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Perspective

Rheumatology in Postgraduate curriculum



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ABSTRACT

Rheumatology is a neglected subject in postgraduate medical curriculum in India. This article provides the author's perspective on possible reasons and potential solutions.

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Curriculum, etymologically, is derived from the Latin word 'currere' which means 'to run, a race or the course of a race'. In education, 'curriculum' is defined as the planned interaction of pupils with instructional content, materials, resources, and processes for evaluating the attainment of educational objectives. It includes the content of courses (the syllabus), the methods employed (strategies), and other aspects, like norms and values, which relate to the way the school is organised.¹ This article discusses the status of Rheumatology as a subject in postgraduate medical curriculum in India. The current scenario of postgraduate medical education and the regulations governing the same have been outlined first to acquaint the reader with the necessary background. In absence of published material on this topic, the article gives the author's perspective based on over two decades of experience as a medical teacher and a postgraduate examiner with opportunity to interact with students and colleagues from all over the country.

1. Postgraduate Medical Education in India

At present there are 355 medical colleges in India (194 in the private sector and 161 in the Government sector).² The total annual admission capacity is about 44,050 students (23,905 and 20,145 students in the private and Government colleges respectively). The number of postgraduate medical seats is approximately 50% of the undergraduate capacity (22,850 seats across all disciplines). Over the past few decades there has been a paradigm shift with a graduate (MBBS) degree being considered no more than a stepping stone to specialisation. The General Practitioner (GP) has been slowly but surely edged out in big cities and towns as people demand specialist attention for all ailments-big or small. This has resulted in a situation where almost all medical graduates want to specialise. The clinical and para-clinical subjects like Pathology attract more students than pre-clinical disciplines like Anatomy or Physiology. The first

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casualty of this scramble for postgraduation has been the compulsory one year internship. This was intended to expose fresh medical graduates to clinical medicine in a phased and supervised manner. Instead, the medical graduate of today joins internship with the avowed objective of sitting, studying and 'cracking' the postgraduate examination. Teaching institutes have mushroomed all over the country and the students spend most of their internship trying to secure a coveted postgraduate (PG) seat than learning bedside medicine. The cycle does not end with admission to MD/MS courses. The opportunity for sub-speciality training (DM/MCh/DNB) courses is even more difficult to come by. Specialities like Oncology and Endocrinology have only a few dozen seats across the country. In Rheumatology/Clinical Immunology, the situation is particularly bleak with only a handful of institutions at Chennai, Lucknow, Hyderabad, Vellore, Kolkata, Puducherry and Chandigarh offering DM courses. DNB Rheumatology seats are available at Delhi and Mumbai only. This translates into less than 20 seats per year for the discipline of Rheumatology/Clinical Immunology. This steep pyramid leads to an intense and unhealthy competition amongst students. The sale of coveted PG seats in some private medical institutions for astronomical sums is the worst kept secret in India and a blot on the face of medical education where 'means' strangle 'merit'.

2. Regulations with respect to curriculum for Postgraduate Medical Education in India

The Medical Council of India (MCI) is the statutory body mandated with maintenance of uniform standards of Medical Education both at undergraduate and postgraduate levels through an act of the Indian Parliament. The MCI has laid down regulations which are briefly enunciated below³:

- a. Postgraduate Medical Education in broad specialities shall be of three years duration in the case of degree course and 2 years in the case of Diploma course after MBBS and in the case of super specialities the duration shall be of three years after MD/MS with the exceptions wherever indicated.
- b. Postgraduate curriculum shall be competency based.
- c. Learning in postgraduate programme shall be essentially autonomous and self directed.
- d. A combination of both formative and summative assessment is vital for the successful completion of the PG programme.
- e. A modular approach to the course curriculum is essential for achieving a systematic exposure to the various sub-specialities concerned with a discipline.
- f. The training of PG students shall involve learning experience 'derived from' or 'targeted to' the needs of the community. It shall, therefore, be necessary to expose the students to community based activities.

A statement of competencies has also been outlined by the MCI: Keeping in view the general objectives of postgraduate training, each discipline shall aim at development of specific competencies which shall be defined and spelt out in clear terms. Each department shall produce a statement and bring it to the notice of the trainees in the beginning of the

programme so that he or she can direct the efforts towards the attainment of these competencies.

- (a) Every institution undertaking Postgraduate training programme shall set up an Academic cell or a curriculum committee, under the chairmanship of a senior faculty member, which shall work out the details of the training programme in each speciality in consultation with other department faculty staff and also coordinate and monitor the implementation of these training Programmes.
- (b) The training programmes shall be updated as and when required. The structured training programme shall be written up and strictly followed, to enable the examiners to determine the training undergone by the candidates and the Medical Council of India inspectors to assess the same at the time of inspection.

3. Rheumatology as a subject in the Postgraduate Medical Curriculum

Rheumatology, as a subject, in the postgraduate medical curriculum in India has been and continues to be neglected. There are several reasons for this state of neglect:

Laxity in the implementation of the MCI regulations is all too pervasive. While providing directions at the conceptual level, the institutions have been asked to develop their own curricula and statement of competencies and periodically review these. The concept is immaculate but the execution flawed. The majority of institutions in the country either do not have a laid down postgraduate curriculum and statement of competency or have one that is seldom, if ever, updated. Curriculum committees, if they exist, do not meet regularly and the concept on paper does not get translated into practice. Informal discussions with faculty members and postgraduate students across India reveal that most are not aware of curriculum committees in their institutions and have never been asked to give any inputs regarding curriculum. The websites of several major medical institutions in India have no information about the curriculum or statement of competency. Some institutions like the All India Institute of Medical Sciences (AIIMS), New Delhi and Baba Farid Health Sciences University, Faridkot, Punjab, to name a few, have documents available on the net which outline the curriculum/syllabus for almost all disciplines including Internal Medicine where Rheumatology figures.^{4,5} I would like to exemplify my logic by talking about investigative procedures mentioned in the curriculum available. While the AIIMS curriculum lists synovial fluid aspiration, the Baba Farid Health Sciences University does not include this in the investigative procedures that an MD Medicine student ought to know. While kidney and liver biopsies are listed, joint aspiration is not. This in part could be a legacy of the fact that many institutions continue to view this as an Orthopaedic procedure. This deprives the students of a chance to observe or perform a relatively simple, albeit useful, technique. The outcome of 'curricular inertia' is a curriculum which is neither reviewed nor updated. Emerging branches like Rheumatology, Medical Genetics or Molecular Medicine bear the brunt of this inertia.

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