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Original Article

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Evaluation of the Impact of Revised MBBS Curriculum: View of Intern Doctors

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Abstract

Background: Undergraduate medical education is part of a continuum of education and training. **Objective:** This study was carried out to explore the views of intern doctors regarding the current undergraduate medical curriculum. **Methodology:** A partially descriptive open ended questionnaire was distributed among intern doctors of both public and private medical colleges in Bangladesh and was returned by 663 intern doctors. **Results:** Most of the participants (94%) suggested for changes in overall existing MBBS curriculum. However, they were satisfied with present pattern of administration test, present course content, duration, evaluation system and internship training. Majority of intern doctors did not experienced any difficulty in different phases. The study also reveals that most participants were in favor of 'Carry on' system and against the concept of pre-medical education. **Conclusion:** Student's evaluation may prove useful if analyzed further to overcome the shortcomings of existing MBBS curriculum. [J Shaheed Suhrawardy Med Coll, 2013;5(2):3-6]

Keywords: Revised MBBS Curriculum, Intern Doctors.

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Introduction

Undergraduate medical education is part of a continuum of education and training which continues through postgraduate training and continuing professional development[1]. Such areas are often rendered to undergo widespread redesigning to fulfill the changing expectations of the society and the health professional themselves[1,2]. Leading organizations in the field of medical education, for example, the "Edinburgh Declaration" of World Federation for Medical Education (WFME)[3] and "Tomorrow's Doctors[4,5,6] by the General Medical Council (GMC) of UK, in their recommendations suggested the need for reorientation of medical education to cope with the continuously changing demands of the health care services. The goal of the MBBS programme at present is to create Doctors with a combination of a scientist and a scholar, a practitioner, and a professional with the strength of leadership to change systems when it is necessary for the benefit of patients[7].

There has been widespread reformation in the content of undergraduate medical curricula around the world in recent years[1]. Medical education in Bangladesh has also experienced many changes and challenges[2]. Some of the critical areas where reforms are being attempted and needed are Curricular Strategies; Teaching and Learning; Student Assessment; Faculty Development; Medical Education Research; and Developing Health Professions Education,

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etc. The new curriculum is structured to provide a balance among learning opportunities through integrated teaching system. Here the basic and clinical sciences are taught and learned together, enabling students to link their scientific knowledge with clinical experiences to support a good medical practice. The greatest change in medical education in the last five years has been in the area of assessment by developing Performance-based assessment methods (e.g. OSCE, OSPE, SAQ, MCQ etc). Despite these attempts, our medical education system is still in the traditional pattern as lecture-based, teacher-centered, discipline-based, hospital-oriented and examination-driven[8, 9].

These changes were meant to influence profoundly the nature of the medical student experience. However, with all the efforts the extent of success in achieving the targets is yet to be evaluated. A logical and effective means of evaluation of any teaching curriculum is to assess the teaching-learning process from the students' point of view who have successfully experienced the changes as students during the entire course or in their medical practice as professionals[10]. Despite the fact curriculum reform has continued at pace around the world, there have been few studies evaluating the long term impact of these recommendations on students or the graduates[11-15]. This study was an attempt to evaluate different aspects of the revised undergraduate medical curriculum by gathering experiences of the MBBS graduates.

Methodology

This cross-sectional, qualitative study was conducted between July 2011 to December 2012 among the intern doctors of different government and non-government medical colleges in Bangladesh. Their comments were collected by using a semi structured questionnaire that contained eight questions on different aspects of curriculum. Data were collected and analyzed using SPSS.

Results

Out of total 663 respondents, majority (57%) were public medical college graduates with female (53%) preponderance (Figure -I).

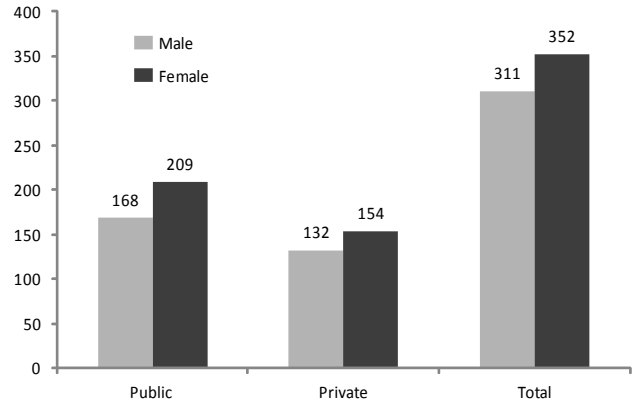

Figure-I: Categorical Distribution of study subjects with sex

Majority of participants (55%) have admired present admission test procedure in both government and private sector (Table-1). Others who disagreed gave the following opinion: 1. Duration and number of questions in MBBS entrance exam should be increased, 2. Technical questions should be included for better assessment of I. Q level of students, 3. Students should be selected according to the national merit list under proper supervision, 4. Number of allocated seats for every medical college should be increased, 5. Reserve quota system should be omitted 6. Admission procedure should be transparent. About 94% of the respondents have asked for changes in the new MBBS curriculum. The ratio of agreed vs disagreement (49% vs 51%) regarding modifications in internship training was very close. Participants who wanted modification gave the following opinion: 1. Duration for internship should be increased. 2. Working hour as well as work load should be reduced. 4. More technical support should be made available for better learning, 4. Training should be community oriented 5. Direct supervision by senior teachers should be ensured, 6. Remuneration for interns during training should be increased.

Table 1: Respondents' views towards admission test, new curriculum, and internship training.

