

Integrated teaching in undergraduate medical education

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The cornerstone of medical education is to teach students regarding health which WHO defined as the complete physical, mental & social well being. So the initial task on the part of the authority is to attribute freshman students with responsibility of orientation towards specific education system and training, which, of course varies in countries based on the socio-cultural and educational status of a particular community. The world Federation of Medical Education declared at Edinburgh in 1988 that: There is tremendous responsibility on institution providing medical education for bringing about required innovation in existing system so as to meet the defined needs of societies³. One can give an analogy of functioning of human body, where no system functions in isolation but operates in an organized and interdependent manner to achieve optimum level of functioning. Similarly medical education system should be integrated rather than individual discipline based. The Objectives of undergraduate teaching is to develop medical knowledge, technical skills, professionalism, orient the students to community health, develop attitude towards lifelong self-directed learning, general medical preparation for postgraduate specialty.

The need for greater integration of subjects in the medical curriculum has featured prominently in reports on medical education, including the GPEP reports, Educating Medical Students, the recommendations of the General Medical Council in the UK¹. Integration has been accepted as an important educational strategy in medical education in UK. Integrated teaching offers many advantages and may be a key factor in the delivery of an effective educational programme². Opinion of teachers with pre existing knowledge and impression might vary to adopt any step of integrated medical education from isolated subject based or fully integrated problem based as proposed in SPICES report, community oriented teaching and learning, but it is time honored and of proven benefit to practice uphill steps³. An integrated medical curriculum refers to a non compartmentalized approach which helps students to put together the learned facts so as to get the whole picture and adopt a holistic approach while treating a patient or planning a health care strategy⁴. Where basic and clinical

subjects are integrated around problems; problem solving system- system based students are encouraged to have a holistic view of patient's problems.

Integrated Teaching may be based on a particular topic or issues arise in any system of human body interfering normal physiology. Examples of these may be swelling in the inguinal region, chest pain etc. Individual Medical schools or teachers can decide where they stand on each issue and therefore which particular educational strategy they wish to implement in their own school. The need for integration has been advocated in many reports on medical education. There are two types of integration Horizontal and Vertical. Horizontal integration is the integration between parallel disciplines traditionally taught on the same phase of the curriculum. Vertical integration is the integration between disciplines traditionally taught in different phases of the curriculum.

Integrated teaching has many advantages as it can reduce the fragmentation of medical courses, can generate interest to the students by early clinical exposure, able to highlight the relevance of learning, students can achieve better understanding of concept, principles & mechanisms, avoids information overload & repetition. But it has also some disadvantages like- requiring inter-departmental planning, omission of topics, losing subject identity, costly in comparison to discipline based curriculum, demanding of staff time.

There is a move towards adopting integrated curriculum worldwide but the process of change will be relatively difficult in institutions with established curricula, mainly because it needs to change the mindset of the faculty. However, taking into account the superiority of the integrated method, time has come to consider implementing it effectively & ensuring going up the steps of the ladder gradually. Hence, training of faculty through discussion & workshop may be an initial step in this situation.

References

1. General medical council. Tomorrow's doctors:

- Recommendation on undergraduate medical education. London: general medical council
2. Jonas HS, Etzel SI, Barzansky B. Undergraduate medical education. JAMA 1989;262:1011-1019
 3. The Edinberg declration (1988)World congress on the Medical Education of the world Federation of Medical Education Med Edu 22; Med Sch 71:11-6
 4. Harden RM. The integration ladder: a tool for curriculum planning; medical education 2003;34:551-557