

Teachers and students opinion regarding updated MBBS curriculum 2012 in a teaching hospital.

Badhon NM,¹Nahar N,²Jahan I,³Zaman F,⁴Hossain MF⁵

Abstract

The modern concept of a curriculum originally derived from the Latin word for a race course. Undergraduate medical education is part of a continuum of education and training. The new curriculum is structured to provide a balance among learning opportunities through integrated teaching system.

This study was carried out to explore the views of teachers and students regarding the current undergraduate medical curriculum.

This cross-sectional descriptive study was conducted between October 2019 to October 2020 among the teachers and students of a private medical college and hospital (MH Samorita medical colleges and hospital) in Dhaka Bangladesh. The sample size were 100 in total.

Most of the participants suggested for changes in overall existing MBBS curriculum. Highest satisfaction was seen in content related to learning objectives that were 90% and highest dissatisfaction was seen in Phase distribution of subjects that were 89%. However, they were satisfied with present pattern of course content, objectives, evaluation system and carry on system. Teachers and students evaluation may prove useful if analyzed further to overcome the shortcomings of existing MBBS curriculum.

Keywords: MBBS Curriculum, Teachers, Students, Undergraduate.

1. Associate Professor, Department of Pharmacology and Therapeutics, MH Samorita Medical College, 117 Love road, Tejgaon, Dhaka
2. Professor and Head, Department of Pharmacology and Therapeutics, MH Samorita Medical College, 117 Love road, Tejgaon, Dhaka
3. Associate Professor, Department of Pharmacology and Therapeutics, MH Samorita Medical College, 117 Love road, Tejgaon, Dhaka
4. Associate Professor, Department of Anatomy, MH Samorita Medical College, 117 Love road, Tejgaon, Dhaka
5. Assistant Professor, Department of Pharmacology and Therapeutics, Rajshahi Medical College, Rajshahi

Address of correspondence: Dr. Nazia Mahmud Badhon, Associate Professor, Department of Pharmacology and Therapeutics, MH Samorita Medical College, 117 Love road, Tejgaon, Dhaka, Bangladesh. badhoncbmcb@gmail.com.

Introduction

The modern concept of a curriculum, originally derived from the Latin word for a race course, was first described in depth in a book by J. F. Bobbitt in the early twentieth century.¹ A curriculum is a vision and a road map to meet the academic objective. Curriculum has been defined by Tanner and Tanner as ‘The planned guided

learning experience and intended learning outcomes formulated through a systematic reconstruction of knowledge and experiences under the auspices of school for the learner’s continuous and willful growth in academic, personal and social competence’.² The medical education system inherited the typical features of colonial education which is very much on

the traditional pattern: lecture based, teacher centered, discipline based, examination oriented and hospital based. Before 1988 there was no formal medical curriculum except a syllabus which was published by Bangladesh medical & Dental council.³The national undergraduate medical curriculum adopted in medical colleges of Bangladesh was first developed in 1988 through Centre for Medical Education (CME) and supported by UNDP and WHO. The undergraduate medical curriculum followed in the medical colleges was developed with an aim to produce community oriented doctors who will be able to provide essential primary health care to the community. The process of medical education in Bangladesh began with the establishment of Mitford medical school and hospital Dhaka in the early 20 century.⁴

Undergraduate medical education is part of a continuum of education and training which continues through postgraduate training and continuing professional development. Such areas are often rendered to undergo widespread redesigning to fulfill the changing expectations of the society and the health professional themselves.⁵Leading organizations in the field of medical education, for example the "Edinburgh Declaration" of World Federation for Medical Education (WFME) 3 and "Tomorrow's Doctors" by the General Medical Council (GMC) of UK, in their recommendations suggested the need for reorientation of medical education to cope with the continuously changing demands of the health care services.⁶

The new curriculum is structured to provide a balance among learning opportunities through integrated teaching system. Here the basic and clinical sciences are taught and learned together, enabling students to link their scientific knowledge with clinical experiences to support a good medical

practice. The greatest change in medical education after implementation of 2012 curriculum in the last few years has been in the area of assessment by developing Performance-based assessment methods like OSCE, OSPE, SAQ, MCQ etc.

The goal of the MBBS program at present is to create Doctors with a combination of a scientist, a scholar, a practitioner and a professional with the strength of leadership to change systems when it is necessary for the benefit of patients. There has been widespread reformation in the content of undergraduate medical curricula around the world in recent years. Medical education in Bangladesh has also experienced many changes and challenges. Some of the critical areas where reforms are being attempted and needed are Curricular Strategies: Teaching and Learning, Student Assessment, Faculty Development, Medical Education Research and Developing Health Professions Education.⁷

Methodology

This cross-sectional descriptive study was conducted between October 2019 to October 2020 among the teachers and students of a private medical college and hospital (MH Samorita medical college and hospital) in Dhaka Bangladesh. The sample size were 100 in total. Purposive sampling technique was adopted to collect data. Their comments were collected by using a self-administered semi structured questionnaire that contained twelve questions on different aspects of curriculum. The questionnaires were distributed to the students of Phase II, Phase III and Phase IV at the end of their lecture classes and were collected with the responses. Data from the teachers were collected by personal contact according to their convenience. Data were computed and processed using SPSS software program version 16.

