



Commentaries

Best Medical Schools

While one can have a “best” in a competition, it is generally not possible to label a “best” in most endeavors. Many years ago I addressed the issue of “best doctors” in RI, chosen in different ways in different years, but always with a mechanism that heavily weighted the selections to doctors in Providence. National lists of best doctors are based more on national or regional reputations, which biases the selections in favor of those in academia, since most doctors get known outside their small circle by virtue of publications or lectures.

Rating medical schools is much harder, I think, so I was surprised a few years ago when a dean of the medical school stated that one of his targets was to get Brown among the top 25 on *US News and World Report's* ratings of American medical schools. It reminded me of the annual rating of American colleges in which there was apparently some meaning attached to being ranked number one versus number two. In my mind this is akin to deciding that tuna is number two to salmon in a list of edible fish.

Colleges have responded to this ranking by advertising to solicit more applications in order to reject more students in order to appear more selective, or accept fewer students and have larger wait lists in order to have a smaller percentage of students who choose other schools. Neither element is related to quality, of course, but are criteria used in ranking. Some schools have withdrawn from the competition and do not provide information to this cockamamie scheme.

So why should Brown care about a news magazine's ranking? I don't have an answer. The dean also wanted Brown to increase its NIH funding, an outcome I can understand. More research money not only translates into more research, hence more publications and prestige, but it also lures more and better faculty, enhances the financial state of the departments involved, the medical school and the community. It also creates opportu-

nity for biotech research in the area, which will have its own synergistic effects on the medical school.

Research funding is taken into account in the rating of medical schools but I'm unsure how important it really is in terms of medical training. I guess the bottom line for me is that not only do I not know what it means for one medical school to be better than another, but I'm skeptical that anyone does.

I remember counseling a cousin who was admitted to Einstein and Columbia medical schools. Which one should he choose? I had gone to P & S (Columbia) and my wife to Einstein. After a discussion of the pros and cons of both I opined that Columbia, which I liked a lot, was probably “better” in most areas. Both had excellent clinical training programs, a deep supply of “interesting” patients, lots of “hands on” opportunities, a faculty highly devoted to teaching. Columbia had a greater depth of research opportunities and teaching by famous experts, but Einstein was more community-oriented with a much greater emphasis on primary care and community health. My cousin chose Einstein, and is now an associate chair of a department of social medicine. Which was better? Columbia has never failed to top Einstein on the “best” list but in what sense was it better?

Most of the factors by which we rate medical schools cannot be reflected in a rating scale. One cannot compare teaching, only evaluations of teaching. It is an experiment without a control or cross over group. Students don't take lectures at two schools in the same topics and compare them. The curricula are generally pretty standard. One school might take an “innovative” approach to teaching, reflecting the pedantic ideology of the day, but newer isn't necessarily better. “If it ain't broke don't fix it.” One can, perhaps, rate the interest level of the faculty, an undoubted marker, in my mind, for a good course, or one can look at national exam scores or pass rates, but these two

are obviously confounded by the fact that the more selective school, by virtue perhaps of higher standing on a “best” list, gets students who do better on standardized exams. After all, we don't know what makes a good doctor, other than compassion, knowledge and judgment, none of which do we know how to rate. In addition, “teaching to the test” is a good way of producing good test results, but not necessarily enhancing education. This has been one of the most important criticisms of the “No child left behind” initiative in public education. Another benchmark might be who teaches the courses, seasoned and famous faculty or new instructors without reputations. On the one hand the former may be world class, drawing on great insight and teaching experience, or old geezers giving the same lecture for twenty years. Are the new instructors motivated and excited, or annoyed because they're being taken away from their research which will determine whether they can keep their jobs?

I think rather than taking a magazine's rating as something we'd even want to consider, we can either sample a large number of medical school faculty to develop a “prestige” list, which is not the same thing as a “best” list, or we can take an approach I saw on a Yale sweat shirt. On the front it states, “Harvard sucks,” and on the back, “and Princeton doesn't matter.”

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