

“Integrated Teaching”- A Burning Issue in Medical Education in Bangladesh

The term "Integration" originates from the Latin word "integer," which means coordinating different actions to ensure harmonious functioning. The human body, where various systems work synchronously and with full integration, offers an excellent example of integration. In education, integration refers to the organization of teaching matters and bridging connections to interrelate or unify subjects that are typically taught separately.¹ In many developed and developing countries, such as India, Nepal, Sri Lanka, Indonesia, and Malaysia, an integrated student-centered competency-based curriculum has already been established, emphasizing new modules such as communication skills, ethics, and behavioral science. Whereas current medical education in Bangladesh imparts knowledge in a disorderly manner, preventing students from developing the skills to investigate, analyze, and perceive patients as a whole.

To improve the quality of education, and to better understand diseases, diagnosis, and patient management, integrated teaching is the need of the hour. Integrated teaching reduces fragmentation of medical courses, prevents repetition and waste of time, and promotes interdepartmental collaboration and rationalization of teaching resources.² The old concept of pre-clinical science, including Anatomy, Physiology, and Biochemistry, has been replaced with an integrated Medical Curriculum (IMC). The basic concept of IMC focuses on problem-based learning (PBL), which is accepted by most medical schools worldwide. PBL is a student-centered pedagogy where students learn through the experience of solving an open-ended problem found in trigger materials. It allows for the development of other distinct skills and attributes, including knowledge acquisition, enhanced group collaboration, and communication.³

Global economic and trinational connections, as well as rapid changes in technology, are pushing education towards integration. To establish integrated teaching, effective change management, an in-depth review of the curriculum, commitment from faculty, departments, and individuals, and the development of teams and structures to support planning and implementation are vital. However, there are many problems in medical education in Bangladesh, such as an excessive number of medical schools, content

overload in the MBBS program, a lack of adequately trained teachers, a lack of accountability, and enormous political interference.⁴Therefore, the effectiveness of integrated teaching is dedicated to its mode of implementation, and training of faculties for newer methods of integration plays a crucial role in efficient integrated teaching.⁵ Integration is the backbone of newer curriculum, which is a key of hope in medical education in Bangladesh.

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