

THE STUDENT'S VOICE

An Interview of Erik Scherman



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Jan van Dalen
Associate Editor,
Education for Health

Can you begin with introducing yourself?

Surely. My name is Erik Scherman. I am a sixth year medical student at Linköping University, Linköping, Sweden. I grew up in a city in the west of Sweden, Uddevalla, where my parents lived. I quite enjoy the coast and the sea life. I wanted to become an engineer when I was a teenager. I actually started to study engineering but after one year I took a break at the military, at the Navy, and I started to think about going to Medical School instead. My dad is a doctor, an ophthalmologist at Uddevalla.

So you got a realistic perspective on what it is like to be a doctor?

Yes. When I was really small I wanted to become a doctor but then I thought my dad worked too much. So I said I would never become a doctor, working too much. And I also said I never wanted to do the same thing as my dad. But then I moved out of our home and I got another perspective. I could make an independent decision about my future: not the same as my dad and not exactly the opposite. And I am very pleased that I made that decision, because I have been very happy being a medical student ever since I started. I really look forward to being a doctor, I think that is more my style than being an engineer.

How are you going to avoid working too hard then?

I think, for one thing I don't want to have a job at a big university hospital, but perhaps in a smaller hospital or a Primary Health Care Center. And second: I think it is possible to have an influence on your working situation if you want to. You don't have to work so hard if you don't want to. I hope to organize things so that I can spend some time at home, with my family. I am not sure yet what specialization I will take. But GP is definitely one of the possible choices for me. I also find surgery quite exciting. I think the internships are good ways of finding out what kind of specialties you prefer, and I find the residency very informative in that respect too.

What kind of doctor do you want to be?

I really find the human aspects interesting, to meet with the patient, to talk with him or her, and to be on the patient's level and those things. Of course it is also necessary to take advantage of the technical progress to do a proper judgment of the patient's situation but it has to start with the communication. Then you can zoom into what you think the diagnosis is and to do laboratory tests.

Do you think that your school has prepared you sufficiently for those communication aspects of dealing with patients?

Actually, that is what I am most pleased with in my education, because from the very beginning we had contacts with patients. We have what is called the "strand of communication skills practices" once every second week where we visit a Primary Health Care Center as a group of seven students. We did this during the first five semesters, with the same students visiting the same Primary Health Care Center. The same General Practitioner and Psychologist were helping us. That is also good, because we got to know each other and learned on a deeper level that way. Our group changed a bit, because some students took breaks, so it wasn't exactly the same group all the time. But you get to know each other and give constructive criticism so it is a mutual progress. We had patient conversations with a camera in the room. After the conversations we watched the tape with a doctor and a psychologist in the room and we discussed what had happened, how we looked upon it and what could be done better. The General Practitioner and Psychologist gave some tips on how to do things better, and fellow students were very important too.

What other parts helped you to become a good doctor?

Let me see. . . I think the next aspect that is really essential is the clerkship. You are attached to a clinic, and take part in the everyday care of the patients and you follow a doctor and see what he does, watch him, judge whether you think it is good or not. . . see many role models. It is exciting to be with a doctor. It's your own future profession. We also have an assignment with the doctor, to plan the day and what things we are going to do. Of course as a student I know what level I'm at, the doctor can't possibly know that, so we plan the clerkship

together. Some of them just want us to listen, but some doctors are eager to listen to us as well. That is part of the everyday student influence that I think is very important.

Would you say on the whole you are able to influence that curriculum of your school?

As a matter of fact, I am the student representative of a group that was created to revise the curriculum, so personally I think I do.

Do you feel that you are taken seriously?

Yes, very much so. It is not always very easy for me to know what the other students think, so that is one drawback. I work very hard, there are so many diverse opinions among the students. I have connections with our students' associations. That way I can try to get a more general picture of students' opinions, and I talk with my student mates. I am the only student in our committee of 5. Yes, I think we have enough influence.

What aspects of the new curriculum do you think will be improvements?

We have great expectations. Currently there are some problems. For example about students' awareness of how they progress through the years. Therefore we created theme groups to plan a longitudinal part of the course. Among these is the large theme: attitudes and public health. I wrote an abstract about that, which is actually the reason I am at this conference. Another problem area is how clerkships are organized. Throughout the semester we have 3 days clerkship each week. Next there is one day of optional lectures along with studies, and one day lectures in the PBL-base group. That makes the clerkship fairly scattered. Now we changed that: blocks of four weeks clerkships and one week of study. We also increased the duration of the clerkships to blocks of four weeks. Of course we can't visit all the clinics, but it is important to see all the aspects of the hospital. It takes you almost a week to begin to understand the culture at a certain department.

