

## Medical Education in Pakistan

**“The key to happiness is having dreams... and the key to success is making dreams come true.”**

Our doctors are famous all over the world, it is but because of quality education and training. They are highly motivated and compete with all the best world graduates predominantly because of their good education and also by their personal efforts. But the things have changed. The educational climate and educational psychology is totally different. In my last meeting when I talked about 300 students attending a lecture I could see the wide exclamation look and later a giggle on face of my foreign educationist. No wonder we are ranked in thousands as far as ranking of our universities is concerned. Unfortunately we and our universities have not changed. Most Medical schools follow the same curriculum which was developed in 1976 almost 35 years ago. Our medical graduates are being taught by same old teachers and they use the same lectures, even the jokes in middle of lecture have not changed. The new generation is following the footsteps of their elders. We are teaching in same traditional abandoned manner. I joined medical education in 1999 and when I read how medical education of world has changed I had two options whether to become a part of crowd or to change the others for good.

I decided the later, joined hands with like minded people and soon started a struggle against traditionalism. Rawalpindi Medical College started transforming after extensive faculty training. Problem based learning and level six integrated curriculum was developed in accordance to local circumstances. The class was divided into small batches for lectures, and SPICES model by harden was introduced. Information technology in form of teleconferencing, Internet facility and lab were developed. Two skill labs were developed, one for basic skills and another for advanced training including laparoscopic training. Majority of faculty members were trained in Problem based learning and other teaching and learning skills. Proposal for change in assessment developed for integrated teaching. Maximum resistance and biggest opponent in this move was university itself.

“I do believe that it is necessary to stress that for most countries today, and also for Pakistan, human resource development and human capital formation is extremely important, absolutely vital, and matter of life and death. The graduates of tomorrow have to acquire far more competencies than our predecessors like critical thinking, lifelong learning ability, leadership, professionalism, ethics, communication skills etc. Knowledge and skills alone are not sufficient, they are the researchers and leaders of tomorrow and would jump into world of internet and IT technology where palm held devices and skill manikins would replace the conventional materials. If our teaching institutes and universities do not change now, we would lag so behind in education and health that we would become an extinct breed.

### **A six point plan for future of medical education**

1. We must visibly and substantially increase our commitment to research and education and raise our research, education and scholarship profile. Strengthen our graduate and postdoctoral programs to attract and recruit high-caliber students and young researchers.
  2. We must provide a holistic undergraduate experience that equips our students with the knowledge, the skills, and the values to make a distinctive impact in the world. Foster and competencies those are essential for a graduate of future. A change is imperative and process must be started as soon as possible.
  3. We must adopt modern principles of teaching and learning in accordance to modern principles of adult learning and educational psychology. We must develop and foster modern curricular designs in accordance to our own needs.
  4. We must aggressively foster collaborative relationships with other institutions to leverage our resources. We must invest in a select number of interdisciplinary endeavors that will enable us to leverage our own strengths as well as the strengths of potential collaborators.
  5. We must develop universities and institutes of national and international reputes that provide internationally accredited facilities to attract the very best students and researchers from around the globe.
  6. We must provide facilities that will cultivate greater dynamism and vibrancy on the campus and foster our sense of community. This has to be accomplished by doing a need assessment for a graduate of future and the society demands, later we have to develop a program for faculty training for modern teachers or facilitators, well aware of principles and psychologies of adult learners. I believe change has to be brought and this would include changes in mode of information transfer using modern epistemological basis of teaching and learning. Assessment design, pre exam and post exam analysis, standard setting, quality assurance, system of audit and feedback, program evaluation are some of neglected areas that need gross changes.
- I feel the time has come where we would start rising again as our eastern traditions of medical excellence and once again show the world what we are capable of achieving through our faith and hard work. We must understand that we face both extraordinary opportunity and real challenges in the next decade. The challenges include relentless competition for our students and faculty, growing pressures and demands on our resources, and the increasing complexity and uncertainty of our technological, economic, and political environments. Despite these challenges, we have every reason to be confident in our ability to succeed.
- In the end I would like to quote one verse from our poet Alama Iqbal.

شکایت ہے مجھے یارب خداوندان کتب سے

سبق شاہین بچوں کو دے رہے ہیں خاکبازی کا

**Prof. Dr. Mohammed Idrees Anwar**  
Head Department of Surgery  
Sheikh Zayed Medical College/Hospital,  
Rahim Yar Khan