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THE EVOLVING FACE OF MEDICAL EDUCATION

Change for betterment is the need of life and "those who look only to the past or the present are certain to miss the future" narrated by John F. Kennedy. Like all other processes in life, medical education is not static and evolving rapidly. However, to trade our technique to teaching and learning is not easy for we need to depart part of ourselves and our personal experiences as trainees and trainers. During last three decades, medical education has evolved enormously in the western and few Asian countries. The situation is not much impressive in our country except for few medical colleges. We still rely on traditional style of teaching where knowledge is acquired without proper comprehension and its significance in the clinical environment. Unfortunately, most of our students become rote learners at the end.

The ultimate focus of evolution is student centered learning in contrast to teacher centered knowledge. This teaching technique should be versatile and must fulfill the learning needs of every learner. The main advantage of this adult based learning (andragogy) is that learners preserve knowledge for more time frames. Andragogy assist learners to become independent and self-directed learners. Moreover, the learners also become more proficient and more responsive to the ever-growing and demanding medical specialty and health-care system.

Our medical students need to acquire learning aptitudes that will guide them from their undergraduate experience, through their clinical training, postgraduate experience and onward continuing medical education as consultants. We should reduce traditional teaching style and utilize SPICES Model developed by RM Harden in 1984. This educational strategy actively involves all the students and facilitates deep learning. Another good approach in current medical education is small group teaching. An assignment or task is allotted to a small group of students in advance so that they have ample time for preparation. A well co-ordinated interactive approach and active discussion are the main components of small group teaching. This approach stimulates student's questioning. Although small group teaching is documented as a difficult teaching technique, it can still be implemented by careful planning and effective participation of both the students and tutor.

We should train our doctors who teach students on these new methods of teaching because a good doctor does not mean he can be a good teacher as well, until and unless he is trained on modern techniques. Our medical educationists have moral obligation to develop and implement a curriculum with the support of all stakeholders, both for under- and postgraduate medical students, based on recent trends so that we can compete with the best of medical education of the world.

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