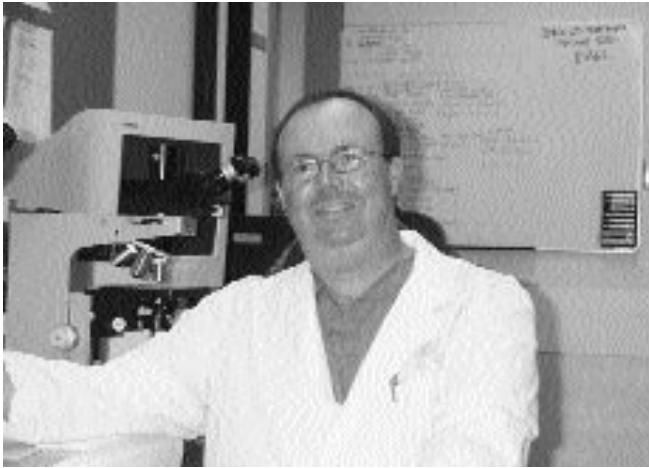


Interview with Dr. William Chapman

course director of the 2nd year undergraduate medicine course, Pathobiology of Disease

Collan Simmons, B.Sc. (0T4)



UTMJ: Where did you do your training and how did you get involved in the Pathobiology of Disease [PBD] course?

WC: I went to medical school at the University of Western Ontario. After graduation, I did a rotating internship. My 1st career choice was urology and I had actually started a residency in urology. When I realized that my interests lay in pathology, I switched into the program at Western [Anatomical Pathology], and then went on to do fellowship training in gynecological pathology at Georgetown University. From Washington, I went back to London and was on staff there until 1993. I moved here in 1993.

Just prior to my leaving London, I was in charge of an undergraduate medical course at the second year level, called "Systemic Pathology". When I moved here I got involved with PBD. The PBD course director knew that I had quite a bit of undergraduate involvement when I was teaching at Western. It began with PBL tutoring and by 1996, I had started doing some lectures. The number of lectures increased over the next few years and by the late 90's I was on the course committee. When the course

director stepped down in 2000, I was probably the person with the most inside knowledge about the course.

UTMJ: What kind of feedback have you received about the course?

WC: The majority of criticisms have been related to the quality of the lecturers. The way that I want to try and deal with that is to identify lecturers who have a good knack for being able to talk to undergraduate students in a lecture format. I want to identify those people, not worry about their qualifications, and have them teach. You don't necessarily need to have those basic lectures taught by the expert in the field. I'm going to try and get a core of people, that I know that the University has, who are good lecturers, to deal with the basic topics. That's not going to be an easy thing that can be done over the course of one year.

UTMJ: Of course at the undergraduate level we aren't expected to learn or be taught at the level of those experts. I expect you will run into some politics or egos as you attempt to implement that plan.

WC: We'll see. I have already solidified some changes we are making for next year, and I haven't run into any politic problems yet. Basically, I deal with 3 major departments that provide the vast majority of our lecturers. All 3 of those chairs are fully supportive of us going ahead with this course and trying to ensure excellence of delivery, as opposed to just getting the world-renowned expert.

UTMJ: As the course is being updated, what types of sources are being used as references?

WC: That is something that comes into collision with the fact that you are using the people who may not be the world experts. The experts are going to have all that

knowledge in their heads as it's unfolding. If somebody goes to teach in a topic that they're not as familiar with, they have to rely on the textbooks to keep them up to date. They're not going to be completely familiar with all the current literature. Something else I certainly rely on, when I'm teaching in an area I'm lacking expertise in, is finding an expert and talking to them. I try to anticipate any possible questions that could be asked of me in class. I probably find that more useful than a good textbook.

UTMJ: Now that you are course director, what are your future plans for the course?

WC: The content of the course is constantly being updated, as medical knowledge changes and shifts. That is a process that will continue and will reflect the changes in the basic sciences as they apply to medicine. At a more structure level, the course that I inherited was based rather loosely on the structure of the Robbin's "Pathologic Basis of Disease" textbook. It's an excellent textbook, so there's nothing wrong with trying to maintain that structure. However, there was a little bit of looseness to that structure, which has been pointed out to me by several students. Good textbooks are good textbooks, because they are organized. It doesn't make sense to put things hither and yon throughout the course. So I would like to put the topics in a more structured arrangement.

UTMJ: There were a couple of occasions this year in which lecturers were presenting their own research, and they did not clearly delineate between generally accepted ideas and their own theories. Are their changes in the works to address this?

WC: The way I would like to see the lectures done is to take the individuals that we are trying to identify as being the good educators, and have them take a topic and teach it. They would teach what is universally agreed upon, and if there is a little controversy, they would present it as controversy, rather than one theory being correct. We are looking to make one change in the course for the next year; you may recall towards the end of the course, Dr. Robert Kerbel, who does some very cutting edge research in angiogenesis at Sunnybrook, came in and talked to the class. That was listed in the syllabus as part of the "Distinguished Lecturer" series. Well, it was a series of one, but I would like to expand it next year to once a week. When we have someone who is doing cutting edge research, possibly controversial research, we could have them come and talk about their research experiences. It would introduce students to the high

level of research being performed at this University and let them know just how these individuals are doing their research.

