

Is the change in medical education inevitable?

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Medical fraternity which for years together, millennium after millennium had acquired position as most noble profession- is it loosing it's nobleness, idealism or generosity? Doctor who once was equated to man of God- is he loosing his humbleness, modesty or human touch in his profession? These questions do arise after considering increasing allegations on Doctor's negligence. Is it not the area of concern to whole medical fraternity? Is there something somewhere going wrong in medical education?

It seems MCI has given a great thought over it. As per the vision of MCI, an **Indian medical graduate** is expected to not only be equipped with the desired quantum of knowledge, but also be competent in five roles which are as follows : a clinician, an empathetic communicator, a leader as well as a member of the health care system, a life-long learner and a professional committed to excellence and ethical behaviour^{1,2}. However, the traditional curriculum, which we follow presently, is entirely content-based rather than outcome-based³. Medical education is gradually changing from the conventional content-based curriculum to a competency-based curriculum, A Competency based curriculum focuses on the desired outcomes and observable ability in real life situations. This transition in curriculum though complicated is relatively easier in a postgraduate education than in the undergraduate education⁴. In order to achieve the vision of MCI, there is a necessity to adopt different teaching learning methods as well as novel assessment methods. One group of such methods collectively referred as workplace based assessment (WPBA). In WPBA, students are assessed in real patient scenarios while actually performing work.

Such an assessment takes into consideration not only knowledge but also communication skills and psychomotor skills. S Tanakhiwale⁵, in his article on WPBA, has given an overview of WPBA and discussed different tools of WPBA. He has discussed established benefits of WPBA in shaping clinical learning. There is a definite need for including this mode of assessment in our clinical training programs.

It's worth mentioning here the name of Sir William Osler, a canadian physician, who has been aptly called 'Father of Modern Medicine'. His greatest contributions to medical education was the concept of student clerkship and residency program. He used to insist that students learned from seeing and talking to the patients rather than just reading books . He was the one who popularised idea of medical clerkship in which he insisted that students of third and fourth year should work with the patient in wards. Bedside teaching during ward rounds was also his contribution to medical education⁵. His one of the best quotes is, 'He who studies medicine without books sails an uncharted sea, but he who studies medicine without seeing patients does not go to sea at all'.

Another interesting topic touched in this issue is 'Transit Medicine' by S. Suryawanshi. With advances in investigation facilities and treatment modalities, mortality and morbidity in clinical situations is declining. However, the patients are often neglected while transporting from one place to other for treatment or investigations. Author has given a bird's eye view of this issue, giving us an illuminating perspective.

Taking into consideration the viewership of this journal which includes Postgraduate students as well as practicing physicians, approach to many important but less discussed clinical situations like hypopituitarism, poisoning, endocrinal hypertension and topics commonly encountered in clinical practise like heart failure are also discussed in detail.

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Plethora of cases, rare but interesting including different poisonings and original article related communicable and non communicable diseases are included in this issue.

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