

Editorial

TRAINING GOOD DOCTORS AS GOOD TEACHERS (Challenges of Medical Education)

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Medical education should not be confined to the practice of few skills and techniques devoid of interpersonal relationship that include patient expectations, attitudes, and enhanced patient doctor interaction. The aim of Medical education is not acquiring theoretical or practical knowledge that can be reproduced in an examination but it is the ability to apply that theoretical knowledge coupled with practical skills to the benefit of the patient in real life situations that are frequently suboptimal especially in countries like India.

Medical curriculum must be so designed that every doctor must readily accept that every patient is his examiner but not the recipient of a dole out from the doctor. Medical professionals must understand that it is cleaner and healthier countries that are wealthier. Two parameters that determine whether the above goals of medical education could be achieved are doctor-patient and medical teacher-student ratios.

The doctor-patient ratio is variable across the globe. This ratio depends on various factors like government resources, number of medical colleges, infrastructure, opportunities for various courses etc. As per the world health report 2006 there is critical crisis in health work force in nearly 57 countries which includes India. In addition there are regional disparities like increased disease burden and low health work force percentage. Not only the shortage of health care providers there are added factors like their mal distribution, quality of health care services, poor motivation and performance of health care professionals.

With increased global demand for health care professionals and high cost of medical education in most of the developed countries there is a rapid increase in the number of Medical Institutions in the developing countries. People of developed countries are choosing developing countries including India for medical education and therapeutic procedures because of the low cost involved.

As per recent information furnished by Medical Council of India, 2012 the total number of allopathic doctors registered in the country is 8, 83,812 of which approximately six lac are presently active

practitioners. The current doctor-population ratio in India is approximately 1:2000 against the WHO recommended norm of 1:1000. To achieve this target recommended by WHO in India by 2028 Ministry of Health recommended for expansion and establishment of new medical and allied Institutions. The numbers of under-graduate and postgraduate seats were enhanced as a preliminary step to overcome this crisis.

Although increasing medical UG and PG seats is a good solution to overcome health- man power deficiency, this could lead to compromise in standards and quality of training because of a negative and dangerous shift in teacher student ratio. The current estimated shortage of teaching faculty in different specialities varies between 20 to 65%. Because of shortage of teachers postgraduate students are joining the subjects with great demand for faculty positions rather than love for the subject or teaching aptitude. Coupled with severe shortage, deficiencies in curriculum and wide variations in training standards among institutions and individual medical teachers have adversely influenced the quality of medical graduates at all levels. While the shortage of medical teachers is likely to be overcome during the coming decades as a result of increase in number of admissions, poor training outcome is likely to linger for much longer period unless corrective measures are initiated immediately.

Teacher is the single most important factor who plays a pivotal role in improving and achieving the quality of a health care professional. Unfortunately, however, none of the present teachers in medical institutions are trained to teach. Therefore every teacher follows his own style which rarely is tuned to achieve the goals of medical education. Every medical teacher has to introspect to assess whether one is competent and well equipped to train a motivated doctor who can meet the health needs of the community by planning and working independently or in consultation with others considering the physical and psycho-social needs of the present day society.

Competence of teacher does not mean subject knowledge but it is the aptitude to perform the task

of knowledge dissemination by adopting an appropriate method keeping the content to be taught and abilities and agilities of recipients in mind. This requires an interest in principles of educational science and its application in the field of Medicine.

Most of the (medical) teachers are not familiar with the art and science of teaching and instructional method. Adopting effective methods of teaching rather than monotonous method, linking the process of teaching and learning by learner centred teaching rather than teacher centred, providing a proper learning environment by adopting active learning methods and using the latest technological gadgets like computers, internet, simulators and other innovative and improvised supportive material will definitely bring a positive change in the Medical education. Majority of existing faculty resist accepting and modifying the teaching pattern to meet the changes in health care delivery system. Further the present post graduate medical curriculum hardly recognizes that a considerable proportion of post graduates would need to train the next generation doctors and consequently pedagogy is only a cursory inclusion. To overcome these deficiencies a well-designed medical teacher training programme is the need of the hour.

Big think edge to solve the problem.

Curriculum:

1. Designing a problem based curriculum based on the level of education, attitude and customs prevailing in the society.
2. Detailed curricular planning including objectives, identified must know areas of teaching and learning with in the time frame and without causing stress or burden to the student.
3. Listing out the minimum skills expected from a basic MBBS doctor and the definite skills required for a postgraduate in his/her speciality.
4. The curriculum should be content integrated (basic and clinical) involving interactive teaching and learning activities aimed at clinical performance.
5. Teaching –learning technology training to be incorporated in PG curriculum to motivate them to join and effectively practice the teaching profession.

Teaching and learning:

1. Innovative teaching and training programmes targeted for a problem based attitude, skill and knowledge development in the future doctors.

2. Student selected topic modules and peer assisted learning skills that are highly relevant to their future activity as doctors.
3. Linking the process of teaching and learning by learner centred teaching rather than teacher centred.
4. Changing from Socratic teaching to problem based learning discussions.
5. Providing a proper learning environment by adopting active learning methods.

Training doctor Teachers:

1. To develop spirit de corps feeling among medical teachers the most important aspect of any educational mission.
2. Principles of educational science and its application in the field of Medicine.
3. Continuous medical education programmes for teachers and practitioners for up gradation of their skills, rejuvenation and self-motivation.
4. Educational training for general practitioners especially communication skills are to be planned.
5. Maintenance of highest standards in teaching, training, supervision, assessment, feed-back and evaluation.

The question of the preparation of college (medical) teachers is a high explosive. Toss it into any academic gathering and the air is instantly filled with the shattering fragments of human dignity, with cries of triumph and despair.

-Samuel P. Capen (1938)