

CURRICULUM FOR UNDERGRADUATE MEDICAL EDUCATION IN BANGLADESH- UPDATED 2012: AN INTERNAL REVIEW AND SUGGESTIONS

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Introduction

We like to express our deep gratitude and respects to the concerned experts and authority for presenting us the Curriculum for Undergraduate Medical Education in Bangladesh- Updated 2012. The quality of healthcare is under scrutiny all over the world because of increasing public expectation of their health care services. Therefore a positive change is needed in the role of doctors. The role of teachers and students in teaching –learning with positive changes in medical education, its strategy and process also needs to be reviewed periodically and updated as to the international standard. (Professor Khondhaker Md Shefyet Ullah Former DG, DGHS).

It can be mentioned that the curriculum planning process is continuous, dynamic and never ending. Factors contributing to an effective medical education system are the quality of students,

quality of teaching staff, and their effective delivery of need based scientific curriculum. If it is to serve the best, the needs and availability of the resources of the individual institutions should be assessed and be utilized rationally and perfectly.

Objectives

1) To prepare our students as a global doctor with the best utilization of the teaching staff available in this institute, so that they can serve the community effectively everywhere in the world. 2) To create the opportunity for the learned teaching staff in the allied branches of medicine available in the institute in the best possible way for our students within the context of the present curriculum. 3) To identify the weaknesses and lacking of the present curriculum with an objective to make the future curriculum more scientific and updated as to the national as well as global standard.

Methods

We have given the effort to identify and discard the superfluous elements from the course contents and added new elements to make teaching learning process more relevant, meaningful and up to date. Of course, during this process we followed the basic principle that “what is mentioned in the curriculum, even it is not essential should not be omitted at this moment; what is not mentioned in the curriculum, but seems to be essential should be added.”

The following departmental heads of allied branches of medicine were involved in the preparation of this review:

We sat together several times and thoroughly read the curriculum 2012 as well 2002 individually and collectively.

We made the suggestions on the basis of the observations by the participants.

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Observation & Suggestions**Observation : 1*****In Curriculum 2012***

There is no mention of examining boards as well as members of the board, so choice of examiners depends on curriculum implementing authority.

Suggestions

Local authority will decide about the board as well as their member. Teachers of allied branches of medicine should be included as the members of the board on rotational basis.

Observation : 2

Examination board and members were mentioned in Curriculum 2002 but this guideline was not being followed properly.

- Regarding oral examination in Board – II
- One examiner from Internal Medicine
- One examiner from sub specialities (eg- Dermatology/Psychiatry)

Dermatology and Psychiatry were cited as an example to be one of the member of the board II. This does not mean in any way that other speciality may not be included there.

In the recent past, Professor of nephrology and Professor of neurology were examiners.

Suggestions

- 1) The current guidelines in 2002 should be followed properly.
- 2) Teachers of allied branches of medicine should be included as the members of the board on rotational basis.

Observation : 3

In both the curriculum it was not written whether the specific subjects will be taught by allied subjects. Even in new government medical college there is no allied branch. All the topics are taught by internal medicine. In the curriculum the topics were mentioned under heading of general medicine which includes all allied branches as well as internal medicine. So it will be decided by authority who will implement curriculum.

Suggestions

- 1) All the teachers of allied subjects are government appointed. The first duty of the professorial staffs is to teach the students. So the authority will decide how to deploy them.

2) All the topics of the specific allied subjects may be taught by the specific teachers. The aim of the curriculum is to teach the specific topics definitely by the expert on this subject. However the hours mentioned should be followed to complete the topics.

Observation : 4

In distribution of teaching learning hours (page 208) all allied subjects of medicine were not included.

Suggestions

In the summary table all other allied subjects are to be included with allocation of teaching learning hours

Observation : 5

Introduction to general medicine (page 209) to be covered in third year classes are allocated to general medicine.

Suggestions

1. General medicine includes all allied branches of medicine.
2. These classes should be allocated to teaching staff of all allied branches of medicine in such a way that the students can get maximum benefit.

Observation : 6

Lecture classes of 3rd phase (4th year) and 4th phase (5th year) is not demarcated clearly.

Suggestions

Lecture classes mentioned in pages 210 and 211 are being taught in the 4th year classes. These classes should be allocated to allied branches according to topic.

Observation : 7

Regarding teaching in clinical methods

a) Curriculum 2002

- (i) First Round – 12 weeks (ii) Second Round – 8 weeks (iii) Third Round – 8 weeks

In every round there are topics of allied subjects and at the end of each round there is a card examination.

In the recent past these topics and card examination were taken by teachers of allied subjects and there are adequate number of teachers. But now no placement of students of third year, fourth year and fifth year in allied subjects.

b) Curriculum 2012

Everything is same only difference is that

(i) First phase (third year) – 14 weeks, (ii) Second phase (fourth year) – 6 weeks, (iii) Third phase (fifth year) – 12 weeks.

Suggestions

1) Every year students should be placed proportionately in allied subjects. Out of 14 weeks in third year 5 weeks for internal medicine and rest 9 weeks for 9 allied subjects.

2) Card examination should be done regularly by appropriate department

3) Endocrine system is to be included in systemic examination

4) In 2nd round, out of 6 weeks 5 days may be allocated to each allied branch of medicine including 5 days for internal medicine to teach rheumatology.

5) Particular clinical skill should be taught by respective department

6) In the 3rd round out of 12 weeks 4 weeks for internal medicine and the rest 8 weeks for 8 other allied subjects as mentioned in the guideline

We hope the corresponding authority will take into account the suggestions and take necessary steps during further change in curriculum.