

Medical Education in Pakistan, Where Do We Stand?

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Healthcare providers and doctor community is considered very respectable in society. It is not a small task to deal with human lives. This high regard for the community has a big responsibility. This is a very important and sensitive profession where a small mistake can cause disaster. Considering its importance and sensitivity it is required that doctors and healthcare providers should have proper skill, knowledge, ethics and professional attitude to avoid the repercussions and deal the challenges that daily life brings. Medical education system is way to prepare and equip healthcare providers from raw recruits to skillful manpower. Medical education curriculum should be updated with time according to the advancement in science, medical practice and social needs. Many factors play the role in converting and preparing the student of first year in medical college and university into a professional doctor. Some of the factors cannot be controlled like his social activities, financial problems, family and social problems and intellectual acumen. Factors that can be planned and controlled are quality of medical curriculum and standard of teaching. Corona virus pandemic which started from Wuhan has greatly affected the teaching and education. It has brought new challenges in medical education. Students of the whole world have suffered due to the closing of universities and colleges. Medical institutes have shifted from physical classes to the online teaching. New advancements in technology of our time has opened many opportunities for distant learning and exchanging the knowledge and experience worldwide due to the internet connectivity and accessibility. Medical education systems of the world has developed and designed online courses considering the present situation. Developing world has different challenges to shift to online learning from the developed countries .1

Medical education curriculum in Pakistan is outdated and has not developed considering the national requirement of the society which in turn is unable to fulfill the needs of the community. There is no proper system to evaluate the curriculum periodically and it is not well defined. There are many examples in which many programs were developed considering the need of the society but they lost the importance with the advancement in time 2. The style of teaching is teacher centered. Methods of teaching is conventional lecture system. Students are just passive learners and lack motivation. Medical students are also under stress because of undefined curriculum and lack of motivation due the traditional system of learning. Stress anxiety and depression are prevalent among medical students. 3. Selection of medical students is purely based on academic grounds. Many students lack the passion and motivation. Similarly the medical teachers have no structured criteria keeping in mind the requirement of this specialized field. Teachers are not well trained and lack the aptitude. They are not evaluated periodically by the administration. Assessment system in our medical education has also many problems. There is no proper continuous assessment strategy throughout service. Whatever the assessment is done is purely on academics ground. There is lack of quality, attitude and ethical grooming strategy. Assessment is mostly subjective in nature and test the ability to retain the information. There is a huge gap between clinical and basics of medical education. More stress is put on memorizing and reproducing the information rather than in clinical training. In present medical system there is no space for the medical students to give their feedback. Students make their minds to just pass the exam and not focus on developing their clinical skills attitude, ethics and communication. There is no structured training of research for the undergraduates in our medical education system. This is the main reason we are lacking in the field of medical research at the national level. In public sector medical colleges and universities there is a large gap between student and teacher ratio. Quality of medical education, its vision and policy has no ownership at the government level.

Pakistan also has some structural problems in medical education which it inherited from the past. This pandemic has worsened the situation with its new challenges of online teaching. Before the pandemic only few medical colleges and universities were involved in online teaching. Many institutions lack the fully equipped and dedicated information technology department to facilitate the online learning. In developing world it has been seen that poor infrastructure

is barrier in providing quality medical education 4. Lack of training for the online teaching for both teachers and students with no previous such experience along with poor information technology department bring challenges in conducting online sessions and classes. Active engagement in e learning for the students is also challenging even in developed countries 5. Teachers and staff lack ability for online assessment. There is difficulty to maintain balance in life to conduct an online session from home especially for the female teaches. In one study Farid with his colleagues proposed that repeated power failure, hindrance in adopting new teaching techniques and social norms are the barriers for implementing online teaching 6. Higher Education Commission and Pakistan Medical Commission has also not given any guidelines and roadmap for the e learning considering the present situation of pandemic.

Medical education in Pakistan needs restructuring. Teaching style should be changed from teacher centered learning to student centered learning. Instead of conventional method of lecturing the students, they should be encouraged for problem based learning. It will bring the motivation, creativity and ownership. New curriculum should be designed in such a way that students can construct their own understanding and knowledge within frame work of problem solving scenarios. Teachers and facilitators should be trained with the basic skill of teaching. Courses should be started to train the teachers and raising their skill of communication and active engagement of the class. Both students and teachers should have basic knowledge and skill of information technology to actively participate in online session .Research training is mandatory for the progress in medical field. Assessment style needs extensive revision. Monitoring of the quality of medical education at the institutional and government level is required. Student to teacher ration needs improvement especially in public sectors universities and medical colleges. Institution should have proper Department of Medical Education to plan, train and monitor the quality of teaching periodically. Information technology departments need improvement in terms of logistics and skill. Ensure the availability of continuous internet connection. Plan workshops and courses to get understanding of the basic skill of e learning. Strategies should be developed to improve quality of online teaching and involvement of students by interacting with them, guiding them and giving them clear cut instructions at the start of the session7. Planning the hybrid class rooms with both asynchronous and synchronous teaching and using of white boards, polls and breakout rooms during the class can be beneficial 8.

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