UTMJ: I remember the excellent lecture given by Dr. Kerbel. That brings up an interesting phenomenon: As an undergraduate medical student at the University of Toronto, there seems to be sort of a "credential creep". There is more and more pressure for us, the undergraduate medical students, to go the research route as U of T exerts itself as the preeminent research University in Canada. Where do you see this leading in the context of a physician shortage?

WC: That's very interesting and certainly something that comes up for discussion all the time. Because it is in the mission statement of the University to train the academic leaders of tomorrow, it often means our graduates aren't going to be providing high volume service. That is something that probably becomes a bigger issue at the postgraduate, rather than undergraduate level. On the one hand, we are saying that we need more residency positions, but we're also saying that we want to train these people to be somewhat less productive from a throughout perspective.

It's something that I certainly don't have any answers for, but when the "powers-that-be" talk about it, they recognize that although training researchers is part of the mission statement, the University of Toronto will still end up producing many people who are non-academic family practitioners or specialists. Although it is a goal of the University to support research, it's also a realistic understanding that that's not going to happen in all cases. There could be a little bit more hype about it here, than at other Universities.

UTMJ: Are there any education changes that you plan to implement during your reign as course director?

WC: I'm not planning on doing anything except what I've been talking about. There are some things that would be nice if we could do them, but circumstances prevent us from doing those things. One of the things that I would like to have done is to have the 9 or 10 "Clinical Correlation" sessions taught in small groups. I think they would have been much more effective taught in groups of 15. But there's absolutely no way I would have been able to recruit enough tutors to break down into small groups. It's just an impossibility. It's one of the questions that always comes up, "I pay a lot of tuition here, why is it an impossibility?" I don't know the answer to that but there are no University funds that go into any incentives for anybody that I could recruit.

UTMJ: As I understand it, physicians are paid a salary by the hospitals, and a certain amount of teaching is expected. It sounds like you are running into the tutor shortage that every course is running into, including the clinical courses.

WC: Basically, we can just barely recruit for PBL. So if I was to try and recruit for some other sessions on top of that, it would be virtually impossible. Every physician comes in with an expectation of teaching in addition to their service. Most of the people that we are recruiting for my course are pathologists, but what has happened is that a lot of programs in Toronto have expanded, which has increased the demand for service, with pathology departments not necessarily growing in proportion. Increases in cancer services have had a very major impact on pathology, but the number of pathologists hasn't increased with that. It's even difficult to find people to fill vacant positions, because it's so under-serviced at the present time. In PBD, one of the most problematic places for quality of tutoring was Fitzgerald Academy. The main reason for that was the St. Michael's hospital pathology department had a staffing crisis, which they are only just now starting to pull themselves out of. They ended up having some unacceptable tutoring situations: there was one group at Fitzgerald that ended up having a different tutor each week. There's nothing the University can do to change that. That's a hospital-based issue.

UTMJ: What are the differences between the introductory pathology course that you took and how it's taught now?

WC: When I was an undergrad at Western, we had a pathology course, but the PBD course is the equivalent of what I took as pathology, immunology, genetics, and microbiology. The pathology section was taught with the Robbins textbook, so in a sense the course structures are similar in that they cover the same topics: inflammation, cell pathology, neoplasia, etc. But if you were to compare the Robbins textbook of today to the 1980 version, other than having the word Robbins somewhere on the outside cover, the content within would be drastically changed. I think some things stand the test of time. A good structure is still the best way of teaching, where topics go in a logical sequence, and are not hit and miss. I don't think I would do very well in an all PBL format. I like to learn things in a logical sequence. I still believe in an orderly lecture-type format. It worked for me when I was an undergraduate medical student.

UTMJ: In future years, will there be an increased focus on the

aspects of biochemistry, biology, and molecular genetics, as they apply to the course?

WC: That's what the Undergraduate Medical Education Molecular Medicine Curriculum Working Group is supposed to be doing. The Dean has given this committee the mandate to go ahead and increase the amount of "Molecular Medicine" that is taught to undergraduate medical students. Of course, the reality is that we are already doing quite a bit of it now. In fact, we may be doing more than we should be. What we need to do is to teach these molecular concepts so that people can understand they are relevant to clinical medicine. That's perhaps an area we need to improve. I feel this should be taught by people with good educational skills and who are attuned to clinical relevance of the topics. That's who I feel should be doing the bulk of the teaching, but as I said, we will also bring in some distinguished lecturers to talk about some very specific topics. As far as PBD is concerned, the working group realizes that we already teach a significant amount of molecular medicine, and now the goal is to teach it in a way that emphasizes its relevance to the practice of medicine.

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