

Editorial

Too little, too late

Medicine was once learnt as an apprentice, primarily by observing and through direct contact with patients and practising doctors. Enter Abraham Flexner (1), and the scientific basis of modern medicine was formally incorporated into the structure of the medical curriculum. Study of normal structure and function (pre-clinical) was followed by scientific basis of disease and drugs (para-clinical) and finally the brass tacks of patient care (clinical). This three-tier structure is logical, neat and operationally convenient. It also spawned departments corresponding to each subject in the curriculum, and the pre- and para-clinical departments, relieved of patient care responsibilities, furthered medical knowledge through research besides, of course, providing valuable laboratory support for patient care. But about half century of experience with the three-tier structure revealed its drawbacks as well. The watertight boundaries which grew between different disciplines and between different phases of the curriculum were clearly artificial. Keeping medical students insulated from patients, disease and drugs for one-and-a-half to two years at the very beginning of their course generated the feeling that pre-clinical subjects were irrelevant to medicine. By the time the student realized their relevance, he had forgotten them. Further, the enthusiasm of each department to teach as much as possible created the problem of acute information overload for the student. Medical educationists responded by groping their way towards greater relevance and inter-disciplinary integration on one hand, and doing away with redundancy on the other. Introduction of problem-based learning at Mc Master University in 1965 may be considered a milestone in this direction.

In India we have refused to respond to the winds of change. All India Institute of Medical Sciences (AIIMS), the trend-setter in medical education in India, carried out its last major change in curriculum in 1979 when it reduced the duration of the pre-clinical phase from three semesters to two. Apparently, the change had few takers in the country. At AIIMS itself, the pre-clinical faculty expressed periodic dissatisfaction with the new dispensation. Recently the Medical Council of India (MCI) has shown some interest in bringing medical education up-to-date. It started with a workshop on need-based curriculum in 1992. After five years of further deliberations, the MCI has finally sent a directive to medical colleges to reduce the pre-

clinical phase of their curriculum to one year. It is interesting and instructive to know what the AIIMS faculty, having nearly 20 years' experience with the one-year pre-clinical course, feels about it. In a limited survey conducted by a questionnaire recently in which a total of 32 responses were received (17 from pre-clinical and 15 from para-clinical and clinical departments), it was found that even today only about half the pre-clinical faculty is happy with the one-year pre-clinical course. On the other hand, only one solitary clinical teacher has shown a preference for the one-and-a-half-year pre-clinical course as compared to the one-year course. What is more significant is that irrespective of the background of the teacher, about *half* the faculty feels that arguing about the duration of the pre-clinical course has lost its relevance because time is now ripe for a radical change in medical education such as integrated teaching, early patient contact, community-based teaching and problem-based learning. What makes this collective opinion significant is that AIIMS has a faculty well-versed in the latest trends in medical

education. Arguments about the duration of the pre-clinical course are based on the assumption that the three-tier structure of the medical curriculum is sacrosanct. It is no longer so, as experience in several medical schools all over the world has by now amply shown.

Does an integrated curriculum mean putting the clock back and going back to the days of apprenticeship? Not quite. The Flexnerian era has served a purpose. It has entrenched basic sciences so deeply into medical education that they will now for ever remain an integral and significant part of any course in modern medicine. Research in basic medical sciences, specially molecular biology, has acquired such a momentum that there is no stopping its march. What is desirable at this stage is to dissolve the artificial barrier between the study of normal function and that of abnormal body function. Bringing the study of normal and abnormal together in terms of organ systems makes it so much easier and exciting for the student (2). If so many others have changed so much so long ago, why should we opt for too little, too late?

REFERENCES

1. Flexner A. *Medical education in the United States and Canada: A report to the Carnegie Foundation for the Advancement of Teaching*. Bulletin No. 4. Boston; Updyke, 1910.
2. Bijlani RL. An innovative exercise in medical education in Nepal. *Trends Med Educ* 1997; 4: 3-9.