

## Views of Medical Educators and Intern Doctors on the Existing MBBS Curriculum

Abu Syed Md. Mosaddek<sup>1</sup>, Waheeda Nargis<sup>2</sup>, Borhan Uddin Ahamed<sup>3</sup>, Md. Zakirul Islam<sup>5</sup>, Habib S. Chaudhury<sup>6</sup>, Most. Fahmida Begum<sup>7</sup>, Md. Faizur Rahman<sup>8</sup>, Rumana Alim<sup>9</sup>

### Abstract

This study was carried out to get an idea about the views of medical educators and intern doctors regarding the current undergraduate medical curriculum. A partially descriptive open ended questionnaire was distributed among teachers of all three phases and intern doctors in undergraduate curriculum in different public and private medical colleges in Bangladesh and was returned by 120 teachers and 663 intern doctors. Qualitative analysis of data was done. Among teachers 70% agreed to need for changes, 68.4% were in favor of present internship training system and 85% were against 'carry on' system. But 94% and 51% of intern doctors were in favor of need changes of curriculum and present internship training respectively. 91% were against 'carry on' system.

**Key Words:** Medical educators, Curriculum, Intern doctors.

### Introduction

The word curriculum derives from the Latin *currere* meaning 'to run'. Curriculum refers to a series of planned activities that are intended to bring about specific learning outcomes. It is the blue print that entails the goal of any educational activities and endeavors to achieve the goal<sup>1</sup>. Curriculum development is a comprehensive term that includes the processes of curriculum design, implementation and evaluation<sup>2</sup>. It is also specialized task which requires systematic thinking about the objectives to be achieved, learning experiences to be provided, evaluation of changes brought out by the curricular activities. Today the definition is much wider and includes all the planned learning experiences of a school or educational institution<sup>1</sup>.

In recent years, medical education in developed and developing countries has undergone profound changes. To cope with these changes, medical schools around the world have attempted to make their curricula more meaningful

and relevant to the needs of the time and to produce doctors oriented to the real needs of the community<sup>3</sup>.

Medical education in Bangladesh has also experienced many changes and challenges. In Bangladesh a set up for undergraduate medical education was continued from the pre-liberation period up to 1988. Then a great change was brought about in curriculum in 1988 by making it more community oriented<sup>4</sup>. Although, it was a combined product of reorientation of medical education and community oriented medical education but a thoroughly revised new curriculum for undergraduate MBBS course was implemented in 2002 in Bangladesh aiming at qualitative improvement in medical education<sup>5</sup>. This new problem oriented curriculum for undergraduate medical education was introduced following the recommendations of medical educationists and it was approved by Bangladesh Medical and Dental Council<sup>6</sup>.

It divided the long 5 years course into three parts by first, second and third professional examinations. The students have to face a lot of formative examinations in each discipline. Item examinations (covering shortest content area; e.g. 1-3 topics), card examinations (covering several items; e.g. single body area or system) and term examinations (covering several items and card; e.g. two-three body areas or systems) are three types of formative assessment are held in the medical colleges to enhance intern doctor's learning and academic activities<sup>5</sup>.

The MBBS students are being taught by lectures, tutorials, practical demonstrations and bedside clinical teachings. Modern teaching aid like OHP, multimedia, models were facilitating the classes of MBBS course. A good number of teachers is also trained on modern teaching and assessment methods<sup>5</sup>.

<sup>1</sup>Department of Pharmacology, Uttara Adhunik Medical College, Uttara, Dhaka;

<sup>2</sup> Department of Biochemistry, Uttara Adhunik Medical College, Uttara, Dhaka;

<sup>3</sup>Department of Forensic Medicine, Dhaka Community Medical College, Moghbazar, Dhaka;

<sup>4</sup>Department of Pharmacology, Eastern Medical College, Comilla;

<sup>5</sup>Department of Biochemistry, International Medical College, Gazipur;

<sup>6</sup>Department of Microbiology, Uttara Adhunik Medical College, Uttara, Dhaka;

<sup>7</sup>Department of Pharmacology, Eastern Medical College, Comilla.

<sup>8</sup>Department of Microbiology, Medical College for women and hospital, Uttara, Dhaka.

