



Educational Affairs Committee Symposium Presentation Abstract

The declining emphasis on anatomic training in medical and surgical education: Where have all the organs gone?

Donald M. Jacobs, MD.
Program Director, Dept. of Surgery,
Hennepin County Medical Center,
Minneapolis, MN.,
Chairman, Curriculum Committee, Association for Surgical Education.

As a practicing surgeon involved in surgical education for the past two decades I have noted an apparent decline in the average medical student's (and surgical resident's) comprehension of human anatomy. Finding those organs at laparotomy or on a CT scan just doesn't seem to happen as easily as it once did. I can think of few elements of a basic medical education which have a greater impact on the comprehension of physical diagnosis, interpretation of modern imaging studies and the accurate and safe application of invasive procedures. In the past few decades there has indeed been a steady decline in the amount of time given to anatomy training in medical school curricula. Much of traditional anatomic dissection has been replaced by prosection, demonstration and even computer simulation. Numerous reports in the literature support each of these newer methods as educationally effective. Why then do some of us perceive a problem? Is it a problem, and if so, how do we fix it?

The Association for Surgical Education was formed in 1980 and its members represent over 190 medical schools and institutions throughout the United States and Canada. Its primary goal is to promote the art and science of education in surgery. Specific objectives include: developing innovative teaching aids and programs and effective educational interventions; designing effective faculty development programs for surgical educators; promoting and supporting research in the surgical education field; and maintaining an educational clearinghouse which offers a variety of materials to be used by faculty and students in surgical education. Through several discussions over the past year, the Curriculum Committee of the ASE shares the concern of the AACCA that basic education in human anatomy may be in decline. As I prepared for this presentation, however, it was apparent that the literature, though filled with interesting study and comment, does not provide a clear answer as to the magnitude of the problem or a clear solution if a problem exists. Before we make a credible argument to utilize more of our valuable educational resources on improving anatomic education we must attempt to document the deficiencies, quantify what will be gained by a change and at what cost. Curricular reform is slow and difficult at best. Yet those who are committed to the education of our medical professionals must feel empowered to speak out for what we feel is best, be willing to answer a challenge from those who disagree and work collegially toward a solution.

The Association for Surgical Education is composed of many physicians and educators who passionately believe that surgical education can and should be improved. I believe that our organizations could work together effectively to address this issue, to formulate an effective response and engage our medical schools in an effort to improve anatomic education. I sincerely appreciate being invited to your annual meeting and I look forward to further dialogue and collaboration with the AACCA.