

Altering in System of Medical Treatment on Study in Alaska

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This year, a young doctor from Chicago is in Alaska trying to start a small revolution in the system of medical training used today. What may result from the doctor's work is a new type of decentralized medical school, able to train doctors in Alaska for all of the varied situations they must face in the vast areas of the state.

Peter S. Rosi, a young surgeon who teaches at Northwestern University Medical School is in Fairbanks to enlist Alaskan support for a pilot program in medical education which could result in a University of Alaska Medical School.

Funded by a 6-month PHS grant, the doctor is speaking to university, AFN, state and medical leaders across the state to try to enlist their support for a new concept of medical

education developed by a group of educators, physicians, and design technicians at Northwestern University.

What the project provides for is a medical school without a campus. Students would be assigned to preceptors, specially trained doctors in all areas of the state, who will instruct them in clinical methods.

Rather than working in one large university hospital, the students will work with one doctor or a group. They will be alternately assigned to private physicians, PHS facilities, military hospitals and all of the varied areas and types of situations in the state.

From the time he begins medical school, the student in this program will be involved in medical practice. He will work with one or more doctors, another medical student and other medical paraprofessionals as part of a medical team.

At the same time, he will receive his "classroom" training from a highly sophisticated programmed instruction program. The method has been developed to include tapes, slides, microscope, books, practical learning and other innovations which result in a complicated "game" of learning.

Built into the programmed system are examinations, instructions to obtain special instruction

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and a method of teaching the student how to extract information he needs from available facilities. Studies have proved these programmed training packages as effective, if not more, than standard classroom methods.

Why a new method? What is wrong with medical education today?

If a medical school for Alaska must be the conventional massive university hospital type, Alaska will never have such a facility in the foreseeable future.

No city in Alaska, not even Anchorage, has enough people to support such a research-teaching facility. Also, the State does not have the money.

A new medical school at the University of Massachusetts cost the university \$120 million before admitting the first patient.

"Also," explained project missionary Dr. Rosi, "conventional medical schools train doctors to minister to white, middle class, urban patients. Medical students tend to come from the top 5 per cent median group. The high cost of medical school locks out many of the most able young people, who can't afford ten years of expensive higher education."

Under the preceptor system, doctors will be evaluated on their ability to practice good medicine and to teach students. They will be brought up to date on the newest methods, continually educated and paid for their teaching services.

What the program does not need is expensive buildings, since clinical work will be done in already established facilities.

What the program needs to become a reality is the concerted support from the Alaska State Medical Association, US, AMU, and AFN and the state government—support strong enough to push through a federal grant which would allow the program to start in 1973. This is Dr. Rosi's mission in Alaska—to obtain this support.

Some of the support is already forthcoming. The UA has endorsed the program.

In January, Dr. Rosi will fly to Anchorage to confer with

Lloyd Sutton, Chairman of the Health and Welfare committee of the AFN, seeking that group's strong support.

The University of Missouri in Kansas City has already adopted a preceptor-programmed learning system, similar to the pilot project proposed for Alaska.

What Alaska provides, for the specialists at Northwestern University who developed the medical school pilot project, is an ideal experimental area—which the decentralized system should suit perfectly.

"One of the opportunities it provides, is that of developing more flexible standards of admissions," explains Dr. Rosi. "Instead of restricting medical school to people with three or four years of college and good grades, we may be able to open it up to those with other experience."

"It might include those with experience in nursing, social work and other health related fields. While medical schools are moving towards more flexible admissions standards across the country, there is no way yet to evaluate previous experience to make it applicable to the student's further training. We think we have those methods."

Right now, Dr. Rosi hopes to speak to young people interested in medical or paramedical education, trying to find out how wide interest it:

"Other medical schools are based around a building, one location. What we are trying to develop in Alaska is a program based in Alaska and open to the world," Rosi proposes.

"It may include contracting other medical schools to provide specific instruction, bringing the students and doctors to two week sessions for specialized training, allowing specific students to study for short periods anywhere in the world."

This spring, when his PHS grant runs out, Dr. Rosi will return to Chicago, hopefully with support to back a federal grant proposal.

He expects to return in June, with his wife and nine children, to work towards making this plan a reality.