

Effective Under graduate Medical Curriculum -A prerequisite for production of Quality Doctor

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Effectiveness of medical curriculum is dependent on a number of factors which include social, financial, educational, and environmental factors and many others. It needs regular updating which is need based'. A new undergraduate medical curriculum has been developed for Bangladesh with lot of changes. This discussion will remain confined to the assessment system of the new curriculum. An assessment system is said to be effective when the system fulfills certain criteria, such as valid, reliable, objective, structured and practical^{2,3,4}

The high lights of the assessment system in the new curriculum include-Introduction of formative assessment, MCQ and SAQ in written component of assessment. As formative assessment is in course assessment, it is essential to have proper record keeping as regards to attendance, item examination, card completion examination and term final examinations throughout the course^{5,6}. Quality MCQ & SAQ can only be obtained if a standard question bank is made available.

Discussing about oral, clinical & practical examinations is the new system, practical examinations are conducted through OSPE, having a number of stations. There is gross variation in the conduction process of OSPE in different subjects and in different centres. In some subjects a candidate moves with one script in all the stations where he or she gets a scope to answer the questions of previous stations in the following stations and the rest stations which is against the concepts of OSPE. In some subjects OSPE is held on all the days where the candidates have their oral/clinical exam. This is contradictory to the validity & reliability of an assessment system. If possible OSPE should be held on a particular day/days in all centers with similar if not the same stations. It is beyond doubt that implementation of such is not an easy task but at the same time it can be said that it is not impossible.

Talking about structured oral examination (SOE), questions on different topics are kept in different boxes and the candidates pick up questions from all the boxes and answer to all the questions. This is quite possible and the system compels the students to go through the whole syllabus before the examination. In clinical

subjects, clinical examinations are conducted in two phases - i) long case, ii) short case. The structuring of this component undoubtedly made the assessment system valid and reliable.

Before implementation of new assessment systems in all professional examinations the medical teachers were in profound stress as regards to successful conduction of the examinations. After the final professional examination of July 2008, it has been seen that, this system can be implemented effectively and will further improve in coming years.

Maintenance of strictness as to having adequate number of faculties in a particular department of a particular institute as per rules of BMDC is a must for successful implementation. External examiners must be made to do their assigned tasks. BMDC, Ministry of Health and the universities under which a particular medical college, are the regulatory bodies for quality control in medical education. There is centre for medical education (CME) and quality assurance body (QAB) to look after these issues. If all these machineries function properly, then it is beyond doubt that a day will come when Bangladesh will have, an effective assessment system following an effective under graduate medical curriculum through which the nation will be able to produce medical graduates who will effectively be able to serve the ailing humanity of our country as well as be able to serve the other countries of the world.

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