for me. People coming to medical school have already jumped several hurdles. It's my belief that whatever hurdles come in the future, that the students who enter our medical program will be able to handle them. I believe there are several issues that scare some people and don't scare me. One is inter-professional education. When I graduated and went out to my hometown, it appeared to me that there were several people doing things in the community that were medically oriented which I didn't really know very much about. I didn't know what a Victorian Order Nurse might do, what home physiotherapy might do, and what outpatient psychiatric services by counsellors who weren't MDs might do. And I had to learn. So there are many different ways to learn things. But as far as doctors not being respected, or students thinking that the worth of physicians is being eroded, I totally don't buy it. I would take quite the opposite opinion... with the shortage of physicians that exists in this country, which I do not believe will be fixed for decades, the importance of physicians will be stronger than ever. The job opportunities, I believe, will be there for decades to come. So I don't see this as a negative issue at all. I think the rewards of being a physician are as great now as they have ever been.

UTMJ: What non-academic issues do you feel that medical students need to be aware of in order to be better physicians in the future?

JB: I believe that disability insurance, life insurance, managing money... those are all important. I think we live in such an expensive city, and tuition is the high-

est, that somewhere in the curriculum and maybe at the Academy level as well (even though we have great bursary funds), just learning to manage money down the road is very important. It appals me the number of physicians that end up in financial trouble in mid life. I've heard many people say to me: "Why didn't they teach us anything about finances?" I don't know if your generation is going to end up on salaries; if you do, they'll be good salaries and maybe they'll have disability insurance and pension plans with them. But most physicians when they retire, and I'm one of them, will have only what they've managed financially. I don't remember this ever being discussed in medical school, and I don't remember this ever discussed when I was in my residency program. I realise that Student Affairs do address many of these issues.

I also believe there should always be a focus on having a lifestyle. You're not going to be a very happy doctor if you're not a very happy person. We're very lucky in that the student affairs office at the university has done a terrific job, and I'm sure Dr. Anna Jarvis will continue to focus herself, and the staff through Diana Alli, in that direction.

UTMJ: It seems that with each passing year, the requirements for entry into medical school, for specializing, for being involved in the academic and administrative field of medicine are all becoming more complex... or at least, so it seems to many students today!!! What impact will this have on medicine's future?

JB: It's interesting that a lot of physicians I know who have a lot of degrees behind their names often now just put M.D.! I don't think personally that the degrees make the person, but I think some people have tremendous capability and in those cases the combination of Ph.D and M.D. would stand them in good stead in research and clinical practice. However, it's very important that at this university we don't ever make students who are not looking at getting those extra degrees feel like lesser students. I believe that students who find during their four years that they want to be family doctors or community physicians, should be encouraged equally to those that we encourage to do research. I'm very glad you went to this area because I feel very strongly about this. Very few students entering medical school, in my mind, could know what they really want to do, and although we are a recognised research university, we must not overlook those tremendous people that want to be primary care physicians, because they are the backbone of good medical care. We have very good clerkship rotations in family practise here at UofT. I think the responsibilities of being an excellent family physician are tough, and I think it's very tough to train in this day and age, as it always has been.

UTMJ: Has the study of medicine become too competitive, too stressful?

JB: I think that there are different stresses for every class of medical students and for every curriculum. I have problems with the Honours/Pass/Fail system. I was in the H/P/F, then the class behind us voted it out (that was 26 years ago), and now it's back! I believe that anyone who gets a mark of 75%, 78% should be very pleased if that's their average year after year. Everyone says the Dean's letter is there for the strength behind the system, and I agree with that. But I still think that the 75% student is not being recognized as strongly in the H/P/F system as they would be if they could go to a job interview or CARMS match interview and say "I'm a 75% student. I'm not a genius, but I've never been near failing in any course!" I'm not sure if H/P/F really reduces the stress. I've said to students who were worrying about whether they're doing as well as other students, when I thought they were doing well, "you really should only compete with yourself." I think if you take that attitude of being as good as you can be, and use the people on either side of you as friends and resources, that it's a very healthy thing to do in life, not just in medical school. Do I believe that the students are more competitive? No I do not. I think every class has its own history to it, its own culture to it: Some classes are a bit older, some a bit younger, some seem to worry more than others, some are more laid back. But there's competition in all of them. There was competition in my class, we all got through in the end, and I don't think it's changed very much.

UTMJ: Tuition is one of the hot topics for discussion today. Medicine has been at the forefront of rising tuition fees, and many people are concerned that this will

result in the limitation of access to medical education for the lower-income students, or that it may affect medical students' specialization decisions (e.g. many students may be discouraged from pursuing a career in family medicine due to the lower pay). Would you comment on this?

JB: There are two costs for medical students in Toronto. There's the cost of tuition, and there's the non-tuition costs, living being one of the major costs in the second category. When I came to the University of Toronto to go to medical school, and it's still the case, living in downtown Toronto cost 2-3 times what it would cost in many of the other cities, even in the province. So it's not just the tuition fees. The second point I would make is that tuition fees appear very high when compared to other Canadian medical schools, but I know for certain that the bursaries and needs-based money available at UofT are unequalled across the country. Many of these monies are due to the excellent Medical Alumni Association office, and the alumni that donate money every year. I make sure that students know about that. I have asked students many times about the very issue of increased tuition: "Do you know anybody that has stopped coming to Toronto?" I've been surprised that the answer is not that high.

UTMJ: Dr. Bradley, thank you for your time and for giving us this interview. Do you wish to make any final comments?

JB: As the new Director of the Wightman-Berris Academy, I want students to come and tell me what we're doing right and what we're doing wrong. Not just the negatives, but also the positives. And together we will make this Academy the best it can be.



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