

approached his family. On obtaining their sanction he inserted the endotracheal tube and proceeded with ventilation and other therapy. When the patient walked out of the hospital some days later, he thanked Dr Udwardia for overruling his own decision and restoring him to his wife and family.

Dr Udwardia also talked about the unhappy failure of teachers in medical colleges to develop the love for art, literature, history, music and the other humanities in their students. These are very potent counters against selfishness, avarice and arrogance. They help us see our patients as persons and enable us to treat them with kindness, sympathy and caring—powerful elements in the healing process. He lamented that technological advances had triumphed over the treatment of the patient as a person. As he spoke, I was reminded of Martin Luther King's statement: 'Our scientific power has outrun our spiritual power. We have guided missiles and misguided men.'

I observed the manner in which he talked and discussed somewhat complex medical topics with admiration. I recalled the experiences of some of those fortunate enough to be his students. Dr Sanjay Pai, well known to readers of this *Journal*, had described a couple of instances that remain etched in my mind.

'While I was an undergraduate student at J.J. Hospital, I saw a professor walking into the outpatient clinic, leading a patient by the hand. I wondered what this was leading to and slowly realized the point he was trying to make. The young woman in her mid-twenties was one of our early patients with HIV/AIDS and among the first few cases in India. By holding her hand, Dr Udwardia taught us a lesson in compassion that I have never forgotten.

'That was not the only lesson I learnt that day. Earlier in the day, as I waited for the lift on the ground floor, we saw him dash past us and charge up the stairs to the seminar hall on the sixth floor. As we sheepishly followed him, he taught me two other lessons: never be late for a meeting and lifts are for those unable to run up the stairs.'

The humility that characterizes Dr Udwardia was especially evident when Dr C.S. Ranawat admitted Mr Atal Bihari Vajpayee

to the Breach Candy hospital for surgery on his knee joint. Dr Udwardia was responsible for the perioperative medical care of the patient. National curiosity on the medical progress of the Prime Minister had reporters on the hunt for the latest updates from the hospital consultants. We had daily statements from Dr Ranawat and his colleagues in our newspapers. There was no word from Dr Udwardia. On enquiry I learnt that when he was approached by news and television journalists, he gently but firmly guided them to the hospital spokesman. There was a similar absence of Dr Udwardia's name from newspaper columns when Mr Dhirubhai Ambani and Mr Amitabh Bachchan were treated at the Breach Candy hospitals.

Dr Udwardia's books, like his talks, are models of how information—though complex and erudite—can be conveyed simply and effectively. Readers who have not yet had the good fortune of reading them would do well to look them up in the library. I specially recommend three of them:

1. Udwardia FE. *Man and medicine: A history*. New Delhi: Oxford University Press; 2001. This book has a wide scope, encompassing as it does the history of medicine.
2. Udwardia FE. *The forgotten art of healing and other essays*. New Delhi: Oxford University Press; 2009. Essays and talks delivered in a variety of settings have been brought together here. Dr Udwardia has taken Hippocrates' statement as his basis for these essays: 'Wherever the art of medicine is loved, there is also a love of humanity.'
3. Udwardia FE. *Beside clinics in medicine*. Oxford, New Delhi: Oxford University Press; 2009. Transcripts of 20 clinics conducted by Dr Udwardia at the patients' bedsides are provided here. A variety of illnesses are discussed. The reader is made to sit in at each clinic and witness the elicitation of history and physical signs, discussions between medical students, resident doctors and Dr Udwardia and the decision-making on tests, diagnosis and treatment. Dr Udwardia's wide experience enhances these accounts as he provides nuggets from the case notes of earlier patients.

SUNIL K. PANDYA

Letter from Bristol

STUDENT SELECTED COMPONENTS IN UNDERGRADUATE MEDICAL EDUCATION

'A system of medical education that is actually calculated to obstruct the acquisition of sound knowledge and to heavily favour the crammer and grinder is a disgrace.'