Result

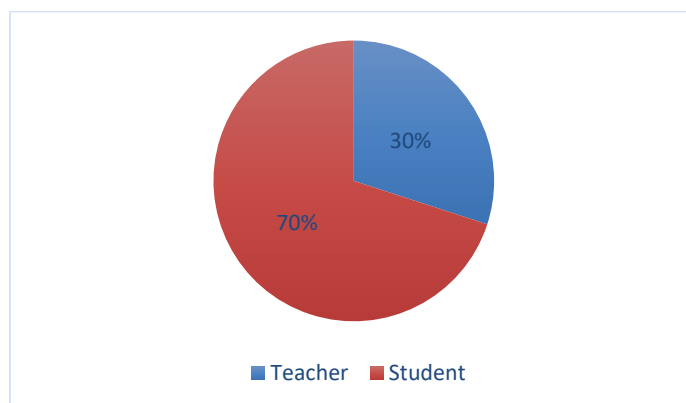


Figure-1: Categorical Distribution of Teacher and Student

Figure no. 1 showed the total of 100 questionnaires were distributed among the students and teachers respectively. Among them 70% students and 30% teachers responded.

Table I: Respondent's view about different aspects of existing curriculum

(N=100)

Comments	Yes (%)	No(%)
Objectives seem reasonable with in time frame	79% (79%)	21% (21%)
Content related to learning objectives	90% (90%)	10% (10%)
Any content overload	68% (68%)	32% (32%)
Teaching methods reasonable to teach the content	60% (60%)	40% (40%)
Time reasonable to teach the content	27% (27%)	73% (73%)
Phase distribution of subjects need reorientation	89% (89%)	11% (11%)
Carry on system helpful for students	78% (78%)	22% (22%)
Enough scope for problem based learning	48% (48%)	52% (52%)
Reasonable scope for integration of subjects	46% (46%)	54% (54%)

Respondent's view about different aspects of existing curriculum are shown in table I. Regarding different aspects of the new curriculum, a major portion (78%) were in favor of carry-on system. Most of participants were not satisfied with present

course content, duration and phase distribution of subject. Highest satisfaction was seen in Content related to learning objectives that were 90% and highest dissatisfaction was seen in Phase distribution of subjects that were 89%.

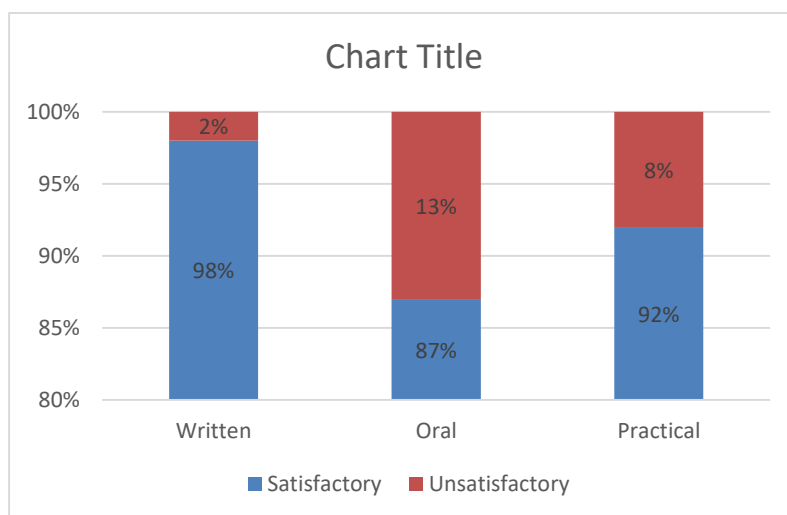


Figure 2: Percentage Wise Opinion on Examination System

The opinion on examination system is shown in figure 2. Most of participants were satisfied with every component of the written evaluation system (98%). Here

second position of participants were satisfied with practical evaluation system (92%) and least satisfaction level in oral evaluation system that were (87%).

