

MEDICAL EDUCATION

Innovative Medical Education — A Goal To Achieve

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The graduation of the first group of students from the Arabian Gulf University Medical School in 1989 deserves to be called a miracle. In spite of the major obstacles encountered the students educated in the innovative method of education are interns at this stage disseminating the philosophy of continuing learning and transforming medical services in the Gulf region to what is referred to as "teaching ministries of health".¹

As a member of the staff of this Medical College and a firm believer in continuous reforms and improvements, I would like to invite the medical community of the area to a reassessment of this type of medical education. If this type of education is important to our community then the quality of the graduate should be a justification for its propagation. This brings us to the first point of concern, namely, the quality of the student.

In the innovative system of education, the student seeks knowledge from all possible sources instead of sitting in a lecture hall and recording notes for future memorization. This automatically implies that the student should be a dedicated person who is willing to spend hours in reading and have a critical mind to select the most logical material as the source of his/her knowledge. This student should be well

versed in the language he/she reads in order to avoid delays and misunderstanding. The correct use of language allows an accurate transmission of information within our minds and between other minds.² Therefore, the student selected as a candidate for this system of education needs to have the motivation, the independent personality and excellent command in the language of instruction. The ideal student, in addition, must have the ability to work as a member of a group.³ A concept which he/she is not exposed to in our systems of primary and secondary education in the Gulf region.

The second point of concern is the quality of the instructor in this type of school, whose chief role is to select curriculum, recommend reading material, observe the learning process and encourage the students to acquire state of the art knowledge and avoid bad information. The instructor for this type of education needs to have a broad base of knowledge and an even broader mind to be able to freely acquire information from other colleagues in all disciplines of the integrated education.⁴ In preparing a problem based curriculum, the clinician who provides the history as triggers for discussions should freely discuss learning objectives with the basic scientists concerned, and the basic scientists should not attempt to create unreal triggers without consult-

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ing the clinician who deals with this type of problem. This implies that the staff needed for this type of education is greater in number and have a special quality in order to produce ideal curriculum, tutorial and clinical instruction.

Thirdly, economics of this type of education ought to be considered, for it is more expensive to instruct smaller groups of students with continuous upgrading of curriculum. So far our College is facing financial crisis, has been unable to hire an adequate, let alone the ideal number of staff members necessary to make this type of instruction possible. Nevertheless, some of our young graduates are of great quality and will probably carry the message across. This type of medical education in our area is needed to upgrade

the level of health care. Therefore, it is essential to give it all chances to succeed.

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