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## Undergraduate medical education

Two articles and a commentary in *Quill on Scalpel* address the important issue of the role of surgery in the undergraduate curriculum of Canadian medical schools. The time allocated to surgical specialties is diminishing with increasing frequency. This rightly concerns practising surgeons, given that students are expected to make early decisions regarding career choices—decisions that, by necessity, must be made before students have been adequately exposed to the many branches of surgery.

Prior to the significant subspecialization now seen in surgery, it was easier to sell surgery as a subject: “surgery” meant general surgery. All physicians were expected to have some knowledge of surgery and to participate to some extent in the surgical management of patients, either referring the patient for consideration for a surgical procedure, assisting at operation or providing care after the patient’s discharge from hospital. With increasing subspecialization and a greater concentration of surgeons in larger communities and in larger hospitals, the details of surgical practice for many physicians have become irrelevant.

It is possible that those people responsible for the medical school curriculum sense that most of the students have no particular interest in or predilection for the practice of surgery. Such an assumption is easily

made, since most students entering medical school express no interest in surgery, having never been exposed to the specialty. Therefore, surgical teaching, except in its most rudimentary form, can safely be ignored by most students, and those students who do have an interest in surgery can satisfy their interests through the elective experience.

This attitude of educators may well be responsible for the significant decline in applications to surgical specialties for postgraduate training—declines that have been noted across Canada in virtually all surgical specialties. Students who are not exposed to surgery at the undergraduate level in a comprehensive and appropriate manner will have no knowledge of a surgical career or of what’s involved in the surgical lifestyle and will be unaware of the tremendous satisfaction that comes from helping a patient by means of a surgical procedure.

I am delighted that this issue of the *Canadian Journal of Surgery* contains important papers and insightful comments on how we can improve the undergraduate medical school experience in surgery; in so doing, we hope to rekindle medical students’ interest in the surgical specialties.

**James P. Waddell, MD**  
Coeditor

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