

EDITORIAL

Medical Education: 'Back to the Future'

Author: Thomas Alexander

Corresponding Author: Dr. Thomas Alexander, Senior Consultant
Department of Gastroenterology
Pondicherry Institute of Medical Sciences, Pondicherry
Mail ID: talex99@gmail.com

As you read this editorial, I can almost hear you asking - yet another medical journal - pray why? We have medical journals of all hues - catering to all segments of medical professionals - from the rookie to the expert and from the generalist to the ultra subspecialist. Though we have plenty of medical journals published from our country, unfortunately many of them just do not make the grade. ⁽¹⁾ What would I expect from this new journal? I fondly hope that '*The Health Agenda*' would prove to be meaningfully different and eventually become a publication that promotes quality *medical education* and *medical ethics* apart from its stated purpose of *medical research*. I trust that it will include these vital aspects of *education* and *ethics* - for surely there cannot be a significant one without the other! I would also like to add *medical history* to its domains, because this is what gives each one of us a perspective in the timeline of our profession and helps us to humble ourselves when professional arrogance creeps in. This editorial looks at present day medical education in the country with cynically tinted glasses and thereby posing the oxymoronic phrase in the title as a possible solution.

There are three issues being discussed briefly here: a) the reasonable expectations one should have about medical education today, b) the major impediments to good medical education, and c) some possible solutions. Whenever a human being seeks medical attention for an ailment, the three foremost questions in the mind are: i) How can I find a good doctor? ii) How can I find a good doctor who will take the time to listen to and understand me? and iii) How can I find a good doctor who cares for me as a person? The goal of every medical college should be to produce just such doctors.

The first question of course is who is a 'good' doctor? No metrics are likely to give the full

answer but *competence*, *care* and *compassion* are the pillars of our profession and it is my firm belief that it should be the endeavor of every medical college to lay strong foundations in these three elements in each and every medical student. I would also emphasize at this point that while we strain every sinew to lay these fundamental values, we must remember that the finished superstructure will be evident only many years after graduation.

Conventional wisdom states that medical knowledge doubles every five years. Therefore if I were to consider that the amount of medical information available to me when I graduated 32 years ago was a unit of 1; today the quantum of medical information would be about 100 units. Has the growth in brainpower or neural circuitry kept apace? Has the mental agility of today's 17 year old (at which time they join the MBBS course) increased by a factor of approximately '100' over some 30 plus years? Isn't it therefore unreasonable for almost every medical specialty to demand their pound of flesh from every medical graduate by insisting that all medical students learn the basics of their own specialty?

What would I expect from a fresh medical graduate? Here is a truncated list: (a) ability to identify and treat life threatening conditions, (b) ability to diagnose common clinical disorders, (c) ability to consider at least two differential diagnosis, (d) be able to formulate a plan of action, even if a clinical diagnosis is hazy, (e) be able to determine which patient requires admission, (f) be able to resuscitate, (g) realize when he/she is out of depth and not hesitate to ask for help, (h) be able to converse with the patient and his/her relatives as one human being to another, (i) be able to perform basic procedures, and (j) be able to work as part of a healthcare team.

Are we not at present, demanding too much of theoretical knowledge at the sad expense of such basic medical essentials? We do have a categorization of topics taught during the medical course as 'must know', 'desirable to know' and 'nice to know'. But isn't the list of 'must know' topics pretty exhaustive?

So the first step I would propose in 'going back' is to whittle down the topics in the 'must know' list. Along with this first step back - a step into the future would be to have students achieve competence in medical procedures by using skill labs, as is already happening in a handful of medical colleges in the country.

What about the distractions, on a young medical student's brain? Mobile phones, television, computers, the internet and social networking are all hankering to get their own share of attention, and because these are easily addictive, the distraction factor has increased tremendously as compared to a generation ago. A shrinking attention span, I fear, will be a constant companion of technologic progress. So the demand for computational (read brain) power has enormously increased, but on the supply side, brainpower has increased only marginally if at all, leading to a gross inequity between mental supply and demand.

