

Doctors' Vision Regarding Undergraduate Medical Curriculum of Bangladesh

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This study was done to identify the lacking in conducting MBBS course-curriculum of Bangladesh. For this purpose a descriptive survey was done among 30 MBBS doctors (Passed within 10 years) of Faridpur district. No internship doctors were included. Self-administered unstructured questionnaire was supplied to them and qualitative analysis of data was done. Majority doctors dissatisfied with (i) Gaining knowledge and skill (ii) Environment of medical colleges (iii) Teaching method (iv) Less MCQ (v) Existing viva-voce (vi) Library facilities (vi) Less clinical symposium.

Key Words: Under Graduate; Medical Education; Curriculum; Doctor; Bangladesh

J Bangladesh Soc Physiol. 2007 Dec;(2): 54-59.

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Introduction

Cavemen and women must have performed some sort of medical treatment when they became ill. Unfortunately there was no alphabet to record the medical practices. Earliest doctors and artists painted symbols on cave walls which included images of how they treated illness. We can surmise that treatment and prevention were probably based on religious and superstitious beliefs. Evidence of ancient medical practices have been found in Egypt, India, China and Japan around 460 B.C. Hippocrates wrote down all his medical knowledge. Other scientists were also added.¹

History of modern medicine is filled with scientific break through and lifesaving discoveries.¹ Medical students learning objectives are: (i) respect for privacy and dignity of patients (ii) knowledgeable (iii) skillful (iv) knowledge of epidemiology.² Medical education, training, clinical experience, doctors' personal

values and beliefs had the greatest influence on medical practice.³

Physician conduct (art and technical aspects of quality) is one of the satisfaction of clients.⁴ Capability of doctors' understanding of clients problems can satisfy them.⁵ Lack of confidence in doctor's competence and unfavorable attitudes towards doctor's personal qualities may lead to dissatisfaction with change of doctors.⁶ Majority of respondents expressed satisfaction with most aspects of care, except for doctors' availability in an emergency, preventive teaching and aspects of communication.⁷ Physicians behave in a manner that facilitates the patient to express himself, speak openly and ask questions.⁸ Patients become satisfied if they got optimum time for consultation with doctor.⁹

Patients expect to have a comfortable and warm interaction with a physician.^{10 - 13} When expectation towards doctors were not fulfilled, patients were less satisfied less likely to comply

with their medical regimen, and return visit.^{14–21} Psychological impact of the physician-patient relationship may decrease anxiety, increase feelings of well-being and promote recovery from illness.²² Patient choose personal qualities and professional competence of physicians.²³ Three dimensions of patient's satisfaction studied were doctor's conduct, convenience and general satisfaction.²⁴

Medical education program for rural development which improves medical students community orientation and as well as research skill.²⁵ Faculty development may be done through symposium consisting of clinical and research information presented by recognized experts.²⁶ Major complaints against doctors of emergency department were poor communication, diagnosis and treatment.²⁷ Quality education result from excellent teaching which depends on qualified teachers who also add knowledge through research.²⁸

From the above review it may be concluded that patient's satisfaction depends upon (i) Proper knowledge (ii) Skill (iii) Behavior and (iv) Communication. But in reality patients are not satisfied with doctors.

Whether these are learned by MBBS doctors through their existing course-curriculum or not in Bangladesh. So this study was done among MBBS doctors to know their views regarding MBBS course-curriculum of Bangladesh.

Methods

A descriptive survey was done among doctors of Faridpur district. Opinion was collected by preparing questionnaire (combination of both unstructured and structured) and was self-administered. For this purpose total 30 doctors were selected as sample. Among them 20 doctors were selected from out-door of Faridpur Medical College hospital and one Thana Health Complex.

Another 10 doctors were selected from general physicians (Non-Government Private

Practitioners) of Faridpur Town and one Thana. All were MBBS doctors and became doctor within 10 years. No internship doctors were included. Data were collected and qualitative analysis was done.

Results

Self-administered interview were done among MBBS doctors working in Faridpur District (includes both general physicians and outdoor medical officers) More than 50% doctors were not satisfied with their gaining knowledge and skill during MBBS course (Table – I) as because medical education was not updated in Bangladesh; less practical oriented; teachers were not guiding properly in both academic and training period; lack of facilities and equipment.

Table – I: Shows the doctors' opinion regarding their gaining knowledge and skill during MBBS course.

Parameter	Frequency	Percentage
Overall knowledge	2	6.7
Skill	1	3.3
Both knowledge and skill	13	43.34
Non responding	14	46.66
Total =	30	100%

Knowledge can be improved (as suggested by different doctors) by changing the teachers' mentality, appointment of skilled teachers, improving co-operation between teachers and students, updating of medical course-curriculum, spending of sufficient time for study, fulfilling of medical colleges and hospitals with modern medical equipment (may seek foreign aids for this purpose), increasing manpower and improving environment of the institute (through prohibiting of student politics). Doctors also thought that all doctors should be academic, acquiring post-graduate degree, weekly arrangement of clinical session and decentralization of higher degrees.

Skill-ness can be developed through training. It is necessary to arrange proper internship training and should be 2 years of duration. Other training for doctors also will be effective.

Proper training includes exposure to specific field, enriched with undated knowledge under supervision of subject specialist and need have had work by participants (As suggested by respondents). Also require sufficient facilities for quality treatment.

