to contribute significantly, and will not alter the need for surgery. Laparotomy in this case would have been both diagnostic and therapeutic. Even in this technological age, we should not forget that the old fashioned 'hand' scan at laparotomy can be an appropriate early investigation.

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1 Seal ECJ, Creagh MF, Finch PJ. Gallstone ileus: a new role for abdominal computer tomography. *Postgrad Med J* 1995; 71: 313-5.

The changing context of undergraduate medical education

Sir,
Working in a district general hospital linked to a teaching hospital we have a constant turnover of clinical medical students attached to our unit. We were therefore interested in

the article by Parsell and Bligh¹ discussing possible approaches to undergraduate education. They suggested a core curriculum with less factual information than the present system and more problem-based learning. In our experience, the latter has been a part of ward-based clinical teaching for some time but requires an adequate background knowledge to be effective.

At the end of their attachment to our unit each student is examined. This involves clinical cases and a separate 'spot' exam consisting of electrocardiograms (ECGs), X-rays and data interpretation. We recently analysed the last six months exams from 40 junior (3rd year) and 15 senior (4th or 5th year) students. In the ECG section 85% correctly recognised an acute myocardial infarction, 76% correctly stated whether the axis was left, right or normal, 76% correctly described the rhythm (sinus) and 51% were able to calculate the heart rate.

We are all able to remember facts drummed into us at medical school which are of no relevance to the practice of clinical medicine and strongly support the efforts of those trying to improve the undergraduate educa-

tion process. The differences found between our students' abilities to recognise an acute myocardial infarction and to calculate heart rate suggests more emphasis needs to be placed on the core knowledge which we all try to work upon. Rather than adding to such a syllabus the problem will be what to leave out. The use of an objective, structured, clinical examination would seem a sensible way of ensuring an adequate core knowledge as well as more detailed problem-based knowledge. If not, pattern recognition of a myocardial infarction but no concept of other variations may become the norm.

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1 Parsell GJ, Bligh J. The changing context of undergraduate medical education. *Postgrad Med J* 1995; 71: 397-403.