

The O'Manakas Factor: Is the Competency Curriculum a Lesbian?

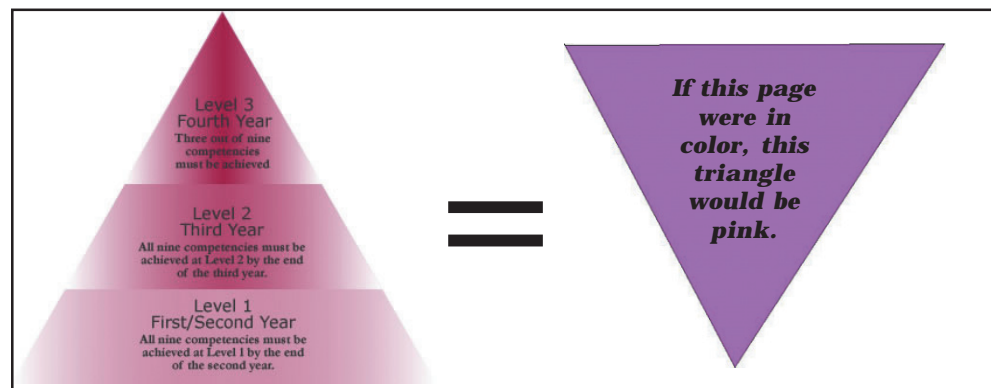


by Chris
Manakas

Opinions

Iatrogenesis, the official student newspaper of the Indiana University School of Medicine. Not just a source for student-related information and activities, but a forum for free discussion of topics that concern us. My name is Chris Manakas, an MSIV (that's eye-vee) writing to you today in a regular column (hopefully) where I'll try to bounce around some topics that I know we are all thinking about, but are maybe a little reluctant to talk about. That, in and of itself, is a pretty lame way to introduce the column, so I'll do my best to let the newsprint do the explaining. Keep in mind that these are my opinions and not those of the University, its employees, or its parent company, Eli Lilly and Co.

When I was throwing around ideas about articles, one of the topics that presented itself again and again is this concept of competency. Indeed, the illustrious School of Medicine has gone to great lengths to hand out book after pamphlet after book to remind us of our responsibilities as a student. We are to adhere to the guidelines put forth by a committee to heretofore guarantee, "that our



educational process more accurately reflects our [IUSM's] commitment to graduating caring and competent physicians." Unfortunately, the homeless man that dug through our garbage at the Gary campus probably has a better idea of what it means to have your competency evaluated.

To better understand the competency curriculum, I consulted the MECA website and was quickly looking for a drink. Just before passing out, I was wowed by a well-crafted pink triangle, which made me wonder about the sexual orientation of the competency curriculum. Was

MECA trying to identify the competency curriculum as a lesbian? Pink triangle? Anyone else think so? No gay friends? Did the CMA approve of this? Alright. Fine then.

The triangle spoke to me, saying, and I paraphrase, "Fourth year students only need to be one-third competent in order to satisfy graduation requirements." Having spent considerable time with a certain fourth year student, I can say with confidence that he's going to struggle to achieve this elusive fractional (3/9) competence, if only because he's terrible at keeping up with paperwork and recently purchased himself an XBOX. (I know it's old news, but Halo really is an amazing game.)

So, yeah! One-third competent?! I think that's pretty funny. They go through all this trouble (and it has been considerable trouble, just ask the class of 2003) to set up this revolutionary educational enterprise/press-release and they don't even finish the job.

Okay, so it's an evolving curriculum, and therefore, a less-than-perfect curriculum. Back in 1999, it was a brilliant way for the IUSM to distinguish itself as a learning community that took great strides in the advancement of graduate competence documentation. It sounds wonderful to the trustees and lawmakers who subsidize our education and have oft wondered if there's anything to be done about incompetent, jargon-blabbering, asshole doctors that don't listen to their problems.

True, not being an asshole is a quality we should all aspire to as a physician, but if you're an asshole to begin with at the ripe average matriculation age of 24.5, you're probably going to be an asshole no matter how many OB log books or patient care surveys you fill out. That brings up the question, "How in the world does an asshole get into medical school?"

