

EDITORIAL**HIGH RESULTS: UP GRADATION OR DEGRADATION OF MEDICAL EDUCATION.**

Dr. Swapnali S. Kadam, Associate Professor, Department of Physiology, Rajiv Gandhi Medical College, Thane, Maharashtra.

In recent years, Indian medical colleges have reached a peak for their performance of undergraduate results. Most colleges are showing 100% or near 100% results with too many distinctions in each subject. If a committee comprising of nonmedical people is appointed to evaluate the trend of results in last 25 years, this trend will be a shock for them. Easy passing with high marks is a common trend. This trend provokes my mind with a few questions, “Are today’s students are extraordinarily brilliant? Is it that they know everything what they are supposed to know? Is the efficiency of teacher so good, that he/she is able to make every student a competent practitioner? Are we really giving good practitioners to the community?” An anonymous writer mentions, “Practice is related to competence and qualifications and includes cognitive, affective, personal and social factors.” Results with flying colours are surely giving qualifications but competency is doubtful. It is known all that we get very easily is not valued much. Presently qualification is distributed so easily to students that the development of cognitive, affective, personal & social domains remains questionable. As John Cleese says, “But then acting is all about faking. We’re all very good at faking things that we have no competence with.” Students are completing their internship with busy schedule of classes of PGNEET examination. But require at the end of internship how many of them are actually competent is a big question. Most of them are qualified but requires supervision or assistance after qualification. This shows that present medical education system is not able to give competent medical graduates.

Comparing present and past era students, they show few differences among their qualities. Today’s students are no doubt smarter than their seniors; advances in technology,

exposure to other extracurricular activities and overall improved socioeconomic status of society are some of the causes. But no technological advances come without flaws. Today's students do face more issues with psychological aspects mainly interpersonal relationships, emotional stability, peer pressures etc. These issues do interfere with attitudes, skills and process of acquiring knowledge.

Previous medical teachers were given more autonomy compared to current medical teachers. Most of the former teachers have justified their jobs with rare occurrence of misuse of it. The results were in proportion not only to the knowledge but also with the competence of the students. This gave inner emotional strength to the students for facing the failure. Most students who were cream of their school and colleges have ended up failing miserably during their first examination. Failing in first examination usually midterm was routine. As stated by Erin Cummings," At the end of the day, you are solely responsible for your success and your failure. And the sooner you realize that, and accept that, and integrate that into your work ethic, you will start being successful. As long as you blame others for the reason you aren't where you want to be, you will always be a failure." Most of the successful competent doctors have gone through this phase and have got imbued with work ethics without getting any formal education in bioethics. They have not only learned from their failure, but also inculcated qualities that are needed to become successful.

Existing medical teachers are facing different challenges during their career. Scarcities of jobs have increased competition among teachers with fear of losing job. The higher authorities of universities and colleges are also under performance pressure. Most of the rules are student friendly including assessment for example giving higher marks to students out of two examiners who have assessed, more grace marks than before. This has trickled down to the medical teachers. The nightmare of loss of job has made it mandatory for the teachers to prove their efficiency to their superiors by any means like undue leniency in assessment. Examiners have been delegated authority of giving the marks but the problem is you cannot delegate moral

responsibilities associated with it. This has created a wide range of examiners. Responsibilities lie within. Performance and peer pressures are killing moral responsibilities of the examiners. Quality is at high risk.

AS quoted by APJ Abdul Kalam, "Teaching is a very noble profession that shapes the character, caliber and future of an individual." It is high time that medical teachers to reflect upon this issue. Assessment is a big challenge but we can overcome this by achieving uniformity. Other than present methods this is possible by incorporating blue printing & model answers along with marks distribution. Presently, university teachers are selected only with the teaching experience. We do need to assess the examiner's competency by evaluating his knowledge, skills and attitude. We are going to implement competency based curriculum from next academic year which has fantastic vision & planning. But, the competency of the medical teachers, who are the core executors, needs to be evaluated for their preparedness for implementation. Otherwise, failure of such curriculum should not be shocking to us. Inefficiency of our teachers due to any reason will leave our students incompetent. We, medical teachers need to be more faithful to the community and shape our students in such a way that we are able to bring out competent medical graduates.