




Human Journals

Special Article

March 2016 Vol.:3, Issue:1

© All rights are reserved by Dr. Saranya Nagalingam et al.

Contemporary Medical Education— Requires a Curriculum Revamp



Dr. Saranya Nagalingam

*CRRI, ACS Medical College and Hospital,
Velappanchavadi, Chennai – 600077, India.*

Submission: 9 March 2016
Accepted: 15 March 2016
Published: 25 March 2016



www.ijsrm.humanjournals.com

Keywords: Medical education, India, Community-based medical education, Research, clinical

ABSTRACT

Medical education in India has always been unique in developing exceptional doctors. But, there is a change happening through various researches and remarkable advances at scientific level emphasizes the transformation in the curriculum that accredits the requirements. Advancements in each specialty are very rapid that should remodel a future doctor with evidence-based learning rather than being theoretical. The expectation of the students also changes from lecture classes to interesting and interactive teaching methods that include small group teaching, group activities that enhance the synergistic thinking, problem-based learning, m-learning, webinars, simulations and standardized patient programs. The authors, faculty and student take this opportunity to enunciate the need of quality medical curriculum that nourishes every undergraduate with vision of treating the patients with basic conceptual knowledge behind their treatment. Decision making plays a key role in our profession which can be produced by evidence that are obtained through research projects guides in educational decision making. Research into medical curriculum would surely enhance better clinical decision making, standardized techniques, evidence – based practices and exploring the importance of e-learning blended with medical education.

The Medical curriculum is constructed with great efforts to articulate the requisite of understanding the concepts and implementing their core knowledge and skillful practical techniques in their specialties. Unfortunately, the curriculum has transformed into a phase of acquisition of graduation as a process of memorization and they deny realizing that

“Medical education is a process of acquiring knowledge and professional skills through conceptual understanding that retents and supports the decision of treatments liable.”

The teaching should be in such a way that it must be capable to stimulate the synergistic thinking among the students. Foundational skills form the important aspect of the conceptual learning. When a student enters the medical college, he/she is unaware about the way of learning the medical subjects. Our education system till higher secondary was based on memorization and writing it as how printed in the book. Hence, students have the same attitude towards medical education. On the other hand, the students have no idea of why he/she is standing in gross anatomy hall staring at the professor dissecting or peering into histology slides. It is the role of the professor to guide with concept-oriented student thinking and teaching them to develop the ability to relate the factual knowledge along with complex skills because the first two years of the basic sciences form the essential part of clinical practice.

Medical education in India has always been unique in developing exceptional doctors. But, there is a change happening through various researches and remarkable advances at scientific level emphasizes the transformation in the curriculum that accredits the requirements. Advancements in each specialty are very rapid that should remodel a future doctor with evidence-based learning rather than being theoretical. The expectation of the students also changes from lecture classes to interesting and interactive teaching methods that include small group teaching, group activities that enhance the synergistic thinking, problem-based learning, m-learning, webinars, simulations and standardized patient programs. The authors, faculty and student take this opportunity to enunciate the need of quality medical curriculum that nourishes every undergraduate with vision of treating the patients with basic conceptual knowledge behind their treatment.

PROFESSIONALISM CURRICULUM

Hippocrates is called as **Father of Medicine** in Western culture. **Hippocratic Oath** is taken by medical professionals as an ethical oath that they would follow throughout their lifetime.¹ To

regret, many students are ignorant about the ethics to be followed. Thus, the student must be introduced to medical ethics and guided to follow them. Cultural awareness in medical practice that a student practices as attitudes and behaviors reflect on “**Professionalism**”. Many students do not even have basic humanity within them and hence the faculties have to teach them to recognize the importance of “Professionalism” and “Humanism” in our profession.

- A student must be taught to interact effectively with patient which creates “**Physician-Patient relationship**” to inculcate the goal as “**Patient Welfare**”
- The psycho-social aspects of patients must also be considered.

COMPETENCY – BASED MEDICAL CURRICULUM

Many of the medical students lack in demonstrating the competency those are required for a physician. Hence, medical education must focus on competency-based medical curriculum that assesses an individual to ensure the abilities they require at every stage of their career. It should enhance in assessing the role of a physician’s performance throughout their lifetime.

COMMUNITY ORIENTED MEDICAL EDUCATION

Community-based medical education (CBME) refers to medical education, which situates the learner's clinical training in a community setting. It exposes students to patients who are managing their illnesses within their own family, social and community contexts.^{2,3,4,5}. Three clinical postings in community medicine department during 3rd, 4th and 6th semesters should be properly utilized to orient the students towards the current health situation, health behaviors of the community, socioeconomic dimensions of health which influence the occurrence of a disease. Similarly, the students can be trained to impart health education activities to the local community regularly so that the complete picture of health, disease and its prevention aspects will be practically implemented in future during their career.

RESEARCH BASED MEDICAL EDUCATION

I, Dr.SaranyaNagalingam, CRRRI of an esteemed institution in Chennai have published 20 research articles and 5 editorial articles on various interesting topics under the guidance of Dr.BalajiArumugam. I feel that research has contributed significantly in understanding various concepts in medical education. Decision making plays a key role in our profession which can be

produced by evidence that are obtained through research projects guides in educational decision making. Research into medical curriculum would surely enhance better clinical decision making, standardized techniques, evidence – based practices and exploring the importance of e-learning blended with medical education.

REFERENCES

1. <http://www.aapsonline.org/ethics/oaths.htm> last accessed on 25.02.2016
2. Mennen S, Petroni-Mennin R. Community-based Medical Education. Clin Teach 2006;3:90-6
3. Kelly L. Community-based Medical Education: A teacher's handbook. Oxford UK: Radcliffe Publishing; 2011.
4. Mahoney S, Ash J, Walters L. Urban Community Based Medical Education-General Practice at the core of a new approach to teaching medical students. AustFam Physician 2012;41:631-6.
5. Stasser R. Community engagement: A key to successful rural clinical education. Rural Remote Health 2012;10:1543.

