

Problems of Medical Education in Pakistan

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ABSTRACT

Background and Aim: As the new millennium dawned, there were numerous difficulties to overcome, particularly in the field of health education. As the first line of defence against many diseases, oral health was given prime consideration. The study's primary goal is to identify the challenges faced by Pakistan's medical education system.

Study Design: Descriptive cross sectional study

Place and Duration: Department of Medical Education CMH Institute of Medical Sciences, Bahawalpur during from September 2020 to Jan 2021.

Methodology: The data was collected from 200 participants of different age groups from FSc to 1st year of medical colleges. We wish to examine the difficulties that students and their families faced at the beginning and during their medical education in Pakistan.

Results: A total of 200 people were surveyed. Interviews were performed with each and every one of the individuals who had been shortlisted. We then come across the following issues that students and their families faced while pursuing medical degrees in Pakistan. The mainstay of education at the undergraduate and graduate levels is the standardisation of instruction. Lectures are considered to be the most efficient method of delivering information to students, as they need minimal engagement from the students.

Conclusion: Medical educationists, teachers, administrators, and policymakers in poor nations should endeavour to transform the adversary of difficulties into a chance to construct excellent learning programmes. Perhaps it will lead to new pathways of learn.

Keywords: Medical Education, Teaching Methodology, Problems

INTRODUCTION

There were many difficulties at the start of the twenty-first century, particularly in the field of health education. Because oral health serves as the first line of defence against many diseases, it was given the highest priority. Dental organisations and accrediting agencies have sprung up over the world to help raise the standard of dental education [1]. Students, faculty, staff, labs, equipment, clinical services, student support systems, teaching methods and techniques, academic counselling and leadership of institutions are all part of these organisations' primary focus on quantitative and qualitative assessments of all aspects of dental education. When these attributes are integrated with a highly developed dental curriculum, ethical and professional principles, as well as cognitive and psychomotor skills, they have a direct impact on the performance of dental students in terms of interpersonal development, clinical skills, and theoretical knowledge.

The primary goal of clinical and dental research is to advance logical information, which in turn leads to improvements in the prevention and treatment of disorders [3]. Undergraduate clinical and dental exams enable students to enjoy the revelation cycle that results in the greatest possible care for patients [3, 4]. Working on postgraduate examinations is inextricably linked to exploration as a clinical under study [5, 6]. Researchers who do their own clinical research at this level help to cultivate a good attitude toward research from the outset of their careers. [4, 7]

In spite of the widespread agreement on the importance of enhancing undergraduate students' test comprehension and skills, no evidence exists to support

common sense exercises in this context.[8]

Princeton University, in the United States, conducted a study that found that the percentage of graduating clinical undergrads with solid research interests decreased from 14.7 percent to 11.7 percent.

The immediate impact on the health of the population necessitates an investigation into clinical calling. As a field, clinical science is ever-evolving. Evidence-based medicine has gained considerable traction as a result of this fact. In the end, clinical exploration will have an impact on the type of care provided to patients regardless of its degree. We are seeing efforts to strengthen the way of life of undergraduate clinical and dental research at the institutional level right now because of this. At the outset of the clinical career, a positive attitude toward research might be instilled through undergraduate clinical work. As a rule, college students who actively participate in research are more likely to pursue a career in medical research after graduation [11].

Objectives: The main objective of the study is to find the problems of medical education in Pakistan.

METHODOLOGY OF THE STUDY

This descriptive cross sectional study was conducted at Department of Medical Education CMH Institute of Medical Sciences, Bahawalpur during from September 2020 to Jan 2021. The data was collected from 200 participants of different age groups from FSc to 1st year of medical colleges. We want to analyse the problems which was faced by students and their parents for the start and after that continuation of medical education in Pakistan.

This is basically a descriptive study in which we interviewed the participants and then find the problems and issues faced for the medical education in Pakistan.

The data was collected and analysed using SPSS version 19. All the values were expressed in mean and standard deviation.

RESULTS

The data was collected from 200 participants. We conducted the interviews for all the selected participants. Then we find the following problems which were faced by students and their parents during medical education in Pakistan.

Teaching Methodology: The mainstay of education at the undergraduate and graduate levels is the standardisation of instruction. A lecture is regarded the best way to impart knowledge to pupils with the least amount of contact [12]. It's not an exaggeration to state that the teacher shows up every day and reads from a prepared lecture from a book to a bored class. To ask questions or make comments during a presentation is highly rude. This kind of instruction is used to convey over 75% of the course material. The first two years of medical school are spent in this routine, with clinical rotations beginning in the third year. When it comes to educating during clinical rounds, lecturing still reigns supreme. An really busy educator will come to the classroom, listen to two or three student-prepared history presentations, then offer a relevant lesson and go. [13]

Lack of Research: Despite the fact that medical colleges are expected to be a centre of innovation, there is little research taking place at them. Educators' "follower mindset" rather than "innovator" is partly to blame. One may think that a country that produces 9000 doctors a year should be at the forefront of medical education research, but unfortunately that isn't the case in this country. Research culture is unfamiliar to instructors, therefore they can't oversee or encourage their student researchers [14].

Present Examination: The employment of unfair tactics is the most damaging agent in the current system of undergraduate medical examinations. Students aren't the only ones that engage in this unethical behaviour; teachers are too. Bias and dishonesty are frequent in our current assessments, which are based on subjective criteria. An examiner's assessment of a particular student may be skewed for any number of reasons, or an examiner's perspective on a particular subject may be skewed. In all of these cases, the student bears the brunt of the consequences. Even more regrettable is the fact that exams only assess students on their understanding of the material. Mugging and cheating are popular among students for good reason [16].

General Problems of Medical Education: According to educators, students are better able to absorb material when it is communicated in their native language. However, due to a lack of Urdu-language textbooks and reference materials, our country's educational institutions do not utilise our home tongue as a teaching medium [17]. All professional and postgraduate programmes are taught entirely in English. As a result, students who have a strong background in science but are less fluent in the English language have difficulty communicating effectively in English [18]. The student-to-teacher ratio is horrendously

out of proportion in the vast majority of Pakistani medical schools. Typically, a class has about three hundred pupils. Because of this, communication between teachers and students in most medical schools is not one of our system's strong points. There has been a decrease in the number of patients who allow medical students to examine them, particularly in private medical schools. Patients are no longer needed in modern medicine because live or mechanical simulations are used in their place [20]. Medical students in Pakistan, on the other hand, are unable to put their theoretical knowledge into practise because there is no such facility. Every institution has an impact on Pakistani national politics. The process of choosing medical school students and faculty members is highly politicised [21]. Merit is no longer a factor in determining the quality of medical school, resulting in a lower standard. There is a clear correlation between medical education standards and the quality of teaching staff, financial resources, and available facilities.

CONCLUSION

It is concluded that medical educationists, teachers, administrators, and policy makers in the developing countries should try to convert the adversary of problems into an opportunity to develop best learning programmes. Hopefully, it will open new avenues in learning in medical education.

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