

The New Medical Education Curriculum in India: A Great Initiative with Scope for Further Enhancement

Dr Varsha Narayanan¹

Abstract

Medical education in India that includes MBBS and specialty post-graduation programmes are intense, thorough and well acclaimed. The new medical education curriculum introduced by the National Medical Commission in 2019 is all set to be uniformly implemented. It is a welcome move in the direction of competencies-based assessment, as well as enhancing soft skills and integrated learning. It is also important for medical students to learn other aspects and skills that are highly important in shaping their career, practice, and life after their education is completed. These include business, finance and administrative skills and knowledge, medicolegal aspects, interacting with and tackling different kinds of patients, understanding the scope and benefits of general practice, family medicine and holistic healthcare, making informed career choices, and self-care that involves coping skills, building resilience, managing stress, and maintaining one's own physical and mental health.

Keywords: MBBS, NMC, new medical education curriculum, CBME, holistic

Introduction

The MBBS curriculum in India is highly acclaimed and recognized for the thorough knowledge and clinical experience that it imparts.^[1] It is a well-structured curriculum covering clinical and non-clinical subjects, complete with laboratory work, as well as active patient care in the hospital. There are rotational postings in almost all specialties with varied exposure to outpatient care, ward rounds, emergency and casualty, as well as major/minor surgery. The curriculum also gives exposure to public health and rural healthcare. Most students finishing MBBS take up postgraduation in a specialty, the curriculum of which is again thorough and hospital centric with the postgraduates being the backbone of the patient management and day to day running of the particular specialty department.

Competencies-Based Medical Education Curriculum

In 2019, the National Medical Commission introduced the new MBBS curriculum with a competencies-

based medical education (CBME) syllabus.^[1] The aim of CBME is to build physicians having capability to cope with the continuously evolving health-care needs to provide more comprehensive and multidimensional patient care.^[2] It has structured formative assessment, periodic internal assessment, and end-of-phase summative assessment, along with effective and appropriate feedback also built-in. The curriculum starts with a one-month initial foundation course for orientation with the MBBS curriculum, Indian healthcare system, medical ethics, local language, and time management.

For each competency, the learning domains (knowledge, skill, attitude, and communication) are identified, and the expected level of achievement in that subject is identified as - knows (K), knows how (KH), shows how (SH), and performs (P).^[3] 'P' indicates independent performance without supervision. The outcome is a core (Y - must achieve) or a non-core (N - desirable) outcome. Each medical institute is also expected to design sub-competencies to enable the broad outcome to be divided into smaller objectives called

¹Consultant Family Medicine and Holistic Health, Dr Varsha's Health Solutions, Andheri (West), Mumbai, India.

Email: info@drvarsha.com; www.drvarsha.com

Specific Learning Objectives to be achieved at the end of the teaching sessions. The broad competencies cover important aspects of the subjects according to the NMC, and are thus part of the core competencies. There is an option for desirable competencies which an institute can individually add in the undergraduate curriculum.

There is an introduction to attitude, ethics and communication (AETCOM module) to improve the functioning of medical students as physicians at the community level. There has also been horizontal and vertical integration of the curriculum across subjects and years, with additional sessions of self-directed learning (SDL), elective postings, and the clinical postings starting from the first year itself. The advantages of integrated teaching over traditional lectures include reduced fragmentation and repetition, simultaneous application of knowledge to clinical practice, rationalization of teaching resources, and inter-department collaboration.

Other features of CBME include student-doctor method of clinical training, in which the student functions as a team working with and following up patients longitudinally, and taking part in patient care from admission activities, hospitalization, writing and maintenance of the records and participating, observing and assisting in procedures in a supervised and graded manner.

Unfortunately, the 2 years of the pandemic that followed derailed the effective implementation of this curriculum. However, in 2022, the new curriculum is set to be uniformly implemented with the objective of covering cognitive, affective, and psychomotor domains of learning, with added features like yoga, and a family adoption programme.^[4] It is yet to be seen how this new medical curriculum pans out in the time to come, in terms of consistent implementation across our country's medical institutions, training and orienting the faculty, and creating more tools for practical and simulated case based learning.

