

Reforms of

# MEDICAL EDUCATION SECTOR IN BANGLADESH

## -Ways of implementation

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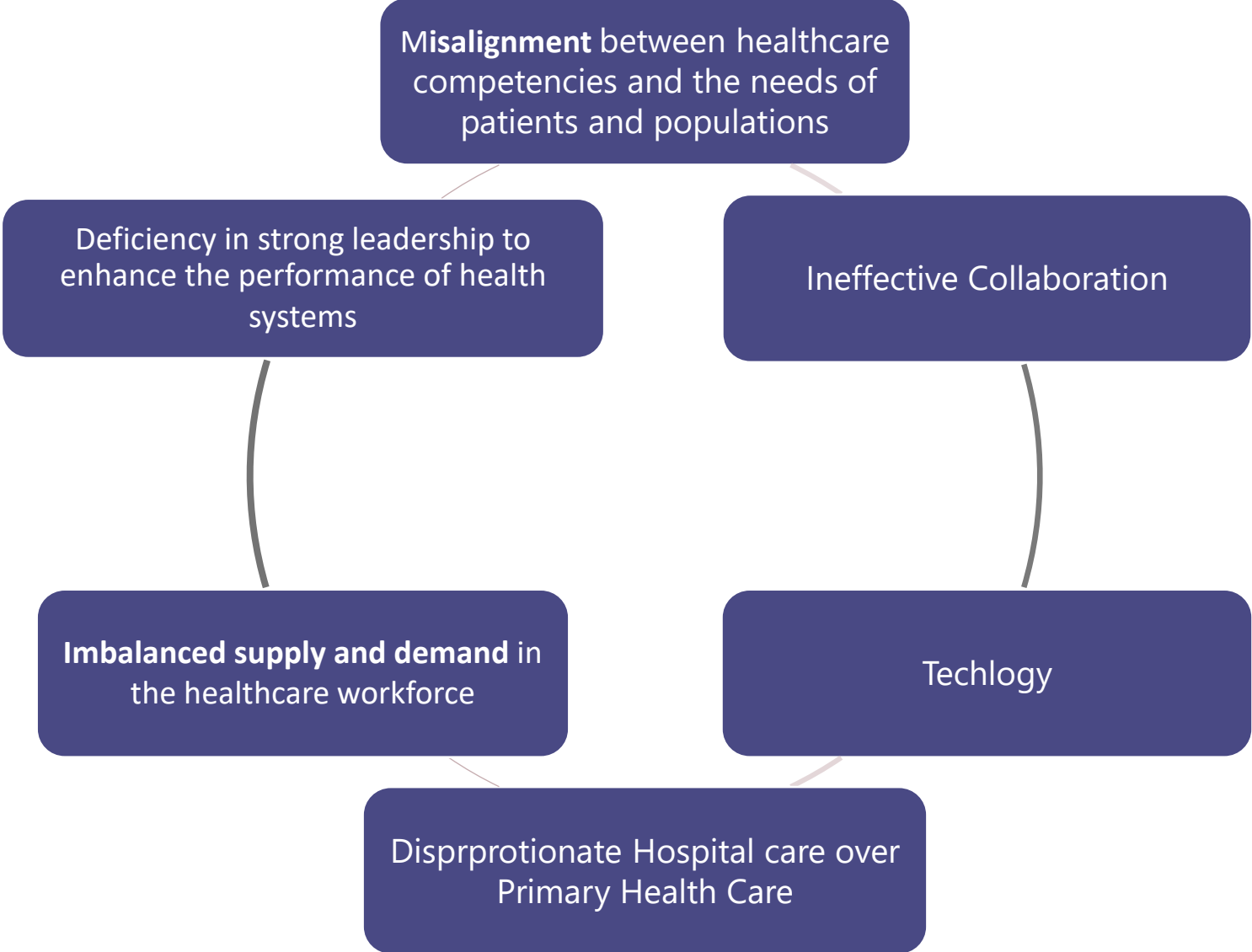
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# Background

Amidst the concurrent waves of the global industrial and life science revolutions, science and medical technology have experienced unprecedented exponential growth

