

Aligning Curriculum to Community Needs

Medical education has always been in the community because bulk of healthcare practice is located therein. Community settings, therefore, provide a wealth of learning opportunities for students and trainees and may help solving some of the problems being experienced in the hospital settings. Curricular needs' assessment is the first stage in the development of a curriculum. It helps to identify discrepancies between existing and desired curricular content; its time allocation and stake-holders' priorities. Such needs' assessment surveys are a dynamic process and conducted regularly throughout the world.^{1,2} No such survey, at least for dermatology part of the MBBS curriculum, has been conducted in this country to date.³

Curricular reforms in a number of medical schools now also involve a more student centered approach, which encourages students to learn by intellectual discovery and critical thinking. Recent NHS changes in UK have laid an increasing emphasis on primary care settings for assessing community needs thereby making medical education more community-oriented if today's medical students are to become effective medical practitioners of tomorrow. This has brought in the concept of an educational approach called service learning that entails sending learners out to serve in the community and then bringing them back to the classroom to reflect on their experiences and bring new insights.⁴ Prospectively, it may help medical students rediscover their initial, altruistic emotions to study medicine and tailor service activities to the needs identified in community. With evolution of health care system, academic medical centers should align their priorities in accordance with needs of the general population. Despite considerable public funding and the educational autonomy granted by society, medical education has been slow to fulfill its 'social contract' and there remains much gap in mutual partnerships between academic faculty and community members. Let us all join hands to gradually fill up this gap.

REFERENCES

1. Nina K . Hansra, Patricia O' Sullivan, Cynthia L. Chen, and Timothy G. Berger. Medical school dermatology curriculum: Are we adequately preparing primary care physicians? J Am Acad Dermatol 2008;61:23-9.
2. Clayton R, Perera R, Burge S. Defining the dermatological content of the undergraduate medical curriculum: a modified Delphi study. Br J Dermatol 2006;155:137-44.
3. Hanif MM, Akram K, Mustafa G, Tahir R, Imran K, Yousaf S et al. Medical school dermatology curriculum - are our graduates adequately prepared and aligned to community needs?. JSZMC 2017;8(2): 1147-1152
4. Hilary Davison, Simon Capewell, Jane Macnaughton, Scott Murray, Phil Hanlon, James McEwen. Community-oriented medical education in Glasgow: developing a community diagnosis exercise in medical education available at www.mededuc.com 1999;33(1):55-62

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