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Changing trends in Indian Medical Education: Past, present and future

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Medical education is evolving with understanding and accepting the newer avenues of teaching learning methods introduced by various educators across the world. What we learned as a medical student 30 years ago has changed and is still changing. Its like in a state of continuous motion. New novel ideas and concepts are introduced and we embrace them and try to inculcate them in our traditional teaching learning methods for effective delivery of medical education.

Before I start with the modern methods of teaching and learning, its very prudent for us to know our past that we were the pioneers in Education system in the entire world. We had ancient Nalanda and Takshashila Universities long before the proper education systems were introduced in rest of the world. We are very proud of it but unfortunately, we do not have enough evidence about them as they were destroyed by the invaders of India in order to keep us in dark and uneducated.

Fortunately, we had a very robust system in place where the knowledge was transferred from one generation to next by way of reciting and memorizing it. It was ongoing for many generations and then few teachers wrote it down. Many teachers across India converted them to their regional languages and thus the knowledge was disseminated in India quite uniformly and methodically.

Now, regarding medical education, similar system was introduced by Rishis in Gurukul system of teaching learning where the disciples were residing and getting educated first in theoretical knowledge and then they were given hands on. This was first written in Charak Samhita [1] and also by Shushrut, the father of modern surgery. Various techniques of teaching learning were written in it extensively.

All this glory of ancient Indian teaching learning was not studied in details by our next generations but then the birth of Modern Medicine happened. They introduced different techniques of teaching learning which we adopted quite fast. It began with simple chalk and board type of teaching and learning. This was a very effective tool of imparting the knowledge to students. It was earlier teacher centric and monologues but as new educators were introducing it became student centric and dialogue was encouraged. Many new novel concepts of teaching learning are introduced in last 2 decades which has made the teaching learning interesting. The newer assessment methods have also been introduced. Our National Medical Commission (NMC) has adopted all reforms [2].

However, still the gap between teacher and student is not bridged well as expected. In fact, it's becoming more at places. The bond building between the teacher and student is very crucial, but the sheer number of students getting admitted nowadays has drifted away from this very noble goal. The maintenance of quality in inversely proportional to quantity. This is exactly happening in medical education too. As the number of students getting admitted every year is increasing. It

started with a batch of 100 undergraduate students, then 150, then 200 and now 250. One teacher cannot keep a track of all 250 undergraduate students of each year. The quality of teaching is compromised a lot. Plus, each student's need is different. Here, a question emerges in my mind that are we educating our students well or has it turned into an exercise of creation of factory of students? The answer is unfortunately yes.

So, what is the future ahead of us? How to solve this riddle of maintaining the quality in medical education with ever increasing number of students each year. The regulators need to be explained that the phase of expansion of Indian medical education is over. Now, we need to concentrate to impart quality of medical education to each and every student who is getting admitted every year. As the great educator, Dr Ronald Harden from Dundee, mentioned in his talk that we need to individualize the process of imparting medical education in order to meet needs of all students as every student has a different need [3]. It is a practical event in his country with limited number of students but and an impractical exercise in India considering the vast number of students getting admitted in Indian medical schools each year.

We first need to control the influx of student intake and then plan our strategy of providing medical education in effective manner. Post COVID-19 Pandemic a need of hybrid method of teaching and learning using both synchronous and asynchronous type of teaching learning can only bring a relative uniformity of imparting medical education to our students. Second, we need to create small mentor mentee groups for students of all phases so as to make them comfortable and help the learning the basic concepts of modern medicine. It is very prudent for us to educate our students to not remain dependent on technology all the time but try to harness the power of clinical examination and good and empathetic communication skill.

Indian government has introduced an integrated system of learning the medicine which many have been criticized a lot by many but it is a good system which time coming will tell eventually. This is as per our National Education Policy (NEP) 2030 plan of action [4]. In this both the ancient and traditional modern medical stream will be amalgamated effectively so as to make Indian undergraduate an effective international medical graduate. This is also advocated by Ministry of Family Health and Welfare [5].

As a modern Indian medical graduate, a student should be open to ideas from all resources both indigenous and foreign. This will only widen his/her vision and help the student to learn the medicine effectively. The ultimate result will be an effective healthcare delivery to the society. We should be open to ideas and try to absorb what is best for our future generations. Thus, as per our new norms we should not only deliver the Competency Based Medical Education (CBME) to our students which is more structured with use of newer avenues like Objective Structured Clinical Examinations (OSCE) [6-7], but also need to see that they really become competent in real life while practicing as medical graduates or while pursuing their further specialized medical education. We should make them a lifelong learner and educator. This will fulfill our goal of being a good and responsible teacher.

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