

The opportunity to reform Bangladesh must not be wasted



Reforms in Medical Education Sector of Bangladesh

Basic concepts
(Objectives & types)



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Dealing areas &
driving forces



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Ways of
implementation



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Basic Concepts (Objectives & Types) of Reforms in Medical Education Sector of Bangladesh

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Which department treat these diseases?

Epilepsy

Hernia

'SUF'D' Syndrome

'IBT' Syndrome

'IT' Syndrome

'I3P' Syndrome

SUFD Syndrome

Stage-e Uthe Fatiye Dibo Syndrome

IBT Syndrome

I'm a 'Born' Teacher Syndrome

IT Syndrome

'Indifferent' Teacher Syndrome

I3P Syndrome

'Indifferent' PowerPoint Presentation Syndrome

Single Reform Step

Establish *independent*

Medical Education Department
(MED) in every Medical & Dental
College of Bangladesh



Armstrong **Medical Education Building** of
Johns Hopkins School of Medicine

Discussions of this part is expected to help the participants to-

- 01 **identify** why reforms in Medical Education is necessary
- 02 **explain** the objectives of reforms in Medical Education
- 03 **classify** the types of reforms in Medical Education

Reforms in Medical Education sector is a burning
issue worldwide

**The USA has an almost five times larger population than the UK.
(341,814,420 vs 68,265,209)**

Life expectancy at birth

- **UK** (40th) 81.3 yrs
- **USA** (55th) 78.6 yrs

Number of specialists

Specialist	USA	UK
Cardiologist	34000	456
Neurosurgeon	3800	362
Obs. & Gyn.	23154	8894

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- ✓ States with **higher** ratios of **primary-care physicians** have **lower** rates of general mortality, infant mortality and mortality from specific conditions such as **heart disease** and **stroke**.
 - ✓ In the face of a public health crisis, the USA **don't have** enough primary care support to adequately care for the patients.

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- ✓ “Steady, intimate care” often helps people **more** than the “intensive, one-off procedures” of specialists.

Objective of Reforms in Medical Education Sector is to generate **'Competency-based'**, **'Community-oriented'** doctors

⑩ 'Competency-based'

- ✓ **minimal** standard
- ✓ focuses on what learner **must** be able 'to do'

⑩ 'Community-oriented'

- ✓ the ability to serve his/ her **surrounding community** via dealing with health problems successfully at three different health care levels (primary, secondary, and tertiary)

Types of Reforms in Medical Education Sector

✓ Extrinsic

✓ Intrinsic

Extrinsic Reforms: Step One

- **Class I to V: Hygiene, etiquette, manners, basics of nutrition**
- **Affability** (The 1st 'A' of the three "A's of Medicine")
- Significant road ahead to make a marked reduction in preventable & treatable deaths from conditions such as...
 - ✓ Pneumonia
 - ✓ Diarrhea



Extrinsic Reforms: Step Two

- **Class VI to XII:** Gradual teaching of Anatomy, Physiology & Biochemistry
 - ✓ Profound knowledge-base
 - ✓ Would save time for Clinical orientation in MBBS
 - ✓ Professionalism from middle school



Vernon Faculty member Matthew Bergh teaching an Anatomy & Physiology lesson to high school students.

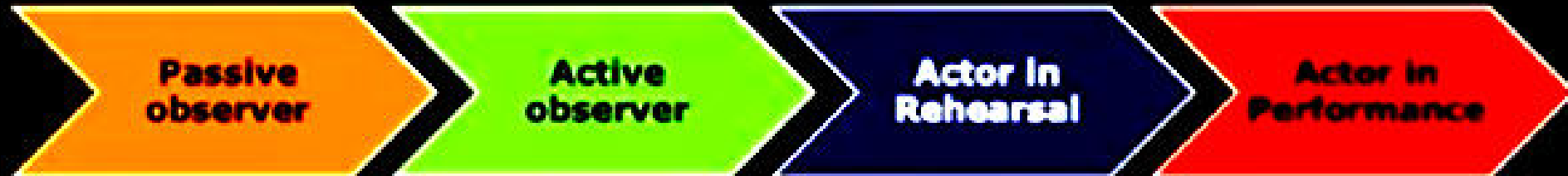
Intrinsic Reforms: Step Three

- **MBBS First year onwards: Early Clinical Exposure (ECE)**
 - ✓ **R**evision of relevant anatomy, physiology & biochemistry
 - ✓ Implemented in Harvard University, Medical schools in Europe, Indonesia, Nepal



ECE would...

- ✓ **S**moothen the transition from layperson to student physician
- ✓ Provide an opportunity to know the social relevance & contextualization
- ✓ enhance student motivation & professionalism



Intrinsic Reforms: Step Four

- **National Exit Test**
 - ✓ **Similar to U.S. Medical Licencing Examination (USMLE)**
 - ✓ **Sole route to medical licensure**
 - ✓ **Having clinical skills & soft skills exams**



Intrinsic Reforms: Step Five

- mandatory incorporation of **Family Medicine** in the MBBS curriculum
- independent and distinct Medical specialty in developed countries such as USA, UK, Australia, Canada since 1960s



Thank You