The second step in 'going back' therefore, would be to make our students aware of this disequilibrium and encourage them to actively avoid these gadgets during their study time. Simultaneously as a step forward, during the period of their undergraduate study, they should be made aware of the merits and methods of self directed study including organization and planning, goal setting, time management, understanding their own preferred learning methods etc. This would help them to utilize their mental resources in a more efficient manner.

A third step in 'going back' is to develop in our students, a true quest for learning rather than just trying to score high marks. How does one inculcate a spirit of lifelong inquiry? Is it possible to have the pure joy of discovering knowledge permeating our classrooms? The obsession, in medical education seems to be in getting the facts right - rather than enjoying the thought processes! Which one of us does not

hold in awe the mental agility of a master clinician, in the yesteryears, who could quickly home in on the localization of a complex neurological problem; rather than simply ordering an MRI or a CT as often happens these days? Admittedly a fair amount of memorization is required in the study of Medicine, but let us try to enable the student to revel in the cerebral processes of assembling the jigsaw pieces of the history, physical examination and laboratory data, so as to arrive at a congruent entity of a clinical diagnosis. We have to get them to think - persuade them to find out answers - encourage them to question! This is a tall order indeed, given the fact that our present day schooling system frowns on questioning and encourages rote learning. Students also need to learn the process of searching for credible information, rather just 'googling' and saying 'I found it on the net'. The intricacies and limitations of evidence-based medicine have to be understood. Finally and most importantly regarding this aspect of learning, we have to make our students realize that since medicine is an ever-changing science; learning, necessarily has to be for life!

A fourth step in 'going back' relates to developing good attitudes. These of course, are so dependent on one's personality; and will not be something that a medical teacher can change easily. However constant exposure to people with the right attitudes certainly can make a difference. And what are the key attitudes that must be inculcated during the period of training to be a doctor? I would say that diligence, honesty, introspection, openness to valid criticism, compassion and capacity for hard work are paramount.

In my opinion, the most effective way, to achieve the third and fourth steps is for the medical teacher to be a role model himself/herself. It follows that the teacher should practice what he/she preaches. Scientific zeal, medicine as a calling, not practicing medicine by the clock etc. were well known values of the medical profession, which seem to have hit the ground and refuse to get up. We need to work hard to 'go back' and recapture these dwindling values, which unfortunately are considered antiquated in today's world, but in truth, form the essence of our great profession!

Finally and most importantly lack of motivation, is to my mind the biggest problem that medical education is facing today. And this lack of motivation is a problem among both students and faculty. Medical teachers should be motivated to get the best from their students, rather than just 'teach' the requisite hours. Oh sure, many students may be motivated to procure high marks - but the motivation to develop those qualities of the 'head' and 'heart' which were emphasized in the earlier days, seems to be gradually eroding. Maybe this is not a fair comment - societal values are changing - materialism is rampant! Can the men and women of medicine be any different? Oslerian values seem to be redundant today; but we can ill afford to forget Osler's ⁽²⁾ majestic words, *'The practice of Medicine is an art, not a trade; a calling not a business; a calling in which your heart will be exercised equally with your head'*. Can these values be restored? Of course many may even question the relevance of such values in this day and age. I for one strongly believe that it should be our collective endeavor to

regain these core values and thereby return this great profession to the pedestal it once stood on.

Therefore I propose the fifth step in 'going back' would be for us teachers to become motivators by example and not merely by paying lip service to it. The values mentioned above will have to be initiated very early in the medical curriculum and should be continued regularly, throughout the duration of the entire course. The faculty could spend a few minutes every day in consciously trying to motivate the students, with the implicit caveat that they should of course practice what they preach!

So in my opinion we need to go back in certain key areas, to enable us to move forward. The solid foundations of the profession must be reinforced and certain time honoured practices will have to be brought centre stage once again. It is my fond hope that this new journal will begin a purposeful journey in this direction.

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Particulars of Author:

Dr. Thomas Alexander is working as Senior Consultant in Department of Gastroenterology at Pondicherry Institute of Medical Sciences, Pondicherry and is one of the eminent members of the Advisory Panel for The Health Agenda journal.