

Our Future Physicians-Choosing the Brightest and the Best Candidates

They're bright. They're multi-talented. They're imaginative. They're passionate and compassionate. Who are they? American Idol contestants? No. These impressive young men and women are McGill Medical School applicants, some destined to become our future doctors! And when I pile on the praise, I know of what I speak. I've had the pleasure of interviewing many of them.

Well, to be honest, the interview process is not totally pleasurable. While meeting such a group of talented candidates is thrilling, having to rank them, with the understanding that some highly competent ones have to be turned away, is agonizing. Since I suspect most people do not have a clear idea of the process used to select the 174 students who will begin their medical school odyssey next September, I thought it might be interesting to provide a little insight. After all, we as taxpayers will be investing several hundred thousand dollars in the education of each of these prospective physicians.

It all starts with about 1500 applications that the University receives. The candidates' grades are all spectacular, the letters of recommendation glow with enthusiastic support and the MCAT (Medical College Admission Test) scores are impressive. The MCAT is a standardized, rigorous, North America-wide exam geared to testing reading comprehension, writing abilities and knowledge of the basic sciences. Easy it is not! I admit to having a significant problem with some of the chemistry questions. Applicants also submit an autobiographical letter, expressing their thoughts on a prospective medical career, along with a description of their backgrounds, activities and interests. Over the years I have read hundreds of such letters and have been amazed at the breadth of accomplishments and areas of interest. These students play instruments, have diverse hobbies, get involved in research projects, engage in all sorts of sports, act in theatrical productions, speak multiple languages, travel to exotic places and perform a range of volunteer activities. The wow factor is high!

You can imagine the formidable job of whittling down the number of candidates to the 450 or so who can be invited for interviews. Quite a challenge for the Admissions Office! And then comes the daunting task of putting the fortunate candidates through the interview wringer. Like many other medical schools, McGill has adopted the Multiple Mini Interview format, quite a change from the standard thirty minute one-on-one interview. Candidates have to cope with ten different structured scenarios, some involving actors, each thought to be pertinent to the practice of medicine, and designed to assess personal traits and qualities such as communication skills, decision making abilities and reasoning aptitudes. The interviewer either interacts directly with the candidate or watches as the scenario unfolds.

What sort of scenario? A student may be asked to take on the role of a passenger on an airplane sitting next to a traveler (an actor) who has not flown since 9/11 and is now gripped with fear. While there is no "right" or "wrong" course of action, the candidate's response can offer insight into his or her ability to handle a difficult situation. Is the legitimate nature of the concern recognized, or is it treated too lightly? Is there an attempt to separate the intellectual response of low risk from the emotional response of anxiety? Are there attempts to quantify the risk by thoughtfully discussing the safety of air travel and the security procedures that are now in place?

Or a student may have to confront the situation of a colleague knowingly prescribing a placebo treatment to a patient suffering from inexplicable fatigue and muscle aches. Is there recognition of an ethical issue here? Is it acceptable for the physician to deceive the

patient in this fashion? Should the doctor be acting on what he perceives the patient's needs are, or does this conflict with patient autonomy rights? Evaluation is based not on what the candidates' beliefs are, but on the thoughtfulness of supportive arguments.

After the completion of each eight minute scenario, interviewers rate the candidate's performance numerically based on specific pre-determined criteria. Averaging the ratings over all the scenarios hopefully corrects for hiccups in the performance of the candidate or the interviewer. The final decision to offer a spot to a candidate is made based upon grades, MCAT performance, the autobiographical letter and the interview.

There is no question that the system is fair and ensures a class of students who embody the characteristics we would like to see in our future doctors. But what about the candidates who went through the whole process and didn't make the cutoff? Are they not cut out to be doctors? The truth is that the differences are marginal, and we could select another excellent class of students from the "rejected" candidates. We suffer from an abundance of riches. So what happens to these students? Some will forge successful careers in other fields and some will be accepted in other North American or "offshore" medical schools.

I know that eyebrows are raised at the mention of these Caribbean schools. Mine used to be. But then last month I was invited to visit St. Georges University in Grenada and had an eye-opening experience. The campus is spectacular, flowers, greenery and ocean views all around. But that doesn't really matter. What matters is that the facilities are excellent, the faculty I met certainly appear to be first rate, and the care shown for every aspect of students' lives is exemplary. As far as curriculum goes, the same as in any other medical school. Rigorous and challenging!

I had the chance to sit in on lectures, visit the labs (the anatomy lab was particularly impressive) and engage students in discussions. They exhibited the same traits of excellence as any medical student anywhere. They work very hard and spend most of their time studying.

Only the first two years are spent on the island, the clinical rotations that take up the third and fourth years are all at hospitals in the U.S. Most graduates go on to residencies in the States, and end up practicing there. Too bad for us. I met a large number of outstanding Canadian students at St. Georges who would love to come back and practice in this country, but find it difficult because of regulatory hurdles placed in their path. In light of our current shortage of physicians this is most unfortunate. We have a pool of highly capable Canadian students graduating from St. Georges University every year who are willing and able to fill the gaps of our physician shortage. Should they not be given the chance to do so? The bottom line here is that the future of Canadian medicine is in good hands, but unfortunately there are just too few of those hands in Canada.

Joe Schwarcz



Canadian Students Association at SGU