

IMPLEMENTATION OF NEW CURRICULUM IN UG (M.B.B.S): A DREAM PROJECT OF MEDICAL EDUCATION TECHNOLOGY

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ABSTRACT

Background: Medical Education System is the backbone of Healthcare Industries. Now a day's it is facing a lot of problems due to shortage of recourse persons, Lack of skilled faculties and researchers in most of the Medical Colleges in India. There is urgent need of improving the working environment, quality of the work and management system because lots of money devastated, due to ignorance. **Results:** The newly implemented UG Curriculum was more effective than Earlier Pattern M.B.B.S Curriculum because it covers all the three domain of Learning (Cognitive for thinking, affective for emotion/ feeling and Psychomotor for kinaesthetic) **Material and Methods:** The study was conducted at Vardhman Institute of Medical Sciences, Pawapuri, Nalanda (Bihar). Resource Faculty Members of different departments (Pre, Para and clinical), Newly admitted M.B.B.S students, 2nd Year M.B.B.S Students, Medical Education Unit Members and Curriculum Committee Members were included in my present study. The study was designed to assess the effect of new curriculum for UG (M.B.B.S) as per MCI Guideline over existing earlier. **Conclusion:** Implementation of key elements of new curriculum in UG (M.B.B.S) would be helpful in creating holistic and scientific environment, not only among the faculty but also it boost up the enthusiasm of MBBS Students to set their Professional Carrier from the beginning which in turn resulting Indian Medical Graduate(IMG) mission fruitful.

Keywords: Early Clinical Exposure (ECE), Foundation Course, AETCOM Module, Competency Based Medical Education (CBME), Indian Medical Graduate (IMG) Role, Healthcare Industries

INTRODUCTION

Medical Education system, which is the backbone of the healthcare Industry, has been derailed from its track due to shortage of skilled faculties, trained Technician and less involvement in research activity. Implementation of new UG curriculum (M.B.B.S) in Medical Syllabus burnt rays of hope, that time has been come to change the old pattern of traditional teaching (based on mainly Cognitive domain) with the newer ones (involvement of all the domain viz. Cognitive, Psychomotor and Affective). As per guideline of Medical Council of India each Medical Institution has established its own Medical Education Unit Department for Faculty

Development Program. (1) But till date we are unable to train adequate amount of trained faculty for compensate the demand. Every year in India approx. 48,000 M.B.B.S doctors produced out of which only one third were opportunity to enrolled in post-graduation in clinical disciplines (As per MCI "Vision document 2015). (2) To achieve doctor-patient ratio, Indian Government has emphasized to increase admission and training of medical students. (3) The present study was designed to assess the effect of new curriculum for UG (M.B.B.S) as per MCI Guideline over existing earlier.

MATERIAL & METHOD

The study was conducted at Vardhman Institute of Medical Sciences, Pawapuri, Nalanda (Bihar). Resource Faculty Members, Newly admitted M.B.B.S students, 2nd Year M.B.B.S Students, Medical Education Unit Members and Curriculum Committee Members were included in my present study. The Assessment tool for present study was comparison of previous pattern of UG curriculum of M.B.B.S vs. newly implemented UG curriculum M.B.B.S (w.e.f 2019 Batch). Information of the present study were also gathered during my Training in MCI Regional Centre for Medical Education Technologies Sri Aurobindo Medical College & PG. Institute Indore (MP) during (11th Revised Basic Course workshop + AETCOM on sensitization Programme 7-10th January 2019 and Curriculum Implementation Support Program 9-11 April 2019) under kind Supervision of Prof. (Mrs) S. Bose,

Convenor, MCI Regional Centre, Indore, M.P. (India). Prior to start the present study informed consent were taken from the institutional level (Vardhman Institute of Medical Sciences, Pawapuri, Nalanda)

Table 1 : India at a Glance at different Aspects

India Population	1/5 th of the world Population	WHO Report
After measuring overall all health system performance	112 ranking out of 196 Countries	WHO Report
Doctor/ Patient Ratio³	< 1 Doctor for every 1000 population which is less than WHO standard	WHO Report
Illiterate Population worldwide	India has the largest number of illiterates (34%) 2 nd Place China (11%)	