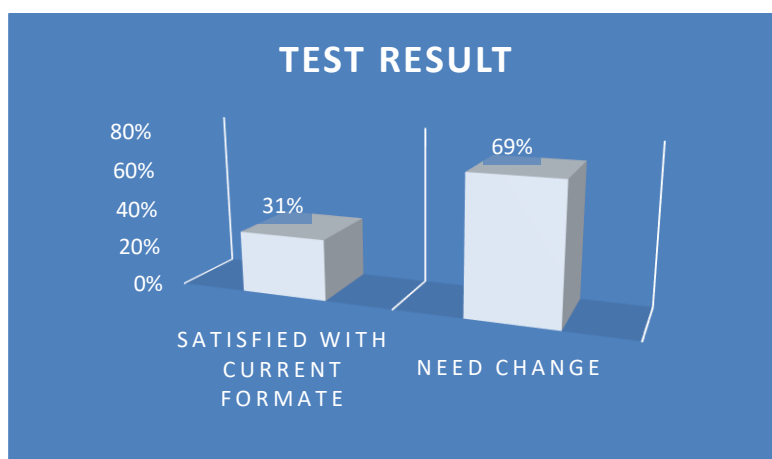


Figure 3: Percentage Wise Distribution of Respondent's Opinion about Change of this Curriculum

Figure no. 3 showed that about 69% of the respondents have asked for changes in the new MBBS curriculum. The ratio of satisfied vs need change were 31% vs 69%, regarding modifications in every phase reasonably. Participants who wanted modification gave their valuable opinion upon phase wise subject distribution.

Discussion

Evaluation of the existing teaching - learning curriculum by the students is attempted in this study with an aim to focus on the necessary changes in the objectives, course contents or teaching methods in MBBS curriculum. Evaluation of teaching curriculum by teacher and students are firmly recommended as a part of teaching - learning process and has been attempted by

a number of educational researchers. Respondents opinions regarding revised 2012 MBBS curriculum where majority has recommended a number of changes.

Some important changes can improve our curriculum like: course content should be reduced, duration of course should be extended and re-arranged according to the weight of course contents like re-arrangement of phase wise distribution of subjects in terms of increased class number or hours, evaluation system should be revised, teaching-learning methods should be modified and made more problem based. Regarding phase wise subject distribution and examination system respondents gave many opinions but some major changes are necessary that are: Subjects should be rearranged as per phase duration, Teaching should be more practical oriented and better coordinated with subjects, lecture classes and word duties should be better coordinated, Classes in hospital wards should be more practical oriented, In-course assessment (like card final, term final or ward final examinations) should be held timely and conducted properly.

Most of participants were satisfied with written evaluation system. It is divided into two part SAQ and MCQ. Some respondent's suggested that MCQ should be increase and number of SAQ should be decrease. Regarding oral examination majority were not in favor of present evaluation system. Those who were against the present evaluation system gave the following opinion: questions should be topic based, questions should be provided by a central examination committee to maintain equal weight and standard, enough time and effort should be applied to evaluate every student properly, teachers should be friendly during examination, question standard should be in accordance with the undergraduate curriculum. Regarding practical examination a number

of different opinions came from the participants which is mixed with satisfactory and unsatisfactory response like: oral and practical examination should be held on separate dates, questions should be standard and supplied from central committee, laboratories of all concerned departments should be updated with modern equipments etc.

Our findings are the reflection of the teaching-learning experiences by the teachers and students. The MBBS curriculum of three neighboring countries we see, according to MBBS curriculum of Pakistan students get exposure of clinical cases after the 1st professional examination by attending the lecture classes and ward placement. At the same time they used to learn Pharmacology, Forensic Medicine, Pathology and microbiology.⁸In India, the MBBS course has been divided in 3 phases. Students were taught basic subjects in Phase I. They were devoted to Pathology, Community Medicine, Forensic Medicine, Pharmacology and Microbiology in Phase II. During this Phase clinical subjects were taught concurrently.⁹In Sri Lanka basic subjects are taught in year 1 and 2 of their MBBS course. They used to learn Pathology, Microbiology, Pharmacology and Community Medicine in 3rd and 4th year. Teaching of clinical class begins from the 3rd year and continued up to 5th year.¹⁰MBBS curriculum of three neighboring countries (Pakistan, India and Sri Lanka) reveals that Pathology, Microbiology, Pharmacology and Community Medicine are taught at the beginning of clinical classes. In this study our students and teachers suggested that phase wise distribution of subjects need reorientation.

Conclusions

This study was carried out to explore teachers and students views regarding the

present undergraduate 2012 MBBS curriculum in Bangladesh. There are positive and negative factors responsible for achieving desired competencies of the newly passed MBBS graduates. Moreover, the opinion of the basic science, para-clinical and clinical teachers and undergraduate MBBS students regarding for the further improvement of the undergraduate MBBS curriculum. The study emphasized the areas of improvements in the curriculum as well as the institute and also need of change in the MBBS curriculum. The majority of the teachers and students were not satisfied on their acquired competencies in most of the areas after their graduation. This was due to shortage of course duration in comparison to number of subjects and contents, improper distributions of the subjects, less allocation of chances in problem based and integration of subjects etc.

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