

Medical Education: the Bottlenecks

The principal objective of medical education is to produce doctors who possess clinical competence of a high order, have a sound community orientation, are proficient in communication skills and demonstrate attitudes befitting a health professional. There are more than 1500 medical schools in the world (over 250 in India). Except for a few of them, the rest follow subject based, teacher centered, theory laden, examination driven and specialization oriented programs going on for decades without a review.

Have we gained from making Pediatrics a separate subject?

India is home to 20% of global births and highest number of neonatal deaths in the world. Each year, 26 million infants are born in India. Of these, 1.2 million die during the neonatal period, before completing the first four weeks of life. The neonatal mortality rate (NMR) of 40 per 1000 live births in India (2002) translates into at least two newborn deaths every minute in this vast country. India, thus, contributes nearly 30% to the 4 million global neonatal deaths. India also harbors the highest number of low birth weights (LBW) infants born each year worldwide: eight million (40%) of the total of 20 million LBW babies.

Estimates at the start of the new millennium puts India's Infant Mortality Rate (IMR) at 60 per 1000 live births (2002) and under-5 child mortality rate at 95 per 1000 live births (1998-99), predominantly of causes that are either preventable, easily treatable or manageable as a result of inadequate child health care system, inadequate child care practices, and child malnutrition. To improve the existing preventive and promotive health care system for children, it is thus imperative that the community physician has a proper training in common childhood ailments. It was with this background that Pediatrics was recognized as a separate subject by the MCI, almost 10 years back. But have we

achieved what was intended. The answer is simple 'NO'.

Why a mad rush for a PG degree?

So, where lies the fault? The real fact is that of today, MBBS has by and large become a theoretical course, with the students gaining a lot of knowledge but lacking in the competencies and attitudes needed to deliver simple health care. A student, even during the MBBS days, is more worried of getting admission to postgraduate courses than acquiring skills. Students, their parents and even the laity realize that after MBBS, a fresh graduate is incapable of handling simple illnesses; either on outpatient or emergency basis. Thus, the rush for a mandatory PG degree.

What is the fault with undergraduate teaching?

We need to realize that our MBBS teaching methods are outdated. Classroom lecture based teaching still remains the most widely used tool that by itself may not be conducive for constructive learning. We follow a traditional approach; where the teacher is the key figure. Individual students have little control on what, where and how they learn. After 4½ years of the main course and one year of internship, the finished graduate has very little 'hands-on' experience. If the medical graduate does not have the obligatory skills and self-belief at the time of graduation, the fault lies with the curriculum and the pedagogic methodology. There is an overload in the syllabus on the information content at the cost of clinical skills.

The learning should occur in the same environment or context where it is supposed to be applied. However, the medical education of today is imparted in tertiary care centers while it is intended to be applied in the community setting. Moreover, almost all medical schools are located in cities; an urban orientation in very early part of their career twist the aspirations of would be doctors. Even those who come from a rural background acquire an urban outlook. The end result is that no one wants to work in the rural setting.

Need of the day

Pediatric MBBS curriculum in India thus has to be need based with due consideration for common local childhood problems, National Health Policy and programs. It has to emphasize on 'must know' areas by drawing up a core curriculum and delete the redundant to prevent factual overloading of students. The stress should be on acquisition of competencies required to deal with common childhood problems including those concerned with growth and development, nutrition, infectious diseases and neonatal care. This needs to be achieved in an integrated manner with due importance to meet the real community needs. Development of creative thinking process, and essential communication skills are also mandatory.

IMNCI is a very good strategy to improve child survival status in our country. However, the physician should be guided by the creative thinking and analytical abilities of his own. A graduate should be aware of this strategy; promote and teach it to the health workers under his leadership; and practice it in resource poor regions but it is not the sole strategy to be depended upon for care of neonatal and child health. For medical education to serve the community, it has to be oriented towards primary healthcare. The educational methodology would have to be problem-based and integrated. The faculty needs to come out of their territorial shells for benefiting the students. The subject demarcation

needs to be shattered in favor of a competency based approach. The student also needs to spend a reasonable portion of training in a rural setting.

The aim is that students should learn well, find learning a pleasure, want to learn more, and use efficiently what they learn. The need of the hour is to frame, adapt or adopt a contemporary curriculum with a futuristic outlook. The MBBS curriculum should also have a provision for constant evaluation of teaching learning methodology, quality of teaching and learning tools and resources and imparting training to the teachers for capacity building. Keeping all this in mind, the IAP Vision 2007 envisages a review of Guidelines for Undergraduate and Postgraduate teaching of Pediatrics. A program for capacity building of teaching faculty is also being launched; comprising of regional workshops on teaching-learning, evaluation, and research methodology. I tend to believe in the famous saying by Confucious, "...Every truth has four corners: as a teacher I give you one corner, and it is for you to find the other three...".

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