A paradigm shift in medical education.

In the last thirty years, the understanding of educational psychology has improved dramatically. The Flexner report and other similar researches have pointed out the flaws in educational system. The education system was oblivious to the psychological needs of students, and how education should be dealt with. Medical educators worldwide started experimenting on forming better designs and systems to improve learning, and hence problem solving of patients.

As a result of extensive and pains taking efforts, medical education saw a significant reform towards more "learner-centered" approaches which are now grounded in modern educational theory. This had multiple implications for medical educators and learners. The world saw a global transformation, a "paradigm shift", in medical education. Problem Based Learning (PBL), Integration, Continuous Professional Development (CPD), and Evidence Based Medicine (EBM) have emerged and swept the modern curricular frame work. The curriculum design and perspective have adopted andragogical and constructivist approaches. In fact the process is swift and spiral with new changes emerging every passing moment. It has become increasingly difficult for countries like ours to keep pace with this global advancement. Every passing moment we are becoming outdated, and very soon we will buckle to the new and enhanced demands of patients and society.

The time for change for countries like Pakistan is now or never. For how long would we remain oblivious to global changes .We must accept this inevitable and dire need for change. Change process is complex and fearful. We generally are all reluctant to accept and adopt change, no matter how important it is to our lives .We must realize this importance and fight the internal, as well as external barriers and frame factors which prevent us from changing.

I have always been involved in bringing change in various institutions, and to my experience the following factors play an important role as barriers in medical institutions.,

1. Lack of awareness
2. Unclear purpose of change
3. Lack of leadership to initiate change
4. Participants are not involved in changing
5. Lack of trust on change initiator
6. Appeal for change is based on personal reasons
7. Habit pattern of work group is ignored
8. Poor communication about change
9. Fear of failure
10. Excessive work
11. No rewards for faculty.

Of course there are multiple other factors, but these seem to be the most important one's in our circumstances. I feel that the first and foremost barrier is the lack of awareness. Most of the faculty is totally unaware of modern changes in curricular design and changes internationally. At times, a lot of faculty would ask you this question, "Why change and how?" It is sad but the irony is that we have never been lifelong learners and have always remained unaware of global advances. We have to be receptive to the current requirements of society and patient demands. We must adapt to changes at national and international level, in order to be acknowledged and recognized. A leader has to be in place to initiate the process. This does not necessarily be the Principal of an institution as any faculty member or educationist could initiate it. The process has to be in the form of a team based on mutual trust and understanding. The reasons should be, not for personal or political gains, but for betterment of society and patients. We must also understand our local frame factors and work habits. It is a gradual process and you have to communicate to people with patience and politeness. A participatory approach should be adopted rather than a dictatorship model. Faculty also needs support in the beginning, so that early setbacks do not deter them. They must have some rewards for this work, both in the form of appreciation and monetary gains.

The task, though difficult, is not impossible. All the above mentioned barriers are arbitrary and artificial and a strong motivation is required by the faculty, leaders and curricular designers to overcome them. An important requirement is the establishment of department of medical education in every institution. The department can act as a focal point in all

educational activities including workshops. These activities play a key role in creating awareness and develop sound internal motivation for change. A strong commitment with continuous steady and sincere effort is required from all faculty and educationists.

We have seen a lot of early successes. In spite of many hurdles, we were able to bring about great change in a public sector institution of this country. In current institution AlhamdoLillah we have initiated the process. Although it is too premature to comment but the commendable thing is that the faculty has accepted the very basic and dire need for initiation of this reincarnation. We understand that curriculum of 1967 will no longer cater for societal and student needs. The mere recognition of this fact alone is the first step in change process. I see a silver lining and am glad to be a part of the team trying to bring change. InshaAllah very soon we will bear the rewards for our efforts against traditionalism.

Reference

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