# Challenges



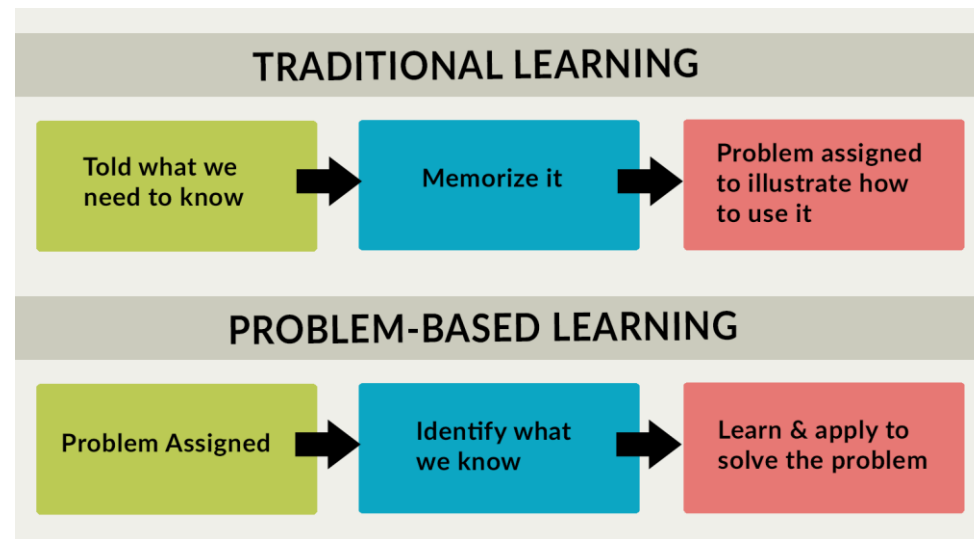
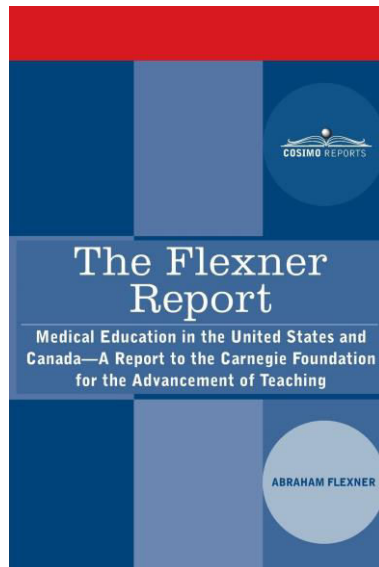
Based on the above challenges, this reform poses a significant change to the **knowledge, skills, and values of medical and health professionals.**

Emphasising the need for medical students to possess **core competencies**, such as **critical thinking, clinical decision-making**, and **teamwork abilities**, to meet increasingly diverse health needs.

In this era, it is imperative for the medical education system **to innovate** and **adapt consistently to enhance the competency training of medical talents.**

This approach is crucial for **better accommodating** and **fulfilling the evolving and diverse health requirements of society.**

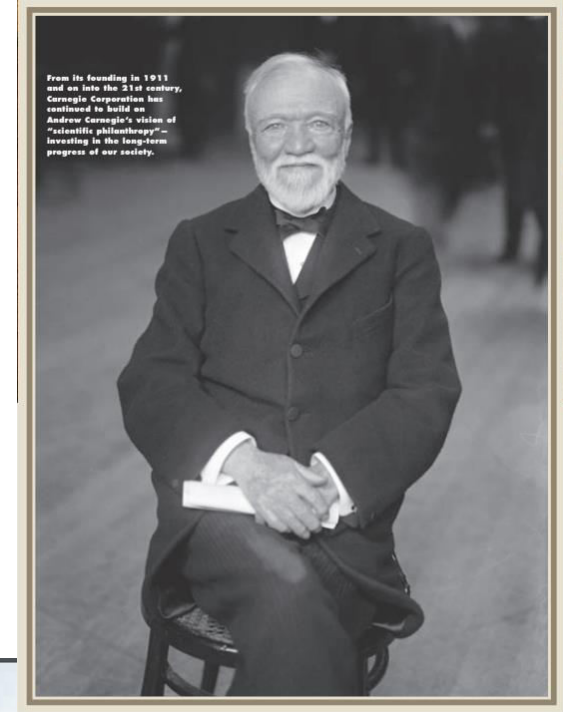
Over the past century, global medical education has undergone **three waves** of reformation.



# Carnegie Report: Goals

In 2010, the Carnegie Foundation incorporating the Flexner's report on reformation of Medical Education issued another report, "***Educating Physicians: A Call for Reform of Medical School and Residency***"

- Standardizing learning outcomes and individualizing the learning process,
- Promoting multiple forms of integration,
- Incorporating habits of inquiry and improvement, and
- Focusing on the progressive formation of the physician's professional identity.



by LEE MICHAEL KATZ

*Carnegie Corporation of New York:*

CREATING  
**Philanthropy**  
& BUILDING  
**Institutions**

# Carnegie Report: Challenges

- Inflexible curriculum
- Not learner centered
- **Poor connection** between **formal knowledge & experiential learning**
- **Clinical education overly focused on inpatient clinical experiences**
- Inadequate **longitudinal clinical experiences**
- Inadequate attention to **populations & healthcare delivery systems**
- Limited understandings of **non clinical physician's role**
- Limited focus on **professionalism**

## Lancet Report: Vision

- “All people & Countries are tied together in an increasingly interdependent global Health Space, and the challenges in professional education reflects this interdependence”
- “ Our vision calls for a new era of professional education that advances Transformative Learning and harness the power of interdependence in education”

# Lancet Report: Proposed reforms

## Reform

### Instructional:

- Competency based
- Interprofessional and trans professional education
- IT empowered
- Local & Global
- Educational resources
- New Professionalism

### Institutional:

- Joint planning
- Academic System
- Global Networks
- Culture of critical enquiry

## Enabling

### Action

- Mobilize Leadership
- Enhance Investment
- Align accreditation
- Strengthen global learning

## Goal

Transformative  
&  
Interdependent  
professional  
education for  
equity in health

# Global Changes

In the Fall of 2002, the American Association of Medical Colleges (AAMC) established the Institute for Improvement in Medical Education (IIME) to provide an organizational focus to medical educational reform efforts.