Did you also improve the preclinical phase?

The preclinical phase is divided into two phases: the healthy body and the sick body, how it works. So we go through each organ system twice, and the problem has been that there are not always sharp lines between these, some things have been addressed twice and some were absent. I think that will improve; we shortened the first phase and we now study concepts in that phase. Most of the anatomy is also in part one. The second phase will be more about sickness and disease and what can be done about that.

Would you want to have followed that curriculum?

Yes, but the system we are in now has been well established, and that also has its advantages. Pioneers always have a rough time. And the group has

increased; when I started we had 40 students each semester, now we have 60. Many students are not sure that the University can cope with this many students. Or the clerkships. We already go by bus two hours to some of our clerkships, including those in rural areas.

Rural areas? What are they like in Sweden?

Small villages, with a Primary Health Care Center, perhaps a few shops and a library. Basically the Primary Health Care Center works in the same way in those small villages as they do in the bigger cities. The difference is in the population, not in the number of Primary Health Care Centers to patients. The problems you see in the cities are different from the problems in the rural areas. And I like the mentality of the people in the rural areas which is sometimes quite different from the city. Patients in the rural areas are much more patient than in the cities, where they can be quite demanding sometimes. There are a lot of stressed people with their own types of problems... We have a big problem in Sweden now with long unemployment because of illness. After 5 months the chances of going back to work are quite small. These problems take a lot of the doctors' time and effort, to address the people and convince them that they should go back to work. It can also be frustrating for doctors if patients are not totally convinced that their problem is not only physical. And I think that the workload is also lower in rural areas, however various.

So you liked to work there in those clerkships. How will that make you a better doctor?

It gave me a good opportunity to begin to take bigger responsibilities as a medical student. I handled smaller problems on my own, was not totally dependent on the doctors. I appreciate the independence, to gain confidence. It is quite different from the hospital, which is highly specialized. That is not so easy for students. Training there sometimes takes ages. It also depends on the individual doctor. Some like to instruct you and with some you have to be quite obedient... I think that is the same everywhere...

If you were the Dean of your school, what would you change?

Personally I am not a great fan of lectures, especially when the lecturers aren't very good. We have a lot of those. Most lecturers do try to improve, but some don't. Not everyone can teach well. I would like to cut down more on the lectures and be very strict in the kind of lectures. I would limit them to things that are hard to read about in the books, hard to understand, or to introductions. We have lectures in which a book is read out loud. I can get that knowledge much better by reading the books myself.

The second issue, perhaps even harder to change, is the clerkship. As said before: some doctors are open-minded and eager to listen, and some are not. I would like to improve the teachers' didactic skills. Change the view doctors

have of teaching. Everyone could learn that, learn to listen. . . And to trust the students to try things the first time.

Do you think there are students who want to take advantage of that freedom?
I don't think so, they are responsible people. I think that is an issue of selection as well: to select those students who are likely to become responsible.

Interesting that you say that: teachers can improve their professional behavior but students must be selected?

Doctors have already been through the education, and are not easily replaced. We do have to have some kind of selection criteria of students to the university. But I assume most people can learn. . .

If you were Minister of Health in Sweden, would there be anything you would change?

We are a socialistic country. Health care is public. I think the advantages of that are bigger than the drawbacks, so I would like to keep it that way. I might think that there could be some private hospitals, but the majority of the hospitals should be government driven.

How would you avoid that the doctors in your country will have to work as hard as your father?

I think we should have more doctors or other people who could do the not-so-difficult works of doctors. Improve the knowledge of the ordinary citizens, to treat their own smaller problems. So that they would not have to go to the doctor every time they have a cold. So much is possible that patients sometimes think they have the right to everything that is available. "I have never had a CT so it is time I should get one".

Finally, you are at The Network: TUFH conference, what do you think of the Student Network Organization?

I like the international aspect of SNO. I think the most important thing is to get together to share experiences. I'm not so sure what can be done at The Network: TUFH conference to change teaching at a local level. I think student-ambassadors can bring their international experience to the local institution to influence things. Personally, I don't think our aim should be globally to influence institutions. Students of any kind of institutions should get together. Then we can change our attitudes towards foreigners, then we can change our societies. That is a much broader perspective than just medical education.

Well Erik, thank you for sharing those thoughts with us!