

medical education and training: implications for india

Memory based learning and rigorous practices have been the primary elements of ancient schools in India and the students could standardize things as per their subjects. In the West, the Greek physicians used to standardize the medicinal world. *Hippocrates* (460 BC) introduced and illustrated certain practices, which became the basis of modern medical science. The Hippocratic School of medicine revolutionized medicine in ancient Greece, establishing it as a discipline distinct from other fields that it had traditionally been associated with, thus establishing medicine as a profession. The old schools of medicine were notable for their strict professionalism, discipline and rigorous practice. This unmistakably maintained the sincerity of purpose of the physicians and their application of knowledge.

Ironically the present day Medicine is not characterized by the concepts of traditional schools of medicine and approaches. There has been an exponential increase in the knowledge regarding the basis of each and every disease thus impacting its influence on current medical education system and training. The disease or disorder subjugates various parameters which are further classified into numerous issues. The advancement of technology has brought up the level of clinical practice beyond prescriptive and drug based therapies. The insight of the present day physician needs to be the representative of a community driven by an immense zeal for higher learning rather than just treating. In an era where every possible disease is translated to the level of genetic and molecular origins, the question arises: Is the present medical education system equipped to produce physicians who can cater to and apply the above advancements for patient care? The prominence of the question gets amplified with the advancements of any medical, biochemical or biological technique irrespective of the adaptability of medical education system to such change.

The Medical Council of India (MCI)

The MCI is a statutory body that deals with the establishment of norms and standards for the Medical Education in India. These standards include the requisites for a proper infrastructure and other necessities for the smooth running of the undergraduate as well as the post graduate courses in Medicine. The Vision 2015 recently enunciated by MCI, focused at the standardization of Medical Education, and has attracted a lot of criticism as well as acclaim. The introduction of reforms that could probably revive the deteriorating state of medical education in India, have been well debated. It is perhaps the right time to revisit the age old strategies, optimize them, substituting them with unique and global contemporary standards. There are a couple of aspects that need to be crucially considered while trying to introduce radical changes in the Medical Education system.

The medium of instruction

Before contemplating paradigm shift, one is driven by a need to review the medium of instruction which forms the basic and vital backbone of any curriculum. The medium of instruction for most of the professional courses in India is English. Unlike a few other disciplines like Law and Civil Services, which enjoy substitutes for the medium of instruction, Medicine is taught in English alone. An Indian demographic scan reflects the basic medium of instruction until high school being dominated by regional or vernacular languages in majority of Indian States. A few southern and north eastern states make an exception, with a reasonable exposure to English language. The foundations of logic reasoning and memory in basic subjects are founded in the regional languages, with minimal exposure to English. At entrance exam and at college level, a sudden and vast expanse of the curriculum in a near-to-alien language leaves the students crippled and challenged, widening the rift between the two. The students keep fiddling between understanding the terms, which they otherwise understand very well; and are unable to establish an impressive academic record. This dual work load not only proves fatal but also stalls innovation and creativity thus impairing the overall academic performance. Keeping these facts in mind, it is time when the curriculum along with existing periodic revisions, is urgently translated into immediate regional needs. This could bring a revolution in India, generating talented physicians from the neglected rural backgrounds with little reluctance to serve in their villages.

Encouragement for the backward and other backward classes already exists in India but has not adequately impacted the socio economic academic demography of India. But, can the current system deliver in the long run until the language barriers are truly overcome? The language barriers have to be addressed and resolved promptly in the field of Medical Education and should be carried forthwith without further ado. It is well known that Russia, China, Japan, Mexico and other countries, with their education system in native languages other than English, have produced excellent human resources trained in medicine as well as biomedical research to the extent that many Indian learn their languages to undergo medical training in these countries. Is it not better to learn Tamil, Telgu or Malyalam in order to get trained in proposed regional language centric medical schools than learning foreign languages to get into those medical schools.

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