

The Royal College of Physicians
and Surgeons of Canada

Examinations

The examinations of the Royal College are held in September of each year. Candidates wishing to sit for the examinations should note the following:

1. Every candidate for admission to the examinations must submit an application for assessment of training.

2. Candidates in training in Canada should apply for preliminary assessment of training at least one year before the date on which they expect to sit for the examinations, that is to say not later than September 1st of the preceding year. Candidates who have had all or a major portion of their training outside of Canada should submit their initial application for assessment at least eighteen months before they expect to sit for the examinations, that is by March 1st of the preceding year. Only candidates whose assessment of credentials is complete will be accepted to sit for the examinations.

3. Candidates who desire to sit for an examination, having complied with the above requirement of preliminary assessment of training, must notify the College in writing of their intent before February 1st of the year of the examination. Upon receipt of this notice of intent, the evaluation of the candidate's performance during training will be added to the previously completed assessment of credentials. Each candidate will then receive notification as to eligibility together with an application form for admission to the examination which he will complete and return.

4. The following documents may be obtained from the College office:

- (a) Application forms for assessment of training.
- (b) General Information booklet of regulations relating to the examinations.
- (c) Specific requirements for training and regulations relating to the examinations of each specialty. Requests should indicate the specialty or specialties of interest to the applicant.
- (d) Listing of specialty training programmes in Canada approved by the College.

5. Address all enquiries to:

Secretary,
The Royal College of Physicians
and Surgeons of Canada,
74 Stanley Avenue,
Ottawa, Ontario,
K1M 1P4.

Response of clinical teachers

One interesting consequence of introducing CAI to our department has been the response of our colleagues. Despite formal demonstrations at departmental meetings, the program and its possible significance in teaching have not met with enthusiasm on the part of many clinical teachers. In our questionnaires and interviews most students indicated that little mention had been made of this facility during their clerkship. We are inclined to accept the implication that if interest in this venture were sustained by other clinical teachers, more effective use would be made of the program. What is quite unclear is the kind of participation by others one might reasonably expect, and what is the best way of presenting this technique so as to capture and sustain the interest of our co-workers.

Acceptance of medical opinion offered by the program

The students and graduate physicians who have used the program rather infrequently contested the medical opinion contained in the computer outputs. Usually simple elaborative explanations satisfied them but on two or three occasions we had to concede that shades of meaning led to understandable misinterpretation. We have always stressed that the terminal is not licensed to practise medicine and in the end the attending physician must accept responsibility for what happens to his patient. In some instances we have changed the original version of the program to incorporate additional points we valued. I am grateful to Dr. R. K. Smiley who offered important suggestions on many occasions and critically reviewed this article. Bill Lamb, Director of the Computing Center, and Len Fleming, applications manager, made all of their facilities available to us. Gordon Fluker and Leo Mes suffered the burden of the applications and systems programming. Finally, it is a particular pleasure to indicate our debt to Dr. H. L. Bleich who has in many ways made possible this introduction of CAI in clinical medicine at our University and whose kind encouragement is so valued.

Résumé

L'enseignement aidé par l'informa-

tique (EAI) à l'Hôpital général d'Ottawa

Nous avons passé en revue notre propre expérience du premier emploi systématique de l'EAI à la Faculté de Médecine de l'Université d'Ottawa. Par exemple, le programme portant sur l'équilibre acido-basique et électrolytique Bleich a été enseigné aux étudiants sénior en clinique dans la Faculté de Médecine, au cours de la dernière année. On a utilisé à cet effet une version APL (*A Program Language*) du programme, soit un ordinateur IBM 360-65 relié à un coupleur acoustique vers un terminal du type dactylographe IBM 2741. Nous avons été frappés par l'intérêt que ce système représente aux points de vue suivants: (1) minimiser les difficultés techniques, (2) améliorer la qualité de l'enseignement du programme (par opposition à sa fonction de consultation) et (3) assurer à l'utilisateur qu'il comprend les limitations du système. Ce projet-pilote en EAI clinique a permis d'identifier des problèmes qui seront vraisemblablement posés à d'autres centres médicaux et a ouvert des perspectives nouvelles importantes.

References

1. BENICE DD: *Introduction to Computers and Data Processing*. Englewood Cliffs, New Jersey, Prentice-Hall, 1970, p 83
2. BRIGHAM CR, et al: Personal communication
3. HAMMOND AL: Computer-assisted instruction: many efforts, mixed results. *Science* 176: 1005, 1972
4. A case of MUMPS at U of Ottawa. *Can Med Assoc J* 106: 931, 1972
5. BLEICH HL: Computer evaluation of acid-base disorders. *J Clin Invest* 48: 1689, 1969
6. *Idem*: The computer as a consultant. *N Engl J Med* 284: 141, 1971
7. STARTSMAN TS, ROBINSON RE: The attitudes of medical and paramedical personnel toward computers. *Comput Biomed Res* 5: 218, 1972

Erratum

Revisions to correct errors are themselves subject to error. This is demonstrated by an error in revised Table III (*Can Med Assoc J* 108: 133, 1973) for the article "Vitamin C and the common cold: a double-blind trial" (*Can Med Assoc J* 107: 503, 1972). In the section "Confined to house" the value for V for "Non-respiratory" symptoms should read 0.08.