

Medical Education: Changing With The Times

Hla-Yee-Yee

“Lord grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.”

– *Saint Francis of Assisi*

Nothing is static, and change comes inevitably, Medical Education being no exception. However, the degree of acceptance and pace of change varies from country to country, and region to region, depending on the leadership in teaching institutions, culture, political scene and material wealth. The theme for the International Medical Conference (IMEC) for 2008 was “Winds of Change in Medical Education”. One of the reasons why this theme was chosen was that the Organising Committee felt the need for a forum on which to exchange experiences in the region with respect to local and global changes in educating today’s health professionals.

Although medical education has evolved over the decades, with numerous changes incorporated, many educators are still resistant to change. However, when an official stamp of approval for change comes from policy makers at the top, educational institutions have no alternatives.

The World Federation of Medical Education’s Edinburgh Declaration¹ is widely accepted and has been translated into many languages. The WFME exhorts teaching institutions to put learners in the active role, align their curricula to the needs of society, putting emphasis on prevention while integrating science with clinical practice. Professional competence is given priority over mere recall, and it was also suggested that criteria other than academic excellence be considered for student selection. In order to prepare students for their future roles, training in team-working and alignment between medical schools and the health care system were advocated. To deal with the changing expectations of today’s health professional and the phenomenon of information explosion in the IT era, the General Medical Council had the foresight to make the following recommendations²: reduction of factual

burden, promotion of learning through curiosity, developing appropriate attitudes, developing essential skills, defining core curriculum, including special study modules (SSM), developing system-based and integrated curricula, developing communication skills, promoting public health medicine, adapting changing patterns to health care, developing appropriate learning systems, developing appropriate assessment schemes, establishing sound supervisory structures, Developing competence in ethical reasoning and understanding of the law in relation to medicine; and developing awareness of transcultural medicine were later (1995) additions.

Why are these changes required? It is often argued that products of yesterday’s medical schools have proved to be good doctors; and “if it’s not broken, don’t fix it”. But the evolution of the modern day health professional has resulted from a “needs” basis ; the need to align with society’s expectations, changing disease patterns, changes in treatment strategies, change of focus from tertiary to primary care, the shift of focus into the community. The advent of the IT era has also opened doors to vast (often unmanageable) knowledge; sharing of knowledge also becomes very easy. With the knowledge explosion, curricula in medical schools have become overburdened with facts to be learned by students, regurgitated in examinations and forgotten soon after.

To meet these demands, trends in medical education have emerged. Schools the world over have incorporated most of the nine trends³: Education for Capability (identification of “core”, introduction of Special Study Modules⁴ or SSMs/Options, outcome-based education⁵); Community orientation; Problem-based learning (PBL) & task-based learning (TBL); self-directed learning (SDL) and directed self-learning (DSL); integration and early clinical exposure; continuing professional development (lifelong learning); unity between education and practice; evidence-based medical education; communication and information technology.

Working in today's hectic society, with the ever-present threat of litigation means that value systems have also changed. Health personnel are often accused of being unprofessional and/or negligent. Professionalism and ethics, once taught in the "informal" curriculum, are now brought centre-stage.

The teachers' role is also changing. With knowledge so easily available, the teacher is no longer the resource for factual knowledge. Of greater importance is the facilitation of learning through stimulation of interest, selective acquisition of knowledge and skills through critical thinking, and inculcating the habit of self-directed lifelong learning. It is high time that the "sage on the stage" gives way to the "guide by the side". Giving up the opportunity for showmanship is by no means an easy thing for teachers to accept, often involving a 180 degree turn-around in teachers' attitudes. The advent of PBL s also meant that teachers' skills at facilitating learning through enquiry and reasoning were put to the test; with many products of traditional curricula fating unfavourably. Faculty training thus becomes mandatory; a task taken up by centres for medical education. No medical school of the twenty first century is complete without a centre for medical education to take a leadership role in curriculum development, management and quality assurance.

Medical Education research is an important ingredient in the recipe for success of today's health profession education. Innovations in more effective delivery, defensible standards in assessment, timely feedback on student performance, pastoral care, facilitation of reflective learning, learner-oriented learning (LOT), adult learning, on-the-job training, performance of graduates are the growing points in medical education research.

There is much to do in the way of changing medical education in the right direction. "Not everything that is faced can be changed. But nothing can be changed until it is faced." (James Arthur Baldwin). Identifying the things to be changed is a step in the right direction. We will then need to exploit the opportunities that are present. "The winds and the waves are always on the side of the ablest navigators." (Edward Gibbon).

References

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