Achieving Professional Standard in Health Care :
A Long Way to Go for Health Care in Developing Countries

Md Ridwanur Rahman[1*]

Health care is defined as the field concerned with the restoration of human life which is holistic includes body and mind of the individual. The medical dictionary defines health care as "The prevention, treatment and management of illness and the preservation of mental and physical well-being through service offered by the medial and allied health professions".[1] Developing countries are countries considered to be underdeveloped whose citizen depends mostly on agricultural work and trying to improve the social and economic life of its citizens and these countries lack healthcare infrastructures to address the health needs of their people. Professional standards describe the provision of safe and clinically competent quality care in a cost effective manner.

Patients place a great deal of trust in physicians. They assume that physicians and other health care professionals are experts dedicated to providing their patients with the highest quality and standards of care. The realities of modern health care present challenges that make this goal difficult to achieve and frequently leave us feeling depleted. Administrative burdens, heavy caseloads, inefficient systems, and loss of autonomy are just a few of the factors that can cause us to lose sight of our calling.[2]

Healthcare today is more complicated, with more things to consider and more options and management of the individual patient is also more complicated. It is no secret that health care in developing countries is abysmal. Populations in these countries suffer from double burden of Communicable and Non-communicable diseases. Low-income countries not only suffer from a lack of technology and education, but they also lack in the number of skilled professionals working in communities. Also little research and development is conducted on diseases that affect LMIC population. Those in healthcare hear regularly how inefficient the system is and even how corrupt it has become. Politicians rant and rave, but often have little conceptual grasp of the problems involved and how to solve them.[2]

What will protect our role as doctors in the future is our aspiration to make things better, to improve the system, because machines will not do this. To manage the complexity, the grey and ambiguous areas need to be identified and addressed. Leadership skills, team skills to organize multidisciplinary care, understanding of health systems and health finance, informatics and analytical skills are essential skills to be learned and being part of the team, with common goals, bringing valuable skills. With these added skills, physicians are also more valuable in the eyes of the employers.

The academic community has a major role to play in redesigning the healthcare system and the workforce and they must understand the importance of inter-professional education and collaborative practice. Academic health centers should undertake team care both experientially and didactically, while forming new partnerships with the care delivery system and its components. The product they're producing does not align with the emerging healthcare paradigm, which is a system that improves population health, engages families and communities, enhances quality, and reduces the cost of care. Graduate Medical Education (GME) is in need of changes that address the rapidly changing health care system and to better prepare physicians-in-training for the future.[3]

Medical education must evolve because future physicians will encounter patients in quite different health care contexts from the present. Ubiquitous and digitalized health care systems allow both physicians and patients to access biomedical information easily.[4] Exponentially expanding medical knowledge requires physicians not to recall, but to update, what they know and select the right information from a surplus of options. Artificial intelligence will reduce the efforts required by physicians to interpret digital

1. Head of Research
   Universal Medical College Research Center, Dhaka.

*Correspondence: Professor (Dr.) Md Ridwanur Rahman
                          Cell : 01715 00 83 17
                          E-mail: ridwanurr@yahoo.com

data and improve their ability to establish a diagnosis and prognosis. Therefore, the non-analytical, humanistic aspect of medicine will come to be more emphasized because it is hard to replace it with technology. Moreover, advanced medical technology leads to physicians encountering a growing number of elderly people and latent patients with chronic conditions and co-morbidities due to their prolonged life span. Future medical education should be restructured to align with such inexorable changes by considering learners who will be working in digitalized health care systems.[4]

The reasons for the slow adoption of new medical education paradigms are likely multi-faceted, but greater efficiency within the system should not be feared. The privacy of students, quality of learning materials and countless other excuses has been used in the past to halt education progress. Many of these arguments can be likened to the contemporary lack of progress in the medical system. However, with so many seemingly intelligent people involved in medicine, these concerns be easily mitigated with rational discussion.

The most logic pathway moving forward is likely that of a highly technological and interactive education system. There is no rational reason to continue to force instructors to recite the same lectures every year or semester. There is no salient point that denotes a need for an attendance policy for students. For the majority of medical education, and arguably for the entire program, there is also no need to mandate brick-and-mortar buildings for an educational environment.[5]

A move towards integration in medical education is likely to reduce fragmentation of the medical course and motivate students towards better learning; it aims to improve medical education by bridging the traditional barrier between basic and clinician sciences. Integration is one of the major changes incorporated in the new competency based curriculum for undergraduate medical program in India. There are associated changes in the assessment system too in relation to integration. However, the concept of integration/integrated curriculum lacks significant clarity as how to implement it in medical institutions with added paucity of literature on this important topic. Integrated teaching is the integration of the concepts wherein various subject-based knowledge or aspects of one theme or topic are assimilated to provide the holistic approach.[6]

The biggest challenge is content reform in the existing curriculum; we can't keep just adding things to the curriculum. With the explosion of scientific information, there's unlimited material to learn, but if we keep adding material to our curriculum, our students will not have a free minute in their day.[5] We're heavy on lectures and that's something that many students and faculty like. But we have to figure out if we can do even better as we know that lectures are not the most effective method for learning. Eventually, we'll dedicate time with faculty, students and staff to think about what parts of our curriculum we need to keep and what aspects need to evolve. We have to figure out what the basic knowledge is that our students need to make diagnostic and clinical decisions.