Its mission is, ***“To boost the health of Americans by fostering innovations in medical education that will better align the knowledge, skills and professionalism of medical students, residents and practicing physicians with the needs and expectations of the public”***

The IIME is designing projects and initiatives to:

- **Harmonize accreditation standards**
- **Catalyze educational innovations**
- **Strengthen the learning objectives**

- **Modernize the content and structure of clinical clerkships**
- **Empower more interdisciplinary curricular arrangement**
- **Assure that clinical faculty have adequate time to fulfill their educational responsibilities to medical students and residents**

- **Strengthen institutional accountability**
- **Promote better alignment of residency curricula**
- Promote a shift of continuing medical education towards **self-directed, practice-based formats**, coupled with **performance-based assessments to document improvement** in quality of care

- **Effect changes in public policy to overcome the financial and structural barriers**
- **Inform the public about improvement initiatives** in medical education

# Our Vision

All health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics.

# **Bangladesh Perspective: where we are?**

**CIPP Model**

# Content evaluation

- Are the Aims of the curriculum suitable or not?
- Do the objectives generate from Aims?
- Are the courses taught relevant to the Aims?
- Is the curriculum meets social needs?

# Input Evaluation

- What are the **different learning skills** that students have gain?
- Is there any **balance between theory and practical work**?
- What type of **resources colleges using for effective teaching and learning**?
- Are there science **laboratories & libraries**? Are they **well maintained**?
- How the **teachers using their teaching skills** for effective teaching-learning?
- Do **the teachers have appropriate knowledge, skills & attitude** for teaching?

# Process Evaluation

- Has ICT been used in many curricular activities?
- Are the teachers & students actively participating in different activities?
- Is there any two-way communications between administration, teachers, students & other staffs?
- Can formative evaluation of teaching-learning can be done?
- Which types of activities are conducted in the education?

# Product evaluation

- What are the **achievements of students in co-curricular & extra curricular activities?**
- What are the **different summative & formative assessment strategies** used in curriculum?
- How the students **practically implement what they have learned?**
- Are there **registers** for recording different activities of the students?
- How could **quality of teachers and college reputation be improved?**

# Who is in charge?

- Universities?
- The profession?
- The health care system?
- GOV?
- Another body answering to all or some of the above?

# Focus area for Effective Reforms

Curriculum Development



Faculty Development



Assesment Techniques



Infrastructure

# Strategies for curriculum overhaul

- Integrate Problem-Based Learning
- Include Essential Health Topics
- Regular Curriculum Updates
- Telemedicine Training
- Experiential Learning Opportunities

# Strategies for Faculty Development Excellence

- Regular Workshops for Faculty
- Continuous Professional Development
- Faculty Satisfaction Surveys
- Student performance metrics
- Feedback ratings
- Visual representation of training impact

# Innovative Strategies for Assessment Modernization

- Transition to OSCE and MCQs
- Implement Formative Assessments
- Accurate Competency Evaluation
- Reduce Examination Stress

# Strategies for Infrastructure Improvement

- Invest in advanced laboratories
- Enhance Clinical Training Access
- Increase facility upgrade funding
- Establish hospital partnerships

# Enhancing Stakeholder Engagement

- Involve Key Stakeholders
- Create Advisory Boards
- Host Regular Forums
- Collaborative Research Projects

# Learning from Success

- Case Study Success
- International Reforms
- Tailored Reforms
- Global Best Practices

# Implementation Roadmap and way forward

Implementation of these reforms will require collaboration between government, medical colleges, healthcare providers, and other stakeholders.

This will necessitate a phased approach with clear timelines, resource allocation, and ongoing evaluation.

# Five enabling recommendations

- Realign **accreditation standards**
- Build **capacity for change**
- Increase **national & international collaborations**
- Improve the use of **technology**
- Enhance **faculty development**

# A SUBLIME Vision of the Future

- Evolutionary or revolutionary, transformative or incremental?
- Supervisor Based Longitudinal Integrated Medical Education (SUBLIME)
- Workplace based assessment of readiness by those closest to students
- Maintain relationship with educational institutions who would help support
- Not a return to past of apprenticeship, but a transformative response to the future

# Conclusion

- Undergraduate medical curriculum should **incorporate integrated teaching** and prevent the curriculum overload (**Competency Based Curriculum**)
- **Academic discipline** should be enforced in medical colleges, reward and punishment applied for bringing accountability for teachers & students
- **Professionalism should be enforced** in assessment system to **prevent unethical practices for students & assessors**
- Recruitment and promotions of teachers should be based on **aptitude test rather than knowledge-based or seniority**, to improve motivation of teachers & students

- **Teaching method should be modified & updated** to facilitate integrated teaching, Problem Based Learning (PBL) & use of teaching-learning modules
- The concept & practice of **communication skills, ethical principles, professionalism, leadership and team approach** of health care delivery system should be emphasized

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