

Contemporary medical education in remote lands

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Medical education is in a state of flux these days. Last quarter of a century has witnessed a sea change in the world of academic medicine. And like they say 'you ain't seen nothin yet'!

Traditional curriculum has been all but substituted by other strategies, such as the Problem Based Learning and Problem Solving methods. Pundits and savants have yet to reach a consensus as to the better method, as they weigh and measure the merits of one over the other.

Some institutions have preferred to hybridise their curriculum by employing the best of both such as short introductory didactic lectures followed by small group discussions.

Many medical schools in the UK have implemented the integrated curriculum with early exposure of students to a clinical setup. For that purpose, teaching family practices and community clinics are rising in number each day.

Following six types of courses are offered in the British medical schools at present.¹

- (a) A traditional pre-clinical and clinical course
- (b) An integrated/systems based course
- (c) Problem based learning (PBL)
- (d) Case based learning (CBL)
- (e) Enquiry based learning (EBL)
- (f) Multi or inter-professional learning course.

A list of schools offering each type can be accessed through the web site quoted above.

There are approximately 33 medical schools in the UK. A couple of private medical schools have also emerged on the scene recently. A variety of options are thus available to the perspective students. But that is not the point here. Each to his own. To an educator what matters most is to cultivate the finest professional skills compounded with relevant knowledge and matching attitude.

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The purpose of this editorial is to share the personal experience of two distant lands where the medical schools are successfully employing modern instructional strategies.

Barbados is a beautiful island in the Caribbean. It's picture post card scenery is breath taking. White sand crystals shining in the sun as diamonds and changing colours of sea varying between turquoise of the Caribbean Sea on one side of the island and surf loaded deep blue waters of the Atlantic Ocean on the other, make it a peaceful, tranquil and relaxing place; ideal for educational pursuits.

Between 2012- 2014, I had the opportunity to establish the American University School of Medicine in Sliver sands, Christchurch, Barbados.² It was housed in an exotic Italian holiday resort, abandoned by the Italian Investors in the wake of property prices meltdown following the debacle of 2006. The Medical school has now moved to a state of the art purpose built building close to the renowned Gary Sobers round about. It is not far from the cricket ground where late little master Hanif Mohammad made history in a previous generation.

As its founding Dean, I introduced an integrated curriculum based upon Problem Based Learning method. It was a challenge; to say the least. To find a faculty and train it to employ the clinically orientated medical curriculum in the Basic Sciences in these remote islands, was one major challenge. Introducing the Skill labs instead of conventional labs, employment of prosected and plastinated anatomical specimens or importing a cadaver from overseas, was another. But with intense effort and active cooperation of the faculty, the programme has been successful.

Caribbean islands are well known for their medical schools. Some of which are over a quarter of a century old and duly recognised by many US institutions. The curriculum is directed to enable the students to pass their MLEs with high percentile points and seamlessly merge into the vast ocean of health services in North America.

Since the cost of medical education exceeds \$400,000 per student in US and over £250,000 in the UK, Caribbean medical schools offer a significantly less expensive alternative, usually around \$ 100,000 for a full

programme. It must however be said, that it may not be the first choice for a vast number of those who can afford local education; nor indeed for those who can cross the high bar of academic excellence in liberal arts or the GCSEs. The singular advantage of the Caribbean schools is that after the initial 4 semesters in the islands, and an interim 5th either in the islands or in US for early exposure to clinical medicine, the students are absorbed in the North American set ups. Thus they would obtain the highest level of clinical Training in the final 4 semesters to be able to clear their USMLEs during this time. They can then compete with the international graduates to enter a residency matching programme and become an integral part of health service. True, they may not get the first job in an Ivy League institution; even may be posted in the so called underserved areas, which are often within easy driving distances from major cities in the Mid West. Once they find their roots, they may reach the heights comparable to any other international graduate.

Many medical schools of a similar nature are providing undergraduate medical education in EU. The commonest places are Hungary, Poland, Romania, Belarus, Estonia, etc. Language is a problem in these places as would be the change in rules that may follow the Brexit.