Good question. Much of what the competency curriculum is designed to do seems to me like an attempt to make up for inadequacies inherent in the admission screening process. I remember back in the fall of 2000 when I filled out Indiana's secondary application. When I say, "filled out," I mean provided my Indiana address and signed the check. Sure, they ask you to the interview, where your interviewers may or may not all show up, (I was one for two.). But in the end, unless you're a *stupid* asshole that can't suppress your inner asshole for a 20-minute interview, you still get in based on a good GPA/MCAT.

The numbers don't lie, the admissions folks say. An undergraduate that succeeds in their class work and performs well on standardized exams will do well in medical school, which consists of class work and standardized exams. Does that guarantee that such an individual will be able to deal with patients effectively and efficiently in this era of managed care? The resounding, unanimous response is definitely NO.

How then does the school justify admitting someone who expertly manipulated the academic system rather than someone with an adequate GPA who took time to figure out that they actually wanted to go to medical school? What can be done to change what some perceive as a gross inadequacy in selecting those who will be the next great doctors of the State of Indiana? Personally, I suggest taking a long look at the admissions process, almost as long a look as we took at the competency curriculum but using half as much money. Should the application be more involved? Sure, why not. Should participating physicians attend their scheduled applicant interviews? I guess, but only if they care. What's a good way to evaluate the moral and ethical character of a potential incoming medical student? I don't know, but someone should be able to figure out a way; it sure isn't the AMCAS personal statement.

IU's response has been to implement the competency curriculum, kinda-sorta-really saying, "We know we've been letting assholes enter and graduate from the School of Medicine, but now we've got this great new way of *documenting* that they weren't assholes when they graduated so that you can't hold us accountable." The best part is, right now, we are only one-third asshole-free. We should at least be aiming for the sky with a minimum asshole-free graduation rate of 55 percent, don't you think? After all, that's the sum-total of OB/Gyn I needed to know in order to pass that ridiculous test. Until next time-stay off the pipe...

Vent! A Sad Waste of Trees

by Stephanie Cohen



Welcome everyone to another year of Vent! For those of you who don't know what this is, this is my column where I get to whine about anything and everything dealing with the medical school. Some of the topics are my own; other topics are brought to me by other students. Therefore, if you ever have any ideas that you want me to whine about for you in a nice public forum, email iatrogen@iupui.edu. So, for the first rant of the year...

I want to know why the school insists upon killing trees needlessly to put up the most ridiculous signs. Signs telling us about school activities are great. However, my problem is with signs that cause you to just ask "why?". I am, in particular, referring to the signs in the bathrooms asking students to please not squat or stand on the toilet seats. I *can* understand a sign like this in a ladies' bathroom. Girls, I know you have all been there with me where the need to squat is essential for self-preservation (any ballpark bathroom, Port-O-Potty, your distant cousin's "outhouse"). But what I don't get is why on earth these signs would be in the men's bathrooms! I assume the signs were placed because people were missing the toilet. It *has* been a whole year now since I have had anatomy, so things may have gotten fuzzy, but last I checked, boys stand up to pee. In which case, why on earth would the people putting signs in the bathrooms deduct that the messes must be a result of squatting ("clean-up on aisle 4")? Wouldn't an inability to aim be a more likely culprit?

Unless there are people out there leaving dirty footprints on toilet seats, why would they think that people are standing on the seats? Unless, of course, there are cameras in there which are watching our every move. If that is the case, maybe I'd better start doing more interesting things in bathrooms to keep their attention (Heh heh, too many ideas. Can't share. Sorry.).

So, as a result of these bizarre signs, many trees had to die. Poor trees. I wonder what awe-inspiring sign we'll find next. I'd recommend that they should put up signs asking us to please not walk in the hallways, because we might damage the floor. That sounds like a good idea, right? It would give us a legitimate excuse to not attend class. Brilliant! Second year may actually be making me smarter. I can feel it...Oh, no, wait, never mind. That was just me having to go to the bathroom. So, should I squat or stand?