Further Scope and Suggestions

A person finishing medical education then enters the real world of establishing a clinical practice or finding jobs. Unlike peers in other streams of education, there is no campus placement or career guidance, and one is completely at sea and on one's own. It is then that one realizes the importance of several aspects that are an integral part of the medical profession, practice and professional journey, but are not yet formally part of the medical education curriculum.

1. **Business, Finance and Administration** – It is surprising that medical students are not given any orientation of financial management, business skills, and administration during their MBBS or post-graduation, given that a large number of them will be setting up practice or medical centers on different scales.^[5] Understanding the logistics of starting practice, managing staff, budgeting and loans, structuring finances and investments, and dealing with different agencies like the municipality, residential societies, waste management agencies, socio-cultural organizations, and procuring required paper work and licenses, should be a very important part of the medical curriculum especially in the final year.
2. **Medico-legal Aspects and Insurance** – There should be some orientation and understanding given to medical students about medicolegal aspects of medical practice.^[6] These include indemnity and professional insurance, what constitutes negligence, precautions to take while treating patients, documentation, procedural notes, prescription writing, patient records, patient counselling, consent and clarity in description and explanations provided, telemedicine and digital health regulations, and above all one's own rights and the legal resources available.
3. **Patient Handling and Interaction** – While ethics, language and communication has been emphasized in the new medical curriculum, it is also important to have practical sessions on handling difficult patients or relatives, how to disclose a grim prognosis, disability or death, how to explain diagnosis in simplified terms, how to express empathy and understanding while maintaining firmness and professionalism, and above all how to safeguard against and deal with verbal or physical violence.^[7] It is interesting that there are multiple case presentation sessions by students to the professors, however there is almost never a presentation (mock/ simulated/real) by the student to a patient explaining the patient's condition, diagnosis, treatment planned, and course/outcomes expected.
4. **Orientation to Family Practice and Holistic Care** – The pandemic has driven home the importance of the family physician and holistic management, as being the need of the hour for strengthening the healthcare foundation of India.^[8] However, there are no family medicine departments in medical colleges, and there is little exposure to holistic management that includes nutrition and diet regulation,

lifestyle and physical activity assessment, stress and sleep management, and addressing psychological aspects in physical health conditions. The introduction of aspects like family adoption and yoga in the new medical curriculum is a welcome move. It is pertinent to consolidate family medicine and holistic health in the form of a subject with dedicated faculty, so that it encourages more students to take up general and family practice, instead of all students trying to squeeze into postgraduate specialty seats. This can help build a broad and strong base of the Indian healthcare system.

5. **Career Counseling and Self-Care** – The Indian medical education curriculum is grueling, packed and extremely demanding physically and mentally. It often takes away one's youth, hobbies, and enjoyable years, and still leaves one without any definite career opening on a platter at the end of it, as opposed to other non-medical courses like business administration, finance, engineering, etc. The post-education professional practice road is only more demanding and harder, often eating into social, family and personal spaces. A dedicated department for student counselling is a desperate need in medical institutions. Here students should be provided with psychological counseling when the going gets tough, and also taught to deal with themselves when failures of treatment and procedures happen, or when a treatment decision does not go as expected, and when there are complications and death.^[9] Students must be taught and counselled that their own physical-mental health and wellness is as important, and that they should guard themselves against burnouts, saturation, frustration, breakdowns and exploitation. Often medical students grab post graduate specialty seats based on prestige or subject interest. There is never any pre-selection discussion, counseling or interview to understand suitability or unrealistic expectations. Career counselling can not only help students select appropriate specialties in an informed way, but also understand other options like health administration, public health, medical/pharmaceutical research, as well as healthcare innovations and entrepreneurial opportunities.^[10]

Conclusion

The Indian medical curriculum has the global advantage of highly trained faculty, huge and robust patient pool, and a wholesome learning experience across socio-cultural and economic diversity. However, given the intensity of the medical curriculum itself, and the

life thereafter of medical professional practice, empowering medical students with skills apart from medical subject knowledge itself is very important. The new medical curriculum set to be implemented across the country is one positive move in this direction. Further efforts in this direction like including business, finance, administrative and medicolegal aspects, patient interaction and handling, orientation to general and family practice as well as holistic healthcare, and improving informed career choices and self-care, can greatly enhance confidence, coping skills and success of medical students and future doctors.

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