Table 2 : New Curriculum and its spectrum

Key elements	Feature
CISP	The curriculum in GMR, 2019 is competency driven CBME (Competency Based Medical Education)
Foundation Course	Explore and trained the newly admitted M.B.B.S Student to develop all type of skill, creative thinking, stress management and sensitized them for their future role of Indian Medical Graduate (IMG).
AETCOM Module	Mainly emphasized on Attitude, Ethics & Communication skill which is helpful to achieve IMG Goal.
ECE (Early Clinical Exposure)	Recognize the relevance of basic science in diagnosis, patient care and treatment. The ECE Program in the M.B.B.S. It is the part of integrated module (4). It also improves understanding, interaction and problem solving skills.
PBL (Problem Based Learning)	Problem based Learning enhances the knowledge in specific area at micro level
Integrated Teaching (4,5,10)	Horizontal and vertical integration between and among discipline. Basic and laboratory sciences (integrated with their clinical relevance)
Basic Research	It provide platform form all the discipline with working like Consortium manner (to Facilitation of Collaborative Research)
Self-Directed Learning	Include interactive sessions, practical, clinical, group discussion, problem oriented approach, case studies
Electives	Electives provide opportunities for students to acquire diverse learning experiences
Reflection and Metacognition	Student must be encouraged and provided an opportunity to reflect on their diagnostic approach, and think about what they could be missing

RESULTS

All the Pros and cons of the both pattern (Previous and newly implemented UG Curriculum) were discussed among the teacher and students of VIMS

Medical College, Pawapuri, Nalanda before producing the results. Various domains of assessments tools were taken in account for interpretation of results.

Table 3 : Comparison of pattern of UG curriculum(M.B.B.S) on the basis of various Aspects

Key Elements	Earlier Pattern UG M.B.B.S Curriculum (I)	Newly implemented UG Curriculum (Effective from August 2019) (II)	Effectiveness/ Remark (Based on discussed among the teacher and students of VIMS Medical College, Pawapuri)
Foundation Course Yoga & Meditation/ Language & Skill/	No	1 st time introduced Create and achieve working environment in short span of Time	II > I
Curriculum Committee CSC (Curricular Sub Committee) AIT (Alignment and Integration Team)	No	MCI has added the governance oversight of the curriculum in the form of the curriculum committee at the institutional level	II > I
ECE (Early Clinical Exposure)	No	1 st time Introduced	II > I
AETCOM Module PBL (Problem Based Learning)	No Yes	1 st Time Introduced Yes	II > I
Domain Wise	Mainly Cognitive Domain involved	All type of Domain involved (Cognitive, affective & Psychomotor)	II > I
Evaluation Basic Research	Less effective Less effective	360° impact evaluation, Stress on start Basic Research in relevant to Medical Science (4)	II > I II > I

The newly implemented UG Curriculum was more effective than Earlier Pattern M.B.B.S Curriculum because it covers all the three domain of Learning (Cognitive for thinking, affective for emotion/ feeling and Psychomotor for kinaesthetic) (Table 3).

