

Medical Education & Professionalism

Education in its broadest, general sense is the means through which the aims and habits of a group of people sustain from one generation to the next¹. Generally it occurs through any experience that has a formative effect on the way one thinks, feels, or acts. In its narrow, technical sense, education is the formal process by which society deliberately transmits its accumulated knowledge, skills, customs and values from one generation to another, e.g. instruction in schools.

A right to education has been created and recognized by some jurisdictions: Since 1952, Article 2 of the first Protocol to the European Convention on Human Rights obliges all signatory parties to guarantee the right to education. At the global level, the United Nations' International Covenant on Economic, Social and Cultural Rights of 1966 guarantees this right under its Article 13.

Medical education is education related to the practice of being a medical practitioner, either the initial training to become a doctor (i.e., medical school and internship), additional training thereafter (e.g., residency and fellowship), or Physician Assistant education.

Medical education and training varies considerably across the world. Various teaching methodologies have been utilised in medical education, which is an active area of educational research².

In general, initial training is taken at medical school. Traditionally initial medical education is divided between *preclinical* and *clinical* studies. The former consists of the basic sciences such as Anatomy, Physiology, Biochemistry, Pharmacology and Pathology. The latter consists of teaching in the various areas of clinical medicine such as Internal Medicine, Paediatrics, Obstetrics and Gynecology, Otorhinolaryngology, and Surgery. However, medical programs are using systems-based curricula in which learning is integrated, and several institutions do this.

The classical system of Medical education is based on five years of education involves 2 years of initial Preclinical Teaching in Anatomy, Biochemistry and Physiology. In third & fourth year there is mixture of Pharmacology, Pathology & Community Medicine along with Clinical Teaching of Surgery, Medicine, Gynaecology and Obstetrics. While currently Otorhinolaryngology & Ophthalmology are taught exclusively in fourth year. Final year is purely based on Training in Surgical & Allied & Medicine & Allied along with Gynaecology & Obstetrics.

The modular system is based on all five years of education integrated with preclinical & clinical teaching. Students begin the PBL program which helps develop critical thinking, demonstrates the use of evidence-based medicine, and provides a clinical context to basic science learning. Clinical training also begins in this module system, with lectures and lab instruction in the doctor-patient relationship, SPIRIT competencies, and simulator demonstrations. In general, this modular system encompasses basic information that is necessary for understanding what is presented in organ systems-based modules which follow.

In order to follow this system trained teachers are required who are well versed with the needs of modern medical education. The training system of medical education is based on modern technology to train teachers for executing medical curricula required to prepare medical professionals. It requires the will and modes apperendi to organize all educational parameters and teachers of different subjects to organize a system of medical education based on professional training and expertise.

Problem-based learning (PBL) has become the most significant innovation in medical education of the past 40 years. In contrast to exam-centered, lecture-based conventional curricula, PBL is a comprehensive curricular strategy that fosters student-centered learning and the skills desired in physicians. The rapid spread of PBL has produced many variants. One of the most common is 'hybrid PBL' where conventional teaching methods are implemented alongside PBL. However, the mixing of these two opposing educational philosophies can undermine PBL and nullify its positive benefits. Schools using hybrid PBL and lacking medical education expertise may end up with a dysfunctional curriculum worse off than the traditional approach³.

Probably the most important requirement is to develop an attitude of working together for medical education. Thus institutions need to develop faculty which would take up the task of educating themselves for medical education.

Medical Professionalism has been critically analyzed & readdressed. In 2002, the ABIM Foundation, American College of Physicians Foundation and the European Federation of Internal Medicine jointly authored **Medical Professionalism in the New Millennium: A Physician Charter**. Published simultaneously in Annals

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of Internal Medicine, The Lancet and the European Journal of Internal Medicine, Harold C. Sox, editor of Annals of Internal Medicine, has written, "I hope that we will look back upon its (the Charter's) publication as a watershed event in medicine."

A decade later, the impact of the **Physician Charter** in advancing medical professionalism and addressing these challenges is far-reaching:

- More than 130 organizations across the world have endorsed the Physician Charter.
- It has been translated into 12 languages.
- Nearly 100,000 copies have been distributed.
- The number of journal articles published on medical professionalism has increased threefold to nearly 300 a year.

The Charter has as its fundamental principles the primacy of patient welfare, patient autonomy and social justice. The Charter also articulates professional commitments of physicians and health care professionals, including improving access to high quality health care, advocating for a just and cost-effective distribution of finite resources and maintaining trust by managing conflicts of interest.

REFERENCES

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