Editorial

Challenges and Issues in Medical Education in Pakistan

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Doctors and healthcare providers are looked upon by the society as highly respectable members of the society. Dealing with the lives of the patients is no small task! This respect, however, has a price tag. With esteem comes responsibility. Medical profession is very sensitive and one error, no matter how minor or trivial, can bring disaster. To avoid serious repercussions, it is imperative that medical graduates should have the requisite knowledge, skills, and attitude to deal head-on with the challenges that real life brings to them. The methods by which our students are converted from raw recruits into medical graduates need to be revisited. In simple terms, medical education needs to be constantly updated in response to our social needs and requirements of the medical practice.

Myriad factors, some beyond the control of medical colleges and universities, influence the process by which a first year student evolves into a medical practitioner. The uncontrollable factors include student's family problems, intellectual acumen, interests, and social activities. These cannot be altered, no matter what an institution does. Two factors, that are in the control of the medical colleges is the quality of teaching faculty and the curriculum. It is most unfortunate that we tend to overlook the ability to teach when choosing our teaching faculty. Staff development programs focusing on improving teaching skills, so vital in medical education[1] are at best, rudimentary. Its time, medical institutions should alter the criteria and methods adopted for appointment of medical teachers by their respective human resource departments and selection committees.

A robust curriculum, albeit less important than the quality of the teachers, is another factor that effects medical education imparted to young undergraduates. Curriculum needs constant revision in the light of changing social circumstances.[2] The unprecedented pace of progress in medical sciences has translated into "information overload', causing an ever increasing amount of material taught to the students, stifling their education by the accretion of facts and technological information. Uncontrolled transfer of information has led to repetition and disjointed teaching. Each department feels pride in giving students as wide grounding in its own particular specialty as possible, thinking that anything less than that would somehow diminish the prestige for that specialty in the eyes of the graduates. Moreover, there is almost no impetus for the students to see any relevance between basic and clinical sciences. Early exposure of students to patients in a clinical setting, so vital for ensuring marriage between basic and clinical sciences [3], is non-existent. Even today, our students suffer through being instructed instead of educated. Instead of encouraging students to actively construct their own knowledge[4], they are coaxed into memorizing and reproducing what they remember. The emphasis should be however on 'what can a student do?' rather than 'what does the student know?'[5]

The preceding lines may be a bit exaggerated, but it is perhaps true that only by exaggeration can we be roused to change our behavior and thinking. Reforms would be pointless unless the quality of teachers and curriculum alike are taken into consideration. Curricular reforms should be made a happy hunting ground for all medical institutions, and it would indeed be a great pity if it were not so. However, refining the curriculum is only half the battle won! We, as a nation tend to be strong on strategy and weak on tactics. Translation of curriculum based on current principles of medical education is an uphill task, which requires commitment on part of the faculty and university management alike. Yet, a robust curriculum would not be worth the paper it is written on, if we do not have capable teachers to administer it.

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