

TIME TO REWRITE THE MBBS CURRICULUM: WHY DOES IT NEEDS URGENT REFORM?

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The curriculum for MBBS poses responsibility on the designer to equip the students with knowledge, skills and attitudes to treat the patients and contribute effectively to the society being served¹ with safeguarding patient safety.² Is the curriculum serving the purpose of preparing the doctors to face the health challenges of tomorrow?

Medical education remains extensive and if not effectively organized content wise exhausts the students leading to student burnout.³ The teacher and student involved in dispersing the content is always anxious to complete the course content within the timeline provided. The foremost reason being the details included in all the subjects in the curriculum. The syllabus of both basic and clinical subjects includes topics in unnecessary details; it seems if all the students would become biochemists after studying biochemistry and similarly all students would become physicians after studying medicine.⁴ Attempts to integrate curricula horizontally and vertically improved the understanding of the subject in relevance to disease and segregating content into modules which gave ease of completion of course in a stipulated time.⁵ Even these changes over a period of time did not make the student take interest in lectures or clinical work.

What is wrong with our curriculum?

- The learning outcomes are extensive to address theoretical knowledge and fall short in defining skills

and attitudes required for a medical graduate. More and more content is being added each year with no emphasis on skills and attitudes. A student memorizes 200 drugs but will fail to counsel about hand hygiene to public or break sad news with empathy.

- The content allocated in modules is not aligned with assessment marks, students leave important content when they realize that it will not affect total scores. For example, if the module carries only 2 MCQs from neuro anatomy, the student will skip entire neuroanatomy and study easy content.
- Community oriented diseases and preventive medicine are not given due weightage in course content. A student memorizes Krebs cycle or Wilson's disease but fails to realize importance of population management and prevention of iron deficiency anemia.
- The assessment tests memory and not competence. The exams are designed to reward rote learners and not give credit to students who attended the wards and respected the patients.
- There is lack of alignment between learning outcomes and tools used for assessment. The learning outcomes designed for dispersing theory are assessed on MCQS.

So, in the light of the above, what can be done to bring a change in the curriculum? In my opinion, few suggestions are:

- It is time to move from content based to competency-based curriculum for the MBBS Course, in a manner which is similar to that that is already adopted in the post graduate curricula. It is the only solution where students take responsibility to acquire the competencies, and the teacher is responsible to

ensure the transfer of competencies aptly to each student.

- Appropriate number of competencies can be designed for every module, assessment of competencies to assessor satisfaction and a provision of remedial must be present.
- Ethics, professionalism, communication skills and research must be adequately addressed as competencies. The purpose must be to equip students with the ability to become lifelong learners and be able to develop their competencies throughout life.
- Mandatory interaction of students with patients in hospitals, so learning remains contextual and relevant. Interaction should start from first year. Mandatory visits to basic healthcare units, Rural health care centers and district hospitals. Keeping medical students in big tertiary care hospitals without ever visiting BHU/RHC deprives the doctor of understanding what the real problems related to population explosion are safe drinking water and malnourishment.
- Assessment needs change. In my opinion, semester system in medical education will take away the syllabus pressure off the students, motivating them to be regular in class attendance and daily study habits. Annual assessment makes the student delay serious studying until the final months before examination, which creates intense mental, physical and psychological pressure on majority of the students. Assessments are meant to evaluate application of knowledge not the memory or recall alone. Effective communicators with digital skills would help shape up future medical professionals.⁶

Medical education universally finds itself at a crossroads leading to young doctors facing diluted professional identity.⁷ The onus lies on PMDC, Universities and

representatives of stakeholders involved in medical education to show courage and take the responsibility to change the MBBS curriculum to competency based and ensure producing medical graduates who are clinically competent, ethical, humane and add value to providing clinical services to the nation.

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