

EDITORIAL

CURRENT TRENDS IN MEDICAL EDUCATION

Muhammad Aslam

Shifa Tameer-e-Millat University, Islamabad, Pakistan

[The contents of this script were presented in 13th Biennial Conference of Pakistan Physiological Society held at Saidu Sharif, Swat on September 7, 2012]

The undergraduate medical studies, postgraduate medical education, Continuing Medical Education (CME) and Continuous Professional Development (CPD) may be considered a continuum to make us 'lifelong learners'. There is a famous adage "seek knowledge from cradle to grave" which substantiates this philosophy. The 'tomorrow's doctor' or a doctor in the new millennium doesn't have to be only knowledgeable in medical science but he or she needs to have a sound scientific foundation (knowledge), clinical (professional skills), professional values and attitudes and has a social responsibility of caring population health. Besides, he or she has to develop or learn critical thinking, managerial skills, advocacy, communication skills and collaboration. Obviously, this gigantic task cannot be carried out until and unless we (the medicos) are not well versed with the current trends of medical education and do not adapt the inferences of the recent developments in health sciences.

During the last two decades, teaching has been transformed to learning, memorising to understanding and critical reasoning, examinations to evaluation, summative assessment to formative assessment, annual examinations to semester examinations, subjectivity to objectivity and criteria to standards. According to the 'SPICES' model, the curriculum has been transformed from teacher-centred to student-centred, doctor-oriented to patient-oriented, isolated to integrated, hospital-based to community-based, apprenticeship to elective-driven and from subject-based to systemic. According to Bloom taxonomy, the foundation of a good curriculum is based on knowledge, comprehension, application, analysis, synthesis and evaluative judgment. The 'research' must be hybridised or incorporated as analysis, synthesis and evaluative judgment cannot truly be achieved without research. The medical sciences (especially Physiology) must give answer to three questions, i.e., What is it? Why does it occur? How does it occur? This point should be made as an integral part of the curriculum. In the previous decades, much emphasis has been laid to 'contents' of the courses and that has been 'overdoing'. With the advancement of knowledge, it has become extremely difficult to cope with the quantum of knowledge. It is high time that contents

should be trimmed and merged with the concepts and context (relevance) to promote contextual learning.

Conventionally, teaching has been made through monolog or didactic lecturing. It is need of the hour that multimodal learning strategies be designed keeping in view of the cultural needs and availability of the resources. The learning strategies may include large group interactive sessions, small group discussion, self-directed learning, computer-assisted learning, problem-based learning, case-based learning, patient-based learning, team-based learning and performance-based learning. Last but not the least, small project and assignments may be introduced in the curriculum of health sciences. In reframing evaluation system, the components of 'SMART' model must be taken into an account like it must be specific, measurable, achievable, realistic and time-bound. Words have meanings; in assessment, appropriate measurable verbs (relate, explain, compare, apply, demonstrate, interpret, analyse, differentiate, design, devise, appraise, conclude and the like) should be used to measure each of the components of Bloom's Taxonomy. It may be kept in mind that formative assessment reforms the process, whereas, summative assessment reframes the outcome. While designing an integrated curriculum, Harden's original steps of integration may be considered first. A process of evolution and not of a revolution be adopted. By this way, we can achieve strength and can widen the acceptability range of the curriculum ensuring its sustainability. The Harden's steps of integration start from isolation to awareness to harmonisation to nesting to temporal coordination to sharing to correlation to complementary to multi-disciplinary to inter-disciplinary to trans-disciplinary. By this integration, the patient is considered as a 'whole body' and not as 'bits or pieces'. As someone rightly said 'whole is more than the sum of its parts'.

It is a fact that role-models, faculty developers and resource availability stand amongst the major pre-requisites for implementing these current trends. And, to ensure sustainability of the programmes, cultural limits and regional needs may also be taken into an account. In brief, we the medicos may reveal openness of minds to study, accept, adopt and adapt the changing trends in

medical education to become life long learners to mitigate the pains of the ailing community.

REFERENCES

1. Bloom's Taxonomy of Measurable verbs, 2001.
 2. Harden Ronald M. Blackwell Science Ltd, Medical Education 2000;34:551-7.
 3. Horton DM, Wiederman SD, Saint DA. Assessment Outcome is Weakly Correlated with Lecture Attendance: Influence of Learning Style and Use of Alternative Materials. Advan in Physiol Edu 2012;36:108-15.
-

Address for Correspondence:

Prof. Dr. Muhammad Aslam, Vice Chancellor, Shifa Tameer-e-Millat University, Pitrus Bukhari Road, H-8/4, Islamabad, Pakistan. **Tel:** +92-51299
Email: professormaslam@yahoo.com