Fifty percent doctors told that their teachers in medical colleges were not up to the optimum level for effective teaching. Lacking in them were as follows: lack of sincerity, deficiency in recent knowledge in medical science, poor in English expression, lack of commitment to serve the country, lack of specialized (Diploma not included) teachers, teaching method was not so attractive and not practical oriented.

Seventy percent doctors responded that environment of medical colleges (From where they graduated) were not in favor of learning process due to student politics, lack of accommodation in hostel, shortage of educational equipment and qualified teachers. Sixty percent doctors rejected existing teaching method (Table – II) as because it was poor, curriculum was less

Table –II: Shows the opinion of doctors' about teaching method in MBBS course.

Existing teaching method is sufficient	Frequency	Percentage
1. Yes	12	40
2. No	18	60
Total =	30	100

applied oriented, professors expended less time for clinical classes, less MCQ questions (50% should be MCQ type) in MBBS exam, defective viva-voce (Judgement is not so accurate), poor

library facilities, lack of clinical symposium and lack of close relationship between teachers and students.

Majority doctors (70%) responded that behavioral science which was taught in MBBS course that was not sufficient. This subject was neglected and should be included as a special paper with more period of time in MBBS curriculum in the 3rd and 4th years.

Doctors (93.3%) were not engaged in research work due absence of facilities, lack of fund, time, knowledge and monetary benefit. Few doctors (6.7%) were engaged in research but felt problem regarding fund and co-operation of others (related personnel).

Most doctors (73.3%) agreed for adding preliminary research idea in MBBS course, so that student can know research procedure which will be helpful for future career and to solve the different problems.

Different doctors thought regarding faculty development in different ways. Those were as follows: there were need of appointment of increase no. of quality teachers and they should be committed to their students; improvement needed in the teaching methodology with recent knowledge (so that students get interest in learning) and all teachers must share equal responsibility with each other; examination must be on time; all sorts of supports given by authority for maintenance of academic environment; medical equipment should be available; proper training of the teachers; to develop good relationship between teachers and students and students politics must be prohibited.

Majority doctors (93.3%) learned treatment of emergency problem but among them 70% doctors were not satisfied with the acquired knowledge and skill (Table – III, IV).

Table-III: Shows the opinion on learned emergency problem.

Learned management of emergency problem	Frequency	Percentage
1. Yes	28	93.3
2. No	02	6.7
Total =	30	100

Table-IV: Shows the effectiveness of learned emergency treatment.

Learned emergency problems are sufficient to fulfill the demand	Frequency	Percentage
1. Yes	08	26.7
2. No	21	70
3. Non-responding	01	3.3
Total =	30	100

Suggestion given by doctors were (for improving knowledge and skill regarding emergency treatment) as follows: all sorts of emergency medial equipment will be available; need better communication; need to establish hospital in every village; need special training for the doctors; nurses and other staffs; skill-ness require in the doctor, nurses and other assistants; easy available of emergency drugs; blood bank should be established and ambulance should be available.

Discussion

Doctors should be cordial, attentive and to give importance to the patients. But in reality not so happened. Clients were not satisfied with doctors' service. There is need to change the doctors' attitude. Study on Behavioral science and doctors' accountability may change the attitude.^{24, 29}

Teachers of medical colleges were not enriched with recent knowledge, lack of sincerity, poor

English expression, and lack of specialized teachers and teaching method was not so attractive and not practical oriented.

For developing knowledgeable and skilled doctors there are need to updating course-curriculum; teaching must be enriched with recent knowledge and more practical oriented; Medical colleges would be enriched with modern equipment (including emergency set) and facilities (Both for teachers and students); appointment of qualified and skilled teachers; proper training must be needed (including special training on emergency management); Professors should give more time with the students;^{29, 30} improvement of environment of the institute²⁹ (Proper hostel accommodation, prohibition of student politics etc.) and proper guidance of teacher.³¹

For faculty development there were need of appointment of increase no. of quality and skilled teachers, improved teaching method with recent knowledge, examination must be on time, development of academic environment, well equipped with modern instruments (educational, investigative and treatment), proper training to teacher on teaching method (including degree) and optimum manpower^{28, 32}

Research is also important for faculty development²⁶ and as well as development of medical science as a whole.¹ But few doctors were involve in research due to less time (doctors were overloaded with works), lack of fund, lack of knowledge and less monetary benefit.³³

From above review it may be concluded that there is need to change course curriculum of MBBS degree. More emphasis will be given to the Behavioral science and it may be introduced as a separate subject of 3rd and 4th years. There may be introduction of subject of management and administration (related to health service). Rearrangement of written and viva-voce examination so that proper judgement is possible. Preliminary idea regarding research may be introduce in the MBBS course.

Article

Besides that other measures needed to arrange are as follows:

Increase fund in health sector, create good environment for the working doctors,

To increase monitory benefit in research work, decrease the workload of doctor so that they can involve in research, to cerate awareness among doctors and other peoples regarding research. Further in-depth of study is requiring to sort-out deficiency in MBBS course-curriculum for producing qualified doctors.

Acknowledgement:

Authors thank to World Health Organization for financial support.

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Under Graduate Medical Curriculum of Bangladesh

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