Fig.1 Working Module of New UG (M.B.B.S) Curriculum and its organization

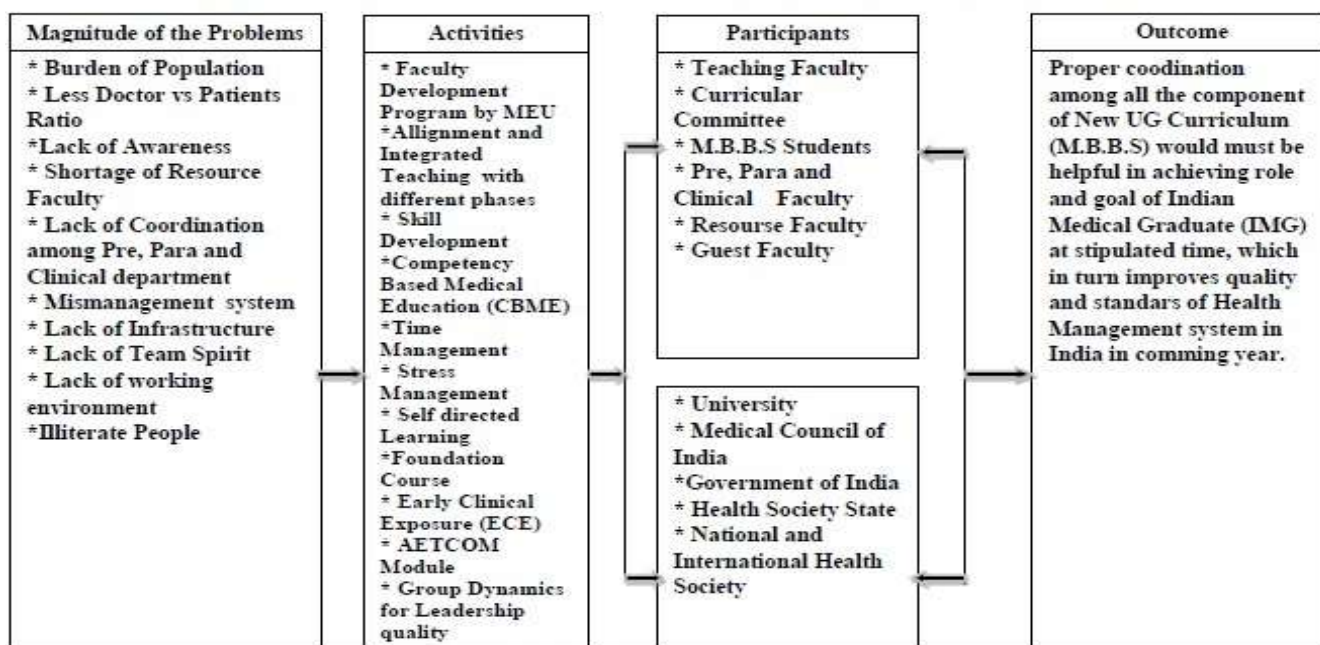


Fig. 1 Working Module of New UG (M.B.B.S) Curriculum and its Organization

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DISCUSSION

Though there are a very few research literature available till date on the implementation of New Curriculum from the beginning of the 1st professional M.B.B.S Course, the present study would be helpful in understanding the major lacuna of current Medical Education system .Health management system in India facing lots of problems (viz. : Population, Illiterate, Doctor Patient ratio, shortage of resource Faculty, corruption and mismanagement) .Table 1.Though there are a lot of lacunas in our present Health Care Management System now a day. UN reports reveals that India has largest youth Population countries (356 million 10-24 year-olds). Youth population is the source of energy we should utilized them in various field as per their knowledge and expertise. The new course implemented in UG curriculum (M.B.B.S), as per MCI Guideline illustrates the way of not only correcting the Lacuna of the present system but also promote Research activity which is the key element of correcting all types of problems at root level.

MCI has decided to change the pre-existing UG curriculum (M.B.B.S) with newly implemented UG curriculum (M.B.B.S, with effect from August 2019). The key elements and its Spectrum of the newly implemented curriculum were depicted in Table 2 & Table 3. During my training period in MCI, regional centre SAIMS Indore and experienced gain during implementing it at Vardhman Institute of Medical Sciences, Pawapuri. I realized that the change in new curriculum for UG (M.B.B.S) is very effective tools. Working Module of New UG M.B.B.S Curriculum and its outcome clearly indicates its effectiveness in near future (Figure 1)

AETCOM Module (6) Early Clinical Exposure (7)Curriculum Implementation Support Program (CISP) (8) and Foundation Course (9) is the essence of the new curriculum which is first time introduced in Medical Education, it might be helpful in achieve IMG Goal fruitful at stipulated time. Horizontal and vertical integration of teaching in new curriculum synergistically improve not only the quality of teaching at micro level but also promote collaborative basic research in context with clinical correlation with the disease. It would also be helpful in overlapping of syllabus in different phases. Table 2

Medical Education Unit (MEU) plays an important role in Faculty Development Program (FDP) and to arrange the sensitization programs for all faculty members. It is a junction point where all the pre,

Para and clinical staff of the Medical College met and contribute their knowledge on the specific topic through CME and Guest Lecture. It Provides space for the entire faculty for discussion on burning issue and also helpful in promote basic collaborative research.

Challenge to implementing New Curriculum:

- 1) Framing of SLO (Specific Learning Objective) for all Related Topic (Big Tasks to manage the class)
- 2) Conducting Horizontal and Vertical Teaching (due to shortage of Faculty Members and overload of Patients)
- 3) Proper coordination between Central Government and different State Government Health Policies (at University Level)
- 4) Shortage of Resource Faculty as well as trained Technician (Mainly in Private College)
- 5) Curriculum implementation Support Program (due to Minimum Resource Faculty & Trained Faculty)
- 6) Transfer of Resource Faculty in different college is a big challenge
- 7) Coordination between Pre, Para, and Clinical faculty for promoting and conducting Collaborative research (due to private Practice & discrimination)

CONCLUSION

Though, there are big challenge to adopt present changes of new implemented UG curriculum M.B.B.S (w.e.f August 2019) in Medical Education System in comparison to earlier UG Curriculum even though there are immense possibilities that it would be helpful in manage all type of Lacuna of the present system. I, strongly support that implementation of new curriculum in Medical Education Technology in M.B.B.S Curriculum would must be helpful in to achieve roles and goal of Indian Medical Graduate (IMG) at stipulated time, which in turn improves quality and standards of Health management system in coming year.

Conflicts of Interest statements: Author of the present study declared that he has no affiliations with or involvement in any organization or entity with any financial interest.

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