Introduction

PREAMBLE FOR THE STUDY

‘Medical science attracts brightest minds but does not challenge their brains’

- (Medical Council of India)

‘He who learns but does not think is lost’

- (Chinese Proverb)

“The knowledge and skills of medicine, obtained during the period of MBBS course” are not sufficient for any medical doctor to be competent throughout his career. He needs to undergo continuous professional development throughout his career and needs to be a self directed learner. In order to produce a medical graduate who is capable of learning by himself throughout his professional career, the necessary competencies need to be taught during the course of his study and by the time he completes his MBBS degree he shall be a self directed learner. Hence the undergraduate curriculum needs to be reformed in such a way that the fresh medical graduate possesses all the qualities or competencies to be a self directed learner.
INTRODUCTION

One hundred years after Abraham Flexner wrote his report (in 1910), which had brought about a revolution in Medical Education across the world, calls are heard again for another “Flexnerian Revolution” a reform movement that would over haul an approach to Medical Education that is criticized for its inefficiency and its failure to produce a medical doctor capable of addressing the present health needs of the community. The current approach to Medical Education poorly prepares our graduates to confront the challenges of an increasingly complex health care system. It also does not adequately nurture the skills needed, for lifelong learning or does it develop in learners the ability to analyze practice performance and make the necessary changes, by thinking critically that improve the patient outcome.\textsuperscript{1,2}

A new vision of physician learning based an continuous development and assessment of competencies needed for effective and compassionate patient care under challenging circumstances is being advocated. The medical doctor expected to come out of this new vision shall be capable of assessing practice outcomes, identifying learning needs and engaging in continuous self directed learning to achieve best care for his/her patient throughout his / her career. Several principles form the foundations for this new vision. It should be embedded in the work place linked to patient needs and it should be undertaken by individual providers. The Medical doctor should be trained in this new model from the start of the educational experience, leading to true inter professional education.\textsuperscript{3}
The Medical (MBBS) Graduate Medical Program of any country has to have the mission of producing “Safe Scientists” for the nation, to accomplish the national health goals. The medical doctors who are the physicians of first contact should be competent enough to take autonomous patient care health care decisions to meet out the ever changing needs of the society on day to day basis. The Medical graduate who comes out of any medical college after passing the examinations has to master all the competencies needed to be possessed by any doctor for the health care of the society and the same obviously needed to be taught during the course of the teaching/training.

Since the needs of the society or community keep changing from time to time, the graduate Medical curriculum also needs periodic updates through a standardized process, to incorporate the relevant information. The updated curriculum must safeguard the national, professional and people’s interests.

Thus the graduate medical program offered at all the medical schools should have the following attributes which should be prudent and relevant so that medical graduates coming out of that program can take the responsibility of offering optimal patient /health care.4

1. The curriculum of the medical program should be consistent with the national/institutional goals, to have definite explicit outcomes.
2. The program should use the best combination of learning experiences, modes of instructions etc., so that the students are helped to achieve the expected outcomes.
3. To have both the formative as well as summative assessments to show whether the outcomes are being achieved.

4. The curricular content should incorporate the recent innovations in medical science including recent teaching technological methods and educational methodology.

5. To use the findings of assessment for improvisation of program effectiveness.

6. To incorporate ICT in the Medical curriculum, to cope with global advancement of ICT avenues in the medical arena so that relevant attributes can be inculcated in the students from the self-directed lifelong learners throughout their career.
Need for the Study

1. The expectations of the society from a doctor have changed significantly in recent years and shall continue to do so from time to time in future also.

2. In order to create a medical graduate who is capable of fulfilling the ever changing needs of the society, the medical student needs to be taught/trained during the undergraduate course in such a way that he/she becomes a self directed lifelong learner who is capable of offering evidence based and updated patient care.

3. Hence there has been an increasing demand for a graduate medical curricular reform which can help to create a self directed lifelong learner.

4. Evidence based medicine, ever since its introduction in 1960’s has been recognized as a very useful tool of self directed learning and also a tool of translation of research to clinical practice.

Hence this study has been planned to study the effects of early introduction of principles and practice of Evidence Based Medicine in the Under-Graduate medical curriculum on the development of essential competencies in medical students.