Comment	Test	New MBBS Curriculum	Internship Training
Satisfied with current format	366(55%)	39 (6%)	339 (51%)
Need change	297 (45%)	624(94%)	324 (49%)

Regarding different aspects of the new curriculum, a major portion (91%) were in favor of carry-on system (Table-2). Most of participants were satisfied with present course content, duration and evaluation system. Those who differed gave the following opinions: 1. Course content should be reduced, 2. Duration of course should be extended and rearranged according to the weight of course contents; eg:- re arrangement of both tutorial and practical classes in terms of increased class number or hours, 3. Teaching-learning methods should be modified and made more practical oriented, 5. Evaluation system should be revised, 6. Teaching manpower should be improved in terms of quantity and quality, 7. Academic performance along with one's social attachments and moral values may be considered in overall assessment of a medical student. Majority (69%) of the participants did not support the concept of premedical education. However, those who were in favor of premedical education, mainly focused on being accustomed with medical terminologies earlier before entering MBBS course.

Table 2: Respondents' view about difficulty in different aspects of existing curriculum and requirement of Pre-medical education

Components	Yes	No
Content	27 (4%)	636 (96%)
Time duration	258 (39%)	405 (61%)
Evaluation	102 (15%)	541 (85%)
carry on system	60 (9%)	603 (91%)
Requirement of Pre-medical education	107 (31%)	456 (69%)

Most of participants were satisfied with every component of the current evaluation system (Table-3). Others suggested that MCQ should be increase and number of SAQ should be decrease. Regarding oral examination majority were in favor of present evaluation system. Those who were against the present evaluation system gave the following opinion: 1. Questions should be topic based, 2. Questions should be provided by a central examination committee to maintain equal weight and standard. 3. Enough time and effort should be applied to evaluate every student properly, 4. Teachers should be friendly during examination, 5. Question standard should be in accordance with the undergraduate curriculum. Regarding practical examination a number of different opinions came from the participants with unsatisfactory response, like: 1. Oral and practical examination should be held on separate dates, 2. Questions should be standard and supplied from central committee, 3. Laboratories of all concerned departments should be updated with modern equipments, etc.

Table 3: Respondents' comment on different aspects of current evaluation system

Different aspects	Satisfactory	Unsatisfactory
Written	648 (98%)	15 (2%)
Oral	579 (87%)	84 (13%)
Practical	612 (92%)	51 (8%)

The phase specific questionnaires also revealed a large number of satisfied respondents (Table-4). Majority (30%) of the respondents facing difficulties belonged to phase-II. Regarding 1st phase most of the intern doctors suggested to increase the course duration and to exclude the part of 'community medicine' shared in phase-I. Other suggestions common for all phases were: 1. Each professional examination should be arranged three times in each year, 2. Total MBBS course should be divided into four phases.

Table-4: Respondents' view regarding difficulty in respective phases.

Content	Yes	No
Phase-I	78 (12%)	585 (88%)
Phase-II	198 (30%)	465 (70%)
Phase-III	63 (10%)	600 (90%)

Regarding 2nd phase respondents gave many opinions and that were: 1. 2nd phase should be splited along with independent end-phase professional exams, 2. Subjects should be rearranged as per phase duration, 3. Teaching should be more practical oriented and better coordinated with subjects of phase-III, and 4. Subjects of phase-III should be excluded from phase-II. Again, Intern doctors views regarding phase-III were: 1. lecture classes and word duties should be better coordinated; 2. In-course assessment (like card final, term final or ward final examinations) should be held timely and conducted properly. 3. Duration should be increased. 4. Classes in hospital wards should be more practical oriented.

Discussion

Evaluation of the existing teaching - learning curriculum by the students is attempted in this study with an aim to focus on the necessary changes in the objectives, course contents or teaching methods in MBBS curriculum. Evaluation of teaching curriculum by students is firmly recommended as a part of teaching -learning process[10] and has been attempted by a number of educational researchers. Most of the previous studies revealed overall satisfactory opinions regarding revised MBBS curriculum which differs from this study where majority (94%) has recommended a number of changes[11-14]. However these shared similar responses in few points as- increasing course duration[11, 13], community oriented trainings[12], revising frequency of professional exams per year[11], and rearranging block posting[14], etc. Apart from these, the additional issues arising in this study are existing admission test, premedical education and internship training protocol. These points were valued with interesting proposals like- authenticating entrance exams with increased number of question and time, rearrangement of seat plans, bringing the total system under proper supervision of a transparent committee, proper utilization of internee period with adequate technical support, proper guidance of senior teachers, and adjusting workload with remuneration. The concept of premedical education was discouraged by majority (69%).

Regarding MBBS course content versus duration, majority of the respondents gave a positive opinion as in studies done earlier[12,13] where a few voted for content reduction[11]. Besides, 85% of the participants were satisfied with all the components of current assessment system where the rest showed different opinions like- balancing MCQ contents with SAQs, remodeling oral and practical assessment tools and exam schedules[11,15]. Here, 'carry-on system' was not found difficult by 91% respondents.

Again, in phase specific analysis the factors mostly notified were; avoiding overlapping one phase contents with the other (e.g.-exclusion of community medicine from phase 1), scheduling each professional exam more frequently, splitting phase-II contents with independent end course exams, synchronizing lecture and clinical classes along with timely in-course assessments converting theoretical knowledge into practical skills[13,14]. It is evident that the physicians today are more concerned

about the existing MBBS curriculum and its implementation towards achieving community oriented skilled professionals.

Conclusion

The present study has revealed overall satisfactory responses of majority of the respondents and at the same time enlightened a number of interesting issues by those with differences of opinions. This is starting from more transparent entrance exams with increased seat numbers and developing more competence based in-course as well as end course assessment tools, rearranging total phase specific contents in accordance to their duration. However, such an exercise can only be useful if the student's evaluation is further analyzed and implemented to overcome the shortcomings of teaching curriculum.

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