Now let us turn towards an ancient land of huge historical significance. Recently I was invited by the Dean of Karbala University School of Medicine, in Iraq, to conduct a PBL session.

In this ancient land of Nianevah, Dean Riadh Zubaidi has recently introduced clinically oriented, integrated Problem Based curriculum. A batch of 14 students and couple of instructors / presented a clinical scenario of a lump in the front of the neck. Customary practice of a lead and a scribe followed by the conventional stepwise application of the problem solving method, was employed.

The time for the desired learning objective was 2 hours. It came out not as a surprise but a delightful experience to me that these children had not just fully understood the principle and methodology, but indeed the very essence of the contemporary medical education. Prof Ron Harden, the renowned medical educator of Dundee, is a household name here as some of the faculty have benefitted directly or indirectly with his expertise.

In this part of the world, where a tyrant ruled for several decades until he was dethroned by international forces, medical education has not just survived but indeed prospered. Saddam left no stone unturned to demolish the educational institutions as well as the cultural

heritage. And yet there is a huge collection of Archives of scripts, manuscripts, historical documents, and unparalleled literature that remains to be explored. World Heritage Sites or the illustrious libraries in the world, may care to share this plethora of antiquated treasure of knowledge with the world.

University of Kufa is one step higher in educational strategies, as I have visited it on previous occasions to witness first hand their macho effort in implementing the latest methods of education. Dean Saeed Abdul Zahra is a forward looking man, who has developed close contacts with the University of Leicester in the Midlands to harness their expertise in employing Problem Solving Methods for their undergraduates. State of the art Skill labs, Virtual and Simulated clinical scenarios and contemporary methods of assessment and evaluation through OSPE and OSCE are routinely carried out.

They have despatched one of their faculty to the University of Leicester to spend a year to master the latest techniques. One whole generation of physicians were deprived of exposure to the outside world, by Saddam the tyrant. Now they are making up for the lost time.

Not far from here is the prehistoric city of Babylon. The cradle of civilisation which gave us the first code of conduct called the Hammurabi Code (1750 BC) as indeed the worst tyrant called Nebuchadnezzar-2.³ The mythological hanging garden of Babylon is now no more than a mound of clay with a fake and gaily painted Ishtar gate standing at the front of the fort; as the historic and the original one was relocated by Germans to the Berlin museum after the first world. In its shadows stands the large and sprawling University of Babylon, busy in the process of introducing a clinically orientated, integrated curriculum a couple of years ago. They are also hoping to connect with the rest of the world to guide them through the deep waters of medical education.

In Barbados, I was able to arrange a Surgical Skills Training Workshop, conducted by a renowned tutor surgeon Ali Mehdi and his colleagues from the Royal College of Surgeons of Edinburgh. It was an unheard of event for the Caribbean islands. The participants were duly trained and awarded a certificate signed by the competent authority of the College.

The Dean of Karbala University School of Medicine in Iraq has requested the same. It is already in the process of moving forward and soon it may be witnessed in the ancient lands of Mesopotamia. Imamia Medics International, a global, UN accredited NGO is in the process of connecting this institution to the Edinburgh school of

medicine for further guidance. It is also engaged in introducing the concept of outsourcing of health services to a state of the art hospital nearing its completion.

The moral of the story is that time and tide wait for none. It is the nature's gift to mankind that despite the awesome atrocities, sanctions, poverty, decline of the oil as a world monetary power, and global neglect for historical sites, medical education is not just progressing but thriving and flourishing in Iraq.

What is however, needed is that the global world of academia should take up the responsibility, to guide, assist and advise these knowledge seekers to achieve their human potential to the fullest. Knowledge was defined as a Virtue by Plato. And virtue is above any form of bias or prejudice. And medicine devoid of virtue is incomplete.

So, let the virtue prosper. Knowledge has neither

boundaries nor faith. It is the basic right of every human being. It must be gathered, assimilated and disseminated. It must lead to the welfare of mankind, human freedom, and human progress.

In these troubled times of mass migration and exodus of Biblical magnitude, property will not accompany one, knowledge will. Like a saint said 'you protect wealth, but knowledge protects you'. The choice is obvious.

References

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