

EDITORIAL

MEDICAL EDUCATION IS CHANGING IN PAKISTAN

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In 1910, Flexner report was published accusing the incompetent American, apprenticeship-based, medical education system. This system was producing low-grade physicians, with poor teaching and training standards in medical schools.¹ The post-Flexnerian, discipline-based system transformed the structure of medical education in US, Canada and UK, by establishing the gold standard; the biomedical model of medical training. It became one of the most important revelations in the history of medicine and a foundation for the upcoming problem-based and clinical presentation based models of medical curricula.²

In Pakistan, medical education is improving. More and more teachers are becoming qualified in medical education courses. They are becoming aware of concept-building, creative thinking, self-directed lifelong learning, clinical reasoning and evidence-based learning.³

There is a strong need to involve all the stakeholders including teachers, students, patients, society and government in the process of curriculum planning, development and implementation. Medical students should be taught keeping in view the exit outcomes of knowledge, skills and attitudes, based on the adult learning principles. As per social constructivist learning theory, they need to be stimulated to create their own understanding. Community-based learning (CBL), based on the health needs of the individuals, families, and community is the real solution to the health problems of our area. Lack of emphasis on research has made Pakistani doctors, lagging far behind the medical graduates of other countries intellectually. The doctors are now taking more interest in publishing their research papers in the prestigious research journals inside the country as well as across the globe. Research is a national

investment for solving plethora of health problems, with no immediate reward.⁴

Pakistan should also annually review the responsibilities of doctors, students and medical institutes for the improvements in the health system on the pattern of General Medical Council, UK. Clearly; there is a need for strong academic and visionary leadership in our medical institutes.⁵⁻⁸

Educational methods and equipment need to be provided to produce the desired knowledge, skills and attitudes in medical graduates to provide the community with seven star doctor, who is a care provider, medical knowledge expert, leader/ manager, communicator, community health promoter, researcher and a true professional.⁹

In Pakistan, the medical institutions are observing a paradigm shift based on SPICES model. SPICES attributes of problem-based, integrated, student-centered, community-based, systematic teaching & learning and electives are replacing the traditional information gathering, discipline-based, teacher-centered, hospital-based, opportunistic and uniform learning respectively.¹⁰

Pakistan Medical Commission has made it mandatory for all the medical institutions to establish departments of medical education for planning, implementing & evaluating teaching, training and research activities in their respective institutes. We are improving in medical education, though not at a satisfactory speed. We have the resources and the untapped potential. Medical education in Pakistan is standing at the cross roads. We hope things will continue to be better and in a much faster way to compete the contemporary world in the field of medical education.

KEY WORDS: Education; Universities; Curriculum; Knowledge; Attitude.

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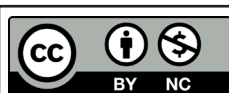
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CONFLICT OF INTEREST

Authors declare no conflict of interest.

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None declared.



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