



Moving wayward: Graduate Medical Education

Surya Prakasa Rao

Department of Community Medicine, GITAM Institute of Medical Sciences and Research, Visakhapatnam, Andhra Pradesh, India

Address for correspondence:

Surya Prakasa Rao, GITAM Institute of Medical Sciences and Research, Visakhapatnam, Andhra Pradesh, India. E-mail: sprao2000@gmail.

Received: July 03, 2017 Accepted: August 03, 2017 Published: August 17, 2017

ABSTRACT

The Graduate Medical Regulations formulated by the regulatory body in India aims at preparing the basic medical doctor qualified to be an exemplary citizen by observation of medical ethics and fulfilling social and professional obligations, so as to respond to national aspirations. The present status of the traditional three pillars of medical college namely Patient care, education and research are in dilapidated condition. The fourth pillar of human values is found to be missing in medical education. The path delineated by Medical Council of India for Graduate Medical Education is deviated in this pest infested Medical Colleges in India. A dedicated effort is needed to resurrect the fourth pillar of human values and to restore the once bestowed medical profession

KEY WORDS: Graduate Medical Education, Research Medical Ethics, Human Values

INTRODUCTION

The Graduate Medical Education Regulations [1] laid down by the Medical Council of India (MCI) spelled out that the aim of the medical education training is to produce a basic doctor, to provide an educational experience of the essentials required for health care in our country. It also added that training should be able to meet internationally acceptable standards. However, the present medical education imparted through Public and Private Medical Colleges completely ignored this valuable document and is instrumental in churning out non-employable medical graduates [2].

Even at the helm of politicians' and educationists' outbursts, MCI did applauded service in documenting the objectives of the undergraduate medical education.

The goal of MBBS graduate as envisaged by MCI is to become exemplary citizen by observation of medical ethics [3] and fulfilling social and professional obligations, so as to respond to national aspirations. It also stressed that the educational experience should emphasize health and community orientation instead of only disease and hospital orientation or being concentrated on curative aspects. The educational experience should address the society and community structure and the interplay of various factors in the community.

Contrary to this, the present education system is completely dependent on the hospital-based training and the deeply interwoven values and moral principles are never attempted/

touched. No attempts are being made to mould the young minds toward social obligation.

THE CONTEXT

It is often heard that the present MBBS graduates are less competent, devoid of important competencies, and harbor no positive attitudes toward community and social obligations compared to the older generation of graduates.

There are three main functions attributed to the medical college which is churning out medical graduates every year. These are education, research, and service. Education is mainly focused on professional aspects. Educationists in India pointed out that the present education should be of greater quality and it should be continuous. Introduction of mandatory training in teaching technology and methods, use of audio-visual techniques, participatory methods are some of the methods which have seen the light to infuse the quality in medical education [6]. Mandatory credit points grabbed through epidemic of continuous medical education is one step toward imbibing continuous educational behavior for all graduates [Figure 1].

The research (either basic or applied) is one area which is completely abandoned till the regulatory body amended the eligibility criteria for medical faculty in medical colleges. Then, India has witnessed mushrooming of research publications in innumerable inconspicuous journals. The degradation of research in India was vouched even by Lancet Journal in its recent

publication [4]. In unified Andhra Pradesh, 67% of the existing Medical Colleges were unable to produce even single research publication in the past 10 years [5]. Over indulgence in personal monetary gains and affinity toward materialistic possessions and unethical methods lured by pharmaceutical industry degraded the clinical research component in medical education [7]. It is often the excuse of clinicians that heavy clinical workload to be hindrance to devote time for research. However, this seems to be untrue by the observation that the most prolific Indian publications come from institutions that also deal with the largest numbers of patients. The basic research has been never the cup of tea of faculty working in medical colleges. Operational research though the need of the hour was never attempted due to the abandoned deserted rural and urban health training centers adopted by the medical colleges. As the community approach is left out in the medical education, operational research remains to be a distant dream at medical colleges [8].

The clinical competencies and the practice of evidence based medicine are nowadays becoming a rare commodity. Students graduating from reputed medical colleges are incompetent in performing simple tasks necessary for a basic doctor. Unscrupulous cut practice, irresistible offers from pharma industry, and urgency in accumulating wealth all these are finally taking a toll on patient care services. The right to medical and health services in India largely remains as a buzz word in political circles and in files of mandarins.

As can be witnessed, all the three pillars of medical education are infested and require multipronged approach. While dealing with these three pillars, the fourth missing pillar which is usually behind is always forgotten. This pillar is called as Human Values [Figure 2].

