

EDITORIAL

Medical Education, Professionalism and the need for Collaborative Research on Indian Perspectives

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Collaborative scholarship between medical education and healthcare professionals (HCP) is required to advance new insight regarding quality medical education and health practices. Excellent medical education improves the skills of Indian Medical Graduates (IMG), so exploring good practices of HCP that foster the sufferers' quality of life. So, continuous and combined research in this field is a must to initiate a rationale to evaluate the new strategies. This editorial depicts background and pragmatic evidence to prove the relationship between medical education, practices of HCP and research for defining the implementation of programs and policies crucial for excellent public health interventions.

Keywords: Medical education; practices; healthcare professional; quality of life

It has become quite a challenge for the new-age medical teacher to adopt a student-friendly approach while teaching a massive number of students during the undergraduate program. The teaching-learning methods used during medical education can significantly impact the learning process among medical students.¹

Competency-based medical education (CBME) has been in full swing nationwide since 2019. The National Medical Commission (NMC) of India has illustrated the essential competencies mandatory for an IMG in their competency-based module. There is a paradigm shift in the current approach to medical education, and the usefulness and limitations of the newer concept in the Indian context are yet to be demonstrated as the best teaching-learning method.

Medical education is directly related to producing competent IMGs who will be the future HCPs. Comprehensive medical practice needs knowledge, clinical skills, intelligence, good communication skills, attitude, and inter-professional behaviour, the most vital core issues for building an accepted doctor-patient relationship.

Challenges ahead:

Education techniques have changed from the traditional "chalk and talk" methodology to modern, innovative classroom techniques with all the latest features. Notably, the best teaching-learning method can only be determined based on a better understanding and appreciation of the methods used by the students.¹

In addition to the teaching-learning methodology, the two other components, curricular design and assessment methodology, also need introspection. Considering existing infrastructural deficiencies, there is a need to reflect upon the feasibility of implementing the CBME curriculum. The teaching learning and assessment methodologies in CBME, which are based mainly on global medical systems, may not be totally appropriate in the Indian context. There is a need to innovate and adapt to the same in the Indian context based on scientific evidence.

One of its objectives is to improve access to quality and affordable medical education for nearly 1,18,316 medical graduates and 30,000 postgraduates yearly from 706 medical colleges nationwide.² It is a massive task to teach such a vast number of students, while teaching staff and infrastructures are inadequate to fit the requirements, and there are many other invaluable deficiencies.

Plenty of challenges are ahead to implementing the new CBME modules. The lack of infrastructure, low student-teacher ratio, inadequate faculty training, reluctance to join medical colleges by IMG and failure to uniformly implement the CBME curriculum in every medical institution of the country is to be studied scientifically even after five years of implementation of CBME.

Role of research:

Evidence-based practice is believed to be ideal in all healthcare aspects, with medical education and healthcare practices being no exception. The concept of medical education and health research is developed and linked to its outcome in the professional field. There is a need to encourage research in medical education to improve vital inquiry into educational matters and upgrade knowledge about the subject.

Earlier, behavioural scientists who did not necessarily have a medical background performed medical research in classical experimental psychology and cognitive science. During the last few decades, medical research has observed gross changes regarding topics and investigators of medical backgrounds. Research in medical education benefits from a congregation of perspectives and close collaboration among medical educators and behavioural scientists.^{3,4} Research in medical education has changed continuously from descriptive studies to justification comparison studies on the curriculum.⁵ Investigative research is also becoming commoner. Observing how researchers change the topics and what society has gained from it becomes interesting.

The primary variables may include educational expertise, gained skills, essential gained subject knowledge, logical ability,

empathic self-regulation, teaching-learning methods, and interactional abilities with a good provision for feedback, which are critical components to make an IMG competent.

Furthermore, medical education is an essential social determinant of health. Programs that remove differences in health outcomes between economically weaker sections and racial and ethnic groups need to be studied to promote health equity. Every point influencing learning and gaining skills by IMG must be studied scientifically and persistently.

Conclusion:

Health policymakers, educators, and researchers should invest more time in deep-rooted research to find systematic evidence for further amendments to public health benefits, as medical education has deep-rooted consequences concerning the foundation of skilled health professionals accomplished taking up the onus and accountability, guaranteeing the discharge of excellent healthcare.

This will go a long way in enabling our future HCPs to discharge excellent healthcare.

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