

## Current Trends and Challenges in Medical Education

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Emerging trends and challenges in medical education in the 21<sup>st</sup> century play a pivotal role in shaping and developing future doctors. Pakistan, still regarded as a third world country, facing economical, social and political challenges that are affecting the health care delivery and practice<sup>1</sup>.

The call of time is to prepare community based doctors, equipped with enough knowledge and clinical practice ready to face the economic pressure of cost effectiveness in acute and chronic illnesses, geriatric population and in critically ill patients<sup>2</sup>. As internet provides an open access to health information<sup>3</sup>, today patients have become smarter, intelligent and well informed about health issues and treatment options. New technology and mobile health has empowered patients, making them more knowledgeable and increasing their demands, making it obligatory for health care institutions to bring reforms for patient satisfaction.

Currently one of the challenges faced by medical colleges is to establish a standardized aptitude test which is based on student's competency rather than being course-based<sup>4</sup>. Moreover, misdistribution of specialties and compartmentalization of medical knowledge into very specific fields of medicine has resulted in shortage of primary care physicians which is a strain at health care institutions<sup>5</sup>. In order to overcome this issue, there is a dire need of encouraging and reorganizing medical practice amongst undergraduates. The areas that need to be addressed in this perspective include appropriate attitude, problem-based learn-

ing, critical thinking skills and proper use of information technology<sup>6</sup>.

Workforce shortage is also another debatable issue that can be catered by reforms in payments and redistribution of resources<sup>7</sup>. Students who need financial assistance should be encouraged to work at hospital and play their role in patient counseling, wound dressing, record keeping and other patient related tasks to overcome workforce shortage and as an incentive to earn money for themselves. These challenges and reforms demand educational and institutional stakeholders with a strong vision<sup>8</sup>.

It should be understood that it is a must to revise curriculum and address concerns regarding communication skills<sup>9</sup>, evidence based practice and hands on practice to enhance proficiency. Curriculum reforms are required at under graduate level in the first phase, so that the young doctors are can harmonize locally and globally<sup>10</sup>. To make students competent, it is advisable to offer internships/summer courses in the domains such as language skills, clinical research and drug trials, hospital administration and management, Information Technology (IT), medical economics, medical insurance<sup>11</sup>.

Furthermore, faculty development is important to produce good teachers, since teachers play a key role in building the future generation. It should be stressed that with the unparalleled changes in educational and information technology, the role of a teacher has undergone remarkable changes. They are expected to possess skills and abilities to plan the curriculum, make rational use of the technology, and design an assessment strategy. This is possible only through a systematic approach to faculty development<sup>12</sup>.

Today, the need of evaluation and anticipatory planning should be given consideration. Special incentives should be offered to teachers in all depart-

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Date of Submission: 12<sup>th</sup> August 2016  
Date of Acceptance: 22<sup>nd</sup> August 2016

ments depending on the feedback by students per annum. Research and publication should be considered mandatory for progress and development of research culture<sup>13</sup>.

The undergraduates should be trained in such a way that they are able to provide patient care in a rational way catering team based, scientific/patho-physiologic and an evidence-based approach in a resource limited setup. The focus must be to establish a culture in medical colleges that emphasizes on disease prevention as equally as on diagnosis and treatment. Moreover, encouragement should be given to students to enter fields and practice medicine in areas of greatest societal need while maintaining quality care and patient satisfaction. Policies should be designed to expand need-based financial support to medical student's education with suitable service paybacks. It is also required to develop a mechanism that promotes continuing medical education which is free of commercial bias<sup>14</sup>.

Thus, it can be said that several trends and issues of today need reformation and reviewing of the medical education program and curriculum. Undoubtedly, there has to be more emphasis on professionalism, patient safety and quality enhancement<sup>15</sup>. By following the aforementioned suggestions, the probability of achieving our vision in a more effective manner by the year 2020 seems plausible.

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