

# Medical Education: Traditional System vs. Integrated System

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There are many institutions where education is still imparted in traditional pedagogy style! There is subject oriented lecturing without integration with other subjects, clinical correlations and clinical scenarios. The student is often lost amidst encyclopaedic facts! Even learning objectives are not provided! The major emphasis had been on passing the examinations rather than acquiring useful knowledge and learning the skills! Without knowing the usefulness of the objectives and relevance to real life, the student is often bored and loses attention and concentration. There is no spark and motivation for research. Many such flaws and inadequacies of this system were realized and hence integrated system of education with horizontal and vertical integration of the subjects was introduced! Integration is natural just like an embryo with simultaneous coordinated growth of all organ systems! The integration makes "dull boring subjects" meaningful and interesting as it instils the purpose of learning!

In integrated system fundamental teaching strategies include small group discussions, large group interactive sessions and problems solving teaching! These are all aimed at better focusing of the students on the topics and letting their minds work free and wild to search themselves both the problems and the solutions! Here the role of facilitators also becomes pivotal and central! He is not supposed to be a mere passive listener!

The integrated system of teaching and learning requires much harder work on part of students, faculty and institution! The students are required to be active players that in turn require sufficient time and optimal facilities both in the medical college and at the home! The system cannot work without the availability of highly motivated and conscientious faculty members who are first put to intensive training program to familiarize, groom and grow in the proper working of the system! All these requirements put serious limitations to the integrated system especially in resource poor institutions.

In private sector where funds may not be that big a problem other factors come in play affecting not only them but also the public sector! In order to keep "clients" happy and satisfied there are pressures to bring "better" results; sometimes with inevitable compromise with standards of education, training and examination! Relatively higher salary packages hurt the public sector which cannot compete in this field!

Following limitations were observed in a public sector medical college;

1. Lack of enthusiasm in the medical education department to familiarize and groom newly inducted junior and senior faculty! This led to poorly motivated and rather confused faculty!
2. Lack of provision of a faculty guideline book providing introduction, highlighting the importance and proper working of the integrated system.
3. Half baked training sessions for the faculty with poor attendance and lack of enthusiasm
4. Regarding Modules development at times simple copying and pasting from other sources carried out without taking in account of local customs, resources and circumstances!
5. Presence of a strange "superiority" cloud hanging on the heads of some members of medical education department! These people considered themselves masters of all subjects! Instead of limiting to the teaching strategies they interfered with the contents of different departments and abruptly and absurdly vetoed the recommendations of the subject specialists! Frequently they designed and assigned laughable contents and illogical time distribution in the timetables! There were sudden changes in the course contents without real consultation with the departments!
6. A few members of Department of Medical Education used their positions for nepotism, victimization and giving undue importance to their own subjects while making other subjects minuscule and unimportant! Unfortunately in this case the examination cell was also put un-

der the control of medical education empowering them to further exploit their position to manipulate results and question papers!

7. The clinical disciplines and their justified requirements were grossly ignored. The timetables were often made without giving due regards to the commitments of clinicians!
8. 4th & 5th year contents were cramped in third year! Severe cramping of too many contents led to the mental cramps in the students! For example the 3rd year subjects of General Pathology were taught in very short span of time! There was enough number of hours allotted but not enough space was provided to the students to grasp and digest! For "Endocrine Metabolic & Reproductive (EMR)" module only 9 working days were given which also included hospital rotations! The students were supposed to grasp pathology, pharmacology and clinical aspects of all these extensive subjects! To cramp too many subjects and course contents in very short period of time causes frustration, anxiety, exhaustion among students! They were not able to understand & formulate core concepts. Instead they reverted to simple memorization in order to pass the examinations! This also kills their creativity and imagination so vitally required! Improper and faulty applications take away the advantages of integrated system.

On the other hand, it's not easy to compare the traditional system with the integrated system as there are simply too many variables regarding students, faculty and the institution! A good student with the help of modern internet's gadgetry and resources can overcome lot of his deficiencies! Similarly a good teacher will be able to integrate various subjects in his lecture and can have problem solving strategies. Thus the boundaries between traditional and integrated system would be very blurred.

The question of finance and most optimal utilization of personnel & other resources is very important! There is need to critically examine and evaluate the integrated system at some institutions! There must be no compromise on essential contents with adequate, appropriate time and pace. National course contents in their chronological order should be respected and incorporated. However useless knowledge must not be imparted as it would not only waste students' and teachers' valuable time and energy but will also produce unnecessary stress and strain! The time of the students must be fully utilized.

Despite rather extensive course of medical curriculum there is no reason that the studies can't be made pleasant and en-

joyable! It should generate enthusiasm, eagerness to learn and sense of accomplishment! Of course to plan such courses would require extraordinary dexterity and skillfulness that can only be achieved through dedicated teamwork! Interaction with other similar programs under similar circumstances may be encouraged through internet, Skype, Facebook and Twitter! No student should pass without acquiring essential required knowledge and skills and no subject should be allowed to "kill" the other subject.

It has been observed that examination mechanism in integrated system is quite faulty. Questions are often leaked. Unnecessary emphasis on asking same questions and requiring same answers lead to malpractices! Different questions of roughly similar difficulty levels will be much better! Telling the students that no short assessment question would be asked from a particular subject would definitely decreases the interest among the students toward that subject and students then may never study that subject in his life.

The integrated system in some hands becomes like radical clergy system. These robotics need to be eliminated and system be made alive without compromising fairness and transparency.

As several institutions are trying to adopt the integrated system, we must be aware of difficulties, short comings, problems and their possible solution otherwise despite all efforts and resources the results could be far from satisfactory!