Editorial:

Medical education

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The importance of medical education need not to be emphasized, it is the long yet joyful journey, challenging study that transfer high school graduate into medical doctors who relive pain, prolong life and improve its quality via their knowledge, skills and attitudes.

Health care is largely medical care especially in Iraq where paramedics' roles are not very much fulfilled.

Making a medical doctor in six years period may not be a simple job particularly nowadays with medical knowledge growing exponentially, information technology pushing medical education as well as medical practice towards contemporary methodologies. Major changes that involved all people without any exception, i.e., students and patients,

Medical students are coming from different social backgrounds with different attitudes. In our country high school graduate in general and those who get admitted into medical schools in particular adopt a spoon feeding type of learning that make many of them highly dependent in their consecutive learning.

Patient expectations are changing and they share their care taker increasingly throughout the management process.

More over contemporary medical education institutes should be accredited by certain eligible bodies after meeting specific agreed upon standards.

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From the above, medical education is a vital process that necessitates continuous evaluation and development. One essential question that may come to mind is what to teach?

The medical knowledge is huge in contrast to the relatively limited time available for teaching. Many teachers still feel that they should teach every detail and prepare distended lectures (sometimes information may be repeated by different teachers from different disciplines). Students spend the whole time of a lecture in dictating from a board or a screen.

The lecture may be described in such case as the transfer of teacher's notes to student's notebooks by passing their brains.

The answer to the "What to teach?" may need to categorize medical knowledge into:

- Core knowledge
- Useful to know
- Interesting to know

The first category is the most important as it involves what should be really mastered by students and to achieve this; core knowledge should get clarified to the best of one knowledge, emphasized in teaching and in assessment. Here one may ask what part(s) is to be considered as core knowledge.

The journey of medical education has just come to a relevant station that should be shared with stakeholders.

We all know that graduates of medical colleges work as resident

doctors in public hospitals directed by ministry of health.

Job description for medical graduate is fundamental in stating "Learning Objectives" of any medical course, and this is primarily the duty of ministry of health (the first market for the product of medical education institutes). Unfortunately this is still lacking in Iraq and achieving it may be a great collaborative multidisciplinary national project.

Learning objectives may be defined as: a statement that describes what the **student** can do, feel at the **end of the course.** Quite clearly, learning objectives refer to students not teachers and timed to the end of the course.

Setting learning objectives will guide those in charge through planning most relevant content, most appropriate teaching methods and assessment, in other words successful curriculum.

For example if conducting normal vaginal delivery is among the duties of resident doctors the curriculum should involve all knowledge, skills and attitudes that enable doctors to perform the task successfully and safely.

Ensuring mastery here may oblige students to perform the act under supervision for certain number of times before getting graduated.
Actual clinical training may merely include observing delivery or even one stage of it.

Another example may be cardio-pulmonary resuscitation, a life-saving measure that should perfectly be mastered by every student before getting graduated.

The second category, useful to know should be taught and included in exams but to lesser extent. The third category, interesting to know may be covered in seminars and tutorials.

- ✓ *How to teach*

A written curriculum is a must for every successful course, as it will be a plan of action for pursuing particular outcome within preset time table through ensuring the completion of every item in the syllabus, passing exams and fulfilling all requirements. Contents and methods are included in a written curriculum.
Whatever teaching methods are agreed upon in any curriculum, a good teacher should bear in mind each of the following:

- **Clarity** of all spoken or written material to every student including those sitting at the end of class room. Voice should be loud enough. In large class rooms amplifiers may be necessary. Translating every new word or term especially when teaching language is not mother language, as in our situation.
- **Making teaching meaningful** by explaining outlines of a lecture or a course in advance, by relating material to students daily lives and/or their future career.
- **Individualization,** as students are not the same they should be treated carefully. Some of them are rapid, dominant, or the other way around. Keep in mind that 95% of people can learn but with different pace and methods.
- **Caring for** students is humanitarian behavior that may foster those young people with the highly demanding medical education n especially in Iraq with its incredible tensions and difficulties.
- Active learning, teaching differs from talking. Active participation of students is fundamental, and can be done by raising questions and appraising responses accordingly.

- Feed back is helpful for students to know their strength and to improve their weakness.

Revising curricula on regular basis may even be another must to maintain the quality of outcome. Planning curriculum need high level of expertise, team work and enough time.

Adopting spiral type of curriculum, and teaching clinical knowledge and skills early in medical colleges may be a suggestion.

Managing curriculum in an architectural method that depend and emphasize the outcome may be a good alternative to the current mechanical type of management where the basic concern is continuity of daily schedule.

In the end of this editorial may I say that all difficulties one may face whether during study or practice of medicine are fundamental parts of the amazing picture of this career. medical challenges, if I can say, is worthy in regard to the status of a successful medical doctor.