

Editorial

Value added in Teaching-Learning (T-L) Methodology of Under Graduate Medical Education in Bangladesh: Student's Benefits and Learning Outcome

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Undergraduate medical education remains the foremost tool yet the most prudent step to add values in medical education and scientific issues. It's just like „dream comes true“ for all junior doctors (clinical, para-clinical and non-clinical).

Thus, undergraduate medical education therefore remains a crucial stage for every doctor to build their modestly, honestly but with a high responsibility-satisfying the Hippocratic oath. This is particularly important for us, the doctors serving in Low or Middle-Income Countries (LMIC), where the doctor patient ratio is very low owing to country's poverty level. However, we the junior doctors, in particular, do often face challenges- an issue which a medical undergraduate must be aware of, willingly, psychologically and socially for patient's sake following ethical grounds.

Thus, as junior faculties, we aim to delineate role of continued medical education (CME) incorporating modern T-L system- a new generation technique in Ad-din Women's Medical College after receiving hands-on training from Govt. ran CME-office in active cooperation/support by the Medical Research Unit (MRU) of Ad-din Women's Medical College (AWMC).

Past history revealed that undergraduate medical education is being restructured from time to time over the past century. Many influences, including the persuasive report of Abraham Flexner in 1910 acted to

re-organize medical education in 20th century.¹ However, our modern T-L System is tailored to improve teacher's ability to assist taming undergraduate students' knowledge to boost clinical practice skill. We, the teaching staff of AWMC, thus, render relentless effort to develop medical education in increasing clinical and practical skills among students, instituting newer strategies evolving new challenges and cope up with emerging disease/pandemics to save the people.

Undergraduate medical education has been continued so far in a very traditional way and following old-fashioned methods involved in learning basic sciences but didn't help in building any interest in clinical and professional practices.

Medical teaching should be more meaningful and relevant to encourage the students towards clinical approach. Inadequate infrastructure, and lack of well-trained teachers have been identified by respondents as barriers for implementing integrated teaching learning.² Prolonged hours of examination, biasness, inequality among students, etc. have been persuaded us to change our views thus indulging ourselves towards a new vision towards modifying that system. These aforementioned observations have led us to decide that this method must be modified towards improving student's perception and practical skill for building up clinical practitioners and researchers.

Further, integrated teaching is an approach that aims to design teaching methods in such a way that students can gather knowledge and connect to concepts towards improving their skills so that the upcoming doctors can confidently apply those to serve the patients and thus,

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the society. We, the CME-trained medical teachers remain aware on the application of trans-disciplinary approach and delivery of information between basic and applied sciences through different phases of undergraduate medical curriculum.

While the traditional teaching method followed a building block principle where every subject would have its own domain of time and space separately in specific targeted curriculum. Contrarily, integrated curriculum can be successful when subjects of all phases are taught by the well-trained teachers harmoniously to bring about meaningful conclusive summary to the students.³

Arrangement of different subjects in MBBS curriculum has also a matter of concern because it has been under sequential change for past few years. Without the knowledge of basic sciences and para-clinical subjects it is impossible gain complete clinical knowledge. Teachers always advice for the need of rearrangement regarding the sequential distribution of subjects in MBBS course of Bangladesh according to a scientific study.⁴

Undergraduate medical education is closely related to postgraduate training and professionalism as it involves knowledge and skill derived from basic and para-clinical science. Such areas are often rendered to undergo widespread restructuring to meet the expectations of the society and the health professional themselves.⁵

Basically, modern T-L systems focus to unify subjects that are frequently taught in different phases around a clinical disease, following Harden's integration ladder, comprising of 11 steps to reach the final step of transdisciplinary approach. No sooner the students will reach that stage they will be able to take more responsibility to integrate student's knowledge.

Looking at the advantages of modern T-L method, we the CME-trained teachers plan to avoid undue repetition of information and achieve effective yet practical learning and encourage the students with full of motivation. However, there are certain drawbacks too: interphase or interdepartmental planning and preparation needs much co-ordination among different

phases and subjects, too. When the final step is reached individual faculty or subject may lose their identity that may also distract a student in choosing their career.

Overall, this new „Integrated T-L system“ demands well equipped training of teaching staff for the successful implementation and build a better future for our county's medical education system. But our well-trained medical teachers must rush to go for re-orientation of medical education system so as to cope up with deemed demands of our health care service delivery authorities.

Fruitful implementation of this T-L-system will help setting an example nationwide that may even play role in global medical education system, too. Eventually, we may fulfill the recommendations of worldwide leading organizations of medical education, following "Edinburgh Declaration" of World Federation for Medical Education (WFME) and our "Tomorrow's Doctors" by the UK based General Medical Council (GMC), successfully.

References:

1. Duffy TP. The Flexner Report--100 years later. *Yale J Biol Med.* 2011 Sep; 84(3):269-76. PMID: 21966046; PMCID: PMC3178858.
2. Deka PK. Article. Medical Education in south east Asia Current trend and Malaysia's perspective. *Bangladesh Journal of Medical Science*, October, 2011, Vol. 10, No. 04.
3. Tapu TT, Talukder HK, Talukder MAS, Flora TA, Ahmad KT. Current Activities to Implement Integrated Teaching Learning in Undergraduate Medical Education in Bangladesh: Students' View. *Bangladesh Journal of Medical Education*, January 2020; Vol.11, Issue 1.
4. Rahman MM, Talukder MHK. Views of teachers' and students' regarding the distribution of subjects in phase II and phase III of MBBS course. *Bangladesh Journal of Medical Education* 2019; Vol. 10, Issue 2.
5. Badhon NM, Nahar N, Jahan I, Zaman F, Hossain MI, Teachers and student's opinion regarding updated MBBS curriculum 2012 in a teaching hospital. *Bangladesh Journal of Medical Education*. January, 2022, Vol.-13, Issue-01.