**Address of correspondence:** ASMM  
E-mail: [Drmosaddek@yahoo.ca](mailto:Drmosaddek@yahoo.ca)

More than 5 years have been passed by this time after introducing the MBBS curriculum 2002. There might be some areas, which should incorporate the changing needs of people of the country. It is the best time to revise the existing curriculum to find out its strength and weakness and thereby improving it. Only few studies have yet been reported on how the teachers and students are coping with it. Keeping those in mind, this study was designed to get the views of senior teachers and intern doctors regarding undergraduate medical curriculum of Bangladesh to find out whether there is any need for change in this undergraduate medical curriculum.

## Methodology

It is a cross-sectional, questionnaire based study. The study was conducted among the senior medical teachers (Professors and Associate Professors) and intern doctors of different government and non-government medical colleges in Bangladesh. The teachers were selected purposively. The questionnaire included questions on different aspects of implementation of undergraduate curriculum in different medical colleges. Data was collected and qualitative analysis was done.

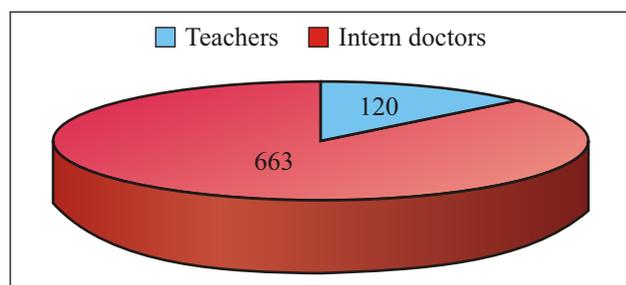


Figure-1: Distribution of total respondents.

## Results

Total participants were 783 in which 120 were senior teachers and 663 were intern doctors (figure-1). Respondents from public medical colleges in both teachers and intern doctors were greater than that of private medical colleges (figure-2).

Majority of participants agreed with present format of admission test and internship training. But most of them were not satisfied with different aspects of MBBS curriculum, 2002.

Majority of respondents were not facing any difficulty regarding course content, time duration and evaluation system. Regarding 'Carry on system' there was highly significant difference between the opinions from teachers and intern doctors. Most of the teachers were against it but majority of intern doctors were in favor of it. Most of the teachers and intern doctors were viewed that pre-medical education is not required.

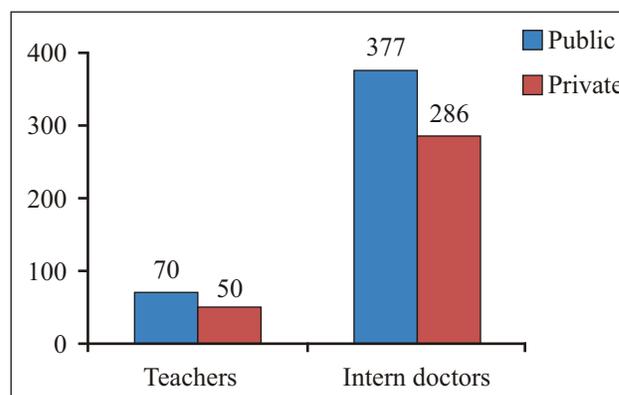


Figure-2: Categorical Distribution of study subjects.

Table-1: Respondents' views towards admission test, new curriculum, and internship training.

Comment	Respondent	Admission Test	New MBBS Curriculum	Internship Training
Satisfied with current format	Teachers	90 (75%)	38 (31.7%)	82 (68.3%)
	Intern doctors	366 (55.2%)	39 (5.9%)	339(51.1%)
	p-value	> 0.05	< 0.001*	> 0.05
Need change	Teachers	30 (25%)	82 (68.3%)	38 (31.7%)
	Intern doctors	297(44.8%)	624(94.1%)	324(48.9%)
	p-value	<0.05	<0.05	> 0.05

\* The level of significance at < 0.001.

Table-2: Respondents' view about difficulty in different aspects of curriculum and requirement of Pre-medical education.

Components	Teachers		Intern doctors		P -value
	Yes	No	Yes	No	
Content	24(20%)	96 (80%)	27 (4.1%)	636 (95.9%)	0.001
Time duration	48 (40%)	72 (60%)	258(38.9%)	405 (61.1%)	0.902
Evaluation	24(20%)	96 (80%)	102 (15.4%)	561 (84.6%)	0.439
Carry on system*	102 (85%)	18 (15%)	60 (9%)	603 (91%)	<0.001
Requirement of Pre-medical education	26 (21.7%)	94 (78.3%)	207 (31.2%)	456 (68.8%)	0.191

\* The level of significance at < 0.001.

