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EDITORIAL

Basic Medical Education in our country

Medical Education consists of **basic medical education** (MBBS), Post graduate medical education & Continuing professional development and it continues till the physician retires from practice. Goal of basic (undergraduate) medical education is to prepare physicians to apply the updated scientific knowledge preferably evidence based approach to promote health, prevention and treatment of diseases and symptoms. Medical education and training varies considerably across the world. Various teaching methodologies have been used in medical education which is active area of educational research.

Regarding basic Medical Education, in Bangladesh we have 37 public medical colleges, 69 private medical colleges and 6 Army medical colleges. Each year there are 5380 seats for public medical college, 6295 for private and 375 seats for Army medical colleges.1 Basic Medical education is broad based general medical knowledge and after that they will choose for further specialty according to fascination and choice. Basic medical educations should be of primary to tertiary level of care in variety of inpatient and outpatient care facility. It should have the capabilities of handling various specialty care, to learn responsibilities and referral system i.e. basic knowledge skill, attitude regulated by ethical issues also.

To produce a potential primary physician the content of the education i.e. **curriculum** should be according to health care needs of the community of the region and global also. These objective should be considered by the professional during curriculum development and that curriculum development is an evolving process according to the changing community needs. We are now more concerned about viral diseases, non- communicable diseases, prevention of disease, vaccination, antibiotic uses and its resistance. The last one now is a threatening health care issues all over the world especially poor countries. Non- Communicable Diseases (NCDs) now accounts for 70% cause of all death worldwide.[2]

Assessment and evaluation systems must be reformed and developed to see whether the objectives are achieved or not. It must be standardized by regulatory bodies of national and international level. Students and faculties should compete for better result; not the authority by any means. Private medical colleges with poor facilities should not try to have better result for business reason.

Appropriately qualified faculty staff are achieved by their continued training and up-gradation by discussion, seminar and symposia. Inter-institutional interaction (pair- college), Expert visit to the faculty and research are also needed. There should not be discrimination between faculty members and all should be appropriately waged (concerned in private medical colleges). Faculty members should own their subject, students and help in the development of curriculum, teaching method and timed appropriate assessment system. So that all graduate have met all expectation of performance and can't bypass any essential proficiency that they must have as a graduate physician.

Student learn not only by teaching but also learn by the way they are assessed. Examination affects student performance more strongly than educational method.[3] So appropriate assessment system is must for better learning. Preclinical teachers need remuneration, non practicing allowances so that they do not involve in extra job facilities. Dedicated teachers should grow professionally and personally, prompting them to follow trends, renew the existing medical education system. They should be ahead of usual trends and time that allow the student to trust them and the knowledge they share.

All teachers/faculty members should have gone through the **training on teaching** methodology and assessment phase by phase to develop competency on teaching methods and assessment. Updated, current knowledge, continuously updated lecture/ tutorial contents is essential. Department Head could check it up for their respective subject. If no objection, Department Head could be present during the lectures of the junior teachers to give a feed back later. Not only lecture, practical, tutorial, bed side teaching, student should take part in monthly seminar, with their active involvement to some extent. Integrated lecture/ tutorial for holistic learning should take place every week. Collaborative teaching/ seminar/ discussion with pair college will upgrade the

knowledge and replenish the gaps among teachers, thereby students of different colleges.

Students should be encouraged to adapt themselves in **newer technologies** like Simulation lab, Virtual and Augmented reality if available. These will provide student with a realistic and immersive experiences of the clinical setting and enable them to visualize complex medical procedures, scenarios in a way that traditional textbook & lecture cannot do. It seems, very soon textbook, lecture, tutorial is going to be modified with all these upcoming technology as media for teaching method and Assessment. As for example, Objective structured clinical Examination (OSCE) is a evidence-based technique to asses clinical skill.[4] It can be incorporated in undergraduate medical education in our country. Finally, teachers are not only for teaching, they are mentors for the students and should guide their future pathway.

Existing teaching and assessment system is also not working properly, class attendance not up to expectation, roll call should be at the beginning. Student must know the topic beforehand. They could be involved in declaration of the topic and its content/ objectives at the beginning to create more attention more involvement from their side. Note-taking is important than snaps in the mobile. By taking notes they internalize the knowledge by writing. So, students need space during lecture. During question answer time and conclusion of a lecture or tutorial a teacher can check one or two note taken by the student randomly, thereby could avoid/discourage snap taking and give feedback. Now a days, evening ward based practical teaching has become an utopia due to relaxation by the authority and department as well as students.

Large number of student in the older campus fail to be accommodated in the hostel, classrooms, library, lecture gallery, tutorial classes, bed side teaching. Tutorial/ practical batch comprising 40-60 students hampers the objective of practical, tutorial, hands on training session which is backbone of medical education. Only few medical colleges has the expected infrastructure among 106 total number of medical college. Government and non-Government regulatory bodies should come forward and speak up regarding this matter.

Landscape of **health care is evolving** continuously. Medical education must adopt to meet the necessity and demands of 21 century by integrating technologies, practical learning experiences, and interdisciplinary collaboration to better prepare for future high quality professionals for updated evidence-based patient-centered care. It is the responsibility of all professionals, physicians, institutions, government bodies as well. We need that all medical colleges should be recognized by international bodies so they can find job and practice in all western and developed countries. But till now we are far away from our expectation.

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