MATHEMATICS OF MBBS CURRICULUM 2002

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Curriculum is a package of educational objectives that is to be an instructional instrument and not a mere document. It has two dimensions, one is spatial and the other is temporal with many elements of intricate relationship between the course of different subjects and examinations. George E. Miller's view on curriculum was, 'To change curricula or instructional methods without changing examinations will achieve nothing. It was the examination system rather than educational objectives, curriculum organization, or educational techniques that had the most profound impact upon student learning. For no matter how appealing the statement of goals, how logical the program organization, how dazzling the teaching methods, it was the examination that communicates most vividly to students what is expected of them" [1]. So the curriculum instructs the teachers, 'what to teach' and the examinations compel students, 'what to learn'.

The continuous process of gathering knowledge, skill and attitude or, change in behavior are prerequisites in medical education which begin with the MBBS course to develop career as a medical professional. The graduate doctors must have a firm, sound, complete basic knowledge to be gathered in MBBS course otherwise it can't be possible to become a competent doctor and not to speak of a postgraduate doctor if there is any lacking or deficit that occurs earlier. We need 'safe doctors and scientists for the nation'.

The three components of education are knowledge, skill and attitude and these are not static matters rather ever expanding and changing with updates. This is the rationale that curriculum cannot be a static document rather a temporal and spatial sensitive dynamic one. In so doing curriculum has to be updated in a regular fashion to accommodate the advances over the period. Eventually MBBS curriculum has been updating in Bangladesh. The hierarchic conventional MBBS curriculum was replaced by 1982 curriculum and then 1988 curriculum followed suit. Latest 2002 MBBS Curriculum was introduced in a very hasty manner. Curriculum changes were not done based on any evidence base and none were allowed to work properly with the availability of all prerequisites and set up requirements. In absence of evidence base it can be fairly presumed that the changes were wishful person or expert biased wise man initiatives.

There is a big difference between earlier curriculums and the 2002 curriculum. Curriculum 2002 has provided structured course with stipulated contents, framework of activities with an envisaging endeavor of wonderful plan of assessment. A dramatic change has been happened in undergraduate medical education in our country with the introduction of MBBS Curriculum 2002. There is some paradigm shift from 1988 Curriculum to 2002 Curriculum. The curriculum was designed and finalized through a series of workshop over a period of five years and has been implemented in the medical colleges nationwide without allowing breathing time or piloting that such a paradigm shift demands. Doctors coming out as medical graduates per the Curriculum 2002 are expected to be able to adapt in the same or similar institutes to update themselves by continued professional development through phases. But in reality we need to know what is happening in this behalf.

Total period of time allocated in MBBS course is 5 years plus 1 year for internship which remains same as that of the previous curriculum. But the major changes that occur in the First Professional course period that is the preclinical course. The period is reduced from 2 years to 1 and half years but with the adding-on more contents. Moreover, this period has been squeezed further by wedging the subject, Community Medicine with a big chunk of period though there is no formal examination of the subject at the end of so called Phase-I. The six months period severed is added in the last tenure of Final Professional course as 'Block Posting', though there is no proper planning, guidance, accommodation and utilization of this period in the curriculum. This period has become a problem for the clinical teachers as well as they could not accommodate their students for the teaching–learning activities appropriately.

The number of examinations is increased throughout the year with the introduction of newer methods of assessment in the framework of examination system. The primary idea was that with the introduction of community based teaching, formative assessment, integrated teaching, small group teaching, block

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posting, SOE (Structured Oral Examination), OSPE (Objective Structured Practical Examination), TPM (Traditional Practical Examination Method), PNB (Practical Note Book), OSCE (Objective Structured Clinical Examination) in the oral and practical examinations, and MCQ (Multiple Choice Question), SAQ (Short Answer Question) in written examination will enhance the capacity of the need-based doctors.

In the present curriculum, there are three Professional Examinations: First, Second and Third at the end of 1.5 years, 3.5 years and 5 years of the course respectively. Each professional examination has two attempting options or occurrences which are fixed in the 1st week of January and 1st week of July of each year. In the formative assessment multiple examinations are introduced in place of traditional exam without mentioning and specifying the requisite period of time for conducting the exams. Moreover, in addition to the item and card completion exams, three Term Exams six month apart are introduced which are time consuming and have created a great overlap with the course conduction.

Grossly, if we calculate the total course period for the First Professional group, we shall see that we are in negative balance. Most under jealous calculation reveals that for completing the course and assessments as a prerequisite of the first professional exam there is a minimum requirement of 534 days out of the allocated 18 months time (547 days), but only 438 days are available as working days if everything goes well. Here, more than 96 days are required for the balance and there is disproportion between the available time in course and in assessment. The time allocation for Summative assessment is not mentioned at all in the present curriculum. Sometimes it takes about 3 months. In addition to this too many examinations put both the teachers and the students in a great jeopardy. Examinations are carried out with full of ambiguities, inconsistencies and non alignment. So markings are wishful and compromised or substandard exams are conducted. As we see that every year there is outpouring of huge number of students and we have to accommodate them in the pre existing setup and available personnel, complete their course and made them eligible by taking all the exams to pave the way for new comers so there are inevitable compromises.

The detail calculations will unfold interesting facts. Allocated time for f the First Professional Group in the new curriculum is 18 month (547days), but the available period or working days is 438 days approximately, without mentioning the additional days required or enjoyed by the students in the name of ECA (Extra Curriculuar Activities) and other offshoots (by deducing the holidays ie, 72 Fridays + 13 Public Holidays + 9 Executive Order Public Holidays + 15 Institutional holidays. A total number of holidays are around 109 days). Allocated teaching hours for Anatomy 650, Physiology 380, Biochemistry 270 and Community Medicine 70 hours + 10 days (240 hours of 'Day visit" ie, a total of 310 hours) = 1610 hours ie, 268 days. Period required for the Formative assessments (Item, Card completion and Term exam) is 2 weeks for each department (3 Terms x 6 weeks = 18 wks = 126 days). For Summative assessment, there are two options of Professional Exams in a year and minimum time required is about 140 days (Written Exam 50 days + Oral and Practical 90 days). A total period of 266 days is required for the conduction of examinations. So sum total of period required for both the teaching- learning sessions and for the conduction of examinations are about 534 days but the period available is 438 days. There is a disproportion between the available time, course duration and period for examination leading to a great negative balance.

The wedging of community medicine and English Language Course has not found to produce the desired output. Without being groomed up and absence of user friendly setups and facilitators the community medicine program either has not been performed properly or made up inappropriately. Similarly the language course is unwelcome to the students and they usually avoid this. The course is also not appropriate.

It becomes a custom that the number of student intake every year has been increasing in a stepladder pattern but without parallel availability of the minimum requirements and facilities. Hence the situation has been progressively turning in to a mess. Students are reluctant to attend classes, opening textbooks and attending exams. With the shortage of period the students are attracted towards notebooks and are avoiding the text books. Thomas Huxley notes that, 'Students work to pass, not to know. They do pass and they don't know'2. There is progressive

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shrinkage of teaching and learning exercies with downgrading of the standard of medical education.

This is a part of the mathematics of MBBS Curriculum 2002 that should not be ignored. The full and comprehensive deductions may be awful for the future of the profession.

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