Table-3: Respondents' comment on different aspects of current evaluation system.

Different aspects	Teachers		Intern doctors		P -value
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	
Written	96 (80%)	24 (20%)	648 (97.7%)	15 (2.3%)	0.184
Oral	66 (55%)	54 (45%)	579 (87.3%)	84 (12.7%)	0.006*
Practical	90 (75%)	30 (25%)	612 (92.3%)	51 (7.7%)	0.181

\*The level of significance at < 0.01.

Majority of respondents were satisfied with different aspects of current evaluation system.

Table-4: Respondents' view regarding difficulty in respective phases.

Phases	Teachers		Intern doctors		P -value
	Yes	No	Yes	No	
Phase - I	18 (15%)	102 (85%)	78 (11.8%)	588 (88.2%)	0.536
Phase - II	48 (40%)	72 (60%)	198 (29.9%)	465 (70.1%)	0.227
Phase - III	24 (20%)	96 (80%)	63 (9.5%)	600 (90.5%)	0.053

There was no significant difference ( $p > 0.05$ ) of opinion regarding phase specific evaluation. Most of the respondents (both teachers and intern doctors) were satisfied with present format of phase-I&III. Majority of respondents from phase-II were not facing any difficulty but it was lower than that of phase-I&III.

## Discussion

Curriculum development is a continuous process. Majority of medical education programs at present have become community oriented student centered with active learning of learners rather than a more didactic, teacher-led approach. Most medical schools, especially in South-East Asia, currently are experiencing difficulties in providing the right quality and quantity of educational experiences as the curricula have failed to respond to the needs of the

community and country<sup>3,7</sup>.

Present undergraduate medical curriculum was implemented in 2002 in Bangladesh. Evaluation of curriculum by senior teachers and students is necessary to make it more community oriented, student centered. This study revealed that majority of both senior teachers (68%) and intern doctors (94%) were not supporting this curriculum in different aspects<sup>6, 8-11</sup> but most of the studies done previously reported in favor of present MBBS curriculum. This study also included evaluation of existing admission test, and internship training as well as introducing premedical education.

Regarding these points participants valued with interning proposal like authenticating entrance exam with increased number of questions and time, rearrangement of seat plans, bringing total system under proper supervision of a transparent committee, proper utilization of internee period with adequate technical support, proper guidance of senior teachers, community oriented training, implementation of rational prescribing practices and introduction of pharmacology at the initial period. Majority of participants from both categories discouraged premedical education. Regarding 'carry on system' senior teachers and intern doctors were on different poles. Major portion (91%) of intern doctors were in favor of it but most of the teachers (85%) did not support it.

Opinion of majority senior teachers and intern doctors were same about present course content, duration and evaluation system and they were satisfied with present format as in studies done earlier<sup>9,10</sup>. Rest of the participants from both categories were in favor of reduction of course content, extension of duration of course, modification of teaching learning method with more emphasized on practical examination<sup>8</sup>.

Majority of teachers as well as intern doctors were satisfied with each component of the current evaluation system<sup>8</sup>. Both teachers and intern doctors who were not in favor of present format shared some common view like increasing MCQ of written examination, making topic based and standard oral questions and providing them from a central examination committee and changing examination schedules and improving practical examination with standard laboratories of all concerned departments<sup>11</sup>.

In specific phase related analysis suggestion from participants were exclusion of community medicine from phase-I, scheduling each professional examination more frequently, expending duration before 1<sup>st</sup> professional examination, introducing total of four professional examinations, splitting phase-II contents, better co-ordination of lecture and clinical classes along with timely in-course assessments converting theoretical knowledge into practical skills<sup>10,11</sup>.

## Conclusion

Health care service cannot be improved unless the educational process of the medical education that produces the doctors and other health personnel are improved. The areas of changes suggested include entrance examinations, content in different discipline, time duration, evaluation system, phase rearrangement. The physicians and students today are more concerned about the existing undergraduate curriculum. So evaluation of curriculum by students and teachers may be further analyzed and taken under consideration to upgrade the curriculum

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