
Correspondence

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THE UTILITY OF THE SURGICAL CLERKSHIP ELECTIVE

During the clerkship period of medical education, most Canadian medical students are required to complete electives in 1 or more areas. For students interested in a surgical career, electives provide an opportunity to enhance the base of surgical knowledge, to gain exposure to surgical programs in Canada and abroad and to increase competitiveness for residency matching.

As a fourth year medical student at the University of Manitoba, D.S. pursued an elective in general surgery at the University of Ottawa. The choice of preceptor arose from a personal connection and from that individual's position within the faculty. The geographic site, although initially not a significant factor, became more important during the planning process. As the student began to weigh various sites as potential training locations, licensing issues made the choice of an Ontario school, and the potential to receive training in 2 provinces, increasingly relevant.

The student and preceptor established a number of objectives to provide structure to the elective period. They included the following:

- Operating room exposure, including basic technique of operative dissection and suturing.
- Ambulatory clinic exposure, including assessing patients independently and observing procedures carried out in the office.
- Exposure to the University of Ottawa as a location for residency training.
- Obtaining a letter of reference for the CaRMS (Canadian Resident Matching Service) application.

To measure whether these objectives were achieved, the student maintained a log book of clinical and re-

search activities throughout.

During the course of the elective, it became apparent that although all of the objectives were being met, the quantity of clinical material was relatively small. This was largely due to the overlap of the elective with the Royal College of Physicians and Surgeons of Canada and American College of Surgeons meetings, as well as the presence of University of Ottawa students competing for case material. These problems had been anticipated. In comparison with the student's previous rotations and electives, the quality of teaching by both residents and staff was superior, yet there was considerable overlap between this and other rotations. The presence of an additional student on the surgical service meant that the experience of medical students from the University of Ottawa was also somewhat "diluted."

What was of great benefit to the student, however, was the opportunity to spend a significant amount of time at another institution. The objective of gaining exposure to Ottawa as a potential training site was more than sufficiently met, and conversations with both residents and staff were of tremendous value. Overall the elective was considered by the student to be an excellent experience as measured by personal "enjoyment." Whether it added significantly to the student's medical education is not yet established.

In defining the purpose of an elective in the fourth year of medical school, DaRosa and associates¹ found that most program and clerkship directors, as well as residents, believed that the clerkship should add breadth to general medical education outside the student's chosen discipline and provide prerequisite experiences in the chosen career field. A higher percentage of directors than residents believed that electives should be chosen

on the basis of adding to a student's general medical education. However, an American Association of Medical Colleges survey² revealed that students felt the pursuit of a residency was either a primary or major influence on their selection of electives, especially for those pursuing surgical careers. The same survey also found that most students applying for surgical residencies were told by 2 or more program directors that an elective at their institution would prove advantageous for the selection process.

The majority of descriptions of surgical programs in the CaRMS manual state that the student's interest in a particular field can be demonstrated by electives in that field.³ This reinforces the "preresidency syndrome" described by Swanson,⁴ whereby students choose courses and electives to enhance their appeal as a candidate for the match, and the concept of an "audition elective," described by Fabri, Powell and Cupps,⁵ used by senior medical students to increase their competitiveness for the match.

We propose that program directors should, on a national basis, develop strategies to more closely align surgical electives with their educational objectives.

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References

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 3. Canadian Resident Matching Service. *Program handbook and director. 1997-1998*. Ottawa: The Service; 1996.
 4. Swanson AG. The "preresidency syndrome": an incident of epidemic of educational disruption. *J Med Educ* 1985; 60:201-2.
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ETHICAL ALLOCATION OF SURGICAL RESOURCES

I congratulate the editors for publishing the article by Dr. Michael Gross, entitled "The ethical allocation

of scarce resources in surgery: implants and costs" in the December 1997 issue (page 421).

Many excellent comments on the specifics of the article were published in the same issue. I would only add that in the Capital Health Authority in Edmonton, standardization of prostheses in orthopedic surgery has been one of the few things that have gone very right. Three years ago, all 27 surgeons in the region agreed on a contract for prostheses with 2 main suppliers. This action has reduced costs by over 35% and has provided a wide inventory of prostheses to meet all patient needs and surgeon concerns. This process was surgeon driven and controlled.

I think Dr. Gross speaks to a broader issue and that is the frustration that physicians and surgeons feel across Canada with health care reforms. In many areas of the country, physicians and surgeons have been disenfranchised from the process, and

decision-making has taken place with little regard for patient interests or with token medical input. After almost 4 years of restructuring in Alberta, many of the original problems remain (i.e., lack of beds, staff, equipment and operating room time).

In my opinion for health care reform to be a meaningful exercise, health care providers must be at the forefront of the reform. I think we all fully realize the financial constraints that the health care system in Canada must deal with. However, if decision-making is left to the "bean counters," the system as we know it will not survive.

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Notices

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Update in general surgery

The University of Toronto's Faculty of Medicine will present a conference entitled "Update in general surgery" from Apr. 30 to May 2, 1998, at the Sutton Place Hotel, Toronto. Credits are available for MO-COMP and AMA Category 1. For registration information contact: Continuing Education, Faculty of Medicine, University of Toronto, Room 121, 150 College St., Toronto ON M5S 1A8; tel 416 978-2719, fax 416 971-2200

Wound care symposium

The Prairie Skin and Wound Committee and the Canadian Association of Wound Care will host a symposium entitled "Western Canada wound care symposium: meeting the challenges of the future" at the

Winnipeg Convention Centre, Winnipeg, from May 13 to 15, 1998. The conference provides an interdisciplinary forum where participants will learn about new educational and research developments in wound care. The sessions and interactive workshops will cover such topics as education, interdisciplinary wound care, diabetic ulcers, pressure ulcers, venous stasis ulcers and vascular assessment. Participants will have an opportunity to interact with leading experts and colleagues from across North America. For registration information contact Christine Paley, The Medicine Group Ltd., Ste. 610, 3 Robert Speck Parkway, Mississauga ON L4Z 2G5; tel 905 896-2800 or 800 667-4134, fax 905 896-2850, email medgroup@passport.ca or register Online at <http://www.wound-care-mtg.com>

International Federation of Societies for Surgery of the Hand

"The future at hand: sharing knowledge towards the 21st century" will be the theme of the 7th Congress of the International Federation of Societies for Surgery of the Hand (IFSSH). The congress, hosted by the IFSSH and MANUS Canada will be held from May 24 to 28, 1998, at the Vancouver Trade and Convention Centre, Vancouver, BC. For further information contact: Conference Secretariat Events by Design, 601-325 Howe St., Vancouver BC V6C 1Z7; tel 604 669-7175; fax 604 669-7083; 74117.273@compuserve.com

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