

The Underbelly of Medical Education in India

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Editorial

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We are revisiting india, a country plagued by multiple problems both at contextual as well as executional levels when it comes to medical education. A nation of multiple paradoxes wherein India claims to boast of the most ancient traditional system of healthcare and education its medical education in recent times has multiple fallacies. India has approximately 300 med colleges churning out around, 30,000 to 35,000 medical doctors in contrast to a demand of around 500 medical colleges producing 1 million doctors to provide to an ever increasing population [1]. In the last few decades India has witnessed a rapid growth in number of medical graduates in the health care system. In spite of this there seems to be a disparity at the grass root level when it comes down to doctor –patient ratio, to minimize this discrepancy in health care system all over India there was an upsurge of 6 AIIMS all over india so that India has access to basic health care facilities [2]. In spite of this there is a skewed distribution of these medical colleges and in certain areas which may be labeled as rural or hilly terrains virtually there is no presence of a medical system in the medical college. The world average of a qualified doctor is 1.42 per thousand versus India with standing meek at 0.65. So regional discrepancies hinder deliver of the most coveted system the medical education system in India .Even with a rapid increase in the number of medical colleges let alone private owned varsities the picture of medical education in India remains bleak. It is a time wherein it is advisable to cross talk with our counterparts the traditional AYUSH [3]. Integrating Complementary and Alternative medicine only reinforces and strengthens our medical education.

Historical background- As early as 16th it was the Portuguese who introduced the concept of western medicine into India who was as that point of time practicing only traditional medicine.

Challenges Faced

Absence of clear admission criteria-The Indian system of education rely heavily on a merit based system which totally ignores another very important concept of cognitive domain called analytical skills. Total lack of transparency in admission criteria hampers the uniformity in medical education across colleges.

Trend towards privatization is actually cutting into the creed of the deserving cadre of students, generating under qualified graduates. To promote uniformity the MCI implemented the National Eligibility entrance test, for UG to receive their licentiate they need to clear a clinical oriented skills examination, similarly for PG the NEET exams are mandatory An Indian Medical Graduate Licenciation Exam starting 2013 has also been proposed by the Council which will be mandatory after 2017 for all willing to practice medicine in India.

There has to be introduction of problem and competency based training to hone clinical skills, right at the inception of their basic sciences, with more than half of our system focused on didactic theoretical classes [4]. Introduction of fellowship programmes can help professional strengthening [5].

The curriculum design should be such that it has to achieve or fulfill the basic objectives of holistic learning. To overcome this problem many institutes have initiated the core curriculum has to be redesigned to simulate real life situations to assess qualitative as well as quantitative information and professional judgment [6]. Emphasis of the theoretical content into “must know”, “useful to know” and “nice to know” areas helps create focus and precision by centering the students around areas which require notice. Feedback on curriculum evaluation from its stakeholders is a must.

The transition should be towards student centered training with goals of self directed learning, with the teacher assuming the role of a facilitator. Blended learning styles, small group discussions, tutorials.

To inculcate higher order critical thinking there has to be integrated teaching both at vertical and horizontal levels. Lack of addressal of the affective domain of cognition, at times total empathy from mentors due to over burdened medical system.

There has to be a balance with both MCQ as well as essay writing for wholesome assessment of a candidate.

There has to be enticement towards motivated teachers so that they venture into newer techniques in pedagogical teaching. Development of practical skills, research aptitude promotes high quality of clinical competence.

Contemporary teaching in the form of early clinical skills training should be incorporated. Many medical colleges have introduced basic life support in their preclinical syllabus. Applied aspects and newer treatment modalities should be introduced early [7]. Subjects like Bioethics, professional ethics and personality skills lack appropriation in the routine pre clinical years.

The way forward- to meet the global standards of medical education we need to foster and inculcate cognitive, affective and professional so to create holistic healthcare system in India. Constant reevaluation and renovating teaching styles, re assessment of strategic

policies would give Indian medical education a huge facelift.

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