

## Pediatric Education and Present Day Predicaments

With changing socio-cultural and politico-legal systems across the globe there is a need for medical professionals to adapt to these changes. The compassionate, elegant and trustworthy community, seeking medical advice, is fast fading away, and is being replaced by demanding reactive community under the influence of three 'isms.' Over the past two decades, trust between medical professionals and patients has eroded, because of (i) increasing consumerism [1] – a result of re-christening of medical services as healthcare industry, (ii) media reactivism [2], and (iii) judicial activism. Today we have a well- or ill-informed, legally and physically reactive society, expecting high standard of care at 'affordable' cost.

Progressive medical science, with newer techniques, interventions and treatment modalities has not only increased the life span but also cost of healthcare. Political agendas and legal reforms have brought the field to limelight with element of suspicion at all stages. Ineffectiveness and insensitivity of individual doctors to live up to situations and societal needs is now coming to forefront. This is coupled with our insensitivity to social diseases at large and not realizing the need for a change in our approach. We have moved from patient/societal welfare to mere investigation- and treatment-centric approach. Dictum of yester era – 'diagnose to investigate' or 'diagnose to treat' is replaced by 'investigate to diagnose' or 'treat to diagnose.'

National Conference on Pediatric Education was conceived in India to bring a change in the system of education in Pediatrics. Sixth conference organized at Sri Guru Ram Das University of Health Sciences, Amritsar, Punjab (26-28 October, 2018) focused on above

mentioned issues. Medical educators need to analyze our system of education and deliberate on the following: Are present day graduates responsive to community? Are we bringing out a confident graduate who is empathetic, humane and can critically think for individual/patient or healthy person, perform triage, and deliver appropriate care? Medical education in India has been stagnant while globally it has transformed in to learning process of critical thinking. Educators also need to bring back the 'role model' concept [3] and say no to 'rude model.' Younger generation of doctors need to be trained as 'master clinicians' [4] and not 'marketing clinicians.' Graduates need to be mentored [5]. Adopting a student-centric approach and to break hierarchy in day-to-day functioning and training requires only attitudinal reforms from within. Hopefully, the recently released competency-based curriculum by the Medical Council of India (with all its plus and minuses) may trigger the change process.

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