This extract from a speech in 1876 by Thomas Huxley may strike a chord with some readers of the *Journal*. It is abundantly clear that good doctors are not mere encyclopaedias of medical literature, but require a range of competencies, skills, values and attitudes that they ought to be developing during medical training. How to

incorporate these into the undergraduate medical curriculum along with the ever-growing body of core medical knowledge appears to be an increasingly impossible task. To address this challenge, the General Medical Council (GMC), the statutory body responsible for setting standards for medical education in the UK, issued the first edition of *Tomorrow's doctors* in 1993. These were a set of guidelines designed to reform undergraduate medical teaching and bring it into the modern era. Among the key themes of this document, it noted Huxley's criticism and expanded on it stating that due to the 'gross overcrowding of undergraduate medical curricula' the 'scarcely tolerable burden of information that is imposed taxes the memory but not the intellect' and that 'the emphasis is on the passive acquisition of knowledge, much

of it to be outdated or forgotten, rather than its discovery through curiosity and experiment'.¹

One of GMC's key recommendations to address this problem was the introduction of Student Selected Components (SSCs). The goal of the SSCs is to supplement the prescriptive 'core curriculum', wherein medical students learn the essential skills and principles to enable them to perform safely as junior doctors, with opportunities to study in-depth individual aspects of medicine that they find particularly interesting.² In doing so, medical students acquire the skills and attitudes towards learning that they will use throughout their career, long beyond their graduation. Although initially suggested to make up to a third of the undergraduate medical curriculum, the latest edition of *Tomorrow's doctors* puts the proportion at a 'minimum of 10% of course time'.

The SSCs in the Bristol Medical School are 3–4 weeks long projects (varying by the year of study) and commonly include literature reviews, clinical audits, clinical attachments, educational courses, creating teaching materials and research projects.³ Although the majority of SSC topics are based within the medical specialties and sciences, their remit can often span topics as diverse as history, literature and cultural issues. Creative and independent thought is particularly encouraged. However, the projects are required to be academically rigorous and one of the criteria the student is assessed on, is the ability to reflect on how the experience could help them be a better doctor.

Despite the variety of potential projects there are several key themes that run through the majority of SSCs.⁴ The first of these is to provide students with an opportunity to pursue a subject of personal interest beyond the confines of the core curriculum and broaden their intellectual horizons. For many, the projects may help deepen their interest in the specialty they might follow and crystallize it into something more than a vague ambition. Often the experience is eventually expressed concretely in future career choices. In this sense SSCs can play a vital part in allowing students to get the flavour of certain areas of medicine to tell if it is for them. This is particularly true for smaller specialties that may not be explored much as part of the core undergraduate medical curriculum. Conversely, for the student who already knows their desired specialty SSCs can provide an invaluable opportunity to show commitment early on, and provide the opportunity to work on and produce audits, presentations, posters or even research papers. These may enhance their CVs and put them in a competitive position to pursue their future careers.

Another common theme of SSCs is to develop the essential skills of researching and critically appraising the scientific foundation of clinical practice.⁵ For example, SSCs often involve students choosing a controversial clinical question and doing a literature review of the available evidence, ultimately reaching a conclusion as to the recommended clinical practice. Mastery of these skills is vital as clinicians must now be able to keep abreast with new developments in their field and, when faced with less familiar clinical problems, search the available evidence on the subject and then digest the results. Since no curriculum can provide students with a mastery of all facets of modern clinical

medicine, SSCs instead can help provide them with the skills and intellectual appetite to continue their learning long after they have been handed their medical degrees.

SSCs also promote the development of a variety of other transferrable skills such as those for self-organization and time management, ability to seek appropriate supervision, information collecting, critical analysis and reflection.⁴ Students are required to consider appropriate ethical, legal and confidentiality issues arising during their work and adhere to good practice standards. Communication skills are also commonly improved by means of the SSC assessment medium. For example, oral presentations enable students to talk about a subject clearly and concisely and build confidence. Furthermore, producing the final written report challenges students to write effectively within a strict word count, appropriately cite references and meet deadlines.

Although primarily for the benefit of medical students, SSCs are often valued by supervisors. The opportunity to guide motivated and intelligent young minds and help them navigate through complex issues, and get them interested in an area of work can be very satisfying. Medical students often bring new energy and enthusiasm to ongoing work and discussions during supervision may lead to the development of new research questions. Students sometimes get inspired to work on projects beyond the life of the SSC and longer term mentor–mentee partnerships are forged.

The scope, ambition and eventual success of such projects depend on the motivation of the student (as well as the supervisor). However, they are marked components of the medical curriculum and therefore taken seriously. Although it might seem paradoxical that, at a time when there is huge pressure on the medical curriculum to squeeze an increasing body of medical knowledge into a few short years, a significant amount of the course is set aside for the pursuit of learning beyond and superfluous to that body. However, as we hope to have elucidated, focusing on equipping students with the skills and attitudes to continue being life-long learners, such as those fostered by SSCs might be one answer to address this complex issue.

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