MCI categorically stated that medical graduate should become exemplary citizen by observation of medical ethics and fulfilling social and professional obligations, so as to respond to national aspirations. There are no favorable indications showing the medical colleges' contribution in reshaping/molding the medical graduates as exemplary citizens in India. The missing fourth pillar is the main reason for the present state of affairs in medical education. The faculty should be able to motivate and build good citizen qualities among medical graduates by elevating themselves into role models. Teacher role models are extinct species now. Teaching sporadic lectures on ethics and principles should be followed by self-living examples. MCI introduced ethics as one of the medicolegal aspects of medicine and it expects the medical graduate to observe medical ethics during the practice of his/her profession. This is glaringly devoid of the social obligations, ethical principles toward community and society. The recent spurts in ATCOM modules and introduction of Ethics during the first semester remained mainly customary in medical education. It is known that undergraduate students do acquire the skill of medical ethics by observing the practices of their teachers and senior colleagues. The present medical curricular practices do not emphasize on the fourth pillar.

The obligations toward society need to be fulfilled by the medical graduate. Compulsory one-year rural stint is by no means a way to achieve this objective. The obligation needs to

be fulfilled in a continuous manner. This can only be achieved by motivating, reshaping/molding the medical graduates during their training period. As MCI recommends that the educational process should also be community based (by providing exposure to the field practice area) than only hospital-based graduate training [Figure 3].

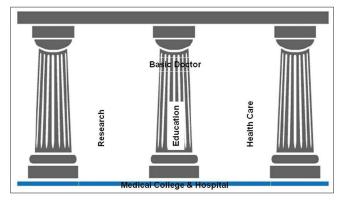


Figure 1: Visible three pillars of medical education in preparing basic doctor

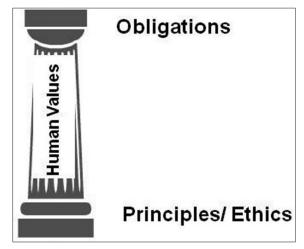


Figure 2: The invisible pillar of human values based on ethics principles leading to the obligations of a basic doctor



Figure 3: The present status of medical education devoid of human values and falling research standards

CONCLUSIONS

Human Values are as important as medical aspects in reshaping the medical graduates in India. Social obligations, moral principles, and ethics need to be transferred from role model teachers to the graduate students. Exposure to community and society where exemplary living role models are practicing is necessary to prepare a good citizen. Medical ethics should be an integral part of the medical curriculum rather than limiting it to medicolegal medicine to prepare good students.

REFERENCES

- Medical Council of India. Regulations on Graduate Medical Education; 1997. Available from: https://old.mciindia.org/RulesandRegulations/ GraduateMedicalEducationRegulations1997.aspx [Last amended on 2017 Jul]. [Last Accessed on 2017 Aug 16].
- Roy N, Madhiwalla N, Pai SA. Drug promotional practices in Mumbai: A qualitative study. Indian J Med Ethics 2007;4:57-61.
- Indian Medical Council. (Professional Conduct, Etiquette and Ethics) Regulations. New Delhi: Medical Council of India; 2002. Available from: http://www.mciindia.org/Rules-and-Regulation/Ethics%20

- Regulations-2002.pdf. [Last accessed on 2016 Jun 15; Last amended on 2016 Feb 01].
- The Medical Council of India. Attitude and Communication (AT-COM) Competencies. New Delhi: The Medical Council of India; 2015. Available from: http://www.mciindia.org/fdp/7.%20One%20day%20 AT-COM%20Sensitization%20programme.pdf. [Last accessed on 2016 Jun 15].
- Sharma DC. Poor research output from India's medical schools. Lancet 2016;387:e28.
- Ray S, Shah I, Nundy S. The research output from Indian medical institutions between 2005 and 2014. Curr Med Res Pract 2016;6:49-58.
- Aulakh R. India's medical education system hit by scandals. Lancet 2015;386:2390-1.
- 8. Arunachalam S. Does India perform medical research in areas where it is most needed? Natl Med J India 1998;11:27-34.

© **EJManager.** This is an open access article licensed under the terms of the Creative Commons Attribution Non-Commercial License (http://creativecommons.org/licenses/by-nc/3.0/) which permits unrestricted, non-commercial use, distribution and reproduction in any medium, provided the work is properly cited.

Source of Support: Nil, Conflict of Interest: None declared.