Many physicians are increasingly functioning as part of a patient care team. Often, a physician may act as a leader of a patient care team whose other members might include nurse practitioners, physician assistants, medical educators and health aids. They should be trained with a strong focus on the need for inter-professional education, referring to the common foundation that all healthcare workers need: patient safety, responsibility and respect for persons.[6] Our students are coming in with incredible values and talent, unlike anything we've seen before. Our job as educators is to nurture their talent, while balancing their wellness and their commitment to their values. And if anything, our job is to enhance their commitment to humanistic care as they become leaders in science and discovery, and leaders in clinical medicine.[7] For medical education within medical schools, we need to train the next generation of doctors who will treat the next generation of patients.[7]

We also need to teach students how to learn, because they need to be lifelong learners. After they graduate from medical school, there are still new skills to acquire that did not exist when they graduated. We practice this in terms of collaborative learning cases. They learn practical skills through experiential learning. The future is bright and exciting, but it will not be easy. The challenges facing our healthcare system are great, and the key to overcoming these challenges lies in medical education and how we prepare our next generation of doctors. Today's medical students are the seed corn for tomorrow's medicine. For the sake of the future of healing we must help them flourish.

Three major technology trends-mobile phone–enabled platforms, big data and Artificial Intelligence (AI) exemplify how new technologies are transforming conventional modes of healthcare delivery. Mobile applications are replacing activities previously requiring in-person visits, computers are using vast new data streams to personalize treatment approaches and AI is augmenting disease diagnosis. High-tech simulations transport students into emergency situations and inside human organs.[8]

Physicians have an important role in deciding where and how these new tools might be best utilized in diagnosing, treating, and managing health conditions. As medicine undergoes a "digital transformation," a foundational review of medical education spanning medical school, residency and Continuing Medical Education (CME) is needed to ensure that physicians at all stages of practice are equipped to integrate emerging technologies into their daily practice. By evolving medical education today, we can prepare physicians for medicine's digital future. Looking beyond legacy health information technology platforms like Electronic Health Records (EHRs) active venture capital funding provides a vision for where the community is placing its bets for emerging technologies. These applications frequently help patients self-manage their health conditions by providing education, tracking tools and community support between clinic visits.[9]

The pursuit of excellence is reflected in the ancient Greek concept of Arete, which can be defined as living up to one's full potential and attempting to bring about the best. This idea was central to the values and philosophy of the ancient Greek world and it may find its greatest expression in health care through our interactions with patients.[9] Excellence is reflected in our professional commitment to establish best practices and hone our clinical skills to benefit patients. It is dedicating ourselves to our roles in clinical care, research, and education to reduce disease and suffering. We also demonstrate excellence in volunteering, community service, advocacy, and caring for the underserved.[10] The medical students whom we teach today will become the doctors of tomorrow, carrying our values, skills and our hopes for the profession into the future. Therefore, it is no exaggeration to say that medical education represents the future of medicine. The future-ready doctor has been described as having the following qualities: independent and critical thinker, able to adapt to new knowledge, interventions, therapeutics and changing patterns of illness and health systems.[11,12]

We need the heart (Values) head (Knowledge) mind (Qualities) and hands (Skills) to achieve professional standards in providing Health Care. Beyond the traditional notion of a doctor, lifelong learning and technology, skill sets, competencies, safety and communication are also needed.[13] For medical education within medical schools, we need to train the next generation of doctors who will treat the next generation of patients maintaining professional standards.

References

1. Business Bliss Consultants FZE. (November 2018). Healthcare Challenges in Developing Nations.
Retrieved from https://nursinganswers.net/essays/ healthcare-challenges-developing-nations-7084.php?vref=1

2. Difference between.info Difference between Developed and Developing Countries.
http://www.differencebetween.info/difference-between-developed-and-developing-countries.

3. https://www.ama-assn.org/medical-residents/medical-resident-wellness/report-reveals-complexities-gme-reform.

4. https://consumers.cochrane.org/blog/shortcomings-medical-education-developing-countries.

5. https://www.gse.harvard.edu/news/20/12/what-future education-looks-here.

6. https://borgenproject.org/health-care-in-developing-countries/.

7. https://www.kumc.edu/school-of-medicine/about/ku-medicine-magazine/fall-2019/the-future-of-medical-education.html-

7. https://borgenproject.org/emergency-medical-care-in-developing-nations/.

8. https://www.aamc.org/news-insights/future-or-fad-virtual-reality-medical-education-.

9. Prof Yeoh Khay-Guan. The future of medical education. Singapore Med J 2019; 60(1): 3-8.

doi: https://doi.org/10.11622/smedj.2019003.

10. Brophy S. "Personal excellence" as a value for health professionals: a patient's perspective. Int J Health Care Qual Assur Inc Leadersh Health Serv. 2006;19(4-5):373-383. doi:10.1108/09526860610680021.

11. Connie E. Chen, MD; David M. Svec, MD, MBA; Jonathan H. Chen, MD, PhD. Evolving Medical Education for a Digital Future Medscape. Dec 21, 2018.

12. https://postgraduateeducation.hms.harvard.edu/trends-medicine/excellence-professional-standard-health-care.

13. https://www.gse.harvard.edu/news/20/12/what-future-education-looks-here.