

Time to bring our Medical Schools to forefront of Global Medical Education

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India the world's most populous democracy is proud of its once-glorious civilization whose identity and power were unfortunately eroded by hundreds of years of confusion and misrule. In fact civilization self-confidence gave way to feelings of weakness and inferiority. Independence from British rulers gave hope but the 'inferiority complex' could not be done away with because the intellectual class could not shed its slave mentality and remained in thrall to Western ideas and institutions. Some Hindu nationalists believe that modernity severed from history, religion and tradition is a recipe for submissiveness and disaster, not glory and India can reclaim its greatness only by reverting back to our past. On the other hand another group believes that we can move forward only by taking stock of things, understanding our current limitations and solving our problems by using cutting edge of technology and philosophy. The reality is that only combining modernity and tradition will make India great again.

Taking Stock of Things

Despite having second largest population in the world, India's GDP ranks only sixth worldwide. Education and Health are the foremost ingredients for development of any civilization. When people live healthy life and acquire right knowledge both in skill and life, they are better equipped to contribute to society. Thus medical education which includes both education and medicine could be a true benchmark of the progress of any society. India ranks only 154 among 195 Countries in Healthcare Index. It scores a bit better in higher education (26th rank in the world in the QS Higher Education System Strength Rankings 2018). Racing ahead of Oxford, Cambridge in rankings for best medical schools in the world, the prestigious All India Institute of Medical Sciences (AIIMS), Delhi has secured 23rd rank with a score of 86.38 (CEOWORLD

Magazine 2021). AFMC Pune, CMC Vellore, JIPMER Pondicherry, Medical College Chennai and IMS-BHU Varanasi also figure in top 100.

Magnificent opportunity at our doorstep!

It is a golden opportunity for us to follow the AIIMS Delhi example, develop our medical colleges (both government and private) and become the global hub for medical education. We as academic clinicians have a responsibility develop our medical education further and set new global standards so that at least some of our institutions figure among top 10. Medical curriculum is an evolving process; scientific part being frequently updated to bring it abreast with the latest scientific advances and brand new topics / areas being brought in; genetics and immunology are just some examples. However, recently apart from technical knowledge and skills several new ideas & subjects are being included in medical curriculum which was not previously present. Unfortunately, developing world in general has failed to keep pace with these advances in curriculum which include areas like communication, management theory, personality development, ethics, aesthetics etc. Thus there is a need to revisit medical curriculum to attune it to current social context otherwise gap between the expectations and actual delivery will keep widening.

Newer Ideas in Curriculum of Medical Students

1. PROFESSIONAL DEVELOPMENT

A) Empathy Development

Understanding emotional intelligence and learning the art and skill of empathic listening and action

B) Medical Communication

Understanding modern Doctor-Patient relation and developing Doctor-Patient communication particularly “therapeutic communication” with special emphasis on lost art of “bedside manners.”

C) Personality Development

Understanding the requisite personality attributes to becoming a good doctor, training the budding doctors to incorporate these attributes in their personality. What is the appropriate professional conduct of the doctors with patients, their families, with colleagues, other health care staff, hospital administrators, regulators and society at large?

D) Technique of Medicine

Developing patient centered clinical methods, focusing on improving art of history taking, quickly incorporating evidence in medical practice and particularly on patient safety.

2. MANAGEMENT PROFICIENCY

In current times besides professional skills developing management skills is also absolutely mandatory. The requisite management skills pertain to:

A) Individual & Interpersonal Dynamics

These skills involve:

- i) Understanding the motivators & motivation in medicine and assuming an ethical approach towards market-place
- ii) Developing an approach of balanced decision making & judgment and a proper attitude towards clinical job
- iii) Understanding inter-personal relationships & communication and developing skills; negotiation & conflict resolution especially in clinical settings, skills of crisis management especially when there is an impending threat of violence of property & personnel.
- iv) Understanding in which situations there are chances of medical error, malpractice & negligence and how to avoid them

B) Team & Unit Dynamics

Understanding the (big)5 personality traits of a leader, team norms and practices and the network of organization. Learning how to evolve into a leader and be able to co-ordinate medical teams / organization.

C) Organizational Dynamics

There should be some discussion on organizational structure & design, organizational culture, change management and inter-organizational relationships.

3. MEDICAL HUMANITIES

A) Philosophy

There should be a basic introduction to various branches of philosophy particularly in context to medicine; epistemology, consequentialism, deontological Ethics with particular emphasis on medical ethics

B) Arts

Aesthetics is perhaps the most neglected part in medical curriculum although there is a close historical and psychological relation of art with medicine particularly in developing empathy, the most essential skill in any doctor.

4. ART OF LIVING

Doctors have among the highest risk of burnouts and suicides among all professions especially “white-collared” ones. The reason is that since beginning they are ‘taught’ to focus on gathering knowledge as also keeping ‘patient first’ even at the expense of self and family. This excessive focus on professional skills leads to neglect of self and inter-personal relationship. Thus these budding doctors need to be tutored into the art of living from the beginning. Particularly they should be informed about the benefits of outdoor, the need to be flexible about things and be able to change habits and coached on how to increase mental stamina and increase attention span.

Incorporating these ideas in our National Medical Curriculum can bring our universities to forefront of medical education and as our leader I urge you to give consideration to revising our medical curriculum.